

COUNCIL OF GOVERNORS
Thursday 12 May 2022
The meeting will be held virtually on Microsoft Teams
at 2.00 pm

AGENDA

1	Apologies	Chair	Verbal
2	Welcome and Introduction	Chair	Verbal
3	To approve the minutes of the last meeting held on 8 th March 2022.	Chair	Draft Minutes
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 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 Corporate Affairs and Involvement Directorate at least 48 hours before the meeting)</i>	Chair	A schedule of Governor questions and responses to be circulated
9	To receive an update report from Operational Services	Patrick Scott Managing Director	Report
10	To receive the Trust's Performance Report as at 31 March 2022	Sharon Pickering Assistant Chief Executive	Report
11	To consider future plans for Governor engagement	Ann Bridges Director of Corporate Affairs and Involvement	Report
12	To appoint an Armed Forces/Veterans Champion.	Chair	Report

13	<p>Date of next meeting</p> <p>To approve the date of the next meeting of the Council of Governors</p>	Chair	Verbal
14	<p>The 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>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> <ul style="list-style-type: none"> <i>(a) the free and frank provision of advice, or</i> <i>(b) the free and frank exchange of views for the purposes of deliberation, or</i> <i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i> 	Chair	Verbal

Paul Murphy
Chair
4 May 2022

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 8 MARCH 2022, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Paul Murphy (Interim Chair & Non-Executive Director)
Dr Sara Baxter – Public, Redcar and Cleveland
Gemma Birchwood Public, Selby
Mary Booth – Public, Middlesbrough
Sue Brent – Appointed, Sunderland University
Mark Carter – Public, Redcar and Cleveland
Martin Combs - Public, York
Gary Emerson - Public, Stockton on Tees
Dr Andrew Fairbairn – Appointed, Newcastle University
Chris Gibson – Public, Harrogate and Wetherby
Hazel Griffiths – Public, Harrogate and Wetherby
Dominic Haney – Public, Durham
Christine Hodgson – Public, York
Jane King – Staff, County Durham and Darlington
Joan Kirkbride – Public, Darlington
Audrey Lax – Public, Darlington
Cllr Ann McCoy – Appointed, Stockton Borough Council
Keith Marsden - Public, Scarborough and Ryedale
Jean Rayment – Public, Hartlepool
Gillian Restall – Public, Stockton on Tees
Stanley Stevenson – Public, Hambleton and Richmondshire

IN ATTENDANCE:

Phil Bellas (Company Secretary)
Ann Bridges (Director of Communications & Corporate Affairs)
Sarah Dexter-Smith, (Director of People, Culture & Diversity)
Angela Grant (Senior Administrator)
Jill Haley, (Non-Executive Director)
Brent Kilmurray (Chief Executive)
Wendy Johnson (Team Secretary)
John Maddison (Non-Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Donna Oliver (Deputy Trust Secretary - Corporate)
Sharon Pickering (Assistant Chief Executive)
Jules Preston (Associate Non-Executive Director)
Shirley Richardson (Interim Chair/Non-Executive Director)
Dr Steve Wright (Interim Medical Director)

22/01 APOLOGIES

Apologies for absence were received from:
Roberta Barker - Associate Non-Executive Director
Pali Hungin (Non-Executive Director)
Beverley Reilly (Non-Executive Director)

Liz Romaniak (Director of Finance, Information, Estates and Facilities)
Charlotte Carpenter, (Non-Executive Director)

Lee Alexander - Appointed, Durham County Council
Sarah Blackamore – Staff, North Yorkshire and York
Mike Brierley – Appointed, NHS County Durham Clinical Commissioning Group
Emmanuel Chan - Staff, Teesside
Pamela Coombs – Public, Durham
Janet Goddard – Public, Scarborough and Ryedale
Ian Hamilton – Appointed, University of York
Carol Jones – Public, Rest of England
Kevin Kelly – Appointed, Darlington Borough Council
John Manson – Public, York
Jacci McNulty – Public, Durham
Rachel Morris – Appointed, Teesside University
Dr Boleslaw Posmyk – Appointed, NHS Tees Valley Clinical Commissioning Group
Graham Robinson – Public, Durham
Erik Scollay – Appointed, Middlesbrough Council
Zoe Sherry – Public, Hartlepool
Cllr Helen Swiers – Appointed, North Yorkshire County Council
Jaclyn Stoker – Public, Durham
John Venable – Public, Selby
Cllr Derek Wann – Appointed, City of York Council
Jill Wardle – Public, Durham
Judith Webster – Public, Scarborough and Ryedale

22/02 WELCOME

The Interim Chair welcomed all attendees to the meeting.

22/03 MINUTES OF PREVIOUS MEETINGS

Agreed - That the public minutes of the last ordinary meeting, held on 23rd November 2021 be approved as a correct record and signed by the Interim Chair, subject to a minor amendment.

22/04 DECLARATIONS OF INTEREST

There were no declarations of interest.

22/05 PUBLIC ACTION LOG

Consideration was given to the public action log.

The following update was noted:

- (1) Action 21/21: Update requested on progress with the implementation of pilot schemes for schools.

The Chief Executive provided an overview on progress and confirmed that the pilot schemes for children and young people were being rolled out across the four locality areas, with some more advanced than others.

Governors would welcome a further update on progress in six months.

Action: D Keeping/B Kilmurray

- (2) Action 21/43: Governor Development Day schedule: add to the list of topics for consideration an update on developments with ICSs.
The Interim Chair confirmed that this had been added to the schedule as a future topic and someone at ICS level would be invited to join the development day to provide Governors with an update on developments.

Ann McCoy highlighted that she had raised ICS representation at Council of Governor level at a recent Health & Wellbeing Board, where a representative from ICS had been in attendance.

22/06 INTERIM CHAIRS UPDATE

The Governors received and noted a verbal update from Paul Murphy, Interim Chair.

(1) Visits and Meetings

- 1.1 The Chair highlighted that he had attended the Stockton Scrutiny Committee meeting recently and would be attending the Tees Valley Scrutiny Committee in the coming week.
- 1.2 Since the last Council of Governors meeting, when Covid outbreaks had started to reduce, it had been possible to go out in person to services and wards to visit and talk to staff and patients. This had been a welcome change, following the need to pause the programme of visits for the past couple of years, due to the pandemic.
- 1.3 On reflection following the visits, the Chair noted that it was fair to say that the conversations with staff clearly demonstrated their levels of fatigue, particularly where teams were faced with staffing shortages and sickness.

There were also some positive messages being fed back, with a feeling that there was light at the end of the tunnel for those working in community and inpatient services as staff were now returning to work from sick leave and isolation and they expected to see the pressure ease slightly in the coming weeks.

- 1.4 With regards to reinstating Governor and Non-Executive Director visits to wards and specialties, it was planned to put together a new programme in the next couple of months.

The Chair advised that he felt reducing the number of Non-Executive Directors and Governors visiting one area at a time would be more effective, for a more informal meeting with teams and staff.

The programme of visits would be worked up by May 2022.

Action: A Bridges

(2) Appointment of Trust Chair

- 2.1 Members were informed of the outcome of a recent Nomination and Remuneration Committee meeting, where members had concluded that they were not able to draw up a shortlist of suitable candidates for the appointment of the Trust Chair. This had been disappointing; however, it was recognised that there had been a flurry of appointments into Chairs' posts in recent months across various organisations.
- 2.2 The post would be re-advertised at the end of next week, with interviews anticipated in the month of May 2022.
- 2.3 A member of the Nomination & Remuneration Committee emphasised that coming to the decision not to shortlist had been difficult. The decision had been made based on a shared understanding that the Trust would need to appoint a strong Chair to support the organisation and its challenges and take forward the Journey to Change over the next four to five years.
- 2.4 Paul Murphy added that both himself and Shirley Richardson were happy to continue providing a joint supportive interim Chair role for the next few months. He also advised that having an active Deputy Chair for the future might be worth consideration.

