

**COUNCIL OF GOVERNORS
TUESDAY 19TH MARCH 2024 AT 2.00 PM**

**VENUE: THE WORK PLACE, HEIGHTON LANE, AYCLIFFE BUSINESS PARK, NEWTON
AYCLIFFE, DL5 6AH AND VIA MS TEAMS**

AGENDA

1.	Apologies for absence	David Jennings Chair	Verbal
2.	Welcome and Introduction	David Jennings Chair	Verbal
3.	To approve the minutes of the Trust's Annual General and Members' Meeting held on 23 rd November 2023 and the minutes of the last ordinary Council of Governors' meeting held on 4 th December 2023.	David Jennings Chair	Draft Minutes
4.	To receive any declarations of interest	David Jennings Chair	Verbal
5.	To review the Public Action Log	David Jennings Chair	Report
6.	To receive an update from the Chair - 8th February to 13th March 2024 <i>(For information: Chair's updates to the Board, from 12th October 2023 to 7th February 2024, are attached)</i>	David Jennings Chair	Report Attached
7.	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
8.	Governor questions and feedback – a) Governor questions and answers session b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template). <i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate at least 48 hours before the meeting. Please send them to tewv.governors@nhs.net).</i>	David Jennings Chair	Schedule of Governor questions, responses and feedback to be circulated

<p>9.</p>	<p>To receive the following performance/compliance updates:</p> <p>a) Integrated Performance Dashboard Report as at 31st December 2023</p> <p>b) Trust's Finance Report as at 31st January 2024</p> <p>c) CQC Progress Report</p>	<p>Ashleigh Lyons Head of Performance</p> <p>Liz Romaniak Director of Finance, Information & Estates/Facilities</p> <p>Beverley Murphy Chief Nurse</p>	<p>Report</p> <p>Report</p> <p>Report</p>
<p>10.</p>	<p>To receive a progress update on the Trust's Operational Services and Crisis Line position:</p> <p>a) Durham, Tees Valley and Forensics Care Group</p> <p>b) North Yorkshire, York and Selby Care Group</p>	<p>Lisa Taylor Director of Operations and Transformation Health and Justice Services</p> <p>Zoe Campbell Managing Director for NYY&S Care Group</p>	<p>Attached</p> <p>Attached</p>
<p>11.</p>	<p>Progress Report on Action Taken to Reduce the Use of Restraint</p>	<p>Beverley Murphy Chief Nurse</p>	<p>Report</p>
<p>12.</p>	<p>To approve proposed amendments to the Trust's Constitution.</p>	<p>Phil Bellas Company Secretary</p>	<p>Report</p>
<p>13.</p>	<p>To consider the appointment of the following positions:</p> <p>a) The Lead Governor</p> <p>b) A Governor to observe the Trust's Audit and Risk Committee meeting to be held in May/June 2024</p> <p>c) A member of the Council of Governors' Nomination and remuneration Committee</p>	<p>Phil Bellas Company Secretary</p>	<p>Report</p>
<p>14.</p>	<p>To receive an update from the Council of Governors' Task and Finish Group: The Role of a Foundation Trust Governor</p>	<p>David Jennings Chair</p>	<p>Report</p>
<p>15.</p>	<p>To receive an update from the Council of Governors' Co-creation Committee</p>	<p>Mary Booth Chair of the Co-creation Committee / Public Governor</p>	<p>Report</p>

<p>16.</p>	<p>To approve Council of Governors' meeting dates for 2024/25:</p> <ul style="list-style-type: none"> ▪ Monday 3rd June 2024 ▪ Thursday 24th October 2024 ▪ Wednesday 15th January 2025 ▪ Wednesday 26th March 2025 	<p>David Jennings Chair</p>	<p>Verbal</p>
<p>17.</p>	<p>Exclusion of the public</p> <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> <p>(a) <i>the free and frank provision of advice, or</i></p> <p>(b) <i>the free and frank exchange of views for the purposes of deliberation, or</i></p> <p>(c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".</i></p>	<p>David Jennings Chair</p>	<p>Verbal</p>

David Jennings
Chair
11th March 2024

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

**MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON
23RD NOVEMBER 2023 AT 3.00PM**

**VENUE: DARLINGTON ARENA, NEASHAM ROAD, DARLINGTON, DL2 1DL
AND MICROSOFT TEAMS LIVE**

PRESENT:

David Jennings - Chair
Dr Martin Combs - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council (online)
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Cheryl Ing - Staff Governor, Corporate Directorates
Joan Kirkbride - Public Governor, Darlington
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (online)
Jill Wardle - Public Governor, Durham (online)
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:

Brent Kilmurray - Chief Executive
Roberta Barker - Non-Executive Director
Phil Bellas - Company Secretary
Ann Bridges – Executive Director of Corporate Affairs and Involvement
Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby
Care Group
Dr Charlotte Carpenter - Non-Executive Director (online)
Karen Christon - Deputy Company Secretary
Dr Hannah Crawford – Executive Director of Therapies
Dr Sarah Dexter-Smith – Executive Director for People and Culture
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Dr Kader Kale – Executive Medical Director
Beverley Reilly – Deputy Chair / Non-Executive Director
Liz Romaniak – Executive Director of Finance, Digital and Estates/Facilities
Patrick Scott – Executive Managing Director for Durham, Tees Valley & Forensics
Care Group

Members	233
Non-members	17
Organisations	9

23-24/38 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council

Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Cllr Lisa Belshaw - Appointed Governor, Redcar and Cleveland Borough Council
Gemma Birchwood - Public Governor, Selby
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Gary Emerson - Public Governor, Stockton-on-Tees
John Green - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham
Christine Hodgson - Public Governor, York
Lisa Holden - Public Governor, Scarborough and Ryedale
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Alicia Painter - Public Governor, Middlesbrough
Graham Robinson - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale
Mac Williams JP - Public Governor, Durham

Mike Brierley - Assistant Chief Executive
Prof. Pali Hungin - Non-Executive Director
John Maddison - Non-Executive Director
Beverley Murphy – Executive Chief Nurse
Jules Preston - Non-Executive Director

23-24/39 WELCOME AND INTRODUCTION

The Chair welcomed attendees to the meeting.

He advised that:

- He continued to focus on the following key priority areas:
 - Rebuilding trust internally and externally
 - Evidence of quality and safety
 - Co-production and how to measure it
 - Support to staff
 - Being a good partner

- Improvements had been made to quality and safety in the Trust over the previous 12 months and this had been evident in an inspection report published by the CQC. The independent report had reflected very well on Trust staff and he thanked every member of staff for their contribution and

their continued support. He added that, with the right approach and set of values, the Trust would strive to work through difficult times ahead.

- The Quality Board, NHS England (NHSE) and the Integrated Care Boards (ICBs) had provided oversight of the Trust to ensure progress had been made and internally, the structure of the Trust had been reviewed to ensure the Executive Medical Director, Chief Nurse and Executive Director of Therapies would work together to ensure patient safety was central to the Trust.
- The CQC had been clear that work still needed to be done in relation to the backlog of Serious Incidents (SIs) and progress had been made since then, with the backlog expected to be zero by Christmas 2023.
- Learning and information gathered from the Trust's Our Big Conversation had been incorporated into the Our Journey to Change Delivery Plan which focused on providing a great experience for patients, staff and partners and had made co-production central to the way the Trust operated. The Trust was almost two years into the five year plan and an overview of what had been delivered so far had been provided in his presentation and he reflected on how improving partner relationships would be essential to ensuring services wrapped around individuals.
- With regard to workforce and staffing, 27% more nurses had been recruited than in the previous year and 130 more nurses had been in preceptorship. The focus had been on recruitment and retention of the right staff to provide the best services to the people the Trust served.
- NHSE had commended the Trust on the results of its last staff survey in which improvements had been evident in every category. It had been important for staff to feel valued and that they could contribute to their service and its delivery. He also wanted staff to feel confident in speaking up if they were aware of something going wrong. The CQC had commented on the positive freedom to speak up culture in the Trust. Although this had been good to hear, it had not been taken for granted.
- As a 'requires improvement' Trust, it was important the Board focused on the improvements required but also celebrated improvements achieved.

In conclusion, he suggested the Board had clarity on the improvements required to achieve a higher CQC rating and that Our Journey to Change would provide the Trust with a clear plan on making those improvements.

In keeping with the theme of patient safety, attendees at the AGM would hear from a range of Trust staff and other colleagues about the Trust's patient safety journey. This would include information about peer support and its therapeutic value, the National HOPE(S) NHSE Collaborative and other Trustwide plans including financial matters.

23-24/40 PATIENT SAFETY

Our Quality and Safety Journey

Attendees received a presentation from Dawn Jessop, Deputy Chief Nurse, regarding the Trust's journey to safer care.

D. Jessop advised that:

- Co-creating personalised care was fundamental to Our Journey to Change and as part of that the Trust had spent £8 million since 2019 on making wards safer and had appointed two Lived Experience Directors. The number of Peer Support Workers in the Trust had also increased and further information would be provided later in the meeting.
- In her presentation she had provided details to outline the Trusts plans for 2023/24 in relation to its journeys:
 - Clinical
 - Quality and Safety
 - Co-creation
 - People
 - Infrastructure
- From a governance perspective, quality and safety and the involvement of patients, their families and their carers had to be at the heart of everything the Trust did.

The Trust's Quality and Safety Journey had four patient safety priorities. However, they would only be achieved if the Trust worked in joint partnership with patients, families, carers, system leads, Governors and partners. The priorities were:

- Suicide prevention and harm reduction
- Reducing physical restraint and seclusion
- Promoting harm free care, improving psychological and sexual safety and providing a safe environment
- Promoting physical health
- Engagement, communication and transparency with staff was essential to ensure good visibility of teams, wards and services for the Trust and staff alike.
- The cross-government strategy on suicide prevention 2023-28 had clear goals to reduce suicide by 50%, reduce self harm and provide support to families bereaved by suicide. The Trust had two suicide prevention leads, had co-created a suicide prevention plan and had co-hosted a Teesside suicide prevention conference which had received positive feedback. Environmental risk surveys had been completed and these had shaped the improvements made to wards. The Trust had also worked with the Samaritans to offer psychological support.
- The Safewards Model had been highlighted by the CQC as good practice and the Trust had seen month-on-month reduction in the use of restraint in Adult Learning Disability (ALD) services and a reduction in rapid tranquilization in Secure Inpatient Services (SIS). Assurance panels were in place to ensure the Trust learned from incidents.
- Harm free care was based on relationships and everyone could contribute to its promotion. Much of the trauma informed care work had been led by the

Trust's Lived Experience Directors and the Trust was now using the new Patient Safety and Incident Response Framework (PSIRF). With regard to the backlog of serious incidents, improvements had been made and learning was captured within one month of an incident occurring.

- The Trust had wanted to use assistive technology to reduce risks, not to replace staff. The roll out of Oxehealth had been challenged by patients and people external to the Trust. Following feedback from an internal review, a co-creation panel led by Lived Experience Directors had been established, to consider the operating procedure for Oxehealth and ensure it was developed in partnership so that the system could be used in the best way to benefit patients. Sensor doors had also been rolled out in the Trust as a direct result of feedback from environmental risk surveys undertaken. In the past, the Trust had piloted body-worn cameras and consideration had been given as to whether cameras could be used in the future. If a decision to use them was made, the Trust would consult with the co-creation panels.
- Clinical reference groups had been established to consider the physical health of patients.
- To outline progress made by the Trust, a slide in her presentation had included the CQCs ratings of the Trust in December 2022 compared with those given in October 2023.
- The PSIRF would provide a proactive and proportionate approach to learning from patient safety incidents and help to reduce incidents in the future. Two family liaison officers, aligned to the Care Groups, had been appointed to work with families when harm occurred and the feedback regarding these posts has been positive. Bev Reilly, Deputy Chair and Non-Executive Director, had also agreed to become a Patient Safety Partner.
- The Patient Safety Team had been aligned to the Care Groups and the inclusion of people with lived experience on assurance panels had ensured the patient voice would be present throughout the Trust's governance structure in relation to learning and harm.
- The incident reporting system, InPhase, would provide the Trust with greater access to data and increased visibility to make wards and patients safer.
- With regard to Martha's Rule, the Trust would listen to patients and ensure it had the right staff, with the right skills in place to provide safe care.

The Chair thanked D. Jessop for her presentation.

Peer Support and Patient Safety

Attendees received a presentation from Mark Allan, Peer Support Lead in the Trust, regarding Patient Safety and what feeling safe meant to patients.

M. Allan advised that:

- As a person with lived experience, peer support had a dramatic positive impact on his life. He had also witnessed the positive effect peer support had on other people's lives which had motivated him to carry out his role as Peer Support Lead and ensure peer support became more accessible.

- He hoped more people with lived experience would be given a platform at events like the AGM to discuss important topics.
- Peer support had significantly contributed to people feeling safe in services however, it was important to remember that service users and carers had varying ideas about what created safety and it was important to include lived experience voices, including individuals in relation to their own personal care, and embrace contrasting views.
- Two common themes fed back by service users from patient safety workshops held by the Trust had been:
 1. The importance of relationships, of developing relational safety and healing relationships.
 2. The importance of creating services where harm is avoided by respecting rights.
- Peer Support Values had been co-created with a reference group made up of peers, service users, carers and other organisations. Those values were:
 - Authenticity - being true to our (best) selves
 - Relationship - the peer relationship is at the heart of our work
 - Validation - validating emotions, experiences, and being strengths based
 - Respect - for every person's experiences and expertise
 - Mutuality - striving to work together as equal partners
 - Empowerment - supporting people to be in the driving seat
- Peer Support Workers offered one to one peer support, facilitated peer support groups and worked within team processes.
- Positive feedback had been received regarding Peer Support Workers in the Trust, with service users rating their experience as 100% satisfied.
- Many Peer Support Workers had taken up their role after a positive experiences themselves with other Peer Support Workers.
- There were 35 Peer Support Workers in the Trust and the team had seen significant growth. Lived experience roles made up less than 0.5% of the workforce and he would welcome a responsible and sustainable increase in that number. Although the role of a Peer Support Worker could be difficult and emotionally challenging, the retention rate of people in those positions was high.
- Peer Support Workers were often recruited in pairs and staff in Trust services briefed appropriately in preparation for welcoming Peer Support Workers into their team. Training was provided to all Peer Support Workers including one to one supervision, provided by a Peer Supervisor. In addition, there were also peer networks in the Trust, daily debriefs and support was available from managers and teams in the services they worked in.
- In the Trust's Co-creation Strategy, a commitment had been made to embed peer workers and access to peer support across a full range of Trust teams and services. He had welcomed this and hoped existing Peer Support Workers would be invested in, with more peer support roles created in the future.

The Chair thanked M. Allan for his powerful and authentic presentation.

23-24/41 GUEST SPEAKERS

Attendees received a joint presentation on the National HOPE(S) NHSE Collaborative Model and its implementation to reduce long-term segregation within adult learning disability and Autism services in TEWV.

The Chair introduced Danny Angus, Associate Director for the National HOPE(S) NHSE Collaborative who had joined the meeting online, Steph Carr, HOPE(S) Specialist Practitioner from Mersey Care NHS Foundation Trust and Karla Sharif, TEWV Associate Nurse Consultant and Trainee Approved Clinician.

D. Angus advised that:

- NHS England had recognised that, to support teams in reducing highly restrictive interventions such as long-term segregation, strong leadership with an underlying person-centred model was critical.
- The Learning Disability and Autism Programme at NHSE had approached Mersey Care NHS FT to commission a national programme to improve quality and change cultural practices. A team of practitioners had worked with providers and people in long-term segregation across a number of clinical settings where learning disability and autism services were provided.
- The HOPE(S) model helped teams understand how to keep people calm, happy and safe and ensured that everyone involved in a person's care, including their family, worked together. A tool called the barriers to change checklist would be used within the model to take into account information from the patient, and the team around them, to help with ideas of how to end their long-term segregation.
- The key priorities of the HOPE(S) Model were:
 - Organisational and Systems Impact
 - Workforce Capability and Development
 - Culture and Practice Change
 - Individual and Family Quality of Life
- In terms of progress made to date:
 - 16 WTE HOPE(S) Practitioners had been appointed across the country with four of those based in the North East and Yorkshire region.
 - The Trust had seconded a member of their staff to support its implementation.
 - 74 people in long-term segregation had been identified as requiring support from the programme.
 - There had been significant improvements made to people's quality of life.
 - 47 people had transitioned out of long-term segregation.
 - 26 NHS commissioned organisations across 42 hospital sites had received support.

- 2,166 staff had received HOPE(S) training.
- There had also been important national outcomes:
 - Clinical guidance had been developed for providers, to support an end to long-term segregation.
 - A family trauma service, RESPOND, had been commissioned to provide trauma intervention for families with loved ones in long-term segregation, who were in receipt of support from the programme.
 - Manchester Metropolitan University had been commissioned as the research evaluation partner to undertake an evaluation of the programme and the initial report would be published in January 2024, with a full report available in January 2025.
 - The national HOPE(S) communities of practice had been launched and families who were interested in joining should contact Steph Carr for more information.
 - The HOPE(S) Model had been endorsed as outstanding practice by the CQC and World Health Organisation (WHO).
- He was aware that performance data had not taken into account the tangible and personal impact the programme had had on people's lives. This had included people having a haircut for the first time in three years, walking on the grass outside, sleeping in a proper bed, hugging a loved one, eating a takeaway, being able to visit a restaurant for their birthday or being able to go home. It had been a privilege to work with amazing people with lived experience at Bankfields Court and he had acknowledged how TEWV had embraced the model of care and how K. Sharif and her colleagues had shown strong practice leadership. He hoped that other services would be as open minded about long-term segregation as the team at Bankfields Court had been.

He then introduced K. Sharif and S. Carr, to share their experiences of implementing the HOPE(S) Model and provide details of future plans.

K. Sharif advised that:

- The Adult Learning Disability Service had been a challenging environment and the CQC had rated the service as inadequate. Nine patients had been nursed in long-term segregation.
- HOPE(S) Practitioners had worked alongside her team to train them in the HOPE(S) Model and they worked as a team to approach challenges.
- There was a change in culture, with people thinking differently and staff reporting that they felt hopeful. Staff had embraced the new ways of working and had felt empowered to make changes.
- The focus had been on a patient's quality of life and ensuring they were provided with opportunities to mix with other patients or be alone if they preferred.

- To date, no patients were in long-term segregation at Bankfields Court and only one patient remained in long-term segregation at Lanchester Road Hospital, however, work was underway to address this.
- Patient and staff feedback had been positive.

S. Carr advised that:

- The Trust's investment in creating an internal HOPE(S) capacity had resulted in people receiving HOPE(S) input from outside of the national programme. 42 people had undertaken two-day HOPE(S) training, which had initially been provided to staff in Secure Inpatient Services (SIS). Training had also been provided to colleagues in the wider healthcare system.
- The North East and Yorkshire had been the highest user nationally of long-term segregation but, with HOPE(S) intervention, 19 people had progressed out of long-term segregation over the past 18 months. It was important to consider how HOPE(S) could be made sustainable for the future.
- She had welcomed the new HOPE(S) Practice Leadership Level 4 and 5 qualification and what it could mean to the service.
- In the future, the development of HOPE(S) champions would be considered and she hoped to see HOPE(S) embedded into key policies such as the Behaviours that Challenge Policy and the Safe Use of Seclusion Policy.
- Building on learning so far, prompts would be added to CITO; the Trust's patient record system, to encourage staff to consider using the barriers to change checklist both when long-term segregation had commenced and proactively. The two-day Barriers to Change Awareness training would be extended into the Trust's Adult Mental Health Services.

K. Sharif read out feedback from the parent of a patient who had recently transitioned out of Bankfields Court, which reflected on both negative and positive experiences and thanked staff for the care they had delivered and their dedication to ensuring there had been a positive outcome for their child.

The Chair thanked all three for their presentations and for the powerful feedback provided by the parent of a patient, which had provided attendees with a real understanding of the impact of the HOPE(S) Model on people's care.

23-24/42 QUESTIONS

The following questions were asked in relation to patient safety:

Question 1

Have hospital staff been consulted on safety issues?

Response

D. Jessop advised that consultations had been held with staff to develop the priorities and vision of the Trust's Quality and Safety Journey to Change and safety

issues had been discussed as part of that process. There had also been other projects, including transformation work, that staff could get involved in.

P. Scott advised that work was underway as part of a national quality transformation of inpatient services. This work would provide staff, service users and people with lived experience a chance to have their voices heard in relation to improving safety and having more responsive services. Over the previous year the Trust had engaged with staff regarding patient environments and improvements that could be made.

As part of the roll out of the PSIRF, conversations had been held with staff in the care groups to consider different tools that could be used and changes that could be made regarding patient safety events. The Patient Safety Team would support teams with regard to those changes and the roll out.

Question 2

As the Trust was almost half-way through its Our Journey to Change five year plan, would it be possible to roll out the positive developments and good practice spoken about at the AGM across the Trust, within the remaining time left?

Response

B. Kilmurray advised that he would provide an update on the Trust's Our Journey to Change Delivery Plan later in the meeting and would highlight a number of plans to roll out initiatives and embed positive practices in services and across the Trust. It would be an on-going process and the Trust was committed to delivering these plans.

Question 3

A colleague at Healthwatch County Durham had observed that there had been some positive and encouraging progress made in the Trust, not least the implementation of the lived experience roles, and sought assurance that culture change would continue in the right direction and not slide back in complacency.

Response

The Chair thanked Healthwatch for the helpful feedback and advised that the Board discussed culture and how the right culture was embedded. Our Journey to Change aimed to make fundamental changes to the culture of the organisation, including the role of peer support and lived experience. There was no complacency from the Board regarding culture in the Trust.

B. Kilmurray confirmed that attendees had heard from colleagues during the meeting who had carried out improvement work regarding culture within TEWV and the Trust had been committed to delivering on its Journey to Change and improving services for patients.

23-24/43 LEAD GOVERNOR'S REPORT

Attendees considered a verbal report from the Lead Governor, Cllr Ann McCoy.

She advised that:

- It had been another difficult year for the Trust and she and her fellow Governors had continued to monitor, challenge and assess the progress made by the Trust in making improvements as part of Our Journey to Change. Improvements and progress had been made and Governors had been confident that improvements would continue, however, they would monitor this going forward.
- Training and development had been important to Governors as it gave them confidence to carry out their statutory duties and responsibilities.
- A Task and Finish Group considering the role of a Foundation Trust Governor had been established and as part of that, Governors had considered:
 - The importance of understanding and complying with the highest standards of public office.
 - How best to champion the Trust, whilst also representing those who had voted for them and ensuring they engage with Trust members and the public.
 - Replacing Insight magazine, issued to members prior to 2020, with a more cost-effective publication, to communicate and engage with members.
 - How Governors would hold the Board of Directors to account.
- She encouraged people to become public members of the Trust and members to carefully consider Governor election information sent to them by the Trust as it was important to use their vote to choose who represented them.
- She welcomed the opportunity to hold the meeting in person, which had provided Governors with an opportunity to speak to staff and learn about the Trust's services by visiting the marketplace. Governors wanted staff to know that they supported them and admired their work. She also thanked P. Bellas and A. Bridges for the support provided to Governors by their teams.

The Chair thanked A. McCoy for her presentation and thanked all Governor for their feedback, expertise and challenge throughout the year.

23-24/44 REVIEW OF THE YEAR AND FUTURE PLANS

B. Kilmurray welcomed attendees both present and online and thanked presenters for their insightful and powerful presentations and confirmed that he had enjoyed the marketplace of information and had felt pride and gratitude with regard to the good practice he had heard about and the staff members he had met. He had also been grateful to the people who had organised the event.

He provided a review of the year and details on the Trust's future plans.

He advised that:

- The Trust had made positive progress towards its goals to create a great experience for patients, carers, families, colleagues and partners. A summary of the progress made had been provided in his presentation and had included:
 - 1200 people supported into employment through the Trust's Individual Placement Service (IPS).
 - 223 Volunteers recruited to support teams and communities in the Trust.
 - Over 600 crisis calls responded to per day.
 - 449 patients and carers registered for involvement with the Trust.
 - Working with staff and staff networks to understand their requirements in terms of wellbeing.
 - Patients and carers were being listened.

- In terms of co-creating a great experience for patients and carers:
 - Two Lived Experience Directors had been appointed and they had brought more knowledge, understanding and compassion to the Trust's leadership.
 - There had been investment in Peer Support Workers and he had been grateful for Mark Allan's leadership. It had been clear that patients, carers and colleagues valued their work.
 - With regard to patient safety technology, policies had been reviewed to try to understand how a person's personal choices can be taken into account whilst ensuring they are safe. The Trust would not always get it right but it would continue to look for ways to improve.
 - The Trust had established England's first Neonatal Peer Support Service for patients dealing with the shock and stress of pre-term or seriously unwell babies. The service offered an array of bespoke support for families at a really difficult time.
 - The Trust had been recognised for being veteran aware by the Veterans Covenant Healthcare Alliance.
 - Co-creation Boards had been established by both care groups, to provide a forum through which patients, carers and colleagues could consider how to improve the experiences of service users and ensure they are better informed to make choices.
 - The Co-creation Framework focused on how to put co-creation at the heart of everything the Trust does.
 - The Carers Working Group had led the way and provided guidance on the training and support provided to carers. This had included the Carers Charter, a dedicated Carers Hub on the Trust's website and Carer training provided across the Trust.

- The Trust had reviewed its Complaints and the Patient Advice and Liaison Service (PALS). Since making changes, the CQC had noted in their last report that all complaints in the Trust had been fully investigated and responses had been compassionate.
- Westerdale South at Roseberry Park Hospital in Middlesbrough had created a Namaste package to provide support to stressed patients in one of the older adults' services.
- The Friends and Family Test in March 2023 showed that 91% of patients and 97% of carers had reported that their experience of the Trust had been good or very good. Although delighted with the progress made, the Trust would focus on continued improvement.
- In terms of co-creating a great experience for colleagues:
 - The Board wanted staff to feel pride in their work and a sense of belonging and considered that happy and engaged staff would provide great care. He welcomed the opportunity to hear from staff at the AGM who had been proud and enthusiastic about their services.
 - The Trust had continued to host a number of regular engagement events for staff including the Chief Executive's monthly webinar, coffee break sessions hosted by the People and Culture directorate, learning and equality sessions to talk about sensitive topics, swartz rounds and staff network groups including the Long Term Health Conditions Group and the Rainbow Network for LGBTQ+ colleagues and the Black Asian and Minority Ethnic (BAME) Group.
 - Recruitment challenges still existed, however, more staff had been recruited and there had been a reduction in the number of staff leaving.
 - The Trust had been recognised by a number of award schemes, winning four of the six it had been nominated for at the Positive Practice in Mental Health Awards, a national scheme regarding mental health rehabilitation, recovery, outstanding leadership and forensic mental health. The Trust's Talking Changes Improving Access to Psychological Therapies (IAPT) service in County Durham and Darlington had been awarded for its commitment to promoting healthy lifestyles for its staff. Also, after being awarded Chartered Manger Status by the Chartered Management Institute (CMI) in 2019, offering a range of in-house leadership and management qualifications, the Trust had been through a recent audit and had maintained its registered status, with no actions required.

- In terms of being a great partner:
 - The Specialist Navigator Project had been launched to assist patients and carers with their journey through the mental health system.
 - The Trust's Tees Valley transformation work had been awarded the Leading the Way to Change Award at the Healthwatch South Tees STAR Awards.
 - The office of the Durham Police and Crime Commissioner (PCC) had worked with the Trust to develop new peer roles to support people affected by alcohol or substance misuse and who may also have severe mental illness and complex emotional needs.
 - Through its work as part of the York Mental Health Partnership the Trust had joined with BEAT, the UK's leading eating disorder charity, to increase the support available to people with eating disorders and their families across York and The Vale of York.

- In 2022, the Trust co-created and launched its five journeys to make improvements in key areas. Although a challenging process, the results had been valued because they had reflected the views of stakeholders, people with lived experience, staff and others. The Our Journey to Change Delivery Plan had enabled the Trust to use those journeys to identify its key priorities.
- There had been many changes in the Trust, including a fundamental change to the clinical and operational structures to simplify governance arrangements and the new leadership and governance structure had been implemented on 1st April 2022.
- In 2022/23 the CQC had revisited the Trust's Child and Adolescent Mental Health Services (CAMHS) and inpatient services and had acknowledged the improvements made.

- With regard to challenges:
 - In November 2022, NHSE had published the independent reports into the tragic deaths of three young women in the Trust's care. This had then been followed by an independent report into the Trust's governance arrangements. Work had been undertaken to address the concerns raised by the reports and it had been an incredibly difficult time for everyone involved. He reiterated the heartfelt and profuse apologies that had been offered to the families and friends of Christie, Nadia and Emily and acknowledged that the Trust would continue to focus on providing better and safer care for patients and their families.
 - Communities the Trust served had experienced a cost of living crisis and had faced health inequalities.
 - There had been a significant increase in the demand for mental health services and the complexity of the care required.

- The NHS had continued to face financial pressures but there had also been new opportunities identified with the re-organisation of the NHS and the introduction of the Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), which would support pro-active conversations with other providers as to how they can work together within a joined up system.
- Next steps would be to focus on the Our Journey to Change Delivery Plan 2023-24. Improvements were still required but there was much to be proud of and the extensive inspections carried out by the CQC had provided assurance that improvements to services had been made. Seven out of 10 of the Trust's core services had now been rated as good and he thanked everyone involved in making those improvements.
- The Trust's strategy and leadership had been endorsed by the CQC and patients and carers had told them that they had received kind and compassionate care and had been actively involved in their care planning.

In conclusion, he acknowledged that great things happened in the Trust every day and staff should be proud of that. He thanked the Board, Governors, staff, patients, carers, the public and others for supporting the Trust.

23-24/45 ANNUAL ACCOUNTS 2022/23

Prior to providing her update on the Trust's Annual Accounts for 2022/23, L. Romaniak acknowledged the inspirational work and positive feedback that had been described by the presenters during the event.

She advised that:

- The Annual Accounts had reported an unadjusted financial deficit of £8.6m, which had included £9.4m net impairments of building evaluations.
- The adjusted surplus had been £1.2m which had been marginally ahead of the planned £1.16 million surplus. This had been helpful to the Trust for delivering on its plans and to the wider healthcare system.
- It had been a challenging time as the NHS had started to move away from the previous national financial arrangements brought in as a result of the Covid-19 pandemic. That funding had allowed the Trust to focus on patient safety and care during that time but now substantial funding had had to be taken away from services.
- Clinical Commissioning Groups had been replaced by ICBs in July 2022 and the Trust now had significant relationships with North East and North Cumbria ICB and Humber and North Yorkshire ICB.
- In terms of key transactions, the Covid funding had reduced from £14.4 million to £7.7 million and pay costs had increased by £43.9 million in the last financial year including the impacts of 2022/23 national pay agreements:

- 4.5% pay award for medical colleagues.
 - £1,400 consolidated cash payment and 2% non-consolidated payments to Agenda for Change (AFC) colleagues.
 - Additional non-consolidated AFC “backlog bonus” of at least £1,250.
 - Long-Term Plan investments in Mental Health.
- Purchased healthcare costs had increased by £4.1 million to support bed pressures.
 - Depreciation had increased by £3.0m following the NHS adoption of International Financial Reporting Standard 16: Leases from April 2022.
 - Intangible assets had been amortised by £1.5m as the Trust had moved some IT systems onto a Cloud based infrastructure.
 - Transport costs had increased with some return to pre-pandemic ways of working. This had meant an increase in miles travelled and inflation due to higher fuel costs.
 - A small number of adults with Learning Disabilities, with complex needs, had required high cost care packages including temporary staffing.
 - The Trust had significantly invested in its infrastructure, estates and information technology and the gross capital expenditure had been £14.5 million.
 - The Trust had underspent by £0.4 million against capital resources allocated through the Integrated Care System.
 - Cash balances had reduced by £6.6m to £75.2m. This had been £10.6m above the Trust’s £64.6m plan.
 - Increased temporary staffing pressures meant agency costs had exceeded forecast levels.
 - 93.9% of invoices had been paid within 30 days, against a 95% Better Payment Practice Code target for prompt payments to suppliers. The Trust had been working towards achieving the 95% target during 2023/24.
 - The operating income of the Trust for 2022/23 had totalled £484.5 million and helpful graphs had been provided in the presentation at Appendix 1, to show the sources of income and the Trust’s expenditure.
 - There would be financial challenges for the Trust in 2023/24. As further covid funding would be reduced, the NHS would see only a 0.1% increase in real terms growth. The Trust would need to consider how to do things differently, whilst providing improved outcomes.
 - The Trust had continued to be impacted by the effects of the covid pandemic in terms of demand and capacity. Unlike acute Trusts who had the Elective Recovery Fund, mental health trusts did not have an equivalent to this funding.
 - Sickness levels in the Trust had reduced.
 - She thanked colleagues and partners for their support over the last year and acknowledged how challenging and difficult times had been. She also advised that, during discussions with the Trust, national leaders from NHS England had expressed their gratitude to staff.

23-24/45 EXTERNAL AUDITOR'S REPORT

G. Barker, Audit Director at Mazars LLP advised that:

- He had enjoyed attending the AGM and learning more about the Trust and its services and listening to speakers.
- The audit had to be completed quickly and that had been made possible by the cooperation of L. Romainak and her team.
- The outcomes of the 2022/23 Audit had included providing an unqualified audit opinion on the financial statements, consolidation schedules consistent with the financial statements and there had been no inconsistencies to report in the Annual Report of Annual Governance Statement. This is had been important as it had demonstrated how the Trust had been accountable with regard to public money.
- The Value for Money (VFM) reporting outcomes for 2022/23 had been published in the Auditor's Annual Report which had been made available on the Trust's website and at the venue for attendees. They had considered three key areas regarding the Trust's arrangements:
 - Financial sustainability
 - Governance
 - Improving economy, efficiency and effectiveness
- Two significant weaknesses had been identified. Both related to specific findings of the CQC and recommendations in relation to those had also been included in the report. However, an audit certificate had been issued on 31st August 2023.

23-24/46 QUESTIONS AND ANSWERS SESSION

The following questions were responded to at the meeting:

Question 1

The Trust was congratulated on progress it had made and a request was made to speak to someone following the meeting about their experience of the care they had received

Response

B. Kilmurray thanked the person for their comments and confirmed that the someone would be able to speak to them after the meeting, to address their concerns and provide help.

Question 2

The opportunity to hear about Trust plans and the focus on staff feeling proud was welcomed.

From a service user perspective, how would the Trust ensure that changes filtered down to GPs, which would usually be a person's first point of contact? It was suggested that service users did not hear about the services referred to at the meeting.

Response

B. Kilmurray thanked the person for their comments and the challenge provided. He confirmed that, although proud of what had been achieved, it was with humility. More improvements would be required to ensure that everyone had the same positive experience. The Trust also needed to ensure it was connected to people in their communities so they could access care and first contact workers had been embedded in GP surgeries, to enable people to access mental health services. However, the Trust covered a large geographical area and suggestions on areas the Trust was missing would be welcomed.

A. McCoy advised that Governors had a role to play, as champions of the Trust. Some Governors had access to organisations who they could provide information to about the good work undertaken by the Trust and what services it provided. Governors had been seeking information at their task and finish group about organisations and which meetings they could attend or observe, to try and raise the profile of the Trust and improve the Trust's reputation.

Question 3

An attendee welcomed the dementia care provided to their parent.

There was a large portion of the Trust's budget spent on external staffing. Do you have plans, or is it possible, to reduce that or bring it in-house?

Response

L. Romaniak advised that the Trust had been aware of the £4 million premia attached to temporary staffing and its link to VFM. The Trust had recruited nurses and sought to attract apprentices and improve the experience of medics so that they would want to remain employed by the Trust. In terms of quality, the Trust wanted to grow, train and develop its workforce.

With regard to reducing staff turnover, S. Dexter-Smith advised that her department had been working to stabilise the Trust's workforce, to reduce temporary staffing. Work undertaken by the Executive Medical Director had resulted in six medical staff employed in the last month. The reduction in sickness rates had also led to a reduction in temporary staffing. A reduction in leavers rates had been very positive. The Trust had also stopped using non-clinical agency staff, other than in its Digital Team. Whilst high quality agency staff had been employed by the Trust, there were challenges that related to those staff not being familiar with teams and patients.

A. McCoy advised that she had taken part in a video, in her role as Cabinet Member for Adult Social Care for Stockton Borough Council, as part of a national drive to

encourage people to work in health and social care and recognise the benefits of doing so. TEWV would be involved in this national campaign, which would be beneficial in the long term.

Question 4

An attendee noted they were a Royal College of Nursing representative in the Trust. They acknowledged it was important to recognise the partnership working that is undertaken and the Trust's commitment to that. Recent discussions about upgrading the partnership agreement have taken place and there is a commitment from the Trust to enable staff-side representatives to work in many areas of the Trust, not just in representing people in disciplinarys and in relation to grievances but in a number of corporate areas including job evaluations, HR policy reviews, organisational change and safety issues.

Response

B. Kilmurray welcomed the comments made and advised that the Board greatly valued partnership working, which was fundamental to cocreation.

23-24/47 MEETING CLOSE

The Chair thanked all attendees for joining the meeting and colleagues for their effort and support throughout the year. He also thanked speakers and colleagues who had provided support in delivering the AGM.

The meeting closed at 5.26pm.

David Jennings
Chair
19th March 2024

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 4TH DECEMBER 2023 AT 2.00PM, ON MICROSOFT TEAMS

PRESENT:

David Jennings - Chair
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Gemma Birchwood - Public Governor, Selby
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Dr Martin Combs - Public Governor, York
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council
Gary Emerson - Public Governor, Stockton-on-Tees
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham
Christine Hodgson - Public Governor, York
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Alicia Painter - Public Governor, Middlesbrough
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council
Jill Wardle - Public Governor, Durham
Judith Webster - Public Governor, Scarborough and Ryedale
Mac Williams - Public Governor, Durham (in part)
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:

Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Roberta Barker - Non-Executive Director
Mike Brierley - Assistant Chief Executive (in part)
Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby Care Group
Dr Charlotte Carpenter - Non-Executive Director
Karen Christon - Deputy Company Secretary
Dr Hannah Crawford – Executive Director of Therapies
Dr Sarah Dexter-Smith – Executive Director for People and Culture
Angela Grant - Corporate Governance Officer (CoG and Membership)
Sarah Hizan – Team Administrator (Observing)
Prof. Pali Hungin - Non-Executive Director
Dawn Jessop - Deputy Chief Nurse (in part)

Wendy Johnson, Legal Services
Dr Kader Kale – Executive Medical Director
Debbie Longton-Worley – Corporate Governance Officer
John Maddison - Non-Executive Director
Beverley Murphy – Executive Chief Nurse
Jill Murray - Non-Executive Director
Jules Preston - Non-Executive Director
Beverley Reilly – Deputy Chair / Non-Executive Director
Faye Revely – Financial Accountant (Item 9b)
Patrick Scott – Executive Managing Director for Durham, Tees Valley & Forensics Care Group
Nishidha Vaidya - Corporate Governance Officer

23-24/48 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Cllr Lisa Belshaw - Appointed Governor, Redcar and Cleveland Borough Council
John Green - Public Governor, Harrogate and Wetherby
Lisa Holden - Public Governor, Scarborough and Ryedale
Cheryl Ing - Staff Governor, Corporate Directorates
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)

Ann Bridges – Executive Director of Corporate Affairs and Involvement
Liz Romaniak – Executive Director of Finance, Digital and Estates/Facilities

23-24/49 WELCOME

The Chair welcomed attendees to the meeting and apologised for the late notice they had received, that the meeting would be held online only via MS Teams. The decision had been made due to inclement weather and in the interests of safety.

The meeting was confirmed as quorate.

23-24/50 MINUTES OF PREVIOUS MEETINGS

Agreed – That, subject to ‘Durham’ being replaced with ‘Hambleton and Richmondshire’ next to John Yorke’s name (minute 23-24/22 (27/07/23) refers), the public minutes of the Council of Governors’ meeting held on 27th July 2023 and the public minutes of the Council of Governors’ meeting held on 7th September 2023 be approved as a correct record and signed by the Chair.

23-24/51 DECLARATIONS OF INTEREST

None received.

23-24/52 PUBLIC ACTION LOG

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

It was noted that:

- With regard to Action 23-24/25 and Governors receiving an update on the Trust's Crisis Line, G. Emerson expressed concern at a recent press article that had referenced significant issues with the service, vacancies in the team and had referred to a number of patient deaths. He asked that Governors receive a report on the Crisis Line, to respond to these concerns.

B. Murphy advised that the press article in question had reported on the Crisis Line's situation approx. 12-24 months prior and not its present position.

P. Scott added that, 18 months prior, the Durham and Darlington Crisis Team had been in business continuity and had been significantly challenged with regard to staffing and responses to calls, although this was no longer the case. He confirmed that he could provide Governors with a report on urgent care reforms and noted that information on the Crisis Service had been provided at Item 10 on the agenda.

The Chair suggested Governors consider the information at Item 10, taking into account P. Scott's suggestion regarding a report on urgent care reforms, and G. Emerson's question would then be re-visited.

All other actions had been closed or would be considered on the agenda.

23-24/53 CHAIR'S UPDATE

In addition to the update, he had provided for the public Board of Directors' meeting held on 9th November 2023, the Chair advised that he had also:

- Chaired the Trust's Annual General and Members' Meeting held on 24th November 2023. The event had been well attended and held in person at Darlington Arena and online via MS Teams Live. Positive feedback had been received regarding the speakers and the marketplace of information showcasing the Trust's services. He had also observed a positive energy surrounding the whole event.
- Attended the Trust's Our Journey to Change Delivery Plan Workshop held on Wednesday 29th November 2023.
- Attended the Trust's Star Awards in York on 30th November 2023, to celebrate the amazing work of staff in the Trust. He advised that, although choosing the winner of the Chair's Award had been difficult, he had enjoyed presenting the well-deserved award to Healthcare Assistant, Jeanette Anderson. She had been nominated for the award by a service user who had identified her as a "fantastic member of staff" who had provided compassionate care and, amongst other things, had spent time with them. She had also been described as "a light at the end of the tunnel".

23-24/54 CHIEF EXECUTIVE'S UPDATE

Governors received a verbal report from the Chief Executive, updating them on important topical issues.

He advised that:

- On 25th October 2023, the CQC had published its report on the Trust's core services and well-led inspection. More details had been provided at Item 13 on the agenda however he advised that seven of the 11 services inspected had been rated as 'good' whilst others had required improvement. The Trust had engaged with a number of important partners and stakeholders in action planning and briefing sessions. The Trust's Communications Department had also worked hard to involve stakeholders, peer organisations, MPs, universities and the police amongst others. Although there were issues still to be resolved, he thanked colleagues who had worked with the Trust and had pledged their support.
- With regard to the on-going CQC prosecution, the Trust had been preparing to appear in court in February 2024.
- As part of the memorandum of understanding (MOU) that existed between the Trust and Teesside University, a research agenda had been established, consideration had been given to the possibility of creating joint posts with academic roles and the Trust had been supporting the university in its bid to establish a medical school for the Tees Valley. He advised that a MOU also existed between the Trust and York St John University.
- The Trust had been involved in a North East and North Cumbria (NENC) young person's summit focused on improving access to services for children and young people.
- He had attended an Innovation, Research and Improvement System (IRIS) initiative launch event in York, held by NHS Humber and North Yorkshire Integrated Care Board (ICB).
- He had attended an online Autism Conference, joined by staff from the local area, service user and carer representatives and international representatives.

It was noted that:

- J. Kirkbride had welcomed positive feedback received by the Trust from the CQC in their report and noted there had been negative news stories about the Trust reported in the local press and a number of MPs had also been critical. She questioned whether there was a possibility that local MPs might now publicly acknowledge the improvements made by the Trust.

B. Kilmurray acknowledged that a number of historical cases had been considered by the courts. The Trust had held conversations with local MPs and local government to update them on progress and improvements made. He had received some positive feedback and had appealed to MPs linked to mental health to speak out on the Trust's behalf. He had begun to see an increase in confidence in TEWV colleagues showcasing their services more recently and had been encouraged by this. He and the Executive Director for

Corporate Affairs and Involvement had contacted ITV Tyne Tees to offer some perspective on the Trust's position. Although proud of the progress made, he accepted that everyone's experience of accessing the Trust's services had not been the same. It was important to improve the public and local media's perception of the Trust as their opinion and their confidence in its services were extremely important.

D. Haney concurred with B. Kilmurray that staff confidence had appeared to be heightened and staff had articulated themselves well in relation to their services. As a member of Durham County Council's Health Scrutiny Committee, he had been more critical in his challenge in relation to the Trust. However, he confirmed that where improvements were evident, they should be acknowledged. He suggested that, when the CQC rating for the Trust did change to 'Good', it should be reported. He also praised staff for the difference they had made to services.

The Chair advised that there was no expectation that MPs would provide a more positive narrative regarding the Trust, however, the Trust would provide a balanced commentary on its services and would continue to talk to key audiences about improvements made and where they were required. He also commended the CQC on highlighting how many issues identified in the Trust had also been recognised in trusts nationally.

- G. Emerson acknowledged how positive it had been that the relationship between the Trust and Teesside University had strengthened and asked whether contact had been made with Imperial College London.

B. Kilmurray advised that contact had not been made with Imperial College. The bid made by Teesside University had been in its early stages and had a more regional focus.

- H. Griffiths expressed concern regarding suicide rates for autistic people and access to harmful content online. She advised that software was available, which was free to parents, and could be added to computer systems to intercept and divert people away from websites with harmful content and she hoped the Trust would take advantage of this.

The Chair suggested that Executives would be able to consider this further.

B. Murphy asked H. Griffiths to send her a link to the software so that it could be considered in more depth by the suicide prevention leads in the Trust. She would then be able to take her findings to the Executive Team.

Action – H. Griffiths / B. Murphy

23-24/55 GOVERNOR QUESTIONS

The Chair advised that the following question had been received from J. Yorke:

Mark Allan gave an excellent presentation at the Trust AGM on what the role of Peer Support adds to the experience clients have who are using the services of the Trust. He went on to highlight the good work that those in this role do. Much of what he talked about focussed on developing trusting relationships with patient and developing a deeper understanding of the patients experience and needs. This he notes, is done through listening with the aim of understanding people as individuals.

While I admire the work that he and his colleagues are doing I was left somewhat saddened as it made me wonder why there seems to have been a vacuum developed. At one time nurses and other care staff would have seen this as part of their role and skill set. Is this now not happening?

What do directors think has happened that clinical staff, as possibly suggested within this presentation, seem not to see their role as developing an empathic, therapeutic relationship with service users? And has this thereby created a need for Peer Support Workers?

The Chair confirmed that a full written response would be provided to J. Yorke in due course.

K. Kale advised that although clinical staff continued to provide support to service users, with empathy and compassion, those with lived experience had a different connection with service users through their experiences of recovery and experience of the service.

H. Crawford confirmed that she was the lead for Peer Support Workers in the Trust and had been grateful to J. Yorke for his question. The support provided by Peer Support Workers to clinical staff complimented services and continued to be monitored. There had been clear recognition of the value and importance of shared experience in relation to recovery and the learning that could flow from that to staff. To look after their wellbeing, special arrangements were in place for Peer Support Workers to ensure they were not involved in carrying out certain duties such as the use of restraint. The Trust wide Trauma Informed Steering Group had also been refreshed to draw together work that had taken place in the organisation.

B. Kilmurray stressed the importance of the Trust being properly trauma informed.

J. Yorke confirmed that he accepted much of the responses provided in the meeting, but not everything, and added that based on his own experience, listening was the most important thing.

23-24/56 GOVERNOR FEEDBACK

Governors considered feedback provided by G. Restall following her attendance at a Health and Justice Service event held on 27th October 2023 and the Trust's Annual General and Members' Meeting held on 23rd November 2023.

The Chair thanked G. Restall for her comments and reminded Governors that their feedback from events was important and welcomed.

23-24/57 INTEGRATED PERFORMANCE DASHBOARD REPORT

Governors considered a report on the Trust's Integrated Performance Dashboard, as at 30th September 2023.

With regard to the report, it was noted that:

- Details on areas of concern had been provided at Appendix A to the report, however, the main areas had been identified as:
 - Unique caseload
 - Financial Plan: Statement of Comprehensive Income (SOI) Final Accounts Surplus/Deficit
 - Financial Plan: Agency expenditure compared to agency target
 - Financial Plan: Agency price cap compliance
 - Cash Release Efficiency Savings (CRES) Performance Recurrent
- Details of other key issues related to workforce and inpatient pressures, including summaries from each of the Care Groups, could be found at Appendix B to the report. Broader key issues had been identified as:
 - Bed occupancy
 - Statutory and Mandatory Training Review
 - Appraisals
 - Occupational Health Tender

B. Kilmurray advised that, with regard to high bed occupancy rates, increased operational pressures had impacted on this and the Trust had sought to understand the issues affecting it. In terms of bed management, work would continue on the development of the Optimised Patient Tracking and Intelligent Choices Application (OPTICA) pilot. Details of on-going work to address high bed occupancy rates in the Trust had been provided at Appendix B to the report. New governance arrangements were in place and the new Urgent Care Programme Board would provide immediate oversight to some of the on-going work to address high bed occupancy levels.

It was noted that:

- D. Haney asked how long, after a job offer was made, would it take for a new member of staff to start employment with the Trust.

S. Dexter-Smith advised that it could take 85-90 days from when an advert was published to person taking up employment with the Trust. Delays in the process had been a national issue, often impacted by the length of time taken to complete Disclosure and Barring Service (DBS) checks. She had been responsible for making decisions regarding whether or not a person could begin their employment with the Trust, prior to completion of the DBS check. However, people remained under supervision until a check had been completed. She was aware of young people experiencing difficulties in proving their identity, due to the majority of their details being held online. The Trust needed to be rigorous in its processes and work was underway in relation to vacancy control and ensuring that posts were appropriate.

B. Kilmurray advised that the Trust's recruitment team had reduced the number of steps in the recruitment process and it was important for all aspects of the process controlled by the Trust to be considered.

K. Kale advised that the international recruitment process timescales were longer than local ones.

- D. Haney asked whether any delays had been linked to occupational health assessments.

The Chair confirmed that he was not aware of any.

23-24/58 FINANCE REPORT

Governors considered the Trust's Finance Report as at 30th September 2023.

F. Revely advised that:

- The Trust's Financial Plan, submitted to NHS England in May 2023, targeted the delivery of a breakeven position for 2023/24 financial year.
- The Medical Pay Award had been agreed, which would contribute towards easing medical locum run rate pressures caused by a high number of medical substantive post vacancies.
- Plan pressures in relation to National Microsoft Licence arrangements had been highlighted in the report.
- Key cost pressures included:
 - Elevated levels of agency expenditure
 - Elevated bed occupancy
 - Need for independent sector bed placements
 - Estates and engineering contract overspending
- With regard to CRES performance, it had been on plan at month six but that had included non-recurrent mitigation of £1.9m under performance against planned CRES.
- With regard to cash balances, this had been £62.7m and £1.1m below plan.

- In terms of the capital position, year to date costs of £4.3m represented slippage of £4.1m. There was also potential for slippage on frontline digitalisation.

It was noted that:

- G. Emerson questioned whether medical consultants voting on pay packages would have a negative impact on the Trust.

B. Kilmurray advised that pay packages were subject to the British Medical Association (BMA) consulting with balloting members however, no negative consequences had been expected.

- G. Emerson also queried whether £14 million of funding from the Integrated Care Board (ICB) would be rescinded.

B. Kilmurray confirmed that, for the funding to remain with the Trust, it would need to be utilised and work had been underway to understand how best to use it. He invited J. Maddison, as Chair of the Board's Audit and Risk Committee, to comment.