(3) There had been two ministerial visits to the Trust.

22/07 CHIEF EXECUTIVE UPDATE

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

The following matters were highlighted:

1. Care Quality Commission

- 1.1 The Quality Improvement Board continued to monitor weekly the improvements being made to secure inpatient services (SIS) and Community CMAHS services.
- 1.2 The key areas identified in relation to SIS were safe staffing, workforce, safety and governance.
- 1.3 The key areas identified for CAMHS community services related to safe staffing, size of caseloads, waiting times, monitoring children's wellbeing and staff training.

- 1.4 An engagement meeting with the CQC was planned for 9th March 2022, where the Trust would present and evidence, where possible, those areas where improvements had been made.
- 1.5 Whilst there had been some significant improvements against the action plan, there would need to be some focus on the complexities of embedding and sustaining the necessary changes in some specific areas.

2. North Yorkshire and York Children's Emotional Health Summit

- 2.1 There had been a strong consensus at the recent Health Summit regarding the need for earlier intervention for children and families to be able to access support from multiple agencies. There had also been agreement that children need help at all stages of the pathway, not just through earlier intervention.
- 2.2 Within the City of York and North Yorkshire some pilot projects would be implemented, facilitated by project teams.
- 2.3 Feedback since the event had been very positive with a real commitment to change. The Mental health and learning disability partnership board for North Yorkshire and York would hold teams to account for delivery of the plans.

3. Covid and Operational Pressures

- 3.1 Covid levels had decreased; however, the disease remained an ongoing problem in the community. There were approximately 100 members of staff off currently due to Covid.
- 3.2 Staff absence was beginning to improve and had reduced slightly from 8% to 7.71%.
- 3.3 Bed pressures continued with high numbers of referrals and levels of acuity. At times the Trust had been running at full occupancy over the recent three months and some individuals had needed to wait to be admitted due to the lack of a bed available. In those circumstances they had been supported by the crisis and community teams.
- 3.4 A 'reduced incentive scheme' had replaced the scheme in place over Christmas to run up to the end of March 2022, where staff would be able to work extra shifts through the bank.

4. Structures

- 4.1 The organisational changes for clinical and operational structures were progressing well. The new structure would be in place by 1st April 2022. There were also new governance arrangements, currently being finalised, which would be implemented from 1st April 2022.

In response to questions, the following was noted:

1. Roseberry Park Hospital

- 1.1 There had been little progress over the last couple of months in relation to the legal process for the rectification works at Roseberry Park Hospital. Through the adjudication process, a timetable had been set and agreed, which would continue through to next year.
- 1.2 The Trust continued to look for an option which would avoid the need to go to court, however it was still looking like a very long and complicated process.
- 1.3 Members were assured that oversight and management of the legal proceedings were still being looked after by the Roseberry Park Hospital Steering Group, which had the advantage of continuity of its members, that were well rehearsed on the history and matters in hand.
- 1.4 It was anticipated the Tilbury Douglas, who were formerly known as Interserve would be handing over two blocks at Roseberry Park Hospital within the next two weeks. Governors welcomed the re-opening of the two units. It was noted that patients had been receiving treatment in Hartlepool whilst those two units were closed.

2. Staff health and wellbeing

- 2.1 It was acknowledged that staff continued to suffer from burnout, fatigue and stress, due to a combination of factors throughout the pandemic and ongoing challenges managing the busy services.

Members were reassured that staff wellbeing was a high priority for the Trust, with a variety of initiatives in place to support staff. As part of the Journey to Change the ambition was to paint a picture for staff of a destination that was both doable and enjoyable.

- 2.2 The Trust's headcount had increased by 5% in the last year, which was quite unusual for a mental health Trust. Turnover had steadied and was back in line with pre-covid times. These factors demonstrated that there was some stability with staffing, however it was recognised that staff health and wellbeing would need to be improved and carefully maintained.

The Director of People and Culture provided reassurance that the leadership to support health and wellbeing had been increased and moving forward there would be a focus on retaining staff.

A Governor highlighted that a neighbouring Trust had given staff a reward bonus each of £250.

3. Covid Guidance

- 3.1 Members of the Council were advised that whilst the rules had been relaxed at a national level for Covid, the Trust continued to adhere to the same rules in relation to returning to work following a positive Covid test.

A member of staff would be permitted to return to work on day eight, following a positive Covid test, if they had two consecutive lateral flow tests with negative results.

There had been some relaxation of the rules relating to wearing of PPE and two members of staff were now permitted to work in one office without masks.

- 3.2 Some national guidance was due to be released in the coming weeks and it was thought that the information would contain further relaxation of the rules.

4. Governor representative at North Yorkshire and York Health Summit

It was noted that this event had been organised relatively quickly and co-produced getting the key stakeholders in the room, but there was a commitment to involvement in the further stages of the process.

22/08 GOVERNOR QUESTIONS

It was noted that a schedule of Governor questions and responses had been circulated.

1. Governors pressed the need for a continued focus on the development of autism services.
 - 1.1 The Chief Executive advised that autism services were being considered at a strategic and local level and that it was likely that, for the future, the Trust would be known as being the provider of mental health, learning difficulties and autism services.
 - 1.2 The Interim Medical Director highlighted the work being undertaken to look at the balance and provision of autism services across primary care and by the Trust. One of the key challenges where people needed support was in connection with reasonable adjustments at school or at work, and the Trust did not want to draw people into a mental health setting purely because they were autistic.
 - 1.3 The Lead Governor, Ann McCoy queried who represented the Trust at the various Health and Well being Bodies. It was advised that the four Directors of localities were the representatives currently, and from 1st April 2022, in line with the new operational structure, it would be the two Care Group Board Directors.
 - 1.4 The Chair reiterated that Governors had the opportunity to submit questions 48 hours in advance of the Council meeting, following which questions and

answers were then shared with the whole Council. Governors were also able to submit questions at any time, outside of this process.

- 1.5 In response to a question about uniform, it was noted that staff were still required to wear scrubs.
- 1.6 A Governor advised that staff might like to be informed that they could claim expenses for washing uniforms.

22/09 APPOINTMENT OF A GOVERNOR VETERAN CHAMPION

- 1.1 The Council of Governors considered the appointment of a Governor to champion the interests of Veterans, members of the Armed Forces and their families.
- 1.2 Ann McCoy, Lead Governor, said that she had received a request asking for consideration to be given to such a role. Informal discussions with the Chair and Chief Executive suggested that they would be very receptive to such an idea, which chimed with TEWV's forthcoming signature of the Armed Forces Covenant.
- 1.3 In discussion, Governors were unanimously supportive, in principle, of such a role. The Company Secretary would consult further about the precise remit of the role and then draw up a process for the appointment.

Agreed: *that the appointment of a Governor to champion the interests of Veterans, Armed Forces and their families be approved.*

Action: P Bellas

- 1.4 The Chair highlighted that the Trust had good links with Catterick Garrison and there had been some wonderful murals installed at West Park Hospital, painted by veterans.
- 1.5 A suggestion was made that the Trust might like to lay a wreath on a rotating system across the various geographical localities each year, and this would be given some thought.

Action: P Murphy

22/10 OPERATIONAL SERVICES UPDATE

1. The Governors received and noted an update on operational services from the four geographical areas, Durham and Darlington, Teesside, North Yorkshire & York and Forensic Services.

The report provided a summary of community transformation work, service developments, areas of focus and system pressures.