J. Maddison offered assurance to the Council of Governors' that the Board's Audit and Risk Committee had sought assurance from the Board's Strategy and Resources Committee and L. Romaniak, as the Executive Director of Finance, regarding this matter. He advised that L. Romaniak had planned to manage the programme in conjunction with other Trusts, to transfer capital so that the funding would not be lost.

The Chair confirmed that the Board had also been sighted on this matter and had been aware of the requirement to utilise the funding.

[M. Brierley joined the meeting]

[F. Revely left the meeting]

23-24/59 OPERATIONAL SERVICES UPDATE

Governors considered two reports regarding operational services in the Trust

With regard to the Durham, Tees Valley and Forensics (DTV&F) Care Group, P. Scott advised that:

- Key issues affecting the care group had been discussed with Durham and Tees Valley Governors at a recent Governor locality meeting.

Following a request to share the slides from that locality meeting with all Governors, the Chair confirmed that they would be shared for information.

Action – P. Scott

- Improvements had been noted in relation to:
 - The Assurance Framework
 - The Governance Review
 - The Co-creation Board and the profound impact it had had on the visibility of lived experience voices in the care group
 - Quality Improvement, coaching and organisational development
 - A review of the Business Plan
 - The Estates Plan

- An example of a monthly briefing for staff had been included in the report for information.
- Although progress had been made in recruiting six consultants to Consultant Psychiatry posts, risks associated with staffing and recruitment still existed across Health and Justice (H&J) services and the Trust would continue to focus on filling vacancies in those services, to reduce the impact on service provision.
- The delivery of face to face mandatory training remained a challenge.
- In the H&J services, restraint and restrictive practice had reduced.
- Senior Leadership had undertaken intensive work on inpatient wards to ensure there was appropriate patient flow and discharge.
- Significant improvements had been made to the Child and Adolescent Mental Health Crisis Service over the last 12 months, with a sustained standard delivery of above 90% since May 2023.
- Improvements had been made on routine referrals for children and young people with an eating disorder.
- In relation to transformation work in Adult Learning Disability (ALD) services, progress had been made on successful discharges for people who, a year earlier, had required significant restrictions.
- An engagement session on the Urgent Care Programme had been held.
- Key challenges had included operational and financial pressures.
- Jill Corbyn, a national lead on neurodiversity, had supported the Trust in understanding how effective its staff training was in supporting people with neurodiverse needs.
- The crisis service had featured significantly in the Urgent Care Programme and improving call pick up rates had remained challenging. As part of the Adult Mental Health Transformation Programme, peer support had been made available across Durham and the Tees Valley and the offer of alternative services to crisis had been expanded. In Durham and Darlington, improvements had been made to patient safety and investment had been secured to deliver the new NHS 111 All Age Crisis Screening Team in Q4 23/24, which would be delivered under the Durham and Darlington Adult Mental Health Crisis Service.

North Yorkshire, York and Selby Care Group

With regard to the North Yorkshire, York and Selby (NYY&S) Care Group, Z. Campbell advised that:

- In terms of celebration, funding had been extended for the Reducing Exclusion for Adults with Complex Housing Needs (REACH) Team in Scarborough and discussions had been held with partners to consider the possibility of the model being expanded across North Yorkshire. Good practice in the Trust had also been highlighted by the charity Homeless Link. The ICB had invested £750k in the development of a Learning Disability Intensive Home Support Team.
- Staff sickness levels had stabilised at 4.69%. There had been some successful recruitment into CAMHS and a new AMH General Manager had joined the Trust, however staffing vacancies remained an overall pressure, particularly in CAMHS Selby, Ripon Community Team, Crisis Teams and Mental Health Services for Older People (MHSOP).
- Work had been undertaken by the DTV&F Care Group and the People and Culture Directorate to address the issue of persistent staff vacancies in the crisis service. Initial data from a pilot of working in partnership with two voluntary sector organisations, had shown that 90% of calls had been answered by call handlers.
- Bed occupancy and delayed transfers of care remained a concern, with most delays caused by a lack of adequate social care and housing plans not being in place.
- Waiting times had been one of the biggest challenges.
- The Co-creation Board for NYY&S Care Group had met several times.
- With regard to Right Person, Right Care this was being undertaken in a collaborative manner with all other relevant agencies involved.

It was noted that:

- G. Emerson confirmed he would find it helpful to receive information on whether the crisis service was fully staffed or when full staffing would be achieved. He also wanted to understand whether calls had been getting through to be answered and what the call pick up rates. He had expected to see an increase in referrals to safeguarding teams but this did not appear to be the case and he had wondered what the reason for that had been. He also asked how the Trust could ensure that mental health transformation funding would be used properly.
- H. Griffiths asked how the Trust measured the quality of responses provided to people who had called the crisis line and what the outcome had been from those calls. She also asked how the Trust could measure the number of people not getting through to the crisis line.

Z. Campbell advised that this had been an area that needed to be strengthened. The Trust had worked with two voluntary sector organisations to provide the crisis line in North Yorkshire, York and Selby Care Group and

she hoped to also increase lived experience involvement in the service. She confirmed that she would provide more information to Governors in due course.

P. Scott advised that the quality of responses had been measured through a number of forums including engagement opportunities, the friends and family test and hearing from service users and carers about their experiences. However, he acknowledged that a large piece of work was required to involve the most dissatisfied people.

Z. Campbell added that regular feedback and qualitative information had also been received from external organisations but there needed to be a 'lived experience lens' on the service.

B. Reilly advised that the Board's Quality Assurance Committee (QuAC) had been assured that the Trust was doing as much as it could to address concerns regarding the crisis service, however, the demand for the service had far outweighed its capacity. In terms of information provided to the QuAC, she confirmed that lived experience feedback should be included in the assessments regarding the service.

In conclusion, the Chair proposed that a report be brought to the next meeting of the Council of Governors to address the points raised. He suggested that it also include information on urgent care reforms, which had been referred to earlier in the meeting.

Action – P. Scott and Z. Campbell

With regard to the transformation of services in Scarborough, Whitby and Ryedale, J. Webster added that the 'hubs' had been a really positive addition to the area.

B. Kilmurray advised that, due to technical issues, A. Painter had added comments to the meeting chat facility regarding smoking on wards. He proposed that a response to those comments be provided outside of the meeting.

Action – P. Scott and Z. Campbell

23-24/60 RIGHT CARE, RIGHT PERSON (RCRP)

Governors considered information regarding the Right Care, Right Person (RCRP) operating model.

P. Scott and Z. Campbell advised that:

- The operating model had been primarily driven by the police force and had been designed to ensure that when concerns regarding a person's welfare were linked to mental health, medical or social care issues, the right person

with the right skills, training and experience would respond to provide the best possible service.

- It was hoped that the model would support police colleagues to focus on crime related matters, rather than health related ones, whilst also avoiding the criminalisation of mental health needs. However, there were certain legal duties that would require the police to act. Those were:
 - A real and immediate threat to life: Duty under Article 2 European Convention on Human Rights (ECHR).
 - A real and immediate threat of really serious harm/torture/inhumane or other conduct within Article 3 ECHR.
 - Common law duties of care.
 - Specific statutory duties. Arrest, detain, restrain.
- A strong working relationship existed between the Trust and the police forces in Durham, Cleveland and North Yorkshire. Using a collaborative approach, it would be important to ensure that people were not less safe than before the model had been introduced.
- No major issues had been identified and all system partners had taken a pragmatic approach to meeting the principles of the new model.

B. Kilmurray advised that the incoming new Chief Constable for Durham Constabulary, Rachel Bacon, was also the National Lead for RCRP.

The Chair advised that he had met with all Chief Constables covering the Trust's area. RCRP was high on the agenda and it had been discussed on a call he had joined with other Chairs of NHS mental health trusts. Despite concerns, police and partners had appeared to have adopted a consensual and considered approach to the RCRP model.

J. Wardle advised that, from her personal experience, she had received excellent, compassionate responses from Durham Constabulary after being directed to them by the Trust's crisis teams. She hoped that this would not change with the adoption of the new model.

23-24/61 SERIOUS INCIDENTS (SIs) BACKLOG

Governors considered a progress report and presentation on the backlog of serious incidents awaiting review and approval by the Trust. The purpose of the report had been to provide reasonable assurance that progress had been made in reducing the backlog and to provide assurance within the domain of patient safety in relation to learning, Duty of Candour and sustaining the improvements made.

D. Jessop advised that:

- A new staff structure had been aligned to the Patient Safety Incident Response Framework (PSIRF) to provide the appropriate level of governance and Executive oversight. Functions and processes had also been realigned within the Patient Safety Team in preparation for the PSIRF and the Trust's

new reporting system, InPhase, which would provide reports on all incidents and identify themes. This would then ensure incident reviewing and learning were in one place.

- The number of reviewers had been increased, supported by training and weekly supervision.
- Locality panels had been reviewed and a Directors Panel had been agreed. Lived Experience Directors had also been included in panels.
- Two Family Liaison Officers had been appointed so that the Trust could speak to families to address questions they may have.
- The Trust had also started meeting with coroners.
- As of 14th November 2023, of the 104 Serious Incident Reviews open, 88 had been in progress and all inpatient SIs had been progressed. From May to the end of October 2023 the Patient Safety Team had completed and closed 71 SIs.
- The Patient Safety Team now allocated SIs within the month they occurred.
- In terms of early learning, themes had been identified and the InPhase reporting system had been implemented to support compliance with national Learning from Patient Safety Events (LFPSE) requirements, which would further facilitate timely reporting and learning from themes.
- In terms of Duty of Candour, the Trust's policy had been reviewed and updated in line with best practice guidance.
- In terms of sustaining improvement, there would be regular monitoring of staff and continuous analysis of training requirements. There would also be plans in place, should the number of SI reviews exceed the capacity of reviewers, for assistance to be provided by external partners.

23-24/62 PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF)

Governors considered a report and presentation on the Patient Safety Incident Response Framework (PSIRF) and its implementation.

D. Jessop advised that:

- The PSIRF provided all NHS trusts with guidance on how to respond to patient safety incidents, with a focus on learning rather than root cause analysis.
- A patient safety incident had been classed as 'an unintended or unexpected incident which could have or did lead to harm for one or more patients receiving healthcare'.
- The PSIRF had a systems approach to safety and would focus on team action plans, rather than individuals.
- The principles of PSIRF were:
 - Openness and transparency
 - Just culture
 - Continuous learning and improvement
 - Family and patient Involvement

- There was a horizon scanning tool which would help teams to target potential or current safety themes and issues, to carry out dedicated work to address those concerns.
- Following agreement of the PSIRF and tool, they were expected to go live in January 2024 but families had already been working with reviewers and setting terms of reference.
- The new framework and InPhase reporting system would provide good governance and objectivity.
- Flowcharts for the Patient Safety Event Decision and Investigation Framework and the Patient Safety Event learning process had been provided in the presentation for information.

The Chair thanked D. Jessop for a clear and comprehensive update.

B. Murphy advised that the CQC had noted how the Trust had continued to work well with families, even when distressed, to set new Terms of Reference regarding serious incident reviews.

In terms of Duty of Candour, G. Emerson noted the CQC had highlighted that the Trust had been poor at acknowledging issues. He suggested that the Trust should support people who were brave enough to raise issues and ensure that staff did not suffer detriment for raising concerns.

B. Reilly advised that an internal review had been carried out in relation to Duty of Candour and this had been considered and reported at the QuAC.

S. Dexter-Smith advised that the Trust did monitor whether people had suffered detriment after reporting concerns and they would be spoken to by an independent person.

The Chair also advised that he met Dewi Williams, the Freedom to Speak Up Guardian, each month and he reported to the Board. The Trust welcomed people speaking up and understood the importance of people doing so.

23-24/63 CQC CORE SERVICES AND WELL-LED INSPECTION

Consideration was given to a report and presentation on the CQC core services and well-led inspection and details of the process used to develop the Trust's CQC Improvement Plan. The published CQC ratings achieved, overall and for each core service, as well as details on the Must Do and Should Do recommendations made by the CQC were provided at Appendix 1 to the report. Appendix 2 to the report showed the framework used to develop the Trust's Improvement Plan.

B. Murphy advised that:

- The well-led inspection had begun in March 2023 and the report had been published in October 2023, on the CQC's website.
- No domains had been rated as inadequate and seven had been rated as good.

- The CQC had recognised an improved consistency in the quality of services provided by the Trust.
- The QuAC had approved the Improvement Plan on 22nd November 2023 and it had been submitted to the CQC on 27th November 2023.
- Key areas for improvement and learning were:
 - Staffing
 - Mandatory/Statutory Training
 - Complaints/PALs
 - Supervision
 - Waiting times
 - Physical health monitoring
 - Serious Incident processes (including Duty of Candour)
- The Trust aimed to make a difference to the people in its care.

The Chair asked B. Murphy to consider how to ensure that the action plan and responses to that plan could be kept visible to Governors and suggested that regular updates on actions should be provided.

B. Murphy confirmed that progress would be reported to the Quality Board, Fundamental Standards Group and the QuAC but she could also provide a progress update to Governors.

Action - B. Murphy

B. Reilly congratulated B. Murphy and staff on the significant improvement work they had undertaken.

The Chair advised that he had considered the CQCs approach as balanced. He was conscious that the Trust was still rated as requires improvement but acknowledged the work undertaken by staff to make improvements. He added that patient safety remained a priority and focus of the Board of Directors.

[D. Jessop left the meeting]
[M. Booth left the meeting]

23-24/64 COG ROLE OF A GOVERNOR TASK AND FINISH GROUP UPDATE

The Chair advised that:

- The group had been operating for seven to eight months.
- The group had reflected on its terms of reference and considered the differences between the roles of Governors and Non-Executive Directors.
- It had considered examples of good practice and at a Governor development session held 14th November 2023 Governors had discussed representing members of the Trust and how Governors could hold Non-Executive Directors to account.
- Actions from the group had included improving access to information, updating the Trust's website with Governor details, Governors receiving the

Trust's stakeholder briefing and improving support to the Council of Governors.

- A piece of work regarding behaviours and language still needed to be carried out before a concluding report could be provided to the Council of Governors, which he hoped would be early 2024.

[S. Dexter-Smith left the meeting]

23-24/65 COG AUTISM TASK AND FINISH GROUP UPDATE

Governors considered a report from the Council of Governors' Autism Task and Finish Group.

J. Preston advised that:

- At the Council of Governors' meeting held on 17th November 2022 a decision was made to establish the group, to consider the experience of autistic people in the Trust and how it could be improved.
- The report outlined key areas of concern highlighted by the group and the progress that had been made. The original scoping document for the group was provided as Appendix 1 to the report.
- In the Trust's Clinical Strategy, published in January 2023, the Trust had made a promise "to become an exemplar Trust for Autism" and an extract from the strategy had been included in the report.
- He thanked each member of the group individually for their contribution, noting that all had had some personal experience of autism. He also thanked those who had contributed to the group's discussions.
- At its first meeting, the group had considered issues in the Trust which needed to be addressed in order to improve the experience of autistic people and their carers. 10 key areas were identified and details on each area had been provided in the report. It was for Governors to reflect on which areas they thought should be prioritised in the future and to consider how they wanted to be kept informed with regard to progress made in achieving the vision described in the report.
- Communications in the Trust needed to improve and patients needed to be listened to, as understanding a patient's needs was paramount.
- 17% of the Trust's patients were autistic, however, there were more who were undiagnosed and, therefore, autism had not been taken into account in relation to their treatment. It was important the Trust supported all clinical staff to understand the difference between an autism marker and mental health presentation and as part of that, training in autism was critical. It was also important to consider reasonable adjustments for autistic people and they should be considered at all stages of treatment, recovery and transition into other TEWV locations or into the community.
- It was hoped that an Autism Passport could be introduced for patients in the future and an example of an Autism Passport, used by University Hospitals of Morecambe Bay Trust, had been provided for information in the report.
- It was important to recognise that not all autistic people had a learning disability. Autism and Learning Disability services had often been referred to

nationally as a single service, which had the potential to make it more difficult to have an appropriate focus on autism.

- He had been disappointed at how difficult it had been to locate up to date Autism Strategies of local authorities.
- He had also been disappointed that the King's Speech, at the opening of Parliament on 7th November 2023, had failed to refer to a revision of the Mental Health Act. The Act had been on the list of bills due to be considered in 2024 and mentioning this might have raised the profile of autism.
- He encouraged people to read Baroness Hollins' report 'My Heart Breaks' which had been published on 8th November 2023 and was available on the government's website. The report had focused on people with a learning disability and/or autistic people detained in mental health and specialist learning disability hospitals. Two key themes in the report related to homes, not hospitals and that hospital admissions be used for assessment only and those assessments be carried out within two weeks.
- In conclusion, he once again thanks members of the group for their time and openness in discussions. There was a long way to go and it would be essential to include all partners from the ICBs, NHS, LA's and others.

It was noted that:

- H. Griffiths advised she had been involved in a national reform group for autism and had been very concerned to learn that the Trust might not use Part 2 of the Oliver McGowan training available, which had been developed to prevent avoidable deaths.
- G. Emerson emphasised the importance of the Governor driven work of the group and suggested that the report should be shared with the Integrated Care Board, given the significant input provided by autistic people and their carers. Autism services had been challenging for a significant period of time and people had waited years to be assessed. To provide an improved autism service would mean ensuring it was properly resourced.
- J. Wardle confirmed that it had been a privilege to be a member of the group and thanked fellow group members, and J. Preston, for their contribution. She asked how Governors could ensure that the work undertaken would not be lost or fail to be carried forward.

B. Kilmurray confirmed that the group had carried out a 'stand out' piece of work and the report would be reviewed by the Executive Management Team, led by the Executive Medical Director, to consider the 10 priorities outlined in the report by the group to understand how best to carry the recommendations forward and provide a response. Some issues were for the Trust to address whilst others were system issues.

Action – K. Kale

The Chair confirmed that the work undertaken by the group had been a really useful 'pathfinder' as to how the Trust could involve Governors.

- The Chair suggested that the report should be shared with stakeholders.

K. Kale advised that, as well as reviewing the report, he would also share it with Clinical Executives.

Action – K. Kale

The Chair thanked and congratulated group members and J. Preston for their work and for producing the report.

23-24/66 COG CO-CREATION COMMITTEE UPDATE

In the absence of M. Booth, Chair of the Council of Governors' Co-creation Committee, the Chair requested that this item be added to the agenda for the next meeting of the Council of Governors.

23-24/67 DATE OF NEXT MEETING

The next ordinary meeting of the Council of Governors will be held on Tuesday 19th March 2024.

23-24/68 CONFIDENTIAL RESOLUTION

Confidential Motion

Exclusion of the public:

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

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

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

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

The public session of the meeting closed at 4.51pm.

David Jennings
Chair
19th March 2024

Public Action Log

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
27/07/23	23-24/25	Governors to receive progress updates on improvements to the Trust's crisis line.	PS/ZC	–	Closed
27/07/23	23-24/27	Update on outcome from the Home Office and Department of Health consultation on mental health in the community (Right Care, Right Person), to be provided to Governors.	PS/ZC	–	Closed
27/07/23	23-24/29	Update on progress made to reduce the backlog of SIs in the Trust.	BM	–	Closed
04/12/23	23-24/54	H. Griffiths to send B. Murphy a link to software which diverts users away from harmful content online. B. Murphy and Suicide Prevention Leads to consider suitability for Trust use and provide findings to the Executive Team.	HG / BM	–	Open
04/12/23	23-24/59	Presentation from the DTV&F Care Group Governor Locality meeting to be shared with all Governors.	PS	–	Circulated to Governors on 18/12/23
04/12/23	23-24/59	Respose to be provided to A. Painter in relation to her comments about smoking on Trust wards. (Note: Comments made by AP in meeting chat facility due to experiencing technical difficulties with sound).	PS/ZC	19/03/24	Item 10a and 10b
04/12/23	23-24/59	Report on Crisis Service to be provided to the Council of Governors at its next meeting.	PS/ZC	19/03/24	Items 10a and 10b
04/12/23	23-24/63	Regular progress updates on CQC action plan to be provided to Governors.	BM	19/03/24	Item 9c
04/12/23	23-24/65	Conclusion report of the CoG Autism Task and Finish Group to be reviewed by the Executive Management Team, to consider how best to carry forward the recommendations.	KK	–	Open
04/12/23	23-24/65	Conclusion report of the CoG Autism Task and Finish Group to be shared with Clinical Leaders.	KK	–	Open

Chair's Report: 8th February – 13th March 2024.

Headlines:

External:

- Weekly Mental Health Chairs' Network: Rainbow Mind, Learning Disabilities & Autism, Out of Area Placements.
- Meeting Yorkshire and Humberside Foundation Trust Chairs: issues of common interest & also H&NY Provider Chairs meeting reflections on recent H&NY event.
- Humber & North Yorkshire ICS Chairs & Non-Executive Directors event, including 'Sensing the Signals'.
- Board of Directors February 2024.
- National meeting of NHSE Board and all ICS and Trust Chairs: national policy picture, likely planning 2024/5 guidance, quality systems.
- Meeting Durham Care Partnership: the role of the Voluntary & Community Sector.
- Meeting of York Community Mental Health Transformation Leadership Group.
- Meeting with South & North Tees Trusts, and the four North East medical schools / Universities.
- Meeting Dr Lade Smith, President Royal College of Psychiatrists, with colleagues.
- NHS Providers session: Mental Health – policy framework, Labour Party review.

Council of Governors (CoG)

- CoG Task & Finish Group: role of Governor, and role of Non-Executive Directors, and role of Council of Governors, as distinct from Trust Board. Bringing to a conclusion this work, and likely reporting themes to Council of Governors & Board.
- Locality meeting with North Yorkshire, York & Selby Governors.
- Meeting with Governors: revisions to the Constitution learning from events of 2023.

Internal

- Monthly Chair and Non-Executive Meeting.
- Various Living The Values Awards (Lanchester Road Hospital).
- Monthly catch-up with Director of Finance & Estates: 2024/5 likely NHS financial plan, and TEWV 2023/4 likely outturn.
- Meeting Deloitte's: well-led review and Governance work.
- Meeting with lawyers: Roseberry Park Hospital PFI.
- Meeting on Comms Strategy.
- Quality Assurance Committee.

Chair's Report: 12th October – 14th November.

Headlines:

External:

- Weekly Mental Health Chairs' Network: emerging national issues. Discussion with Ian Trenholm CQC Chief Executive.
- Meeting Yorkshire and Humberside Foundation Trust Chairs: issues of common interest.
- Central (County Durham & Sunderland) ICP.
- IRIS Network Launch York.
- CQC Briefing with Alex Cunningham MP.

Council of Governors (CoG)

- CoG Task & Finish Group: role of Governor, and role of Non-Executive Directors, and role of Council of Governors, as distinct from Trust Board. Facilitated by Good Governance Institute.

Internal

- Various Living The Values Awards (Sam Blair Selby Community Team, Martin Turner & HMP Preston Team, Kyla Brown & GP assigned mental health team West Park).
- Non-Executive Director catch-up discussions.
- Leadership Walkabout: Auckland Park Hospital: Sedgefield & Dales Community mental Health Team.
- Ridgeway Star Awards.
- Carnall Farrar: data & metrics for assessing mental health.
- Roseberry Park Sub-Committee.
- CQC Publication, and various meetings around communications on CQC and other associated matters. Meeting also with strategic Communications advisor (Alders).
- Liam Corbally: New Head of Co-Creation: introduction, background, and shared aims & values.
- Mark Allen: Head of Peer Support - regular catch-up.

Chair's Report: 15th November 2023 – 5th January 2024.

Headlines:

External:

- Weekly Mental Health Chairs' Network: emerging national issues.
- Meeting Yorkshire and Humberside Foundation Trust Chairs: issues of common interest.
- Annual General Meeting TEWV 2022/23.
- Our Journey to Change review and 2024/25 Business Planning event.
- TEWV 2023 Star Awards.
- Board of Directors December 2023.
- Meeting North East & North Cumbria Chairs and ICS
- Meeting with North / South Tees Chair.
- Meeting of TEWV Board and Stockton Borough Council Cabinet and visit to Roseberry Park Hospital.

Council of Governors (CoG)

- December Council of Governors (CoG).
- CoG Task & Finish Group: role of Governor, and role of Non-Executive Directors, and role of Council of Governors, as distinct from Trust Board. Facilitated by Good Governance Institute.
- North Yorkshire York & Selby locality discussion.
- Governor meeting about a place-based concern.

Internal

- Various Living The Values Awards.
- Non-Executive Director catch-up discussions and quarterly meeting with Chief Executive.
- Meeting with Head of Co-Creation.
- Meetings regarding TEWV Constitution review.
- Meeting with Long Term Health Conditions Network.

Annual leave 25th December 2023 – 2nd January 2024.

Chair's Report: 6th January – 7th February 2024.

Headlines:

External:

- Weekly Mental Health Chairs' Network: emerging national issues – Out of Area Placements, LD & Autism.
- Meeting Yorkshire and Humberside Foundation Trust Chairs: issues of common interest & also H&NY Provider Chairs meeting
- Board of Directors January 2024.
- Meeting NHSE Chair & NHSE Regional Director.
- Meeting Norfolk & Suffolk NHS FT Chair.
- Meeting North Yorkshire Police & Fire Commissioner's Director of Partnership
- Central ICP Meeting February 2024.

Council of Governors (CoG)

- CoG Task & Finish Group: role of Governor, and role of Non-Executive Directors, and role of Council of Governors, as distinct from Trust Board. Facilitated by Good Governance Institute.
- Regular meeting with Lead Governor.

Internal

- Various Living The Values Awards (Derwent Clinic).
- Non-Executive Director catch-up discussions.
- Meeting with Head of Peer Support.
- Meetings regarding TEWV Constitution review.
- Meeting on Comms Strategy.
- Meeting NHS Graduate.
- Meeting with potential NED.

Agenda Item 8a

For General Release

Council of Governors

19 March 2024

Governor Questions

Q1: Mary Booth	<p><u>Question:</u></p> <p>Could the Trust make it standard practice whenever an acronym is used to use good practice by writing it out in full the first time it is used in any document. Or even make it standard practice to do this every time it is used. It can be difficult to follow the flow if one must keep looking back to find the meaning. It's even more difficult when used in speech as can leave the audience feeling lost. This would help all governors and potentially many staff.</p> <p><u>Response:</u></p> <p>Accessibility is something we are absolutely focused across the trust. The use of simple language is really key to this – for our governors, our staff, our partners, people in our care and the communities we serve. It's important that the information we develop is accessible to all. Further work is required to make sure this happens, and we take on board these comments, specifically on the use of acronyms, and put this sensible solution forward.</p> <p>Ann Bridges - Director of Corporate Affairs and Involvement</p>
Q2: Christine Hodgson	<p><u>Question:</u></p> <p>Could you please show me evidence that the waiting times for Autism and Diagnosis referrals for people in York are improving.</p> <p>Could you please let me know if the important need for Communication Passport for Autistic people has been looked into, as this was highlighted on the Autism Task Group Report.</p> <p>The Autism Communication Pass port can save lives of Autistic people with valuable information given when the Autistic person is taken into hospital in an emergency transfer to Care Homes Doctor Schools and for support staff who do not know that person and need valuable information about them quickly.</p> <p><u>Response:</u></p> <p>TEWV do not hold the contract for diagnostic assessments for adults in the Yorkshire Care group area so we are unable to answer this question. There is currently a pilot project underway coordinated via the integrated care board (ICB) who would be the appropriate people to contact re: waiting times. We recognise</p>

	<p>that there is a real challenge in this area for people to access a diagnostic assessment and we are participating in the consultations about the pilot that are being run by the ICB.</p> <p>Communication passports are a standard tool often used by staff to support autistic people who access our services. We address their use as part of our autism awareness training which is mandatory for all staff. The Trustwide Autism Service also offers training and individual support to clinicians who want to develop one with their client/patient and we are aware that, where we have speech and language therapy available, they are also promoting their use. The Trustwide Autism Service are also supporting the use of impact assessments with autistic patients/clients and these contain a section which addresses the communication needs of the person. This can be an alternative for people to use in the situations described above and some autistic people prefer this format. We have plans to roll out training in the development of Impact Assessments but, in the meantime, are supporting individual clinicians to develop them where needed.</p> <p>Dr Elspeth I Webb - Consultant Clinical Psychologist</p>
<p>Q3: Mary Booth</p>	<p><u>Question:</u></p> <p>I have been copied into an email from the parents group representative for the LD respire service for adults with severe and profound learning and physical disabilities. I have previously raised questions about progress on the issue. This email, sent on 12th March, was addressed to Jamie Todd and two others and copied to several senior managers and directors in the Trust.</p> <p>My previous questioning of officers in other meetings, NOT COG, has clarified that the intention is to move this service outside of the NHS. Can I ask what progress has been made and has the parent's group been informed? They are questioning coproduction; they state nothing has occurred since February 2023 apart from the production of a newsletter which deals only with unit activities and not the future of this respire care.</p> <p>Can I please have an update on progress, ask why the parent's group are still not involved in coproduction of this issue and are they clear it is the Trusts intent to move this service away from the NHS. What response has gone out to the parents group following their email of the 12th.</p> <p><u>Response:</u></p> <p>Thank you for your email and question.</p> <p>As you know a lot of work has been done in recent years around the future provision of respire services. This has included our Trust considering a range of options, developed in collaboration with families.</p>

Considering all the options described above, made it clear that our trust, in isolation, is unable to satisfactorily address all of the issues faced in order to sustain and improve services in the way that we would hope to do so. Subsequently we have agreed, with the North East North Cumbria Integrated Care Board (ICB), that a review of adult learning disability respite services in Teesside is a priority for 2024/25. The intention being, in collaboration with families, to agree and move towards a transformed and more sustainable model of care and provision. The aim of this is to maintain, and where possible, improve the current offer for families.

In terms of the question about an intent to move this service away from the NHS, it's really important to clarify that it's not within the gift of our Trust to determine whether or not provision of respite is delivered by the NHS or not. Ultimately the decision lies with colleagues at the ICB who commission this service.

With regards to co-production, our position and intent has been shared in publicly available planning documents, and specifically with patient group representatives on behalf of families by email. We've also communicated this through a range of different meeting forums.

Aside from ongoing contractual and governance meetings between ourselves and the ICB, there has been no further development of options for new models of care or changes to services that impact respite service users currently, or require significant levels of co-production at this stage.

Therefore, until there is more meaningful information to be shared and a broader plan for future engagement and next steps, we have emphasised communications on the things that matter to families. This includes continued access to respite provision over the coming year, continued safety of our care and environments (in line with CQC requirements) and ensuring an appropriately skilled, caring and compassionate workforce. This has led to the creation of a newsletter and also includes a virtual meeting each month for families to attend and speak with members of the respite senior leadership team. This began in December 2023. We will be reviewing this approach soon, based on feedback, to continually improve our approach to engagement and ensure we make forums and communications as accessible as possible.

We will be sharing an update via email, in line with this response, with the parent group representative. We are also continuing to have regular monthly respite engagement meetings with families – the next meeting is Monday 25 March.

Ensuring that families feel supported, engaged and informed remains incredibly important to us and is central to any future service development. The views and experiences of our families

	<p>and partner agencies, will very much be at the forefront of the work.</p> <p>Jamie Todd – Care Group Director of Operations and Transformation</p>
<p>Q4: John Yorke</p>	<p><u>Question:</u></p> <p>Mark Allan, gave an excellent presentation at the Trust AGM on what the role of “Peer Support” adds to the experience clients have who are using the services of the Trust. He went on to highlight the good work that those in this role do.</p> <p>Much of what he talked about focussed on developing trusting relationships with patient and developing a deeper understanding of the patients experience and needs. This he notes, is done through listening with the aim of understanding people as individuals.</p> <p>While I admire the work that he and his colleagues are doing I was left somewhat saddened as it made me wonder why there seems to have been a vacuum developed. At one time nurses and other care staff would have seen this as part of their role and skill set. Is this now not happening?</p> <p>What do directors think has happened that clinical staff, as possibly suggested within this presentation, seem not to see their role as developing an empathic, therapeutic relationship with service users? And has this thereby created a need for Peer Support Workers.</p> <p><u>Response:</u></p> <p>I am glad you enjoyed the presentation on peer support workers, the movement for peer support workers in mental health have been an interesting and very enriching one.</p> <p>I understand entirely why you would ask the question about a potential vacuum which is being filled by peer support workers, however I can confidently say that peer support workers have not been implemented to replace nursing and health care support workers and that they are a welcome addition to a multi-disciplinary approach to the care of people in our services.</p> <p>There is a body of evidence not only in mental health services but also in acute and community services that demonstrate that some people, on some occasions, peer support workers have a very positive impact in recovery. Whilst all peer support workers receive training it is their personal experience that bring about the opportunity for empathy and understanding of the particular conditions and the care and treatment approaches taken. In mental health importantly peer support workers can get alongside service users because they don’t have the power to detain or enforce treatment and for some of our service users at some</p>

	<p>points in their treatment this can be a particularly helpful intervention. This use of peer support workers nationally has been highly praised and particularly by service users.</p> <p>Our expectation is consistent with the national expectation that our registered nurses and health care support workers are empathic, that they build strong therapeutic relationships with people in our care and that they draw on the whole multi-disciplinary team to ensure every person in our care gets the right help and support. Peer workers are one of the interventions on offer, they won't suit everyone and they are not essential in running a ward in the way you would expect a registered nurse to be.</p> <p>I hope this answers the question and I would be really happy to discuss this further.</p> <p>Beverley Murphy – Chief Nurse</p>
<p>Q5: Gary Emerson</p>	<p><u>Question:</u></p> <p>Can the Trust give Governors an update on the situation in respect of Out of Area Placements including how many over the last six months and what plan is in place to address the issue?</p> <p><u>Response:</u></p> <p>During the period October 2023 and March 2024 (to date), a total of 62 patients (20 Male / 42 Female) across the Trust have been placed within independent sector (IS) beds. This has been due to the unavailability of Trust Adult Mental Health (AMH) Acute Assessment and Treatment and Psychiatric Intensive Care Unit (PICU) Inpatient beds</p> <p>By far the greatest pressures have been experienced within the Durham and Tees Valley (DTV) Care Group, impacting patients from those geographical areas and also the North Yorkshire localities who access inpatient care in DTV.</p> <p>Although admission rates have reduced slightly over the last two years, the average length of stay has increased significantly across AMH inpatient services. This increased length of stay has been the main driver in high occupancy levels, resulting in IS bed usage.</p> <p>A number of patient flow initiatives are currently underway across AMH services to support in the reduction of average length of stay, and subsequently bed occupancy, across the service to allow all patients to receive care and treatment from TEWV AMH inpatient services.</p> <p>Current initiatives involve work relating to pathways and processes around pre-admission, admission, discharge, escalation and staff training and development. This includes participation in the</p>

	<p>national Getting it Right First Time (GIRFT) Programme for acute inpatient care.</p> <p>A formal review of the Trust Bed Management policy is underway alongside the Trust-wide Admissions, Discharge and Transfer policy. We are also in the process of building a bespoke Patient Discharge / Bed Management electronic module (Optica) which will support internal and external escalations when blockages in pathways become apparent.</p> <p>Work is also currently ongoing with Local Authority and Integrated Care Board colleagues to support us with patients who require more complex care packages and to try and ensure Care Act assessments take place as soon as possible after admission, to enable more timely delivery of aftercare.</p> <p>As of 18th March, we currently have less than five patients in IS Assessment.</p> <p>Dominic Gardner - Care Group Director for Mental Health Services for Older People and Adult Mental Health</p>
<p>Q6: Gary Emerson</p>	<p><u>Question:</u></p> <p>Please provide an update on the legal issues around the acquisition of Roseberry Park Hospital and whether the Trust is near to resolving these?</p> <p><u>Response:</u></p> <p>Response pending</p> <p>Liz Romaniak - Executive Director of Finance, Information and Estates</p>
<p>Q7: Hazel Griffiths</p>	<p><u>Question:</u></p> <p>As a local system, how are we joint working with NHS approved private adhd diagnosis providers and our cahms service, to ensure families are given clear information around processes, are supported in understanding what to expect and are not distressed.</p> <p>It appears that a number of families are reporting huge waiting list for cahms and families are turning to private providers for a diagnosis. These providers then recommend medication, but families are then advised to go via the cahms service for prescribing. This can then involve a considerable wait for post diagnosis CAMHS services / support.</p>

In some instances, cahms have queried the adhd diagnosis and have therefore not prescribed. This is confusing for families and would appreciate some clarity on this matter.

Response:

It is important to note that the trust does not provide Attention Deficit Hyperactivity Disorder (ADHD) assessments for adults or Autism Spectrum Disorders (ASD) assessments for children and young people outside the York and Selby area as these are commissioned from other providers by Humber and North Yorkshire Integrated Care Board (ICB).

Under NHS Right to Choose guidance people can apply to the ICB to fund assessments for ADHD from a provider of their choice or they may choose to access assessments and self-fund these. As with any other patient who chooses to access private healthcare, or changes between NHS and private care; patients who pay for private care in these circumstances should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient. Our current position is that people who have had private assessments/diagnosis continue to wait for access to our services on the basis of clinical needs as do patients who have chosen not to access private assessments.

Where a private assessment or diagnosis had been made this will be reviewed by the clinical team. Where this assessment or diagnosis is not accepted the specific reason for this will be discussed with the patient and their family/carers as appropriate.

We work closely with Humber and North Yorkshire ICB commissioners in relation to waiting times for ADHD assessment and in monitoring the use of private providers for assessment and diagnosis. Our clinical network are also looking at the implications for people who use services and the impact on our services and pathways of care of an increasing number of private assessment and diagnosis.

Zoe Campbell - Managing Director, North Yorkshire, York and Selby Care Group

For General Release

Meeting of: Council of Governors
Date: 19th March 2024
Title: Board Integrated Performance Report as 31st December 2023
Executive Sponsor(s): Mike Brierley, Assistant Chief Executive
Author(s): Sarah Theobald, Associate Director of Performance

Report for: Assurance Decision
 Consultation Information

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

1: To co-create a great experience for our patients, carers and families	<input checked="" type="checkbox"/>
2: To co-create a great experience for our colleagues	<input checked="" type="checkbox"/>
3: To be a great partner	<input checked="" type="checkbox"/>

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
1.	Recruitment & Retention	The Integrated Performance Report is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks.
2.	Demand	
3.	Involvement and Engagement	
4.	Experience	
5.	Staff Retention	
6.	Safety	
9.	Regulatory Action	
11.	Governance & Assurance	
15.	Financial Sustainability	

Executive Summary:

Purpose: The Board Integrated Performance Report (IPR) aims to provide oversight of the quality of services being delivered and to provide assurance to the Council of Governors on the actions being taken to improve performance in the required areas.

Proposal: It is proposed that the Council of Governors receives this report with **reasonable** assurance regarding the oversight of the quality of services being delivered. There continues to be three areas with **limited performance assurance** and **negative controls assurance**. Performance Improvement Plans (PIP) have been established for most of these areas; however, we are continuing to work on these to ensure they include SMART actions that support improvement.

Overview: This month's IPR includes the "Headlines" from each of the Care Group IPDs that was requested at the Board of Directors Meeting in January (see pages 6 and 7).

The overall **reasonable** level of assurance has been determined based on the Performance & Controls Assurance Framework for the Board Integrated Performance Dashboard (IPD) and progress against the National Quality Standards/Mental Health Priorities.

The “Headlines” for the Integrated Performance Dashboard are shown at page 5 and for the National Quality Standards/Mental Health Priorities at page 45. These headlines include mitigations which describe where we have PIPs developed or other actions in place to improve performance. PIPs have been established for several areas; however, we are continuing to work on these to ensure they include SMART actions that support improvement. Finally, the key changes for the IPD are shown in italics on page 8 within the Performance & Controls Assurance Overview.

We are recommending a new measure “The number of Restrictive Interventions used” replace the existing measure in the Board IPD (see page 21 for further details). This recommendation has been approved by the Chief Nurse and is pending Quality Assurance Committee approval at its next meeting, early February 2024.

The Integrated Performance Report (IPR) is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks (see page 44 alignment of measures to the Board Assurance Framework). The two key risks currently are:

- **(BAF Risk 15) Financial Sustainability & (CRR risk 1260)** There is a risk that if we do not optimise and make effective use of our annual financial resources this may result in regulatory interventions and/or adversely impact quality.
- **(BAF Risks 1 and 5) Recruitment and Staff Retention** There is a risk that our inability to recruit and retain sufficient qualified and skilled staff (a common risk shared by all providers) might jeopardise our ability to provide high quality/safe services. In addition, there are multiple factors that could contribute to staff not choosing to stay with the Trust once we have recruited them. This will undermine the provision of safe and sustainable services as well as putting individual staff and patients at risk of harm.

Prior Consideration and Feedback

The Integrated Performance Report was discussed by Executive Directors Group and the Care Group individual IPRs by the Care Group Boards in in January 2024. It was received by Board of Directors on the 8th February 2024.

Implications:

There are no identified implications in relation to receipt of this report to the Council of Governors.

Recommendations:

The Council of Governors is invited to receive this report for oversight and assurance on the actions being taken to improve performance in the required areas.



Tees, Esk and Wear Valleys
NHS Foundation Trust

Board Integrated Performance Report

As at 31st December 2023

Report produced by: Amy Walford, Performance Lead (Corporate) and Sarah Theobald, Associate Director of Performance
Date the report was produced: 25th January 2024

For any queries on the content of this report please contact: Sarah Theobald, Associate Director of Performance
Contact Details:: sarah.theobald@nhs.net



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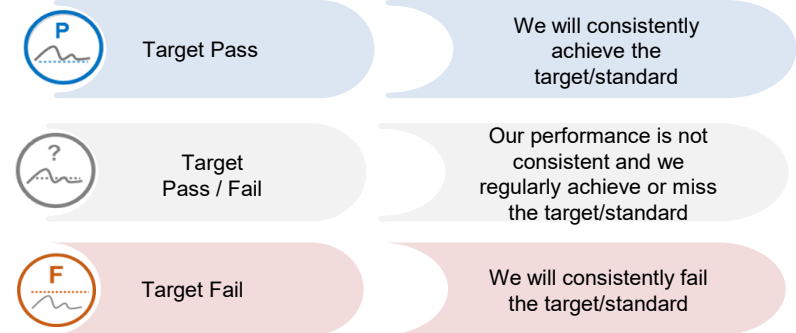
Summary	Page no.
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Within our Board Integrated Performance Dashboard we use Statistical Process Control Charts to determine whether we have any underlying causes for concern. SPC is an analytical tool that plots data over time; it helps understand variation in data and in doing so guides when and where it is appropriate to take action.

Variation: natural (common cause) or real change (special cause)?



Assurance: is the standard achievable?



Please note assurance on whether the standard/plan is achievable is now included for a number of measures. Standards for the remaining ones will be progressed this year.

Data Quality

On a bi-annual basis we undertake a data quality assessment on our Board measures as part of our assurance to the Board. Our data quality assessment focuses on 4 key elements: robustness of the measure, data source, data reliability and audit. The latest assessment on all measures has been completed during September 2023 and the results incorporated within this report.

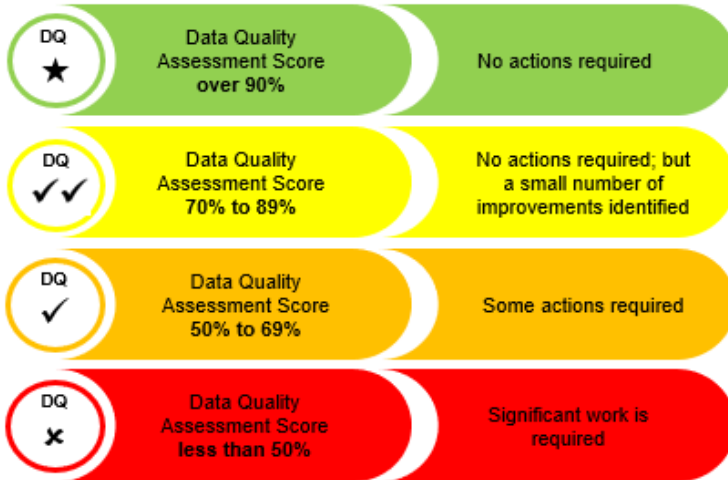
Note: The development of the local audit/assurance framework to support the assessment will be completed in quarter 4 2023/24, with a view to undertaking the first assessments in quarter 1 2024/25. This element has, therefore, been omitted from the latest assessment.

Action Status

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

When we interpret a Statistical Process Control chart we look at the current variation depicted within the chart, how our performance is compared to what we are trying to achieve, whether we have assurance that we will achieve the standard (if applicable) and whether our performance over time is improving.

Data Quality Assessment status



Action status



Board Integrated Performance Dashboard Headlines

Headlines

- **Patient and Carer Experience** no significant change, with patient experience just below standard and carer experience above standard
- **Inpatients Feeling Safe** special cause concern and below standard
- **CYP Outcomes** no significant change in PROM and below standard; special cause improvement for CROM and just below standard
- **AMH / MHSOP Outcomes** special cause concern and below standard for PROM and CROM
- **Bed Pressures** no significant change in bed occupancy and below the mean; however further increase in OAPs
- **Patient Safety / Incidents** no significant change across all measures
- **Staff** special cause improvement for leavers; however special cause concern for appraisal and a decreasing trend. No significant change in sickness or mandatory training however decreasing trend in sickness.
- **Demand** no significant change in referrals; however special cause concern in caseload
- **Finance** significant challenges in relation to financial recovery to achieve breakeven by the end of the year.

Risks / Issues*

Of most concern:

- Caseload
- Financial Plan: Surplus/Deficit
- Financial Plan: Agency expenditure
- Agency price cap compliance
- CRES Performance – Recurrent

Of concern:

- Inpatients feeling safe
- AMH/MHSOP PROMS and CROMS
- Staff Appraisal
- Use of Resources Rating - overall score

Positive Assurance

Significant improvement seen in:

- CYP CROMS
- Staff Leaver Rate

Positive assurance for:

- CRES Performance – Non-Recurrent

Mitigations

We are continuing to work on the Performance Improvement Plans (PIP) in the following areas to ensure they include SMART actions that support improvement:

Durham Tees Valley & Forensic Care Group

- Inpatients Feeling Safe
- CYP PROM
- Bed Pressures
- Caseload

PIPs are also now being developed for the AMH/MHSOP PROM & CROM measures

North Yorkshire, York & Selby

- AMH/MHSOP PROMS and CROMS
- Bed Pressures
- Caseload (AMH)

Trust-wide

- Mandatory Training
- Appraisal
- Safer Staffing (Financial Plan)
- Agency Reduction (Financial Plan)

Finance – we have provided assurance to the ICB and NHSE that we project delivery of our 2023/24 breakeven plan, based on a mid-case scenario. Performance is being tracked against related 'control totals' by month to manage risk and provide mitigations, including assessing worst and best case assumptions.

Headlines

- **Patient and Carer Experience** no significant change, with patient experience below standard and carer experience just above standard
- **Inpatients Feeling Safe** special cause concern and below standard
- **CYP Outcomes** special cause concern in PROM and below standard; no significant change for CROM but below standard
- **AMH / MHSOP Outcomes** special cause concern and below standard for both areas for PROM. MHSOP showing no significant change and AMH special cause concern, both below the standard for CROM
- **Bed Pressures** no significant change in bed occupancy and special cause concern in OAPs
- **Patient Safety / Incidents** no significant change across all measures.
- **Staff** special cause improvement for leavers and sickness. No significant change in M&S training or appraisal.
- **Demand** no significant change in referrals; however special cause concern in caseload driven by AMH and CYPS.
- **Finance** significant challenges in relation to financial recovery to achieve breakeven by the end of the year.

Risks / Issues*

Of most concern:

- Unique Caseload

Of concern:

- Inpatients feeling safe
- AMH/MHSOP PROMS
- CYP PROM
- AMH/MHSOP CROM
- OAPs

Positive Assurance

Significant improvement seen in:

- Staff leaver rate
- Sickness Absence

Mitigations

We are continuing to work on the Performance Improvement Plans (PIP) in the following areas to ensure they include SMART actions that support improvement:

- Inpatients Feeling Safe
- CYP PROM
- Bed Pressures
- Caseload
- New AMH/MHSOP PROM and CROM – to be developed February 24.

Trust-wide

- Mandatory Training
- Appraisal
- Safer Staffing (Financial Plan)
- Agency Reduction (Financial Plan)

Finance – we have provided assurance to the ICB that the financial plan will be delivered (breakeven) with control totals now set. The Trust will monitor adherence to control totals to manage risk and provide mitigations.

North Yorkshire, York & Selby Care Group Integrated Performance Dashboard (IPD) Headlines

Headlines

- **Patient and Carer Experience** no significant change, with patient and carer experience above standard and carer experience below standard
- **Inpatients Feeling Safe** special cause concern and below standard
- **CYP Outcomes** no significant change in PROM and below standard; special cause improvement for CROM and achieving standard
- **AMH / MHSOP Outcomes** special cause concern and below standard for PROM and special cause improvement for CROM
- **Bed Pressures** no significant change in bed occupancy and below the mean; OAPs special cause improvement
- **Patient Safety / Incidents** no significant change across all measures
- **Staff** special cause improvement for leavers. Sickness is no significant change with an increasing trend No significant change in M&S training or appraisal however decreasing trend
- **Demand** no significant change in referrals; common cause in caseload
- **Finance** significant challenges in relation to financial recovery to achieve breakeven by the end of the year.

Risks / Issues*

Of most concern:

- AMH/MHSOP PROM
- Appraisals
- Financial Plan: Surplus/Deficit
- Financial Plan: Agency expenditure
- Agency price cap compliance
- CRES Performance – Recurrent

Positive Assurance

Improvement seen in:

- CYP PROM & CROM
- AMH/MHSOP CROM
- Bed Occupancy/Inappropriate OAP
- Incidents of moderate or severe harm
- Unexpected Inpatient unnatural deaths
- Staff Leaver Rate

Mitigations

We are continuing to work on the Performance Improvement Plans (PIP) in the following areas to ensure they include SMART actions that support improvement:

- AMH/MHSOP PROMS and CROMS
- Bed Pressures
- Caseload (AMH)

Trust-wide

- Mandatory Training
- Appraisal

Finance – we have provided assurance to the ICB that the financial plan will be delivered (breakeven) with control totals now set. The Trust will monitor adherence to control totals to manage risk and provide mitigations.