- 1.1 The Chair added that there had been another round of Governor locality meetings held via Teams recently, which had gone very well and would continue in the future.

22/11 FINANCE REPORT

The Committee received and noted the finance report.

1. The following headlines were noted:
 - 1.1 The surplus achieved by the end of January 2022 was £0.5m ahead of the operational financial plan. The figure excluded £0.5m unplanned profit from the disposal of fixed assets.
 - 1.2 The year end forecast position had deteriorated by £2.2m, which reflected the cost of shift incentives to support safe staffing and the cost of using the independent sector to support bed pressures. It had also been necessary to temporarily close a ward in Scarborough.
 - 1.3 It was expected that the Trust would generate a £0.2m underspend against the £13.6m capital allocation for this financial year.
 - 1.4 In response to a question regarding any volatility to the Capital Plan, it was noted that apart from a bit of slippage there were no big risks to any one project. There had been some recent delays to a programme of environmental safety works, which included changes to bedroom doors, but apart from a slow start the work would be completed very soon.
 - 1.5 Financial planning for 2022/23 was expected to become clearer during April 2022, with final plans for 'places' to be submitted on the 11th April, followed by provider detailed plans on 19th April. The ICS final composite plan was due to be submitted nationally on 28th April 2022.
 - 1.6 The Chair concluded the item by commenting that the extra spend over Christmas offering staff incentives to work additional shifts, had been essential to maintain safe staffing across wards.

22/12 PERFORMANCE DASHBOARD REPORT

1. The Council of Governors received and noted the Performance Dashboard Report as of 31st January 2022.
 - 1.1 The following was highlighted:
 - 1.2 The demands on services and levels of staff sickness had impacted on the delivery of performance, with eleven indicators not achieving target. Assurance was provided that there was no relationship between financial surpluses and not meeting targets.

- 1.3 The Trust had extended the block purchase of five beds at the Priory Hospital, Middleton St George until 31st March 2022. External support would also be procured to help understand if there was anything further the organisation could do to manage inpatient pressures. The data from a Trust bed census was currently being analysed, following which an action plan would be identified.
2. Governors expressed their concerns over the use of beds in the private sector.
 - 2.1 The Chief Executive responded by stating that private sector beds were a valuable safety valve for the Trust and when pressures of Covid had forced bed closures before Christmas, the private sector had been able to support. He confirmed that the beds being used in the private sector were for acute admissions.
 - 2.2 He went on to advise that there was a wider piece of work to do about broader capacity and demand pressures for the Trust, which would include thinking about the future use of Roseberry Park Hospital to support some of that.
3. In response to questions, it was noted that the percentage of patients waiting for an eating disorders appointment within the 90-day target varied across the CCGs, with Teesside doing better compared to North Yorkshire & York and Durham and Darlington where there had been a significant increase in referrals.
 - 3.1 Sharon Pickering, Assistant Chief Executive, advised that from memory, around 50% of individuals were being seen within four weeks of a referral for an appointment. Discussions were underway with commissioners in relation to next year's investment for eating disorder services where it was acknowledged that there needed to be more funding.
4. The Lead Governor queried whether some joint working across the Tees Valley, in the form of a reinstated Task and Finish Group, might be helpful to re-visit possible solutions for delayed discharges into the community.
 - 4.1 The Chief Executive advised members of the various work streams that were already under way across each of the locality areas for older people's services. He acknowledged that there were difficulties sourcing older people beds in the community which caused blockages to acute beds.
5. An explanation was provided for Governors on the Trust definition of out of area placements (OOA), where it could be seen that numbers had dropped since the reporting mechanism for the Trust had been changed.

22/13 CQC COMPLIANCE REPORT

1. The Council of Governors received and noted an update report on the CQC Inspection.

- 1.2 It was highlighted that the CQC report had been formally published on 10th December 2021, which contained 27 must do actions and 21 should do actions. An action plan, co-created by all the Trust core services, service users, carer representatives and Directors had been established, which was then reviewed and ratified by the Board of Directors in February 2022.
- 1.3 The Quality Assurance Committee provided oversight on progress with the CQC action plan and had received an update at its meeting held on 3rd March 2022.
- 1.4 An engagement meeting was planned with the CQC on 9th March 2022 to provide them with an update on progress and provide assurance on the impact of changes that had been implemented.

It was noted that a lot of focus had been given to trying to establish how the different interventions had made a real impact on patients and service users.

2. Governors expressed concerns over the inadequate ratings for Forensic services in relation to inpatient services being safe, effective, caring, well-led and overall.
 - 2.1 The Chief Executive acknowledged that there was a lot of work to do in secure inpatient services and some of the actions taken so far were outlined in the presentation. This had not been entirely clear for some Governors as the use of abbreviations SIS had been used to outline the actions taken so far.

The Chair concluded by noting that the Trust had more ratings that were 'good' and 'outstanding', in comparison with the 'inadequate' ratings.

22/15 AMENDMENT TO THE TRUST CONSTITUTION IN RELATION TO THE STAFF CONSTITUENCY AND COMPOSITION OF COUNCIL OF GOVERNORS

1. The Council of Governors received amendments to the Trust constitution in relation to the staff classes (sub-divisions of the Staff Constituency).
 - 1.2 The Company Secretary highlighted that:
 - 1.3 The Constitution would need to be amended to reflect the structural changes to the organisation.
 - 1.4 Based on the present Governor/member ratio the new Care Groups would be Corporate Directorates, Durham, Tees Valley and Forensics Care Group and North Yorkshire, York and Selby Care Group.
 - 1.5 In regard to amending the Constitution arising from the introduction of the new Care Groups there would be no changes required in relation to Corporate

Directorates, no changes for staff working in the present North Yorkshire and York locality, except to align the description of the class with the new Care Group. There would be changes required to the staff classes covering the new Durham, Tees Valley and Forensics Care Group.

- 1.6 The options for changes to the DTVF Care Group were not straightforward and given the impending elections an alternative approach considered would allow time for broader engagement on the future Staff Classes for DTVF over the next 12 months. (Option 1, as set out in the report).

Agreed: *i) that the amendments to Annexes 2 and 3 of the Constitution be approved,*
ii) that Option 1 be chosen, subject to a further review over the next 12 months,
iii) that a recommendation be made to the Board of Directors to approve the proposed changes to the Constitution accordingly.

Action: P Bellas

22/16 FUTURE MEETINGS

The Chairman confirmed that the next meeting of the Council of Governors would be held on 12th May 2022.

22/17 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 Interim Chair closed the public session of the meeting at 15.38pm.

Paul Murphy
Interim Chair
12th May 2022

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
08/03/22	22/05	Further update to be provided on the progress with the implementation of pilot schemes for schools	MD (DTVf)	Sep-22	
08/03/22	22/06	Programme of Directors' visits to be worked up	DoCA&I	May-22	Open
08/03/22	22/09	Appointment of Governor Veterans/Armed Forces Champion	Co Sec	-	Agenda item 12
08/03/22	22/09	Consideration to be given to the Trust laying a wreath on Remembrance Sunday each year on a rotating system across the various geographical localities	Chair	-	Open
08/03/22	22/15	Approval on a change to the Constitution in regard to the Staff Classes	Co Sec	-	Completed

PUBLIC

COUNCIL OF GOVERNORS

DATE:	Thursday, 12 May 2022
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 Commission (CQC)

Good progress is being made in the delivery of the Section 29A action plans. To some extent the ability to embed certain aspects of the work has been hampered by the two month period where absences peaked due to Omicron. The team is proud of the progress made however, and there have been “significant improvements” achieved in all of the key areas raised through the CQC’s enforcement actions.