		Performance Assurance Rating			
		Substantial	Good	Reasonable	Limited
Controls Assurance Rating	Positive		<ul style="list-style-type: none"> CYP showing measurable improvement following treatment - clinician reported <i>*reduced performance assurance</i> Staff Leaver Rate CRES Performance – Non-Recurrent 		
	Neutral		<ul style="list-style-type: none"> Patients surveyed reporting their recent experience as very good or good Carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for Serious Incidents reported on STEIS Incidents of moderate or severe harm <i>*increased performance assurance</i> Medication Errors with a severity of moderate harm and above Unexpected Inpatient unnatural deaths reported on STEIS Uses of the Mental Health Act New unique patients referred <i>*increased performance assurance</i> 	<ul style="list-style-type: none"> CYP showing measurable improvement following treatment - patient reported Bed Occupancy (AMH & MHSOP A & T Wards) Inappropriate OAP bed days for adults that are 'external' to the sending provider Staff recommending the Trust as a place to work Staff feeling they are able to make improvements happen in their area of work Percentage Sickness Absence Rate <i>*reduced performance and controls assurance</i> Compliance with ALL mandatory and statutory training Use of Resources Rating - overall score Cash balances (actual compared to plan) 	
	Negative			<ul style="list-style-type: none"> Inpatients reporting that they feel safe whilst in our care Adults and Older Persons showing measurable improvement following treatment - patient reported Adults and Older Persons showing measurable improvement following treatment - clinician reported Staff in post with a current appraisal <i>*reduced controls assurance</i> Financial Plan: SOCI - Final Accounts - Surplus/Deficit Financial Plan: Agency expenditure compared to agency target Capital Expenditure (Capital Allocation) <i>*reduced controls assurance</i> 	<ul style="list-style-type: none"> Unique Caseload (snapshot) Agency price cap compliance CRES Performance - Recurrent

Board Integrated Performance Dashboard

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC			92.00%	92.02%	92.00%
2)	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	QAC			75.00%	75.62%	75.00%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC			75.00%	53.96%	75.00%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC			35.00%	24.18%	35.00%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC			55.00%	45.14%	55.00%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC			50.00%	46.46%	50.00%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC			30.00%	19.71%	30.00%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC				98.96%	
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC				671	
10)	The number of Serious Incidents reported on STEIS	QAC				109	
11)	The number of Incidents of moderate or severe harm	QAC				540	
13)	The number of Medication Errors with a severity of moderate harm and above	QAC				14	
14)	The number of unexpected inpatient unnatural deaths reported on STEIS	QAC				3	
15)	The number of uses of the Mental Health Act	MHLC				3,044	

Rep Ref	Our People measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
16)	Percentage of staff recommending the Trust as a place to work	PC&D				54.12% (Jul - 2023)	
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				61.95% (Jul - 2023)	
18)	Staff Leaver Rate	PC&D				11.48%	
19)	Percentage Sickness Absence Rate (month behind)	PC&D				5.81%	
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D			85.00%	85.36%	85.00%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D			85.00%	77.68%	85.00%

Rep Ref	Our Activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
22)	Number of new unique patients referred	S&RC				76,285
23)	Unique Caseload (snapshot)	S&RC				64,897

Rep Ref	Our Finance measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)Deficit	S&RC	5,531,242	4,700,532
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC	15,156,000	13,804,385
25b)	Agency price cap compliance	S&RC	100.00%	61.61%
26)	Use of Resources Rating - overall score	S&RC	3	3
27)	CRES Performance - Recurrent	S&RC	10,566,000	6,269,000
28)	CRES Performance - Non-Recurrent	S&RC	1,056,000	5,349,151
29)	Capital Expenditure (CDEL)	S&RC	11,914,000	8,469,989
30)	Cash against plan	S&RC	61,877,000	63,981,352

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

Background / Standard description:

We are aiming for 92% of patients surveyed, reporting their recent experience as very good or good

What does the chart show/context:

During December 1115 patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **91.12% (1016)** scored "very good" or "good".

There is no significant change at Trust/Care Group level in the reporting period; however, we are showing special case improvement (an increase) in the number of patients who have responded to this question.

The latest National Benchmarking data (October 2023) shows the England average (including Independent Sector Providers) was 87% and we were ranked 16 in the list of providers. We were also ranked highest for the total number of responses received.

Underlying issues:

There are no underlying issues to report.

Actions:

- The Patient & Carer Experience Group are going to consider how a patient or carer could understand the performance of each individual team and what key 5 things they might look for (by end of April 2024)



No significant change in the data during the reporting period shown



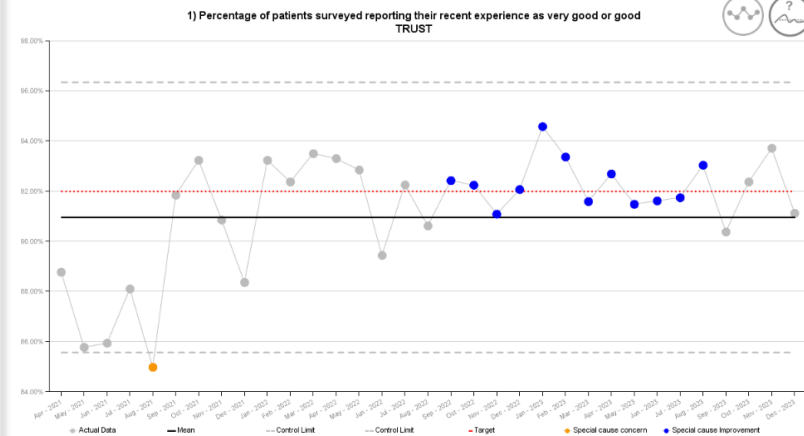
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves



93%



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



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

Background / standard description:

We are aiming for 75% of carers reporting, they feel they are actively involved in decisions about the care and treatment of the person they care for

What does the chart show/context:

During December, **353** carers responded to the question in the carer survey: Question: "Do you feel that you are actively involved in decisions about the care and treatment of the person you care for?". Of those, **267 (75.64%)** scored "yes, always".

There is no significant change at Trust/Care Group level in the reporting period; however, we are showing special cause improvement (an increase) in the number of carers who have responded to the question.

Underlying issues:

- Engagement with various patient groups (e.g. Secure Inpatient Services)
- Barriers to collecting feedback include:
 - Access to and up to date surveys through the various mechanisms
 - Up to date carer and team information
 - Lack of feedback including display of feedback

Actions:

- The barriers to collecting feedback have been shared with the General Managers and the Service Improvement and Delivery Groups to follow up
- The Patient & Carer Experience Team are working with the Recovery College to develop an e-learning package to deliver the Carer Awareness training and are continuing to deliver face to face training with an increased number of sessions



No significant change in the data during the reporting period shown



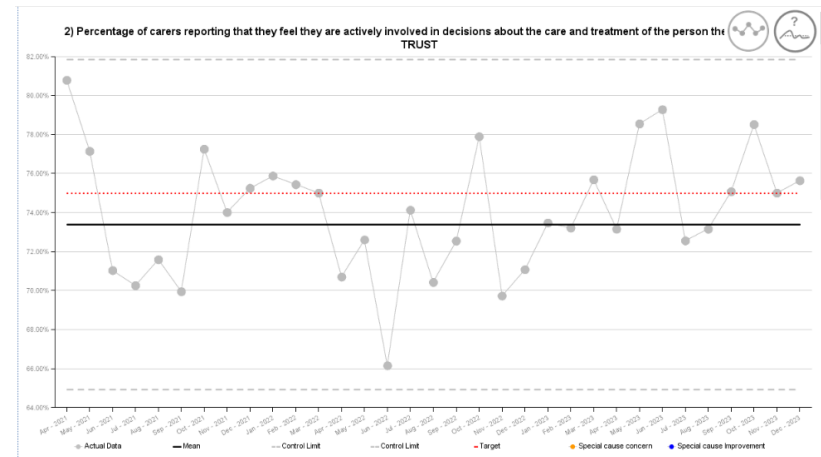
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves



87%



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



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

Background / standard description:

We are aiming for 75% of inpatients reporting, they feel safe whilst in our care

What does the chart show/context:

During December, 144 patients responded to the overall experience question in the patient survey: Question: "During your stay, did you feel safe?". Of those, 85 (59.03%) scored "yes, always".

There is special cause concern (low performance) at Trust level and for Durham, Tees Valley & Forensic Care Group in the reporting period. There is also no significant change in the number of inpatient who have responded to the question.

Underlying issues:

- There are several factors that can influence whether a patient feels safe, e.g. staffing levels, other patients, environment.
- Self Harm in inpatient settings can cause other patients to feel unsafe

Actions:

- Durham Tees Valley & Forensic Care Group are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.
- The Consultant Clinical Psychologist for AMH services in Durham and Tees Valley is undertaking a self harm review/pilot work across all Trust Adult Mental Health wards including PICUs (January 2024).
- The Patient & Carer Experience Team are revisiting the benchmarking work previously undertaken to understand how we compare to other organisations and identify any key learning that can be taken forward within the Trust (by the end of January 2024).



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



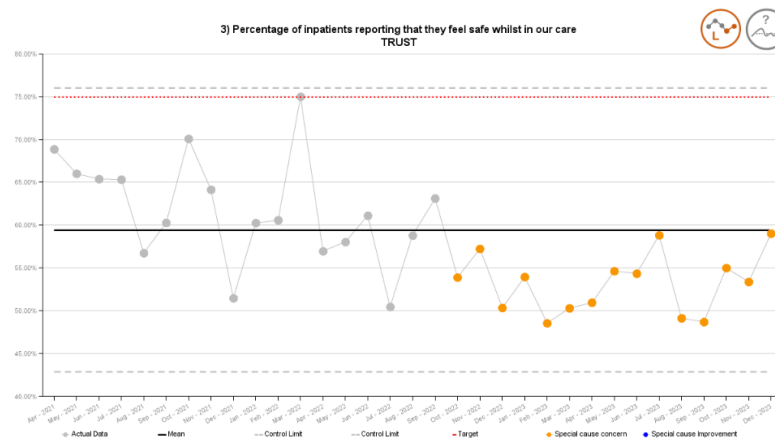
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves



87%



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



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

Background / standard description:

We are aiming for 35% of CYP showing measurable improvement following treatment - patient reported

What does the chart show/context:

For the 3-month rolling period ending December **695** patients were discharged from our CYP service with a patient rated paired outcome score. Of those, **167 (24.03%)** made a measurable improvement.

The accepted Patient Rated Outcome Measures are CORS / ORS / GBO (goal-based outcomes) / RCADS / SDQ / SCORE-15 / PHQ-9 / GAD-7 / CORE-10.

There is no significant change at Trust level in the reporting period; however, there is special cause concern (low performance) within Durham Tees Valley and Forensic Care Group and special cause improvement (high performance) in North Yorkshire, York & Selby Care Group.

Underlying issues:

- This measure currently doesn't include Parent Rated outcomes (which is valid) or some of the newer assessment tools

Actions:

- Durham Tees Valley & Forensic Care Group are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.
- The CYP Speciality Development Manager has submitted a paper to update the measure to the CAMHS Clinical Network Group and the Clinical Outcomes Steering Group (both approved) which will now go to Management Group in January for final approval.



No significant change in the data during the reporting period shown



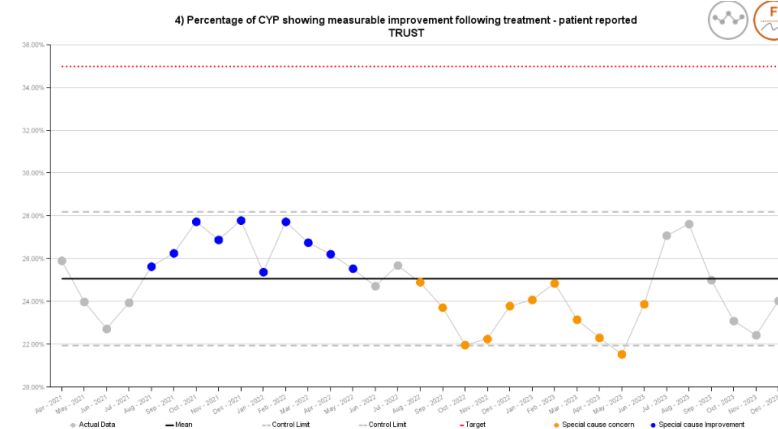
Our system is expected to consistently fail the target/expectation



93%



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



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

Background / standard description:

We are aiming for 55% of Adults and Older Persons showing measurable improvement following treatment - patient reported

What does the chart show/context:

For the 3-month rolling period ending December **1928** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those, **811 (42.06%)** made a measurable improvement.

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

There is special cause concern (low performance) at Trust level and for both Care Groups in the reporting period. Special cause concern is in relation to AMH services in both Care Groups.

Underlying issues:

- Timeliness and frequency of completing outcomes is impacting

Actions:

- General Managers for Durham and Tees Valley Adults and Older Persons services to undertake a deep dive into the data by the 31st January 2024 to identify specific areas of concern and required improvement.
- North Yorkshire, York & Selby Care Group are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.
- Durham, Tees Valley & Forensic Care Group are developing a Performance Improvement Plan (PIP) to support improvement in this area which will be submitted to their Care Group Board in February 2024.



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



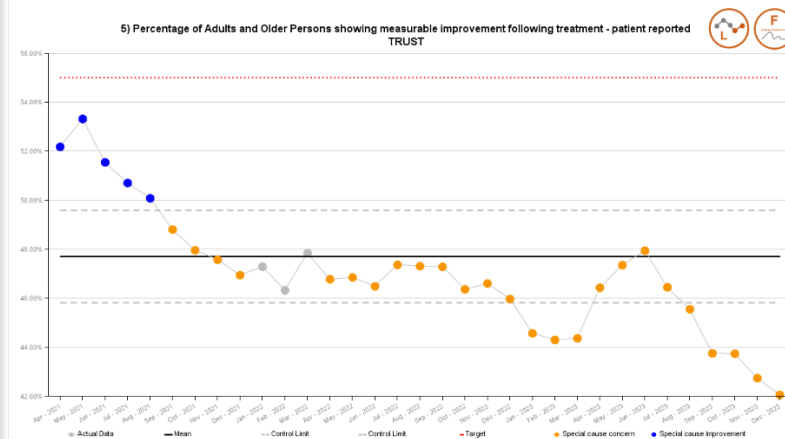
Our system is expected to consistently fail the target/expectation



93%



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



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

Background / standard description:

We are aiming for 50% of CYP showing measurable improvement following treatment - clinician reported

What does the chart show/context:

For the 3-month rolling period ending December **785** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those, **387 (49.30%)** made a measurable improvement.

The accepted Clinician Rated Outcome Measures are Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Children's Global Assessment Scale (CGAS)

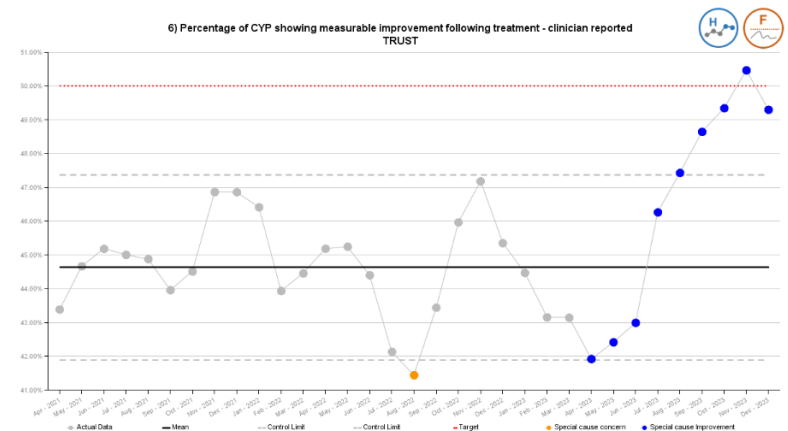
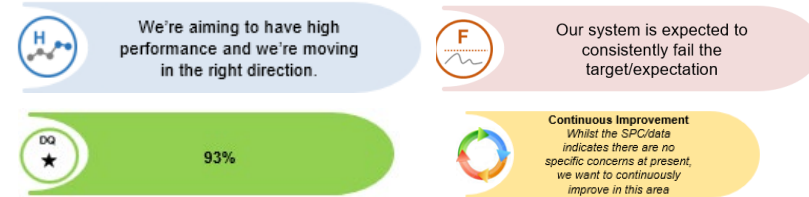
There is special cause improvement (high performance) at Trust level and for North Yorkshire, York & Selby Care Group in the reporting period. There is no significant change in Durham, Tees Valley & Forensic Care Group.

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific improvement actions required



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

Background / standard description:

We are aiming for 30% of Adults and Older Persons showing measurable improvement following treatment - clinician reported

What does the chart show/context:

For the 3-month rolling period ending December **3256** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those, **621 (19.07%)** made a measurable improvement.

The accepted Patient Rated Outcome Measure is Health of the Nation Outcome Scales (HoNOS).

There is special cause concern (low performance) at Trust level and for Durham, Tees Valley & Forensic Care Group (AMH and MHSOP services) in the reporting period. However, it should be noted that there is special cause improvement (high performance) for North Yorkshire, York & Selby Care Group.

Underlying issues:

- Timeliness and frequency of completing outcomes is impacting

Actions:

- General Managers for Durham and Tees Valley Adults and Older Persons services to undertake a deep dive into the data by the 31st January 2024 to identify specific areas of concern and required improvement.
- North Yorkshire, York & Selby Care Group are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.
- Durham, Tees Valley & Forensic Care Group are developing a Performance Improvement Plan (PIP) to support improvement in this area which will be submitted to their Care Group Board in February 2024.



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



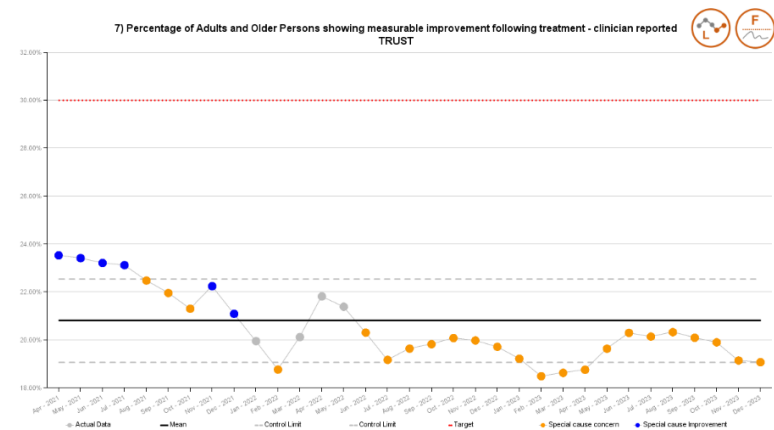
Our system is expected to consistently fail the target/expectation



93%



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



What does the chart show/context:

During December, **10,850** daily beds were available for patients; of those, **10,326 (95.17%)** were occupied. Overall occupancy including independent sector beds was **96.29%**.

There is no significant change at Trust level or for both Care Groups in the reporting period; however, there is special cause concern (poor performance) in AMH services within Durham, Tees Valley & Forensic Care Group. Special cause improvement (good performance) is noted in MHSOP within Durham, Tees Valley & Forensic Care Group

Underlying issues:

- Clinically Ready for Discharge – specifically around accommodation
- Patient flow and adherence to PIPA process
- Length of stay (linked to above issues)
- Greenlight admissions
- Ministry of Justice (MoJ) patients

Actions:

Both Care Groups are continuing to work on their Performance Improvement Plan (PIP) to ensure they include SMART actions that support improvement.



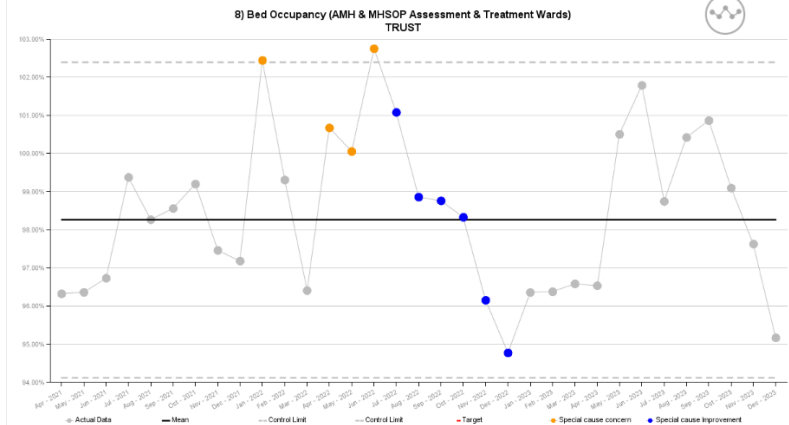
No significant change in the data during the reporting period shown



87%



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



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

Background / standard description:

We are aiming to have no more than 153 out of area bed days by 31st December 2023 and no more than 60 by the 31st March 2024. This is also the Mental Health Priority monitored at Trust level.

What does the chart show/context:

For the 3-month rolling period ending December 671 days were spent by patients in beds away from their closest hospital.

There is no significant change at Trust level in the reporting period; however, there is special cause concern (poor performance) for Durham, Tees Valley & Forensic Care Group (AMH services). This correlates with bed occupancy in AMH services for this Care Group. It should be noted, however that there is special cause improvement (good performance) in the North Yorkshire, York & Selby Care Group.

Performance against the trajectories agreed with the ICBs is shown in the **additional table below**. We are significantly exceeding the agreed number of OAP bed days.

Underlying issues:

Bed Occupancy is impacting on our ability to admit patients to our beds

Actions:

See measure 8) Bed Occupancy



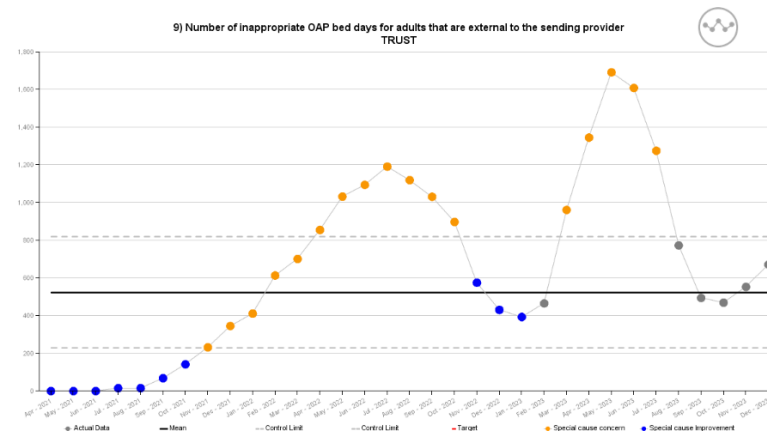
No significant change in the data during the reporting period shown



73%



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



ICB Trajectories versus actual performance

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider	Quarter 1 23/24		Quarter 2 23/24		Quarter 3 23/24		Quarter 4 23/24	
	Ambition	Actual	Ambition	Actual	Ambition	Actual	Ambition	Actual
Trust	334	1608	246	494	153	671	60	
North East & North Cumbria ICB	334	1445	246	436	153	608	60	
Humber & North Yorkshire ICB	0	163	0	58	0	63	0	

10) The number of Serious Incidents reported on STEIS

What does the chart show/context:

8 serious incidents were reported on the Strategic Executive Information System (STEIS) during December; however, the chart is only showing 7 which is being investigated.

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

Each incident has been subject to an after-action review/early learning by services and then reviewed within the Patient Safety huddle.

Underlying issues:

We have identified a specific team within AMH Services in North Yorkshire, York & Selby Care Group that have had several Serious Incidents. The Care Group are well sighted on the issues and have a robust action plan in place.

Actions:

- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24.



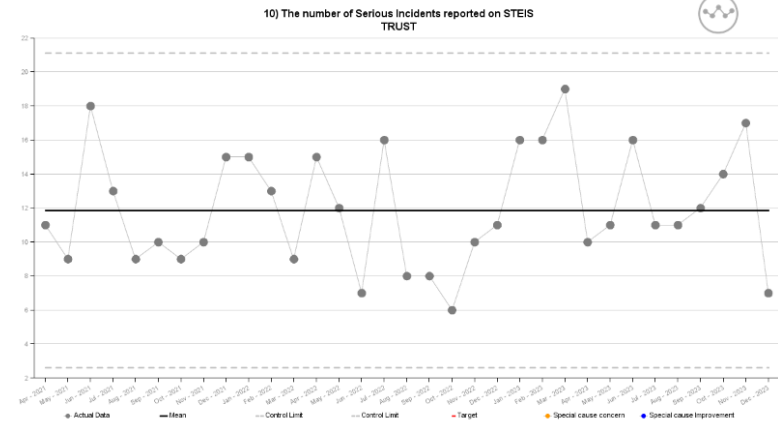
No significant change in the data during the reporting period shown



87%



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



To note:

Whilst we know the incident data recorded in InPhase is accurately reported through IIC, there are areas where data quality can be improved, which is to be expected following a transfer to a new recording system. With InPhase the visibility of some of the areas of poor quality in incident records has become more visible, therefore we have agreed several actions to support improvement in the quality of the incident data recorded:

- Additional communications have been sent via the weekly briefing and included in a weekly InPhase Weekly Newsletter circulated to key staff groups.
- We have set up a weekly group with key corporate stakeholders, who will identify through their reporting processes, any key areas of concerns and actions needed to improve the quality of data.
- The full roll-out of local incident review is now in place; however, as this process is new to some areas, additional support is being provided and we expect the quality of data to improve as the new processes are fully embedded. In addition, as part of the ongoing review of incidents, the relevant specialists and Central Team will continue to pick up areas of poor-quality reporting, and these will be addressed on an ongoing basis.

11) The number of Incidents of moderate or severe harm

What does the chart show/context:

67 incidents of moderate or severe harm were reported during December.

There is no significant change at Trust level and for Durham, Tees Valley & Forensic Care Group in the reporting period. It should be noted that there is special cause improvement (low) for the North Yorkshire, York & Selby Care Group.

Each incident has been subject to an after-action review/early learning by services. These reviews are then considered in the Patient Safety huddle to determine if any further investigation is required.

Underlying issues:

- As incidents are reviewed, the severity could be reduced or increased (early indications are that severity is usually reduced).
- We have identified a small number of females within Adult Mental Health Inpatient Services whose presentation during December has contributed to the increase in Durham Tees Valley & Forensic Care Group reported figures.

Actions:

- In line with Patient Safety Incident Response Framework (launch 29th January 2024) the Care Groups' process for completing after-action review/early learning reviews will be through a Multi-Disciplinary Team (MDT) approach.
- The learning from all incidents will be pulled together and themed by the Patient Safety Team and shared monthly with the Organisational learning Group
- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24.