Secure Inpatient Services – This continues to be a service under pressure. Staff absences are reducing and we are now relying on fewer bank shifts to deliver the service. The service launched a new model of care on 14 February (attached at Appendix 1) which is designed to embed a sustained improvement in the quality of service, improved engagement of staff leading to a better patient experience.

Key deliverables to note are:

- A review of safety plans and safety summaries and how these are used to optimise patient safety.
- Improvements in safety summary, safety plan and observation and engagement compliance.
- Improved compliance with safeguarding training.
- Implemented SafeCare to ensure we have safe staffing levels.
- Improved flow of patient safety information through revised governance structures.
- Launched a new model of care and model of professional practice (February 2022)
- Recruitment and retention.
- Continuation of the cultural work.
- Reviewed the reduced use of restrictive practices.
- Further work undertaken to embed the use of safety summaries and safety plans.
- Launch of healthcare assistant council (March 2022) .
- Launch of ward manager development programme.
- Improvements in compliance with level 3 safeguarding training, with a safeguarding lead based on site.
- Further work to support e-rostering in the service.

Key impacts to note are:

- Only 3% of leaves were cancelled in April due to staffing.
- Over recruited in some roles such as healthcare assistants.
- No ward manager vacancies.
- 55 staff in offer stage of recruitment.
- Increased to five matrons.
- A reduction in bank staff since Feb 2022.
- A detailed induction programme including autism training now in place (trajectory to reach 95% compliance by end of April).
- OT screening and triaging increased by 50% from January to February.

Community Child and Adolescent Mental Health Services (CAMHS) – Again this is a service under pressure. There has been less concern regarding absence, however more of an issue on recruitment and filling vacancies. The focus on keeping young people safe and their families informed and engaged whilst they wait for treatment is now starting to see positive patient and carer feedback. Work continues on roll out and embedding of the caseload management approach.

Key deliverables to note:

- Reviewed all young people waiting for treatment.
- All young people and/or families waiting are being contacted regularly and in-line with individual risk.
- New system in place for Keeping in Touch processes and ongoing review of potential risk.
- Daily monitoring of waiting lists, progress and issues.
- Caseload analysis to 'level load' between teams or clinicians and identify additional resource that may be required.
- Workforce development strategy in development, reviewing alternative roles such as apprenticeships and peer support.
- Trust-wide staffing establishment exercise undertaken.
- Working closely with partners to develop joint working processes that are sustainable.
- Caseload refresh.
- Developed a capacity and demand framework.

Key impacts to note:

- Oversight of every young person waiting.
- Stockton CAMHS caseload reduced by approximately 37%, this model will be rolled out to all teams by September 2022.
- Teesside average wait:
 - 1st appointment - 6 days
 - 2nd appointment - 20 days
- Reduced waiting times for treatment.
- 111 staff in offer stage of recruitment (due to start in post by June 2022).
- Increased training compliance across the teams. Safeguarding and whistleblowing currently at 91% average – 1% from target.

Engagement with the CQC – The team has continued to maintain a positive relationship with the CQC inspection team. On 9 March there was an extended relationship meeting where members of the executive along with senior operational and clinical colleagues presented progress around the S29A and updated on key thematic work including:

- Observations and engagement
- Restrictive practices
- Sexual safety
- Standards of care and safeguarding

The CQC team were unable to pass comment at the meeting, but did say that it had been helpful to have a deeper dive into the work and could see the hard work that had gone on. It will only be through re-inspection that they will be able to fully determine whether the significant progress required has been made. We are aware that the CQC will most likely re-inspect these services by the summer.

Well Led and Core Services action plan – As colleagues will recall the action plan was submitted to the CQC at the end of January. Progress is being reported through the QUAC and risks, issues and exceptional concerns will be flagged through the QUAC report. The team brought the full report through a confidential Board meeting.

Scrutiny – As colleagues are aware following a motion proposing a public inquiry, the Stockton Adult Social Care and Health Select Committee invited the Trust to present progress with our CQC plans on 15 February. The Chairman and I attended with Elspeth Devanney, interim Director of Operations for Teesside and several of our senior clinical and operational colleagues. We were also invited to the Joint Tees Valley Health and Care Scrutiny committee on 18 March. Stockton Scrutiny deferred a decision on their motion until after the Joint Scrutiny committee. Stockton councillors met again on 22 March where they supported the motion to write to the Secretary of State requesting a public inquiry. The Joint Tees Valley Health and Care Scrutiny committee meets again on 8 June at Roseberry Park Hospital, where members will be invited to visit services and meet staff and patients.

Integrated Care Systems (ICS)

The ICSs across North East and North Cumbria (NENC) and Humber Coast and Vale (HCV) continue to develop their operating arrangements as we move towards 1 July 2022 when they will become statutory organisations now that the legislation has received Royal assent. Key developments include:

- The consultation with staff employed in the CCGs in terms of the organisational change that will take place on 1 July has commenced. Clearly this is a time of uncertainty for these staff in terms of the future so we need to be mindful of that in our interactions over the next few months.
- HCV has been rebranded as Humber and North Yorkshire (H&NY).
- The H&NY Integrated Care Board includes a place for a Mental Health & Learning Disability member and Stephen Eames has written to the three Chief Executives of the NHS Providers asking them to confirm who will take on this role.
- Together with James Duncan, CEO at CNTW, I met with Sam Allen, CEO at NENC ICS. It was a very positive first meeting and we are both looking forward to supporting Sam and the ICS in the future.

Covid

Patient activity in relation to Covid infection rates has remained low over the past month with only one inpatient outbreak at Rowan Lea, an older persons ward in Scarborough and 4 other positive inpatients. Revised National guidance has been received setting out a stepping down of IPC measures.

The following Trust guidance is now being put in place:

- **Stepping down inpatient COVID-19 isolation precautions:** COVID +VE patients in all settings can reduce isolation from 10 days to 7 following 2 negative LFD tests (currently doing this).
- **Stepping down COVID-19 precautions for exposed patient contacts:** Patients are no longer required to isolate as a contact of a positive case (currently doing LFD testing of patients only if symptomatic).
- **Returning to pre-pandemic physical distancing in all areas:** This includes all clinical areas, ED departments, inpatient settings, primary care, ambulances. (Agreed at Gold Command on 22 April 2022) This will allow services to increase capacity in areas such as training numbers in the provision of mandatory training, facilitate the coffee shops to provide a pre pandemic service, inpatients services to return to normal routine in relation to patient dining and the return of activities for the well- being of patients. This will also facilitate the booking of rooms for meetings both internal and external.
- **Returning to pre-pandemic cleaning protocols outside of COVID-19 areas.** As of 1 May, facilities have moved to routine detergent cleaning, touch point cleaning has ceased in those areas serviced by TEWV staff. The Chlor cleaning product will be used in outbreak management only.

The IPC team will continue to monitor the effect of the reduction in social distancing and its impact through outbreak reporting and raise any areas of concern .

Organisational Restructure

Update on Board appointments and recruitment:

- Patrick Scott has taken up his post as Managing Director for the Durham, Tees Valley and Forensics Care Group.
- Zoe Campbell will be taking up the role of Managing Director for North Yorkshire, York and Selby from 13 June and joins us from the Alzheimer's Society where she is currently Executive Director of Operations. Zoe has extensive experience of leading across operations balancing delivery, governance, EDI and culture and a passionate commitment to ensuring genuine engagement with colleagues, communities and other partners. As well as the charity sector, Zoe has also held leadership roles in the private health and care sector and in adults' and children's services in local government.
- The Medical Director post was successfully recruited to following an extensive recruitment process and Dr Kedar Kale is joining us on 27 June.

- We are in the process of recruiting to the Assistant Chief Executive post following Sharon Pickering's decision to retire. The interviews for the post are scheduled for 17 and 19 May with external, internal and involvement member participation. We received 13 applicants and have shortlisted 6 candidates.

In terms of the overall organisation restructure this went live as planned on 1 April 2022. Prior to this I held 4 briefing sessions with staff that were transferring into new roles within the structure. This gave me the opportunity, along with Executive Director colleagues to reiterate the purpose of the restructure. We also described in some detail the new governance structures and the importance of our values. Overall feedback on the sessions was positive.

In terms of the new governance structure, positive progress was made to ensure implementation during April. The new Executive Directors meeting (which replaces Senior Leadership Group) is up and running. The Executive Directors sub groups have also started to meet. In some cases to ensure an effective and smooth transition it was agreed that some of the existing groups would remain during April to ensure management of any risks during the transition and we expect the new governance structure to be fully operational in May.

Secure Inpatient Services Model of Care

2021 - 2023



Tees, Esk and Wear Valleys
NHS Foundation Trust

Service mission statement: *To help people to lead safer, healthier, meaningful and hopeful lives*





Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors 12th May 2022

Brent Kilmurray
Chief Executive
Operational Update

Introduction

There are two Care Groups within the organisation:

- Durham, Tees Valley & Forensics
- North Yorkshire & York

The Care Groups cover the following service areas:

- Durham, Tees Valley & Forensics
 - Adult Mental Health & Mental Health Services for Older People
 - Children and Adolescent Mental Health Services and Learning Disability Services
 - Health and Justice Services
 - Secure Inpatient Services
- North Yorkshire & York (provision across AMH, MHSOP, C&YPS and LD)

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

Durham and Tees Valley – AMH & MHSOP

Community Mental Health Transformation

DURHAM

- Mobilisation method & plan agreed for full model in 4 Primary Care Network areas initially in 22/23 – includes core hub (model signed off) and model for complex treatment and interventions (led by Group Director Psychological Therapies)
- Phase 2 Public Health Management work received with phase 3 work now being scoped
- System workforce plan being developed
- Co-production plans for 22/23 agreed and now being mobilised (including paid roles at both strategic and operational level)
- More creative opportunities for Additional Roles Reimbursement Scheme (ARRS) roles being discussed with PCNs, in light of recruitment challenges through 21/22
- Alignment between community transformation for adults with an eating disorder and Adult Eating Disorders Provider Collaborative activity being showcased nationally

TEES VALLEY

- **Community Hubs:** All external working groups established and progressing with aim to co-locate services across Local Authority/ NHS and Voluntary Care sector services. Hartlepool is the pilot with an expected go live date of May 2022. Currently undergoing organisational change process. Redcar cabinet meeting 3rd May to approve the development of the pilot hub site.
- **Virtual Hubs:** Multi agency huddles from each place-based area to discuss patient presentations who have complex needs or varying levels of support. Aim is to provide early intervention and care jointly as a partnership. Looking to review outcomes from these developments.
- The service have recently won an award for their co-production and lived experience involvement through South Tees Healthwatch. A Peer Lead started in post in March 2022 to lead on Lived Experience Workforce.
- **Physical Health Care Teams:** Focus upon North Tees with South Tees to follow. Currently in conversations with clinical directors to work jointly across primary care teams
- **Primary Care Network (PCN) workforce:** Fully established year 1 workforce showing strong outcomes across 12 of the 13 PCNs. Year 2 workforce to be implemented by July across all 13 PCNs.

Durham and Tees Valley – AMH & MHSOP

Service Developments

- Crisis Transformation – Peer workforce in place with career progression, Voluntary Care Sector provider awarded, Listening service review completed
- Seasonal Pressures – Home Group Hub supporting hospital discharge transitions and accommodation, **MIND** – working with Carers and families across Tees to provide additional support with home treatment plans to avoid admission or with support helping their family member on discharge
- Primrose Lodge move to Shildon (rehab) – Outcome of engagement work was presented to March Overview & Scrutiny Committee (OSC) and was supported by Durham Local Authority, it was taken to Darlington OSC at the end of April 2022, and they also supported the proposal.
- Mobilisation of services linked to Clinical Commissioning Group (CCG) investment – MHSOP comprehensive Crisis 24/7 service
- Prioritisation process for 22/23 investment process has commenced

Areas of Focus

- Capacity and demand – patient acuity, bed occupancy, Out of Area admissions, community caseloads
- Workforce – wellbeing, recruitment and retention of experienced staff. Crisis team in Durham & Darlington remain in BCP measures, however, continue to see an improvement in staffing, with a reduction in Long Term Sickness and recruitment to posts. The service have begun to reduce some contingencies (liaison gatekeeping) and expect to exit from full BCP by end of May-22. Work continues in relation to patient safety issues and associated action plans.
- Business Continuity: AMH Crisis - exit plan in place and position has improved, AMH Redcar & Cleveland Community – monitoring action plan.
- Quality Improvement schemes:
 - ✓ AMH – Crisis, Rehab, Access, 136 suite (Trust wide)
 - ✓ MHSOP - Crisis, Caseload Management
 - ✓ Risk Management processes

System Pressures

- Pressures in Acute Trust
- Pressures in Local Authorities
- Pressures in North East Ambulance Service
- Pressures in Primary care
- Pressures regionally on Approved Social Workers, particularly impact of Mental Health bed pressures and waiting times for a bed
- Social Care – staff shortages and pressures in care homes, lack of placements
- Complex needs – availability of appropriate placements and care providers

Durham and Tees Valley – CAMHS & LD

CAMHS Transformation

- System working across the Durham Tees Valley footprint to look at best possible service delivery model to meet the needs of young people and their families from a range of organisations

Learning Disability Transformation

- Continuing to meet the principles of the Transforming Care agenda by strengthening community care offer whilst modernising in-patient environments in partnership with the wider health and social care system

Service Developments

- Mobilisation of services linked to Clinical Commissioning Group (CCG) investment – Learning Disability Annual Health checks; CAMHS transformation (including Neurodevelopmental pathway)
- Prioritisation process for 22/23 investment process has commenced

Areas of Focus

- CAMHS waiting times, Keeping in Touch process and robust caseload management for staff
- Learning Disability complex care packages and environmental challenges
- Workforce – wellbeing, recruitment, retention of experienced staff
- Business Continuity - Learning Disability Inpatients in relation to substantive staffing levels – being closely monitored.
- **Quality Improvement schemes:**
 - ✓ CAMHS - Additional Roles Reimbursement Scheme process
 - ✓ Adult Learning Disabilities – bed design event
- **System Pressures**
- Pressures in Acute Trust (Durham & Darlington) in relation to paediatric admissions with MH and Physical health needs – particularly children with eating disorders
- Social Care – staff shortages and lack of suitable placements especially for patients with complex LD needs due to closure of several local independent providers

Community Mental Health Transformation

- Plans to prototype the integrated Hub Model for City of York – external facilitation through the Innovation Unit is being considered. Learning will be spread and used to inform Hub development across the North Yorkshire and York footprint going forwards

Service Developments

- International Recruitment – 1st recruit joined us in April and induction and training programme is progressing well. Additional 5 recruits due to commence with Scarborough, Whitby & Ryedale teams in May.
- York Improving Access to Psychological Therapies (IAPT) waiting for Step 3 treatment; additional funding has been secured and agency started in January 2022 to address the longest waits
- Children and Adolescents' Mental Health Services Summit – system approach to addressing access issues. PDSA (plan do study act) work continues in North Yorkshire & York
- Funding for the resilience hubs for 2022/23 has been confirmed by NHS England
- Developing Mental Health Investment Standard funding proposals for Vale of York Clinical Commissioning Group and North Yorkshire & York Clinical Commissioning Group – Awaiting confirmation of outcomes.