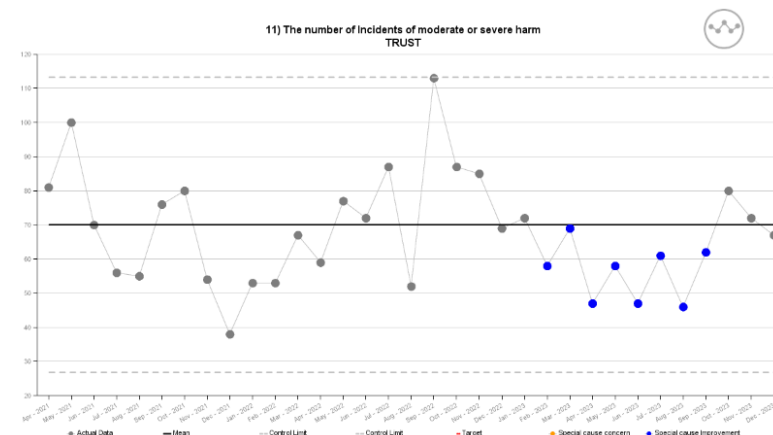
No significant change in the data during the reporting period shown



80%



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



To note:

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- Additional communications have been sent via the weekly briefing and included in a weekly InPhase Weekly Newsletter circulated to key staff groups.
- We have set up a weekly group with key corporate stakeholders, who will identify through their reporting processes, any key areas of concerns and actions needed to improve the quality of data.
- The full roll-out of local incident review is now in place; however, as this process is new to some areas, additional support is being provided and we expect the quality of data to improve as the new processes are fully embedded. In addition, as part of the ongoing review of incidents, the relevant specialists and Central Team will continue to pick up areas of poor-quality reporting, and these will be addressed on an ongoing basis.

12) The number of Restrictive Intervention Incidents

Update:

As reported previously, we moved to the national LFPSE reporting system in line with national requirements on 30th October 2023, which results in all patient safety incidents reported being directly reported into the national system and subsequent reporting. To do this we replaced our incident recording and management system with InPhase (replacing Datix)

To date, in the Board IPD, we have reported “The number of Restrictive Intervention Incidents”; however, following the change in national requirements, we have identified it is not possible to have a direct match across the two different systems. InPhase now records a “Patient Safety Event” in line with LFPSE requirements, which can have multiple patients and multiple types of Restrictive Interventions used whereas, DATIX recorded a Patient Safety Incident, where 1 incident equated to 1 patient however, it can also record where multiple types of Restrictive Interventions are used.

Following discussion with key staff, we are recommending a new measure “The number of Restrictive Interventions used” replace the existing measure in the Board IPD. We feel this is a key measure for Board to have oversight of and is also a measure CQC focus on.

This recommendation has been approved by the Chief Nurse and is pending Quality Assurance Committee approval at its next meeting, early February 2024.

To Note:

Oversight and assurance regarding restrictive practice and the various types used is managed through the Executive Review of Quality and into Quality Assurance Committee and this is reported by the chair to the Board through the Chair’s report from the Committee.

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

What does the chart show/context:

3 medication errors were recorded with a severity of moderate harm, severe or death during December.

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

Underlying issues:

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

Actions:

The roll out of EPMA for inpatients was completed on the 16th January 2024 with the final ward go live (NB. respite units are out of scope). During Q4 23/24 we will complete the Project Initiation Document for the community roll out which will begin early 24/25.



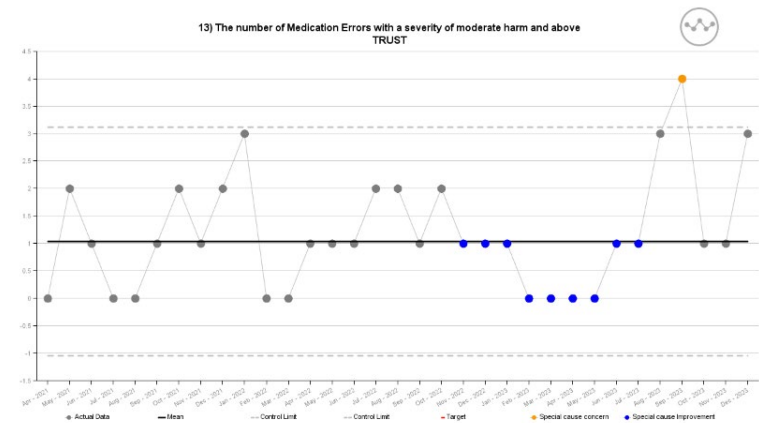
No significant change in the data during the reporting period shown



80%



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



To note:

Whilst we know the incident data recorded in InPhase is accurately reported through IIC, there are areas where data quality can be improved, which is to be expected following a transfer to a new recording system. With InPhase the visibility of some of the areas of poor quality in incident records has become more visible, therefore we have agreed several actions to support improvement in the quality of the incident data recorded:

- Additional communications have been sent via the weekly briefing and included in a weekly InPhase Weekly Newsletter circulated to key staff groups.
- We have set up a weekly group with key corporate stakeholders, who will identify through their reporting processes, any key areas of concerns and actions needed to improve the quality of data.
- The full roll-out of local incident review is now in place; however, as this process is new to some areas, additional support is being provided and we expect the quality of data to improve as the new processes are fully embedded. In addition, as part of the ongoing review of incidents, the relevant specialists and Central Team will continue to pick up areas of poor-quality reporting, and these will be addressed on an ongoing basis.

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

What does the chart show/context:

0 unexpected Inpatient unnatural deaths were reported on the Strategic Executive Information System (STEIS) during December.

**This has been confirmed by the Patient Safety Team based on a manual check.*

Since April 2023, there have been 3 unexpected Inpatient unnatural deaths however none of these have any signs of deliberate self-harm.

Update:

In October's IPR we noted there had been a third death which was expected to be attributed to natural causes (therefore was not included in the data), this has now been confirmed.

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific improvement actions required



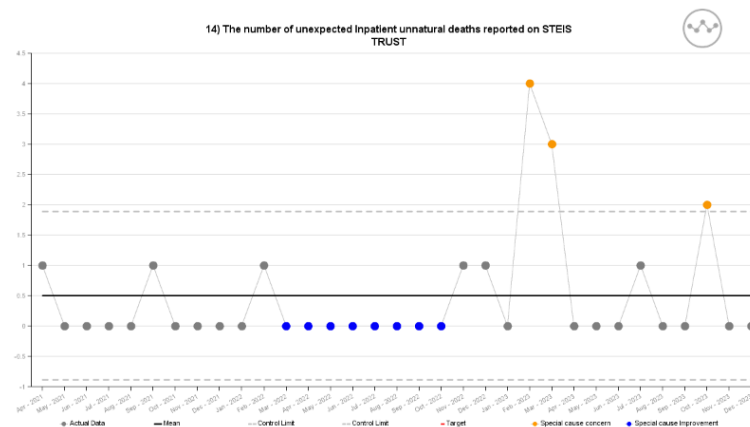
No significant change in the data during the reporting period shown



87%



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



15) The number of uses of the Mental Health Act

What does the chart show/context:

There were **326** uses of the Mental Health Act during December.

There is no significant change at Trust/Care Group in the reporting period. However, it should be noted that special cause improvement continues (a decrease) within Adult Learning Disability Services in both care groups and within Secure Inpatient Services.

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific improvement actions required



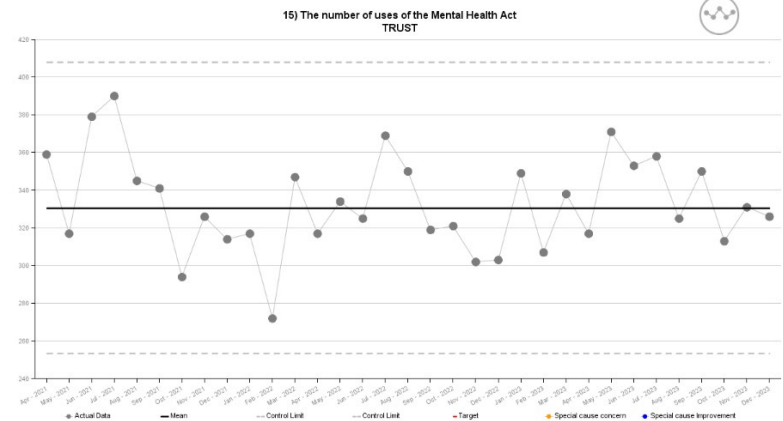
No significant change in the data during the reporting period shown



73%



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



16) Percentage of staff recommending the Trust as a place to work

What does the chart show/context:

1276 staff responded to the July 2023 Pulse Survey question “I would recommend my organisation as a place to work” Of those, **702 (55.02%)** responded either “Strongly Agree” or “Agree”.

Whilst we have limited data in this area, the line chart demonstrates there is no significant change in the reporting period.

The latest survey (October 2023) was the annual National Staff Survey undertaken by Picker. Picker will provide us with our data in December 2023; however, these results will be under embargoed until March 2024.

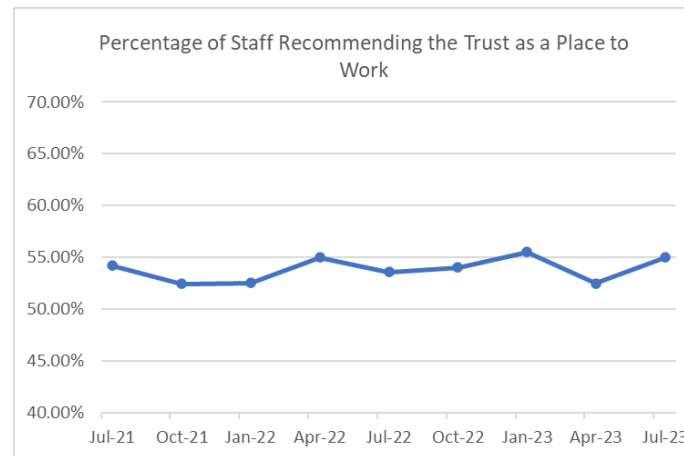
**Please note the survey is only undertaken once a quarter*

Underlying issues:

We currently have limited data on the percentage of staff recommending the Trust as a place to work.

Actions:

Whilst we don't have a specific improvement action; we do have a programme of work within the Safer Staffing Group which is focusing on retention. This includes flexible working opportunities; an extensive health and wellbeing offer covering Employee Support Services, Employee Psychological services, financial resilience, Intention to leave interviews/focus groups and a wide range of career development opportunities.



17) Percentage of staff feeling they are able to make improvements happen in their area of work

What does the chart show/context:

1276 staff responded to the July 2023 Pulse Survey question “I am able to make improvements happen in my area of work” Of those, 791 (61.99%) responded either “Strongly Agree” or “Agree”.

Whilst we have limited data in this area, the line chart demonstrates a slight improvement in the reporting period.

The latest survey (October 2023) was the annual National Staff Survey undertaken by Picker. Picker will provide us with our data in December 2023; however, these results will be under embargoed until March 2024.

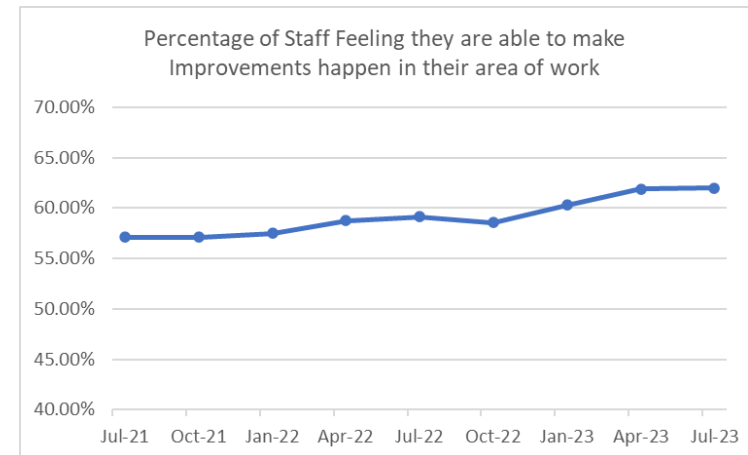
**Please note the survey is only undertaken once a quarter*

Underlying issues:

We currently have limited data on the percentage of staff feeling they are able to make improvements happen in their area of work.

Actions:

- The Trust has embarked on a 5-year (November 2027) stepped approach to Quality Improvement (QI) Training support staff to identify where improvements can be made and to feel empowered to suggest and develop those improvements.
- Our Journey To Change focuses on our cultural development through a wide range of engagement, communication and learning opportunities to enable and empower our staff to make changes in their area of work.



18) Staff Leaver Rate

What does the chart show/context:

From a total of **6,564.71** staff in post, **753.96 (11.48%)** had left the Trust in the 12-month period ending December.

There is special cause improvement (low) at Trust level and for several areas in the reporting period. However, there are 4 areas (Assistant Chief Executive, Digital and Data Services, Nursing and Governance and People and Culture) are showing special cause concern (high) in the reporting period.

The latest (September 2023) National Benchmarking for NHS Staff Leaver Rate published on NHS England NHS Oversight Framework Dashboard shows we were ranked 10 (previously ranked 8 this financial year) of 71 Trusts Mental Health & Learning Disability Trusts (1 being the best with the lowest leaver rate) and are placed in the highest performing quartile range.

Underlying issues:

- Staff wanting a new challenge
- Role not being as expected
- Work-life balance

Actions:

- The Associate Director of Operational Delivery & Resourcing will facilitate the launch of the next Internal Transfer scheme by the end of January 2024, with a view to supporting internal transfers and reducing challenges in staff retention.
- We have a programme of work within the Safer Staffing Group which is focusing on retention. This includes flexible working opportunities; an extensive health and wellbeing offer covering Employee Support Services, Employee Psychological services, financial resilience, Intention to leave interviews and a wide range of career development opportunities.



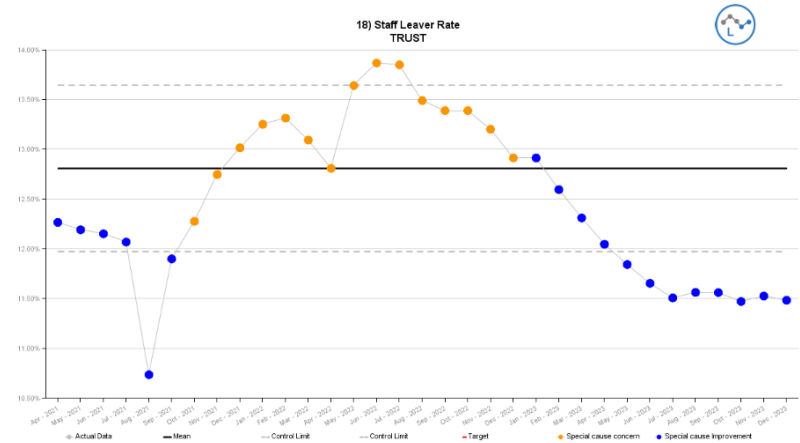
We're aiming to have low performance and we're moving in the right direction.



80%



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



19) Percentage Sickness Absence Rate

What does the chart show/context:

There were **222,237.69** working days available for all staff during October (reported month behind); of those, 14,314 (**6.44%**) days were lost due to sickness.

There is no significant change at Trust level and for 5 areas in the reporting period, with a further 5 areas showing special cause improvement (low). However, AMH Services in North Yorkshire, York & Selby, People & Culture and Therapies are all showing special cause concern (high) in the reporting period.

National Benchmarking for NHS Sickness Absence Rates published 4th January 2024 (data ending August 2023) for Mental Health and Learning Disability organisations reports the national mean (average) for the period shown is **5.46%** compared to the Trust mean of **5.89%**.

Underlying issues:

Anxiety/stress is the main reason of sickness absence

Actions:

People & Culture are focusing on the health, wellbeing and resilience of our staff. This includes flexible working opportunities, Employee Support Services, Employee Psychological services and Health & Wellbeing Champions. There is also an engagement programme including monthly health and wellbeing meetings, guest speakers and newsletters for staff.



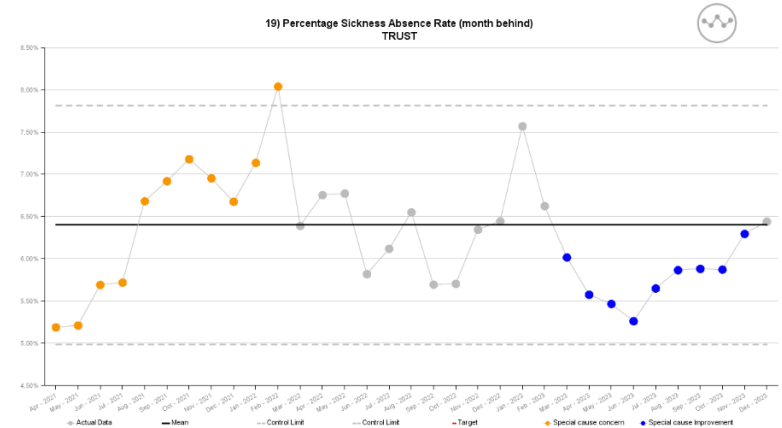
No significant change in the data during the reporting period shown



87%



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



20) Percentage compliance with ALL mandatory and statutory training

Background / standard description:

We are aiming for 85% compliance with mandatory and statutory training

What does the chart show/context:

182,342 training courses were due to be completed for all staff in post by the end of December. Of those, **155,655 (85.36%)** were completed.

There is no significant change at Trust level and for most areas in the reporting period; however, 3 areas (Digital and Data, Estates and Facilities Management and Medical) are showing cause for concern (low performance) in their mandatory training levels. Cause for concern is also noted in AMH, CYP, Health & Justice and Management within Durham, Tees Valley & Forensic Care Group and AMH services in North Yorkshire, York & Selby Care Group.

As at the 9th January 2024, by exception, **non-compliance** by area as follows:

- Nursing and Governance - 78.79%
- Corporate Affairs and Involvement- 82.44%
- Medical - 83.64%
- North Yorkshire, York and Selby - 84.15%
- Therapies- 84.53%

Underlying issues:

- Staff unable to be released to attend training (high DNA rate)
- Staff double booking courses which reduces availability
- Lack of capacity for Positive & Safe training courses
- Lack of suitable training rooms

Actions:

- People & Culture are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.
- Training Department are actively following up all staff who DNA and identifying and rectifying where staff double book on courses to increase availability
- Positive & Safe training Level 1 will change from 1st February 2024 with the requirement to be every 2 years
- The training portfolio for Positive & Safe is being reviewed currently with a potential implementation date of April 2024.
- We are constantly reviewing the availability of training rooms across trust premises.



No significant change in the data during the reporting period shown



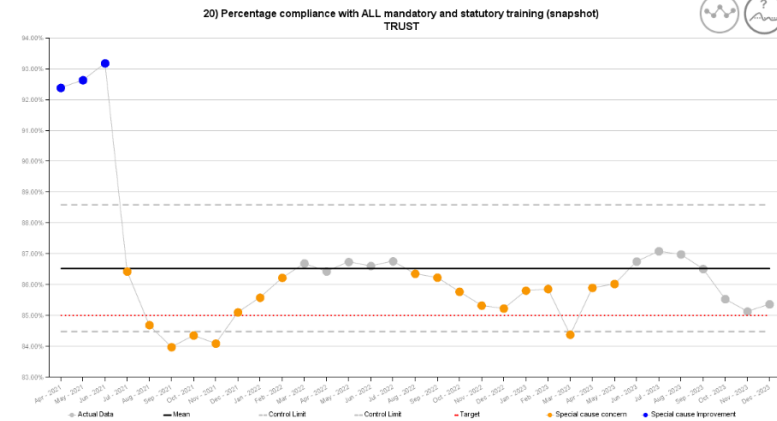
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves



93%



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



Information Governance & Data Security Training

Background / standard description:

We are aiming for 95% compliance for Information Governance & Data Security Training (as required by the Data Security and Protection Tool Kit) by the end of March 2024

What does the data show/context:

7770 were due to be completed by the end of December. Of those, **6870 (88.42%)** were completed.

As at the 9th January 2024 , by exception, **non-compliance** as follows:

- Corporate Affairs And Involvement - 81.58%
- Medical - 86.10%
- North Yorkshire, York And Selby - 86.99%
- Durham, Tees Valley And Forensic - 88.04%
- Therapies - 88.11%
- Company Secretary - 90.91%
- Estates And Facilities Management- 92.31%
- Digital And Data Services - 92.53%
- Nursing And Governance - 93.69%
- People And Culture - 93.75%

Underlying issues:

- An improvement plan is in place with NHS England which includes a commitment to achieve the standard by the revised timescale of 31st March 2024.
- Our existing measure does not include all staff which is a requirement

Actions:

- All new starters are being contacted to ensure training is completed as part of the Trust Welcome/Induction
- The Business Intelligence Team will revise an existing measure to align it to NHS England's criteria by end of January 2024

All other mandatory and statutory training

As at the 9th January 2024 , by exception (below the 85% standard) are the following courses sorted by lowest performance:

- 1) Follow Up- 50.00%
- 2) Positive and Safe Care Level 1 Update*- 54.53%
- 3) Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year* - 62.93%
- 4) Rapid Tranquilisation 1 - 66.79%
- 5) Positive and Safe Care Level 2 Update* - 67.11%
- 6) Moving and Handling - Level 2 - 2 Years* - 67.83%
- 7) Face to Face Medication Assessment - 68.99%
- 8) Resuscitation - Level 1 - 1 Year* - 69.79%
- 9) Patient Safety Level 2 - 72.82%
- 10) Medicines Management Annual Module - 73.84%
- 11) Fire Safety - 2 Years** - 74.36%
- 12) Positive and Safe Care Level 1* - 75.90%
- 13) Resuscitation - Level 2 - Adult Basic Life Support - 1 Year* - 77.81%
- 14) MCA - MCA and Young People Aged 16/17 - 79.12%
- 15) Safeguarding Level 3** - 79.14%
- 16) Essentials for Patient Safety for Board L1 - 80.00%
- 17) Annual Medicines Optimisation Module- 80.08%
- 18) Rapid Tranquilisation 2 - 80.11%
- 19) Observation & Engagement - 81.10%
- 20) Infection Prevention and Control - Level 2 - 1 Year - 81.37%
- 21) LD & Autism Tier 1 E-Learning - 81.39%
- 22) Safe Prescribing - 81.61%
- 23) Controlled Drugs - Inpatient - 82.72%
- 24) Fire Safety - 1 Year - 84.02%
- 25) Mental Health Act Level 2 - 84.06%

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

21) Percentage of staff in post with a current appraisal

Background / standard description:

We are aiming for 85% of staff in post with a current appraisal

What does the chart show/context:

Of the **6701** eligible staff in post at the end of December; **5205 (77.68%)** had an up-to-date appraisal.

There is now special cause concern (low performance) at Trust level and for several areas in the reporting period; Estates and Facilities Management, Therapies, North Yorkshire, York & Selby Care Group (AMH Services) and AMH Services and CYP Services within Durham, Tees Valley & Forensic Care Group. However, there are several areas showing special cause improvement (high performance) which are Finance, Nursing & Governance and People & Culture and ALD Services within Durham Tees Valley & Forensic Care Group.

As at the 9th January 2024, by exception, **non-compliance** by area as follows:

- Therapies - 53.66%
- Company Secretary- 55.56%
- Capital Programme -62.50%
- Corporate Affairs & Involvement - 65.71%
- Trust-wide roles - 66.67%
- Medical- 68.21%
- Digital & Data Services - 69.14%
- Durham, Tees Valley & Forensic - 77.28%
- Nursing & Governance - 78.72%
- North Yorkshire, York & Selby -79.16%
- People & Culture - 82.22%
- Estates & Facilities Management - 82.50%
- Assistant Chief Executive - 84.38%

Underlying issues:

- Our new structured approach to high quality appraisal conversations through WorkPal is impacting
- WorkPal was down for 2 weeks in December 2023 which has impacted on the recording of some of our appraisal data (now available)

Actions:

- People & Culture are continuing to work on their Performance Improvement Plan (PIP) to ensure it includes SMART actions that support improvement.



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



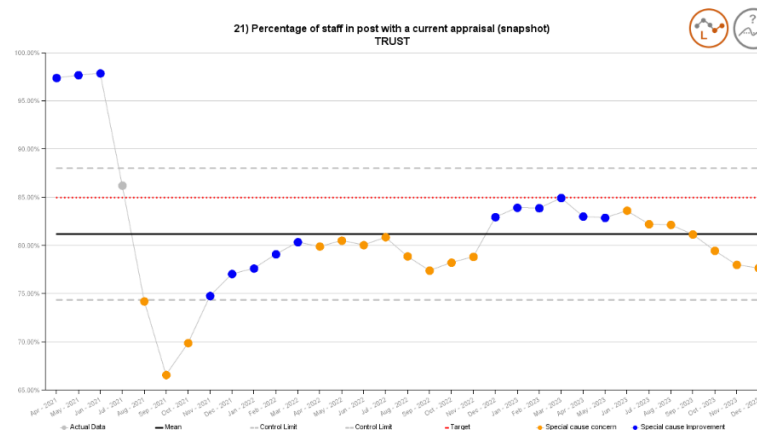
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves



87%



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



Actions continued:

- The new Programme Lead for WorkPal is undertaking a targeted piece of work in Estates and Facilities Management to support them using WorkPal.
- A plan on a page for completing appraisals is being developed (January 2024)
- Appraisal training is planned from March 2024 (post CITO) for both managers and staff (appraiser and appraisee)
- Ongoing communications brief to all staff not registered on WorkPal as a reminder

22) Number of new unique patients referred

What does the chart show/context:

7364 patients referred in December that are not currently open to an existing Trust service.

There is no significant change at Trust/Care Group in the reporting period; however, there is special cause concern in AMH services within North Yorkshire, York & Selby Care Group (low referrals).

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific improvement actions required



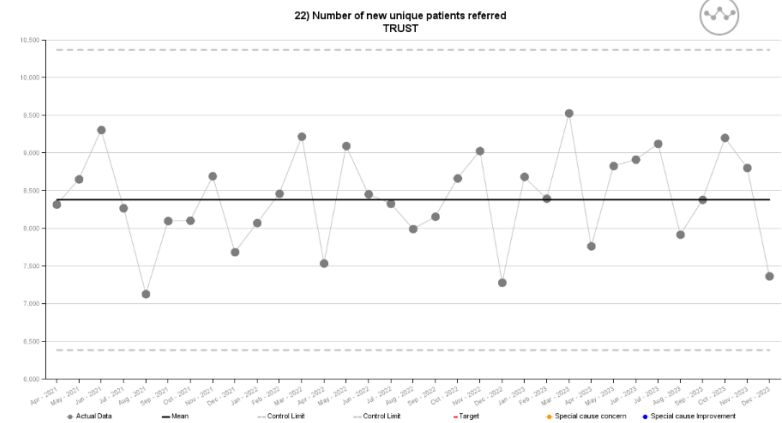
No significant change in the data during the reporting period shown



93%



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



23) Unique Caseload (snapshot)

What does the chart show/context:

64,897 cases were open, including those waiting to be seen, as at the end of December 2023.