Areas of Focus

- Workforce – wellbeing, retention, recruitment
- Business Continuity Plan areas – Children and Adolescents' Mental Health Services, York and Northallerton
- Children & Young People waiters continues to be an area of concern, particularly for those services operating in Business Continuity
- Esk Ward (AMH) has reopened on a phased basis and currently has 4 beds open and occupied
- Duty Nurse Co-ordinator model to be expanded to cover Scarborough, Whitby & Ryedale – paper agreed through in principle. Funding identified, commencing recruitment and organisational change process
- **System Pressures**
 - York & Scarborough Acute Trust – OPEL 3 or 4
 - Social Care providers' gaps and closures including supported living, residential and nursing

Secure Inpatient Services (SIS)

- Remains in Business Continuity.
- Two wards remain collapsed (Harrier Hawk and Jay). A patient boarding on Eagle Osprey is impacting on the ability to stand up Jay.
- Whistleblowing concerns have been made directly to the CQC involving a number of staff over a number of wards. Human Resource processes are ongoing
- SIS continues to recruit into Health Care Assistant positions. Registered Nursing staff are a key pressure with a number of vacancies across the service. The service is planning as part of its recruitment plan to work into universities, working on international recruitment and focusing on staff retention. The service has now fully recruited to Matron posts.
- Improvement Plan in place focusing on Safeguarding, Staffing and Governance.
- Model of Care developed embedding principles of Our Journey to Change formally launched on 14th February.
- The Investing in our People Council is established and held on a monthly basis with an agenda based on key headings of education, innovation, safe staffing, research and wellbeing. All staff are able to join.
- As part of the SIS communication plan, members of the senior leadership team are available the first and third Wednesday and Sunday of the month within the Ridgeway perimeter to have a coffee, pastry and chat with staff and patients.
- Daily ward report outs are being rolled out across all wards. At present these are utilised on six wards. These provide an opportunity for the Multi Disciplinary Teams to come together daily to review care over the last 24 hours and ensures patient safety is at the heart of the day. Evaluations have been positive.
- Newtondale will be moving back into the perimeter in the first quarter of 2022/23. This means better and easier access to all the facilities like the gym for patients, and staff will be closer to colleagues for some extra support.
- The service continues to support the wider Trust with the use of seclusion rooms.

Health and Justice

- Staffing shortages and issues with recruitment are a concern in HMP Northumberland and the Liaison & Diversion Team in North Yorkshire and York – focus for recruitment across the service and have seen some recent success with this.
- LD Forensic Rehab beds are currently under review within the organisation in terms of how and where the service can be delivered, linked to work with Commissioners.
- We have been awarded the contract to deliver mental health services in HMP Hull and HMP Humber.
- Immigration Removal Centre – good feedback to date.
- HMP Haverigg – service ‘go live’ in April 2022.
- Working with Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) and the Provider Collaborative to agree the enhanced community forensic team model going forward.
- The service will be working with Cardiff Metropolitan University to support student learning regarding co-production.

En Suite Doors Update

Roseberry Park Hospital

- Block 5 – awaiting start date to ongoing water quality issues around handover.
- Block 1 – complete
- Further blocks – hampered by contractor and staff availability

West Park Hospital + other sites (Safehinge Primera Doors)

Adult & Rehabilitation areas complete at:

- The Orchards,
- West Park (Cedar, Willow, Maple and Elm)
- Foss Park (Minster and Ebor)

Mental Health Services for Older People (Kingsway Doors)

- At West Park Hospital, Oak Ward – issues with compatibility resulting in ligature point. Also a new clinical request to have doors opening to 90 degrees. Supplier has worked up a solution but yet to be finalised & installed.
- At Foss Park – Compatibility issues which are being worked through with the supplier. Not yet installed.

Others – Primera saloon type

- Cross Lane – Danby Ward completed
- Cross Lane – Esk Ward completed
- Lustrum Vale - 95% complete, awaiting delivery of one replacement as one set were damaged

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 organisation's 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 ?

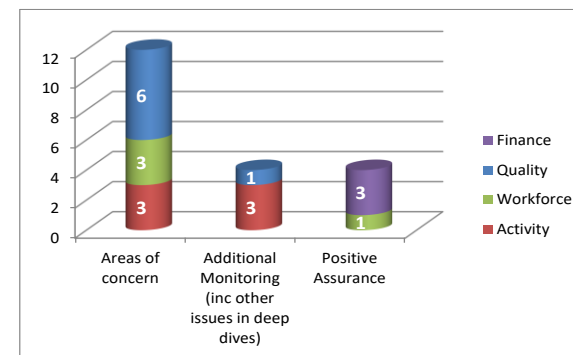
Board Performance Dashboard

As at 31st March 2022



Our positive assurance

- Our staff vacancy rate has reported a significant improvement and is now only **7.83%**.
- We delivered a **£5,948k** surplus to 31st March 2022 against a planned surplus of **£5,068k**.
- We have an actual cash balance of **£81,696k** against a planned cash balance of **£76,498k**.
- We planned to deliver **£2,301k** Cash-Releasing Efficiency Savings (CRES) for the year and have identified **£2,301k non-recurrent** CRES mitigations.
- Whilst we continue to meet our financial targets, it is important to note that this is not at the expense of our other standards. The key drivers impacting on delivery of the quality, activity and workforce standards are the levels of demand, acuity/level of need of patients and availability of staff.



Whilst all areas of concern are important to us and are being monitored closely, those key areas in terms of risk and concern are set out 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 **7838** patients that attended their first appointment in March, **6613 (84.37%** compared to our standard of 90%) were within 4 weeks of their referral date and of the **1824** patients starting treatment, **1071 (58.72%** compared to our standard of 60%) were within 6 weeks. Given the pressures being experienced throughout the NHS and locally within Trust services in terms of staffing and demand, these were only 5.63% and 1.28% respectively below the aims we have set ourselves.
- We are observing an increase in the number of patients that we are placing in beds external to our Trust; **19** patients were placed in non-Trust beds in the 3 months ending March (**701** bed days). Whilst this is a national issue due to current demand levels, we are monitoring this closely.
- Our Adult and Older Persons teams are not demonstrating the improvement in patient outcomes that we would aspire to. Of the **92** in-scope teams that discharged patients in the last 3 months, **41 (44.57%** compared to our standard of 60%) achieved the agreed improvements in their Health of the Nation Outcome Score (clinician rated outcome measure).

Activity

- Our inpatient services are under increasing pressures with bed occupancy during March at **96.47%** compared to our standard of 90%. Whilst all localities continue to have more patients in a bed over 90 days than we would like, in March we did achieve the ambition we have set ourselves.

Workforce

- Our sickness levels continue to be higher than we aspire to with **12,139 (6.20%** compared to our standard of 4.3%) days lost due to sickness during February.
- We have more members of staff without up to date appraisals and mandatory & statutory training than we would like. **1258 (20.05%)** members of staff (out of a total **6275**) do not have an up to date appraisal (our standard is for 95% of staff to have an appraisal) and out of the **107,306** training courses that were due to be completed by the end of March, only **92,998 (86.67%** compared to our standard of 92%) were actually completed. Whilst this is below the standard we have set ourselves it is important to recognise the staffing and demand pressures continue to be experienced throughout the NHS and locally within Trust services.

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 Children & Young People's (CYP) Services, actions established to improve the waiting times have had positive impact within that service. However, high sickness levels, vacancies and increased acuity have impacted a number of teams and services in all localities. Support mechanisms are in place including the streamlining of referral processes within the Tees CYP Neurodevelopmental and Adult Mental Health (AMH) Access Teams, focussed quality improvement work within the Scarborough, Whitby & Ryedale Mental Health Services for Older People (MHSOP) Memory Teams, and the provision of overtime within Tees AMH and North Yorkshire & York CYP. Recruitment is underway within Durham & Darlington and Tees MHSOP, Tees Learning Disabilities, Tees CYP and North Yorkshire & York AMH.

Within Forensics services, patient and staff unavailability is introducing delays when rescheduling appointments due to the geographical locations of the Probation Hubs. The Trust-wide Criminal Justice Liaison Service Manager is to meet with the Probation Service Managers to discuss mitigating actions.

Patients starting treatment within 6 weeks of an external referral

First identified as a potential area of concern in January 2021, there are a significant number of staff vacancies within Durham & Darlington CYP and further vacancies within the Tees and North Yorkshire & York localities. From March pre-employment checks have been managed by the NHS Business Services Authority, releasing capacity in the Recruitment team to provide further support to recruitment processes. We have identified that a number of patients are being included in this indicator that are in fact not waiting for treatment and it has been agreed that the report will be amended to remove these.

Recruitment continues within North Yorkshire & York Mental Health Services for Older People.

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 and whilst training has been rolled out in a number of areas, delivery has continued to be impacted by staff capacity and the pressures on our clinicians.

We are currently developing a number of key outcome measures that are more clinically meaningful as part of the new Trust Integrated Approach to performance. These new measures will be implemented in 2022/23 as part of the new Integrated Performance Dashboard.

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. Throughout March 2022 significant pressures have continued to impact our inpatient services and acuity is high.

We have extended our block purchase of beds at the Priory Hospital Middleton St George and now have 5 beds until the 30th June 2022.

The Trust sought external support to help us to understand anything further we could do to manage inpatient pressures and out of area placements to be commissioned. Unfortunately no suppliers were able to respond during 2021/22. Consequently we are now discussing other options to progress this work as a business planning priority for 2022/23, including with the North of England Commissioning Support Unit.

A bed census has been undertaken to understand our current inpatient base and shared with Senior Leadership Group and Service Development Groups. The Service Development Groups are continuing to work on actions and proposals are to be provided to the Directors of Nursing & Quality by the end of April 22.

The total number of inappropriate Out of Area Placement (OAPs) days

Whilst improvement is visible, reflecting the reduction in internal OAPs and compliance with the Continuity of Care Principles, external OAPs are visibly increasing and are a concern.

During April one of our Adult Mental Health wards has reopened following a closure of several weeks due to the unavailability of sufficient staff to support safe clinical care. This has increased our capacity by 4 beds.

Number of patients occupying a bed with a length of stay (from admission) greater than 90 days

Whilst we have achieved our ambition during March, our improvement initiatives are continuing. Within Durham & Darlington and Tees Mental Health Services for Older People weekly meetings to review patients with a length of stay over 50 days, discuss any issues or concerns and establish any actions remain in place. However, the primary challenge for the services continues to be sourcing funded care home placements within the area and/or patient/family care home choice. These are issues outside of Trust control.

Workforce Pressures

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 have expired and whilst we are starting to see some slow improvements, there remains a significant number of staff without an appraisal or update to date training.

Work has been undertaken within all localities to focus on key training, for example Basic Life Support, Safeguarding and Positive Approaches Training. Trajectories for ensuring appraisals and training are up to date have been agreed for all localities; service and team managers are now working to ensure these are achieved.

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 out of the 17 actions, 13 have been completed.

A concern has been identified within the Durham Adult Crisis Team as sickness is being impacted by current low staffing levels. Regular reviews are being held with staff on long term sickness and recruitment is underway to support staff in post.

Within Tees there is a concern identified within the Adult Mental Health teams. Supervision and caseload management are being prioritised as high caseloads have been identified as impacting on staff wellbeing. Staff feedback also highlighted that communication from Senior Leadership could be improved to support wellbeing; this has been reviewed and improved, with positive feedback received.

System Oversight Framework

SUMMARY

From a **Trust** perspective, 5 standards have not been met during Quarter 4:

- IAPT: Percentage of people who have waited more than 90 days between first and second appointments
- The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment
- The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment
- Number of inappropriate OAP bed days for adults by quarter that are 'internal' and 'external' to the sending provider (*see page 4*)
- Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider (*see page 4*)

IAPT

Number of people accessing the service – We did not achieve the ambitions within all CCG areas during Quarter 4. This continues to be impacted by staff sickness and vacancies within our services, and recruitment is ongoing in all areas. Actions are in place to increase the number of appointments available to our patients and trainee High Intensity Therapists are providing increased capacity. .

Percentage of people who have waited more than 90 days between first and second appointments – As a Trust we are exceeding the standard of less than 10% within all CCG areas. Within Durham & Darlington, trainee High Intensity Therapists are providing additional treatment capacity to the service and recruitment is underway within North Yorkshire and Vale of York. Within North Yorkshire & York, a new IAPT Waiters Dashboard has been deployed to enable the service to actively monitor waiting times for 1st and 2nd treatment.

Child Eating Disorders

Proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment
Proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment

The children and young people within our Eating Disorders service are waiting longer than the 95% national standard for routine and urgent referrals at Trust level and within all CCG areas. Referrals within Durham & Darlington and North Yorkshire & York have increased and a concern is now visible for both localities.

Work is underway within Durham & Darlington to review their service model and it is anticipated that routine assessments will be within the 28 days by end of April. Within North Yorkshire & York, a Kaizen improvement event to streamline the initial assessment process, resulting in an increase in the number of assessments being offered. A feedback session is arranged to review the success of this work and to plan a second Kaizen event, which will focus on streamlining the pathway from referral to assessment.

Our Integrated Performance Approach

OVERVIEW

As part of the continuous improvement of the Trust's Performance Management Framework, we have been developing a more integrated approach to quality and performance assurance and improvement across the Trust during 21/22. We will be implementing a new Integrated Performance Dashboard (IPD) in 22/23 which will enable us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide and provide assurance to the Board through its sub-committee structure. The measures for the new IPD were identified by the relevant Board Sub Committees and agreed by the Board of Directors. All the measures have been aligned to one of our three strategic goal(s) and where appropriate, support the monitoring of the Board Assurance Framework risks.

At Board Level, this new approach will bring together the agreed measures and assurances from the Board Sub Committees into an Integrated Performance Report. The benefits of such an approach include:

- Integrated assurance about the quality of services being delivered to ensure we are meeting our Strategic Goals, the standards within the CQC domains and mitigating the risks within the Board Assurance Framework
- Triangulation of data and information (both qualitative and quantitative) about the quality of service being provided which should then enable a better and more informed discussion at the Board
- Ability to identify areas of concern more easily and understand what else is impacting so we can assess whether the actions being taken will have the desired impact
- One report as opposed to multiple reports where assurance is provided by the Board Sub Committee rather than individual corporate departments

Our quality measures

1. Percentage of Patients surveyed reporting their recent experience as very good or good
2. Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for
3. Percentage of inpatients reporting that they feel safe whilst in our care
4. Percentage of CYP showing measurable improvement following treatment - patient reported
5. Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported
6. Percentage of CYP showing measurable improvement following treatment - clinician reported
7. Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported
8. Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)
9. Number of inappropriate OAP bed days for adults that are 'external' to the sending provider
10. The number of Serious Incidents reported on STEIS
11. The number of Service Reviews relating to incidents of moderate harm and near misses
12. The number of Restrictive Intervention Incidents
13. The number of Medication Errors with a severity of moderate harm and above
14. The number of unexpected Inpatient unnatural deaths reported on STEIS
15. The number of uses of the Mental Health Act