There is special cause concern (high) at Trust and for Durham Tees Valley and Forensic Care Group (CYP and AMH services) in the reporting period. There is also special cause concern in CYP and MHSOP services within North Yorkshire, York & Selby Care Group.

Underlying issues:

- An increase in referrals in CYP services for neuro diverse patients across both Care Groups
- An increase in referrals in AMH services within DTVF for neuro diverse patients
- Increase in referrals has led to a backlog of waiters, whilst referrals have levelled, they are higher than they used to be

Actions:

- Both Care Groups are continuing to work on their Performance Improvement Plan (PIP) to ensure they include SMART actions that support improvement.
- We have set up a Task & Finish Group within Corporate Services to triangulate key measures/data that relate to caseload so we can better understand the issues and how we support improvement. First meeting is late January 2024.



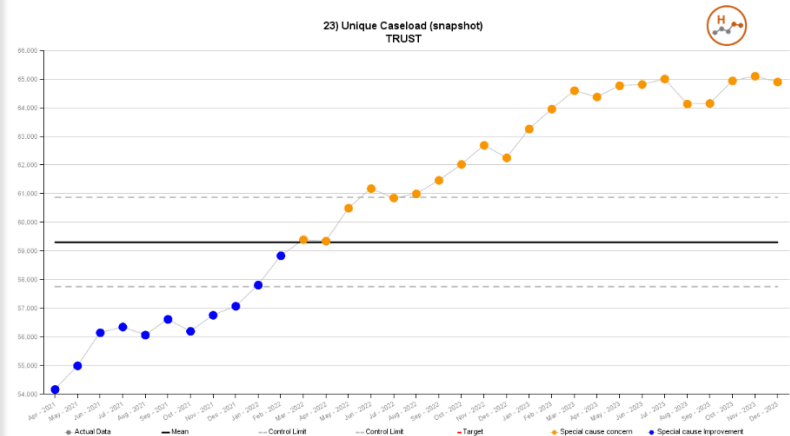
We're aiming to have low performance and we're moving in the wrong direction.



93%



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



24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit

What does the data show/context:

The financial position to 31st December 2023 is an operational deficit of **£4.70m** against a planned year to date deficit of **£5.53m**, resulting in a (**£0.83m**) favourable plan variance. This includes £2.3m national funding for 2023/24 pressures reported in Month 8 and provided to support delivery of key operational priorities in the remaining months. The Trust reforecast the position at Month 7, using this as the basis to establish 'control totals' for Care Groups and Directorates for each month to year end. The control total for M9 was an in-month deficit of £1.20m compared to an actual deficit of £1.17m, or a (£0.03m) favourable variance to control total in month. The cumulative variance to control total at Month 9 is £0.23m adverse.

- **Agency expenditure** in December 2023 was £1.09m, or £0.43m below plan in month, and £13.81m, or £1.22m below plan to date, showing an improved favourable variance trend. This includes impacts from actions to exit non-clinical agency assignments and reducing costs relating to complex care packages. Ongoing usage includes material costs linked to inpatient occupancy and rosters, medical cover and costs within Health and Justice. The trust had **no off-framework agency assignments** in month.
- **Independent sector beds** - the Trust used 204 non-Trust bed days in month (286 in November, or an 82 bed day reduction) at a cost of £0.18m (including estimates for unvalidated periods of occupancy and average observation levels pending billing). Year to date costs were £2.45m (£2.27m prior month) and £1.39m more than the £1.06m year to date plan. This remains a key area of clinical and management focus including through the new Urgent Care Programme Board (chaired by the Managing Director for DTVF).
- **Taxis and Secure Patient Transport** cost £2.01m to December, or £0.80m more than plan. A quality improvement event identified grip and control recommendations as well as alternative options. The results, and need for additional Care Group action, are being closely monitored. The Chief Nurse is overseeing actions to ensure robust governance around Secure Transport and a recently approved procurement will reduce unit costs going forward, the benefit of this is being assessed.
- **Planned CRES** are £4.02m behind plan to date. Key adverse variances relate to independent sector bed pressures for Adult Mental Health, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. **Unplanned CRES of £4.02m** to date (including interest receivable, with an interest rate at 5.2% for the past two months) are fully mitigating adverse performance against planned schemes. Composite CRES achievement is therefore in line with plan to the end of December but with a recurrent underlying risk to delivery.

The Trust provided assurance to NHSE at the end of December that the breakeven financial plan will be delivered, and established control totals for Care Groups / directorates based on this forecast with recovery actions modelled centrally. Care Groups and Directorates are monitoring compliance against control totals with the requirement to manage risk and variation to control totals.



Our system is hitting the target/expectation



93%



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

24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit

Underlying issues:

- We need to reduce bed occupancy including through reduced lengths of stay to reduce reliance on independent sector beds.
- We recognise that agency expenditure and safe staffing levels are significantly impacting our financial plan.
- We need to deliver CRES schemes to achieve our financial plan and deliver recurrent programmes to address our underlying financial pressures.
- We need to continue to track delivery of our 2023/24 breakeven financial plan, including compared to the reforecast and control totals agreed in late November 2023.

Actions:

- Please see actions within measures - 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider.
- We are continuing to work on the Performance Improvement Plans (PIPs) for Agency and Safe Staffing to ensure they include SMART actions that support improvement.
- The CRES efficiency hub will be co-ordinated by a Programme Manager with recruitment underway. Terms of reference for the team / group are being established.
- Outputs from the CRES workshop will be co-ordinated by the CRES Support Team / efficiency hub once established and terms of reference agreed.
- Monthly variances to control totals will be monitored and an assessment made of the continued deliverability of our breakeven plan, including with reference to worst and best case, as well as the mid case scenario assumed.

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

What does the data show/context:

Agency expenditure for December 2023 was £1.09m, or £0.43m below plan, and £13.81m, or £1.22m below plan to date. This represents an improved favourable variance in month, including from actions to exit non-clinical agency and off-framework assignments.

NHS planning guidance introduced System agency cost caps of 3.7% of pay bill. As at Month 9 Trust agency expenditure represented 4.8% of pay bill (around 6% 2022/23. Planned agency costs for 2023/24 were relatively in line with 2022/23 outturn. Whilst levels have started to reduce from month 6 onwards, costs remain above the average percentage of pay bill system target. Reducing agency volume and premia is a key focus, including from actions to exit non-clinical assignments with a significant reduction observed from October onwards.

Previous regional reporting of sickness levels suggested peer mental health providers had experienced similar challenges. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence (sustained favourable reductions now being seen) but equally to net new recruitment (including to medical, qualified nursing, inpatient, and health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high-cost medical assignments.

We recognise that volume pressures and rate premia associated with agency expenditure are significantly impacting our financial plan. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance.

**Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:

We need to continue to ensure a sustainable permanent workforce, including in key shortage professions e.g. medical and nursing, and to use temporary staffing more optimally including through improved rostering.

Actions:

The Executive Workforce and Resources Group have the following actions to improve rostering:

- Outline clear governance flow in Care Groups related to how rosters are overseen, including specific information on roles and responsibilities (from January 2024)
- Look at central analysis of roster data to identify useful questions indicated by the data, with a view to providing areas of focus for discussion during live training (January 2024)
- Re-visit roster rules to ensure optimal rosters and equity for colleagues (December 2023) *Update expected at next meeting early February 2024*
- Develop roster training programme (from January 2024)



Our system is hitting the target/expectation



93%



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

25b) Agency price cap compliance

What does the data show/context:

2,782 agency shifts were worked in December 2023, with **1,714** shifts compliant (**62%**) and 1,068 non compliant (38%).

This is 93 fewer overall shifts than November which is equivalent to approximately 90 shifts per day (compared to 96 per day in November).

- Regional reporting of sickness levels suggested peer mental health providers have experienced similar challenges, albeit that the most recent absence reports for Durham, Tees Valley and North Yorkshire, York & Selby are showing sustained reductions. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence but equally to net new recruitment (including to medical, qualified nursing, inpatient health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high-cost medical assignments. Other key areas of focus include actions to ensure optimal roster efficiency.
- Further refinement of shift data relating to the above takes place up to the NHSE Temporary Staffing submission mid-month which may result in minor differences between reported data.
- We recognise that volume pressures and rate premia associated with agency expenditure are significantly impacting our financial plan. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance.

**Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific additional improvement actions required, with actions from 25a) supporting delivery.



Our system is not hitting the target/expectation



80%



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

26) Use of Resources Rating - overall score

What does the data show/context:

The overall rating for the trust is a **3** for the period ending 31st December against a planned rating of **3**.

The **Use of Resources Rating** (UoRR) was impacted by Covid-19 with national monitoring suspended. The Trust has continued to assess the UoRR based on plan submissions compared to actual performance.

- The **capital service capacity metric** assesses the level of operating surplus generated, to ensure Trusts can cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 0.69x, which is 0.13x better than plan and is **rated as a 4** (0.30x better than plan in November).
- The **liquidity metric** assesses the number of days' operating expenditure held in working capital (current assets less current liabilities). The Trust's liquidity metric is 15.1 days; this is behind plan by 3.8 days but is **rated as a 1** (2 days behind plan in November).
- The Income and Expenditure (**I&E**) **margin metric** assesses the level of surplus or deficit against turnover. The Trust has an I&E margin of -1.35%, this is better than plan by 0.28% and is **rated as 4** (0.52% better than plan in November).
- **The agency expenditure metric** assesses agency expenditure against planned costs for the Trust. Costs of £13.81m are £01.22m (8.12%) less than plan and would be **rated as a 1**. (The agency metric assesses performance against plan). NHS planning guidance suggested that providers' (and aggregate system level) agency expenditure should not exceed 3.7% of pay bill. As at Month 9 agency expenditure was 4.8% of pay.

Specifically for agency please refer to **25a) Financial Plan: Agency expenditure compared to agency target & 25b) Agency price cap compliance**.

The Trust's financial performance results in an **overall UORR** of **3** for the period ending 31st December and **is in line with plan**.

**Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:

There are no underlying issues to report.

Actions:

There are no specific improvement actions required.



Our system is hitting the target/expectation



80%



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

27) CRES Performance - Recurrent

What does the data show/context:

We planned to deliver **£10.57m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£6.27m recurrent CRES**. This is **£4.30m adverse variance** against planned recurrent schemes.

Following the submission of our financial plan, which includes £15.5m recurrent CRES, key areas of focus are:

- Individual scheme baseline assessment by Care Group, including actions to support delivery.
- Quality impact assessments (QIA) to be completed for all schemes and signed off locally by relevant clinical and management leads, with final approval of schemes by Medical Director, Director of Nursing and Management Directors and Executive Director Group oversight.

Recurrent CRES delivery for the year is behind plan at Month 9 with specific performance noted as:

- **£1.10m** under-delivery of CRES for OAPs Reduction in AMH (Performance Improvement Plan in place)
- **£1.47m** under-delivery of CRES for Surge post review (Pay)
- **£0.40m** CRES for Agency (Inpatient level loading of rosters – actions in train via sub group of safer staffing group)
- **£0.24m** CRES for Taxi spend reduction (Improvement Event and associated actions being progressed)
- **£1.09m** CRES for other schemes
- **Recurrent CRES unachieved £4.30m to date**

**Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:

We need to deliver CRES schemes to achieve our financial plan.

Actions:

Please see measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit.



Our system is not hitting the target/expectation



80%



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

28) CRES Performance – Non-Recurrent

What does the data show/context:

We planned to deliver **£1.05m** of non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£5.35m**. (**£4.30m**) **favourable variance** against planned non-recurrent schemes.

The Trust planned to deliver non-recurrent Cash-Releasing Efficiency Savings (CRES) of **£5.38m** for the year with key areas of focus being:

- Individual scheme baseline assessment by Care Group and Directorate, including actions to support delivery.
- Quality impact assessments (QIA) to be completed for all schemes and signed off locally by relevant clinical and management leads, with final approval of schemes by Medical Director, Director of Nursing and Management Directors and Executive Director Group oversight.

Non-Recurrent CRES delivery for the year is ahead of plan at Month 9 relating to:

Planned Schemes

- (£1.14m) Non Recurrent Grip & Control (Non Pay)
- **£0.46m Unachieved CRES** Non Recurrent Grip & Control Trust wide Recovery Actions / budget rebasing (Non Pay)

Unplanned Schemes

- (£1.17m) Interest Receivable (interest rate has been 5.2% for the last two months)
- (£0.01m) Income Contribution
- (£2.43m) LD, Medical and Long Covid contribution

Composite year to date non-recurrent CRES **over delivery** of (**£4.30m**).

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

Underlying issues:

There are no underlying issues to report

Actions:

There are no specific improvement actions required



Our system is hitting the target/expectation



80%



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

29) Capital Expenditure (Capital Allocation)

What does the data show/context:

Capital expenditure at the end of December was **£8.47m** against an allocation of **£11.91m** resulting in a **£3.44m** underspend.

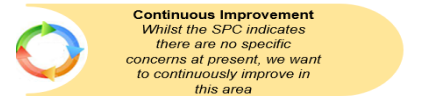
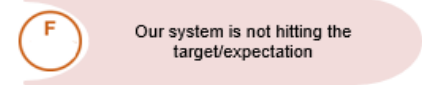
- Whilst several favourable and adverse variances contribute to the current position key areas include previously anticipated costs of 2023/24 schemes which completed in the 2022/23 financial year, slippage against start dates for lifecycle schemes and a change to plan for medical education centre development at Lanchester Road.
- The underspend reduced in month 9 by £1.75m mainly due to spend on assistive technologies in line with the revised implementation plan.
- The Trust is forecasting to outturn in line with planned performance in aggregate but notes an unplanned upside in relation to actual costs for phase 1 patient safety works Tees. Must do actions for 2024/25 financial year have been brought forward to ensure outturn spend in line with capital allocation.
- Any delays to planned inpatient environment schemes are communicated to the Environmental Risk Group to manage any associated risks. There is a delay in the start to Phase 3 sensor door works due to inability to secure escorts for contractors.

Underlying issues:

There are no underlying issues to report.

Actions:

Work is continuing into January 2024 to review progress against milestone plans for lifecycle works and to progress schemes that are being brought forward to utilise under spending, including from Phase 1 Teesside works.



30) Cash balances (actual compared to plan)

What does the data show/context:

We have an actual cash balance of **£63.98m** against a planned year to date cash balance of **£61.88m** which is **(£2.10m) positive variance** to plan.

- This is mainly due to underspending on capital budgets and Health Education England income received in advance of the period it relates to, with partial offsets due to movements on working balances.
- The Trust has narrowly failed to achieved the 95.0% Better Payment Practice Code (BPPC) target compliance for the prompt payment suppliers, achieving a combined year to date BPPC of 94.9%. We continue to support the use of Cardea to make processes as efficient as possible, and ensure suppliers are paid promptly.
- The value of debt outstanding at 31st December 2023 was £3.09m, with debts exceeding 90 days amounting to £0.22m (excluding amounts being paid via instalments and PIPS loan repayments).
- Three whole government accounting organisations account for 84% of total debts greater than 90 days old (£0.18m), progress continues to be made to receive payment for older debts. No outstanding debts have been formally challenged

Underlying issues:

Please see measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit

Actions:

As above



Our system is hitting the target/expectation



93%



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

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

Measure		Goal 1 - To Co-Create a great experience for our patients, carers and families	Goal 2 - To Co-Create a great Experience for our Colleagues	Goal 3 - To be a great partner
BIPD_01	Percentage of Patients surveyed reporting their recent experience as very good or good	✓	✓	
BIPD_02	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	✓	✓	
BIPD_03	Percentage of inpatients reporting that they feel safe whilst in our care	✓	✓	
BIPD_04	Percentage of CYP showing measurable improvement following treatment - patient reported	✓		
BIPD_05	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	✓		
BIPD_06	Percentage of CYP showing measurable improvement following treatment - clinician reported	✓	✓	
BIPD_07	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	✓	✓	
BIPD_08	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	✓	✓	✓
BIPD_09	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider	✓		
BIPD_10	The number of Serious Incidents reported on STEIS	✓	✓	
BIPD_11	The number of Incidents of moderate or severe harm	✓		
BIPD_12	The number of Restrictive Intervention Incidents	✓	✓	
BIPD_13	The number of Medication Errors with a severity of moderate harm and above	✓		
BIPD_14	The number of unexpected Inpatient unnatural deaths reported on STEIS	✓		✓
BIPD_15	The number of uses of the Mental Health Act	✓		
BIPD_16	Percentage of staff recommending the Trust as a place to work	✓	✓	✓
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	✓	✓	✓
BIPD_18	Staff Leaver Rate	✓	✓	✓
BIPD_19	Percentage Sickness Absence Rate	✓	✓	✓
BIPD_20	Percentage compliance with ALL mandatory and statutory training	✓	✓	✓
BIPD_21	Percentage of staff in post with a current appraisal	✓	✓	✓
BIPD_22	Number of new unique patients referred	✓	✓	✓
BIPD_23	Unique Caseload (snapshot)	✓	✓	
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit			
BIPD_25b	Financial Plan: Agency expenditure compared to agency target			
BIPD_25a	Agency price cap compliance			
BIPD_26	Use of Resources Rating - overall score			
BIPD_27	CRES Performance - Recurrent			
BIPD_28	CRES Performance - Non-Recurrent			
BIPD_29	Capital Expenditure (CDEL)			
BIPD_30	Cash balances (actual compared to plan)			

Which risk(s) within our Board Assurance Framework does this measure support/provide assurance towards?

Measure		1. Recruitment and Retention	2. Demand	3. Involvement and Engagement	4. Experience	5. Staff Retention	6. Safety	7. Infrastructure	8. Cyber Security	9. Regulatory Action	10. Influence	11. Governance and Assurance	12. Roseberry Park	13. West Lane	14. CITO	15. Financial Sustainability
BIPD_01	Percentage of Patients surveyed reporting their recent experience as very good or good			√	√	√	√			√						
BIPD_02	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for			√	√	√	√									
BIPD_03	Percentage of inpatients reporting that they feel safe whilst in our care			√	√	√	√			√						
BIPD_04	Percentage of CYP showing measurable improvement following treatment - patient reported			√	√		√					√				
BIPD_05	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported			√	√		√					√				
BIPD_06	Percentage of CYP showing measurable improvement following treatment - clinician reported			√	√		√					√				
BIPD_07	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported				√		√					√				
BIPD_08	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	√	√		√	√	√					√				√
BIPD_09	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider		√		√							√				√
BIPD_10	The number of Serious Incidents reported on STEIS			√	√		√			√						
BIPD_11	The number of Incidents of moderate or severe harm			√	√		√			√		√				
BIPD_12	The number of Restrictive Intervention Incidents			√	√	√	√			√						
BIPD_13	The number of Medication Errors with a severity of moderate harm and above				√		√			√						
BIPD_14	The number of unexpected inpatient unnatural deaths reported on STEIS			√	√	√	√									
BIPD_15	The number of uses of the Mental Health Act		√	√	√	√	√			√		√				
BIPD_16	Percentage of staff recommending the Trust as a place to work	√		√	√	√	√			√	√	√				
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	√	√	√	√	√	√			√	√	√				
BIPD_18	Staff Leaver Rate	√				√	√					√				√
BIPD_19	Percentage Sickness Absence Rate	√	√			√	√			√						√
BIPD_20	Percentage compliance with ALL mandatory and statutory training	√		√	√	√	√		√	√		√				√
BIPD_21	Percentage of staff in post with a current appraisal	√			√	√	√			√		√				
BIPD_22	Number of new unique patients referred		√				√					√				√
BIPD_23	Unique Caseload (snapshot)		√			√	√					√				√
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit									√		√				√
BIPD_25b	Financial Plan: Agency expenditure compared to agency target									√		√				√
BIPD_25a	Agency price cap compliance									√		√				√
BIPD_26	Use of Resources Rating - overall score									√		√				√
BIPD_27	CRES Performance - Recurrent									√		√				√
BIPD_28	CRES Performance - Non-Recurrent									√		√				√
BIPD_29	Capital Expenditure (CDEL)									√		√	√			√
BIPD_30	Cash balances (actual compared to plan)									√		√	√			√

National Quality Standards and Mental Health Priorities Headlines

Headlines

- **72 hour follow up** achieving target in all areas except Vale of York (Q1 only)
- **EIP waiting times** achieving target in all areas except Vale of York
- **Talking Therapies waiting times** achieving target in all areas
- **Child Eating Disorders waiting times** consistently failing target across all areas for urgent and routine cases except Tees Valley (routine cases only)
- **Talking Therapies: Access** - consistently failing target across all areas except Tees Valley. **Recovery** - achieving financial year to date target across all areas; however, failed target for Q3 in County Durham and Tees Valley. **1st to 2nd treatment waits** - consistently failing target in all areas however, target achieved in North Yorkshire this quarter
- **CYP 1 contact** achieving target in all areas
- **Childrens Paired Outcomes** consistently failing target in all areas
- **AMH/MHSOP 2 contacts** achieving target in all areas except Vale of York
- **OAP (inappropriate)** consistently failing target **This is also the MH Priority monitored at Trust level – see IPD measure 9 for further details*
- **Specialist Community PMH services** consistently achieving target in Tees Valley; however, failing target in County Durham (*by 2), North Yorkshire and Vale of York

Risks / Issues

Of most concern:

- Child Eating Disorders Waiting Times (except for Tees Valley routine cases)
- Talking Therapies Access (except for Tees Valley)
- Talking Therapies 1st to 2nd treatment (except for North Yorkshire)
- Childrens Paired Outcomes
- OAP bed days (inappropriate)
- Specialist Community PMH services (except for Tees Valley)

Of concern:

- EIP Waiting Times Vale of York
**National Quality Requirement*
- Adults/Older Persons 2 contacts Vale of York

Positive Assurance

Consistent achievement can be seen for:

- Talking Therapies waiting times (6 and 18 weeks)
- CYP 1 contact

Mitigations

We are continuing to work on the Performance Improvement Plans (PIP) in the following areas to ensure they include SMART actions that support improvement:

- Child Eating Disorders – both Care Groups
- OAP bed days (inappropriate) – Trust-wide
- Talking Therapies Access and Waiting Time – both Care Groups
North Yorkshire, York and Selby Access only
- Perinatal Mental Health – North Yorkshire, York & Selby Care Group
- EIP waiting times - we are recruiting to 5 posts for the York and Selby EIP team
- Childrens Paired Outcomes – A business case has been developed for a dedicated outcomes team which will be shared with the Care Group in January
- Adult/Older Persons 2 contacts - Vale of York – a deep dive is underway to understand the issue(s)

National Quality Standards and Mental Health Priorities Dashboard



Measure	Agreed S-ICBL Ambition	National Quality Requirements																			
		County Durham					Tees Valley					North Yorkshire					Vale of York				
		Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD
Percentage of Service Users under adult mental illness specialities who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	88.99%	93.19%	89.03%		90.41%	86.40%	90.65%	84.98%		87.43%	87.30%	93.16%	84.40%		88.35%	79.38%	93.14%	89.02%		87.19%
Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	60%	63.64%	63.77%	63.77%		63.73%	73.68%	69.05%	82.28%		74.90%	85.71%	88.24%	83.33%		85.71%	73.33%	50.00%	29.63%		51.90%
Percentage of Service Users referred to an NHS Talking Therapies programme who wait six weeks or less from referral to entering a course of NHS Talking Therapies treatment	75%	99.47%	99.86%	99.57%		99.64%	99.46%	100.00%	99.65%		99.71%	99.54%	99.70%	99.52%		99.58%	99.20%	99.81%	99.62%		99.55%
Percentage of Service Users referred to an NHS Talking Therapies programme who wait 10 weeks or less from referral to entering a course of NHS Talking Therapies treatment	95%	100.00%	99.97%	99.96%		99.98%	100.00%	100.00%	99.83%		99.94%	100.00%	100.00%	100.00%		100.00%	99.93%	100.00%	99.95%		99.96%
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	83.82%	84.13%	81.94%		81.94%	91.01%	95.12%	96.34%		96.34%	80.00%	78.05%	83.33%		83.33%	78.33%	83.05%	83.02%		83.02%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	76.67%	67.74%	66.67%		66.67%	50.00%	50.00%	62.50%		62.50%	87.50%	87.50%	83.33%		83.33%	71.43%	71.43%	80.00%		80.00%

Measure	Agreed S-ICBL Ambition	Local Quality Requirements																			
		County Durham					Tees Valley					North Yorkshire					Vale of York				
		Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	FYTD
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	*	2662	2899	2781		8342	557	603	572		1732	1723	1672	1878		5273	1495	1607	1837		4939
IAPT: The proportion of people who are moving to recovery	50.00%	51.63%	51.01%	48.43%		50.34%	54.39%	56.75%	48.42%		53.13%	51.55%	53.67%	53.71%		53.01%	54.26%	58.34%	56.88%		56.55%
IAPT: Percentage of people who have waited more than 90 days between first and second appointments	<10%	13.92%	12.91%	13.08%		13.28%	19.76%	18.56%	23.66%		20.72%	17.57%	12.63%	6.17%		12.10%	31.15%	26.61%	25.23%		27.58%
Number of CYP aged 0-17 supported through NHS funded mental health with at least one contact	*	9378	10236	10453		10453	11653	11538	11437		11437	4319	4098	4061		4061	4544	4528	4493		4493
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40.00%	22.46%	25.75%	21.99%		23.49%	28.53%	27.12%	26.76%		27.30%	38.24%	37.80%	33.17%		36.15%	30.38%	25.53%	27.35%		27.47%
Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illnesses.	*	8193	8151	8235		8235	6825	7122	7527		7527	4162	4144	4102		4102	3341	3183	3073		3073
Number of inappropriate DAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	*	1445	436	608		608	1445	436	608		608	163	58	63		63	163	58	63		63
Number of women accessing specialist community PMH services in the reporting period (cumulative)	*	207	278	340		340	233	310	391		391	77	95	125		125	37	67	92		92

NOTES * Denotes individual plans agreed by area.