Our Integrated Performance Approach continued

Our people measures

16. Percentage of staff recommending the Trust as a place to work
17. Percentage of staff feeling they are able to make improvements happen in their area of work
18. Staff Leaver Rate
19. Percentage Sickness Absence Rate
20. Percentage compliance with ALL mandatory and statutory training
21. Percentage of staff in post with a current appraisal

Our financial and activity measures

22. Number of new unique patients referred
23. Unique Caseload (snapshot)
24. Financial Plan: SOCI - Final Accounts - Surplus/Deficit
25. Underlying Performance - run rate movement
26. Use of Resources Rating - overall score (*Trust level only*)
27. CRES Performance – Recurrent
28. CRES Performance - Non-Recurrent
29. Capital Expenditure (CDEL) (*Trust level only*)
30. Cash balances (actual compared to plan) (*Trust level only*)

ITEM NO. 11

FOR DISCUSSION

COUNCIL OF GOVERNORS

DATE:	12 May 2022
TITLE:	Governor engagement
REPORT OF:	Ann Bridges, Executive Director of Corporate Affairs and Involvement
REPORT FOR:	Council of Governors

This report supports the achievement of the following 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:

This paper is intended to stimulate discussion with Governors on how we can improve engagement following the implementation of TEWV's new structure and governance arrangements.

Engagement, support and training for the Council of Governors transferred to the Corporate Affairs and Involvement Department on 1 April 2022, in line with these new arrangements. For clarity, Governance, Regulation and Compliance remain with the Company Secretary's Department.

Initial discussions took place at the Governor Development Day in early December 2021, and the top five priorities identified by Governors are outlined in this report. Wider discussion is now proposed to ensure all Governors views are considered and feed into new working arrangements.

Recommendations:

Governors are asked to note the report, consider historically what's worked and not worked in terms of engagement, and explore and discuss what might be possible for future arrangements.

MEETING OF:	Council of Governors
DATE:	12 May 2022
TITLE:	Governor engagement

1. INTRODUCTION & PURPOSE:

- 1.1 Engagement, support and training for the Council of Governors transferred to the Corporate Affairs and Involvement Department on 1 April 2022, in line with these new arrangements. For clarity, Governance, Regulation and Compliance remain with the Company Secretary’s Department.
- 1.2 Given this change, Governors are asked for their views in terms of what has worked well in the past (pre-Covid19) in terms of engagement, and what future arrangements could look like.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 TEWV’s new structure and governance arrangements went live on 1 Apr ‘22.
- 2.2 The changes to Executive structures mean that arrangement for the Council of Governors has changed, as outlined below.

<p>Company Secretary’s Department</p> <p><i>Governance, Regulation & Compliance</i></p> <ul style="list-style-type: none"> Formal Council of Governors / Committee meetings (<u>incl</u> business cycle, agendas, minutes, etc) Governor Elections and Appointments Fit and Proper Persons requirements <u>eg</u> DBS Member administration 	<p>Corporate Affairs & Involvement</p> <p><i>Engagement, Support and Training</i></p> <ul style="list-style-type: none"> Governor communications – newsletters & briefings Governor training & development <u>incl</u> Governor Development Days, <u>Governwell</u> Governor Q&As Informal meetings Governor expenses Member engagement
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- 2.3 Governors play such an important role in understanding and championing the needs of patients, families, carers and staff, helping to ensure services meet the needs of local people. They also hold the board to account for the performance of the trust. Governors have the unique opportunity to question and challenge the trust, offering different perspectives and representing the views of local communities.

2.4 In order to fulfil this role, Governors need to know what's going on in the organisation and feel engaged and informed to undertake their duties.

3. KEY ISSUES:

3.1 Pre-Covid19, the following activities were delivered – some have been stood back up again, others less so.

- Council of Governors' meetings
- Governor Development Days
- Engagement in business planning incl workshops and invitations to events
- Locality Meetings with the Chair and Director of Operations
- Observing Board Meetings and (public) Committees
- Pre-Board Q&A sessions plus Governor questions at/outside CoG meetings
- Governor Newsletters
- Press Cuttings/Comms Briefing
- Stakeholder Briefings/Ad hoc briefings
- Director visits (under review)
- Invitations to events eg openings of facilities, award ceremonies, conferences.
- Arranging visits to services outside of Board visits for specific purpose.

3.2 Governor Development Day - 7 December 2021: top five priorities

- Locality meetings: Governors said these were really important to finding out what's happening on their patch and asked that we continue these.
- Good news: Governors struggled to find good news, when local media only report on the bad stuff – more regular cycle of newsletters and/or briefing would be very welcome – and, when things go wrong, asked to be advised and what action has been taken.
- Buddy system: for new Governors would be really valuable.
- Hearing different voices: of staff, service users and their carers and families, our volunteers and involvement members – could go on COG agenda (tba).
- Coffee mornings / informal meetings: face to face to meet each other, as well as Executive and Non-Executive Directors, as well as with staff – inclusion in Directors visits were discussed.

3.3 Other ideas:

- Promote the role of Governors: talking heads (videos), or blogs / vlogs outlining why you're a Governor and what activities you get involved in.
- Medicine for members (or something similar): sessions where clinical or professional teams talk about what they do, and how their services are operating – could be part of locality meetings (on a rolling programme).
- Directors' visits: these are being reviewed, with a view to moving to a more informal approach, akin to a leadership walkabout, with less prescriptive questions / format.

- Training, development and support: outside of statutory and mandatory training – tell us what you’d find beneficial particularly as we continue delivering Our Journey to Change, and our three big goals.
- Annual plan: co-created, yearly planner, so all Governors know what’s happening and when.

4. IMPLICATIONS:

New improved engagement with Governors would lead to it being more fulfilling, understand the challenges we’re facing, as well as able to champion TEWV.

4.1 Compliance with the CQC Fundamental Standards:

The Council of Governors represents the interest of the members and partner organisations in the local community and hold the Board to account for the performance of the Trust and exercises statutory duties.

4.2 Legal and Constitutional (including the NHS Constitution):

The Council of Governors represents the interest of the members and partner organisations in the local community and hold the Board to account for the performance of the Trust and exercises statutory duties.

4.3 Equality and Diversity:

We have a duty to ensure all the voices of our Governors are heard and considered, across all localities and specialities.

4.5 Risks:

There is a risk that Governors feel unable to fulfil their role through lack of engagement and regular flow of information - improved engagement, training and support with clear plans / programme of activities will help mitigate this.

6. CONCLUSIONS:

The new structure and governance arrangements offer the opportunity to improve engagement and ensure communication and information flows are two way and regular.

7. RECOMMENDATIONS:

Governors are asked for their views and thoughts on how to improve current engagement and consider future requirements.

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FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	12th May 2022
TITLE:	Governor Armed Forces/Veterans Champion
REPORT OF:	Phil Bellas, Company Secretary
REPORT FOR:	Update

This report supports the achievement of the following 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>	✓

Report:

- 1 At its meeting held on 8th March 2022 (minute 22/09 refers) the Council of Governors supported the appointment of a Governor Armed Forces/Veterans Champion.
- 2 Following discussions with the Trust's Armed Forces/Veterans Steering Group it was considered that:
 - (a) The Governor Champion should be a member of the Armed Forces Community which includes veterans, reservists and their families
 - (b) The role of the Champion would evolve over time but, initially, they would be invited to attend meetings of the Steering Group to enable:
 - Feedback to be provided to the Council on the Group's work
 - Further discussions to be held with the Group on how the Champion would be able to provide support going forward.
- 3 Nominations for appointment as the Champion were sought from Governors, by email, on 13th April 2022. Those interested in undertaking the role were asked to provide a personal statement to support their nomination by 6th May 2022.
- 4 Details of any nominations received will be circulated prior to the meeting to enable the Council of Governors to make the appointment.