Finance Update

Council of Governors – March 2024

2023/24 Financial Performance

The Trust's financial plan, submitted to NHS England in May 2023, targeted delivery of a **breakeven position** for **2023/24**. This preceded confirmation of final outcomes and funding in respect of the Agenda for Change (AfC) and Medical pay awards for 2023/24 which increase the Trust's overall recurrent exposure. The trust secured £2.3m via an £800m NHS allocation to support impacts from industrial action and to support key operational priorities in the remaining months of 2023/24.

2023/24 Month 10 Revenue Performance:

Plan phasing targeted a deficit of £5.4m to 31st January 2024. Actual performance, a deficit of £3.4m, represents a £2.0m favourable plan variance. This reflects the receipt of unplanned NHSE Education funding and the national pressures funding outlined above, offset by a significant cost pressure from tariff underfunding of the AfC pay award. The Trust implemented control totals via a November reforecast and is monitoring progress against this, with recovery actions on track to date.

- **National pay review body award: Agenda for Change 5% uplift** (2.1% recognised in tariff and at plan), paid in June. Additional revenue funding of 1.6% tariff uplift drives a £1.1m funding gap to the end of January.
- **Medical Pay Award** agreement led to an in-year tariff uplift of £2.2m with substantive medic pay award cost of £1.2m at M10, and offering a £1.0m contribution towards medical locum premia rate pressures from essential cover for vacancy levels in the substantive workforce (but required to uplift recurrent budgets).
- **£2.3m National Funding** received to support industrial action impacts and ensure delivery of key 2023/24 priorities.
- **£0.8m Unplanned NHSE** Non Medical Education and Training income.

Key cost pressures include:

- **Elevated levels of agency expenditure**, including premia rates for medical vacancy cover, support for a small number of complex care packages for Adults with a Learning Disability and ongoing safe staffing, absence and vacancy cover for inpatient services and in Health & Justice contracts.
- **High bed occupancy**, including increased lengths of stay and driving higher than commissioned staffing (and agency) levels.
- Ongoing access to **Independent Sector beds** due to Adult Mental Health and PICU bed pressures. This reflects longer lengths of stay, with additional risk from temporary closure of Adult Learning Disability beds.
- **Transport costs** are significantly above plan, albeit with reduced taxi costs in year. Secure patient transport remains a key area of concern, with the Chief Nurse leading actions to reduce and a re-tender in train.

CRES performance is on plan at M10 but includes £6.4m unplanned mitigations to offset underperformance on planned CRES. Key variances include independent sector bed pressures for Adult Mental Health, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. Higher than planned interest receivable represents a substantial non-recurrent mitigation.

Cash balances of £60.1m are **£1.3m below plan** as of 31st January 2024, with key drivers being favourable revenue performance offset by working capital variation and delayed receipt of national frontline digitisation funds.

Capital Position: The Trust's £16.2m capital plan includes £13.9m funded via the NENC ICS's 2023/24 allocation. Year to date costs of £9.1m represent slippage of £3.6m. Significant focus has been given to a capital reforecast with the expectation that all resources will be fully deployed by 31st March 2024, subject to procurement and other agreed milestone risks.

For General Release

Meeting of: Council of Governors
Date: 19th March 2024
Title: CQC Core Services and Well-led Inspection 2023
Executive Sponsor(s): Beverley Murphy, Chief Nurse
Author(s): Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data
Pete Hutchinson, Quality Governance Manager

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

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

<i>1: To co-create a great experience for our patients, carers and families</i>	<input checked="" type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input checked="" type="checkbox"/>
<i>3: To be a great partner</i>	<input checked="" type="checkbox"/>

Strategic Risks relating to this report:

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
8	Quality Governance	The delivery of the improvement plan resulting from CQC inspections is related to multiple risks within the Board Assurance Framework (BAF) however, the monitoring and review of the CQC Improvement plan relates specifically to the BAF risk 8 (Quality Governance) and risk 10 (Regulatory Compliance). Quality Governance - There is a risk that our floor to Board quality governance does not provide thorough insights into quality risks caused by the need to further develop and embed our governance and reporting including triangulating a range of quality and performance information resulting in inconsistent understanding of key risks and mitigating actions, leading to variance in standards.
10	Regulatory Compliance	Regulatory Compliance - There is a risk that failure to comply with our regulatory duties and obligations, at all times, could result in enforcement action and financial penalties and damage our reputation.

Executive Summary:

Purpose: The purpose of this report is to present to the Council of Governors an update on the Trust’s progress with the CQC Core Service and Well-led Inspection 2023 recommendations, which is monitored via the Trust’s Improvement Plan.

Proposal: It is proposed that the Council of Governors receive this update for information.

Overview: **Core Service and Well-led Inspection 2023**

The CQC published the results of our latest Trustwide inspection on its website **25 October 2023**. The report demonstrates our continuous improvement and the positive impact that this has had on people’s

experience of the services that we provide. We do, however, acknowledge that we still have more to do.

The report included must and should do recommendations specified by the CQC. The Trust developed an Improvement Plan in response to the recommendations and these were approved by the Quality Assurance Committee 22 November 2023.



The Quality Governance Team have worked collaboratively with Care Groups and leads for individual recommendations to monitor progress and receive assurance evidence that improvement actions are complete.

Appendix 1 of this report shows the progress position with the Trust's CQC Improvement Plan and describes the improvements made so far.

The actions within the Plan will be monitored to ensure that improvements are achieved.

Prior Consideration and Feedback

Updates on the Trust's CQC Improvement Plan are provided to the Quality Assurance Committee and the Executive Review of Quality Meeting. This includes any quality or risk issues that are highlighted.

Implications:

The Council of Governors is requested to receive this report.

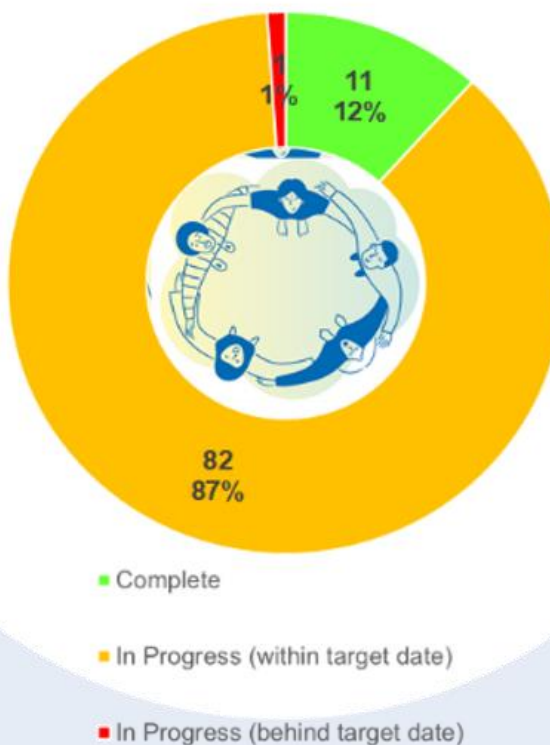
Recommendations:

The Council of Governors is invited to note the progress of the Trust's improvement actions taken in response to the CQC inspection recommendations 2023.

Appendix 1 – CQC Improvement Plan Progress

Delivering the Trust's CQC Improvement Plan

Following the Core Service and Well-led CQC inspection (published 25 October 2023), the CQC Improvement Plan was co-created in collaboration with Care Group colleagues, Specialty/ Directorate Leads and subject matter experts in response to the Must and Should Do recommendations. This forms a component of the Integrated Oversight Plan.



Progress of the CQC Improvement Plan as of **28 February 2024**:

- 11 recommendations complete
- 82 recommendations in progress
- 1 recommendation in progress behind target date

Improvement Action delivery

Service	Action No.	Must/Should Do	CQC Action Required
Trust wide	15	Must Do	The trust must ensure that it acts in accordance with the duty of candour regulation.



- ✓ The Duty of Candour Policy has been revised in line with National Standards.
- ✓ There is weekly reporting of Duty of Candour to Executive Directors Group and the Quality Assurance Committee to confirm compliance with the policy standards.

Improvement Action delivery

Service	Action No.	Must/Should Do	CQC Action Required
AMH Acute and PICU	26	Must Do	The trust must ensure that staff manage and mitigate the risks to service users when they are detained and are permitted to go on section 17 leave.



- ✓ We have reviewed, updated and implemented the Section 17 Leave Policy.
- ✓ The Mental Health Legislation Team have undertaken formal monitoring and checks in relation to completion of Section 17 leave documentation, ensuring that it is fully completed, and that staff are using the correct form. Feedback from these reviews has demonstrated improvements and has been reported to the Trust's Mental Health Legislation Committee.
- ✓ We have included monitoring of leave documentation in our Quality Assurance Schedule.
- ✓ We are continuing to quality assure until we are confident of embedded improvements.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Trust wide	2	Should Do	The trust should ensure that governors have clear lines of support and access to non -executive directors.

- ✓ Contact details of non-executive directors and their biographies will be shared again with all governors, and non - executive directors will be advised to make themselves available to governors wherever possible through normal Trust business, including Council of Governors meetings.
- ✓ All Governors will be informed of what support is available and from whom within the trust.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	18	Should Do	The trust should ensure that the blanket restrictions on Kestrel and Kite wards are individually assessed.

- ✓ We have reviewed all blanket restrictions on Kestrel/ Kite Ward to ensure that these are now individually assessed.
- ✓ These have been presented at the Reducing Restrictive Interventions Group.

Improvement Action delivery



Service	Action No.	Must/ Should Do	CQC Action Required
Secure Inpatient Services	19	Should Do	The trust should ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms.

- ✓ We will review all wards within the service to ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms
- ✓ We will develop a system in collaboration with Occupational Therapy to ensure that when patients need are assessed and a change of environment is required, that a monitoring and escalation process is in place .

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	20	Should Do	The trust should ensure that appropriate food options are available for patients and food is stored in line with food safety requirements.

- ✓ We have reviewed the contract for the provision of patient food and a new Provider is now well established.
- ✓ We have held focus groups with patients to support the development of new ward menus.
- ✓ We have incorporated fridge checks by Ward Housekeepers into the daily workplan.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	23	Should Do	The trust should ensure that actions from community meetings are actioned, and the outcome and update shared with patients.

- ✓ Ward managers have coproduce a system with service users for dissemination and storage of community meeting minutes which will document the outcomes of actions taken

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	25	Should Do	The trust should ensure that staff consider how they access the ward spaces and not use wards as a cut through.

- ✓ We have decommissioned the seclusion facility where this issue was observed.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	25	Should Do	The trust should ensure that staff consider how they access the ward spaces and not use wards as a cut through.

- ✓ We have decommissioned the seclusion facility where this issue was observed.

Improvement Action delivery



Service	Action No.	Must/Should Do	CQC Action Required
Secure Inpatient Services	29	Should Do	The trust should ensure that all lockable safes for patient use are in working order.

- ✓ Lockable safes will be checked on admission of new patients and at discharge to ensure that they are in good working order.

Improvement Action delivery



Service	Action No.	Must/ Should Do	CQC Action Required
MHSOP Inpatient	33	Should Do	The trust should ensure that the storage of gas cylinders is carried out in line with their own policy.
AMH Acute and PICU	41	Should Do	The trust should ensure that appropriate action is taken when medicine fridge temperatures are out of range and that oxygen is stored correctly.

- ✓ We have developed and undertaken an oxygen assessment against the policy assurance statements for the storage of oxygen.
- ✓ This was reported to the Care Group Quality Assurance and Improvement Group and the Executive Review of Quality Group.
- ✓ We have developed and implemented Fridge Temperature Assessments which covered a 30 -day period and assessed practice against the policy assurance statements. Where improvements were required, action plans were agreed and followed up to provide assurance of completion. This was reported to the Care Group Governance Forums.
- ✓ We are continuing to quality assure until we are confident of embedded improvements.

Council of Governors

DTVf Care Group Update

Lisa Taylor

Director of Operations & Transformation Health & Justice

19th March 2024

Contents

- Celebrations
- Spotlight on:
 - AMH Crisis D&D
 - Neurodevelopmental Waits
 - ALD Respite
- Challenges and Opportunities
- Forward Look
- Questions

Celebrations



- Positive feedback received from service users, families and carers, external partners in Primary Care, Local Authorities, schools, care homes, NECS, and from students working on placements with our services.
- Staff nominations for Greatix, Living the Values and Rising Star awards.
- Imminent delivery of new 111(2) All Age Crisis Screening Team in Q4 23/24
- Completion of MHSOP Durham Community teams' re-configuration work
- The pilot of allocating newly qualified nurses to inpatient areas and teams with higher level of need has continued to improve safe staffing levels across AMH wards.
- CAMHS Teams achieving Investors in Children status.
- Continued reduction in restrictions in ALD and SIS
- In ALD, a reduction in number of incidents in inpatients, and increase in outings and peer contacts, alongside some discharges.
- In Health and Justice, extending partnership working across Provider Collaborative NENC including Humber Coast and Vale.
- Health and Justice held a successful 'Our Journey' day with positive feedback received from attendees.
- In SIS, service users' involvement at all levels – governance meetings, interviews for new staff, inductions for all new employees and training to student nurses
- Carer involvement with governance meetings in SIS.
- Jay Ward is now open again and patients have been admitted.
- Introduction of staff wellbeing rooms across all AMH inpatient sites.
- Successful in the tender process for HMP Full Sutton and HMP Millsike.



Spotlight on Crisis Service Durham and Darlington (D&D)

Context

The Crisis Service in D&D invoked their Business Continuity Plan in June 2021. This was due to a number of factors, including:

- Staffing pressures, particularly qualified staff - over 50% vacant
- Quality issues which emerged from a number of Serious Incidents linked to screening calls being taken by non registered staff in a hub that was based away from the crisis teams

Actions taken

Daily safe staffing escalations were put in place and leadership oversight was enhanced.

The service model was reviewed and in June 2022, the service disestablished the triage hub - which was the central hub that received referrals into the team - and embedded triage services into the two main teams. This:

- Ensured robust governance arrangements and assurance where in place around triaged calls.
- Increased leadership oversight of clinical demands which ensured support around decision making to meet the needs of patients.

In December 2022, a design event was co-created with stakeholders with the aim being to improve patient safety and quality. The event also focused on increasing crisis call answer rates, having an agreed standard process for triage and assessment and Trust-wide pathway, and review of crisis team working environments.

In February 2023, a new screening tool was introduced within the service which allowed experienced support workers to screen crisis line calls. This was piloted across D&D and following successful pilot was rolled out across DTVF.

To support with capacity and demand pressures across the service and to improve call answer rates, additional staffing resource from wider services was released and overtime was offered to existing staff.

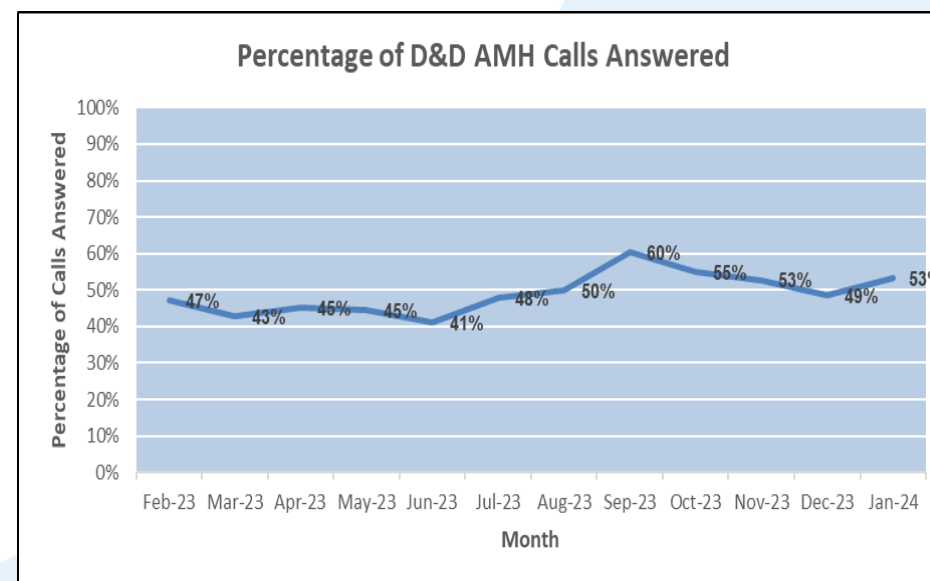
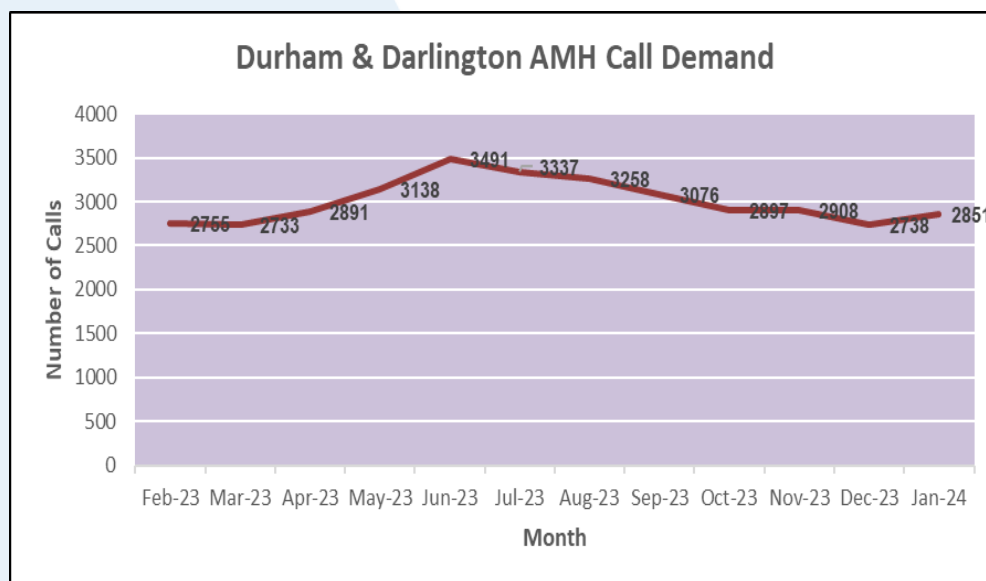
Outcomes

As a result of the improvement work and the level of assurance this offered, the service exited BCP measures in June 2023 with registered vacancies down to 28% currently 25%.

Spotlight on Crisis Service Durham and Darlington

DTV D&D AMH Crisis Line Demand and Answer Rates Feb-23 to Jan-24

- Over the last 12 months, D&D crisis line data shows a stable call demand across the service with a slight increase between May and July 2023. During the same period, call answer rates across the service have been reported as low but stable.
- It is acknowledged that although significant efforts have been made to aim to improve call answer rates, this has not impacted upon performance as the service would have hoped due to a various reasons including increased acuity and clinical demands across the service which has resulted in call screener staff being required to support the delivery of patient care.
- National call answer rate data currently shows a significant variance across providers.



Spotlight on Crisis Service Durham and Darlington

Next Steps

- DTV will launch an all age, single model, NHS 111(2) model for mental health in March 2024 as a 'soft' launch, with the national 'go live' plan for the service in April 2024.
- A project plan is in place for the 111(2) service which is monitored through a weekly project meeting involving service leads.
- The model will be a team of trained mental health advisors who will be based at West Park Hospital.
- Call handlers will screen the NHS111, option 2 calls under the supervision of senior mental health practitioners.
- Staffing establishment for the model consists of;
 - 19.19 WTE Band 3's – currently appointed 11.64 WTE with vacancy position at 7.55 WTE
 - 5.54 WTE Band 6's – currently appointed 4.54 WTE with vacancy position at 1.0 WTE
 - 1.0 WTE Band 7 – currently appointed to post.
- Recruitment for the new service model is ongoing, with further Band 3 Mental Health Advisor interviews taking place in February 2024.
- Following work with ICB colleagues, a plan in place to introduce a triage role alongside 111(2) developments which is expected to have a significant and immediate positive impact on call answer rates.

Spotlight on Neurodevelopmental waits

- DTVF CAMHS Neurodevelopmental Service has developed a plan to take steps to reduce the backlog for waiters for ADHD and ASD assessments.

- Waits for Autism in DTV as at 01/02/24:

Over 3 years	2-3 years	1-2 years	9-12 months
22	744	1661	537

- Waits for ADHD in DTV as at 01/02/24:

Over 3 years	2-3 years	1-2 years	9-12 months
10	412	829	172

- Clinicians in the service have worked to produce a revised interim clinical protocol for assessment of ADHD and for ASD which can be completed within a condensed time period, and thereby increase throughput, with aim to:
 - ✓ Have zero plus 3-year waits by end of Q1.
 - ✓ Have zero plus 2-year waits by end of Q4.
- The differences between the existing protocol and the revised protocol have been mapped to show where changes will be made.
- Quality Impact Assessments have been completed which describe the risks and mitigations
- These are due to be tabled for consideration by Executive Directors, the Care Group Board and Executive triumvirates.
- Our ambition is that, subject to approval, this work will be shared with the AMH Neurodevelopmental Service.

Spotlight on ALD Respite

- Concerns raised by the CQC regarding the poor state of repair of the buildings – Unit 2 Bankfields Court and Aysgarth – from which we provide ALD respite care in Teesside for adults.
- In addition, neither site is compliant with Elimination of Mixed Sex Accommodation (EMSA) requirements, although we currently mitigate this by having dedicated days which are for males and females to use separately.
- National benchmarking suggested that currently very few NHS providers provide respite care.
- Executives agreed that there was a need for engagement/ dialogue with LA / ICB commissioners to begin a process of developing potential new models of respite care moving forward, as part of a focus on transforming community provision for adults with learning disabilities.
- Key action was to open initial discussions with ICB colleagues to outline the intentions of the Trust and seek support for redesign.



Spotlight on ALD Respite

- An internal project steering group has been established which continues to monitor service demand, service user and family needs and eligibility criteria to help map future requirements and inform future planning and developments.
- The aim of this work is to effectively address the evolving needs of our clients and their families - to ensure that individuals and their families receive high quality care and support, tailored to their unique circumstances.
- We are committed to working collaboratively across the system of health and social care to seek to offer creative solutions which are based on responsiveness and fair, equitable access, to provide holistic and person-centred care.
- We have re-established communication with carers through a monthly newsletter and have planned meetings with carers on a monthly basis, with an open invitation to all carers.
- In addition, the Leadership Team have met with the Carer Lead from the previous project group to listen to her concerns.
- This is a priority that will be worked on as part of our delivery plan over the next 12-months.

Forward look....

Specialties across the Care Group have been considering and mapping out their priorities for the next financial year, working with corporate colleagues in Planning and Performance to develop the Locality Delivery Plan for 24/25.

There are some 'big ticket' items within this, including:

- Community transformation across AMH, MHSOP, CAMHS and ALD.
- Inpatient Quality Transformation Programme.
- Further embedding iThrive in CAMHS.
- Improvement work in AMH and CAMHS Neurodevelopmental services.
- Plan for phased re-opening of ALD beds.

Each specialty will have a 'plan on a page' to clearly and succinctly describe the priorities that have been agreed.

An example of this is shown on the next slide, for Health and Justice.

Health & Justice Services Business Plan on a Page

Plan on a Page (PoaP) for Trust wide programmes and other trust-wide priorities in 24/25 Delivery Plan



Esk and Wear Valleys
NHS Foundation Trust

Priority Plan summaries

This reflects the position at the time of publication but will evolve over time

Expansion of Health & Justice Services

Executive Sponsor:

Patrick Scott

Priority Lead:

Lisa Taylor

What is the reason why for this priority

- Good market share currently with previous successful applications for provision of mental health and learning disability services across the Health & Justice sector
- Proven ability to mobilise awarded contracts outside of TEWV's immediate geographic boundaries
- Proven model of care which delivers high quality, effective care for patients Good CQC feedback
- Successful partnership working across the service which strengthens our model and affords further opportunities for development of services.

What will success look like

- Number of opportunities responded to co-created with partner organisations
- Number of opportunities responded to co-created with Service Users & Carers
- Number of opportunities responded to and successfully submitted
- Number of opportunities where submission is successful
- Increase in market share across Health & Justice services
- Increase in contract income and contribution to Trust overhead.

Key areas of focus

- As agreed by Executive for those services subject to a competitive tendering process the focus will be as follows:
 - Mobilisation of HMP Full Sutton & Millsike following successful contract award
 - Maintaining our existing business
 - Response to business opportunities within HMPs within the agreed geographical area
- Submission of further bids in response to development opportunities and Commissioner requests e.g. increases in population capacity, new services
- Increased visibility in the wider H & J arena – conferences and training
- Development of wider robust quality and assurance processes.

Interdependencies and requirements from corporate services / partners / other programmes

- Support in responding to opportunities and if successful mobilisation, required from:
 - Planning & Business Development
 - Finance
 - People & Culture
 - Digital & Data
 - Nursing & Governance
- Rethink Mental Illness are our chosen partner in the delivery of the Model of Care within Prisons – good relationship and development opportunities
- Partners will also be identified dependant upon geography and service specification requirements
- Interdependencies aligned to the Programme to Implement the NENC & HCV Provider Collaborative Clinical & Bed Model.

Key Milestones/Deliverables

- Mobilisation for contract commencement HMP Full Sutton – June 2024
- Mobilisation of HMP Milsike for contract commencement - May 2025
- Review of individual opportunities using the Trust Business Model to confirm rationale prior to progressing – as opportunities advertised
- Progression of agreed opportunities in line with Commissioner timescales - TBC

Thank You

Any questions?

For General Release

Meeting of: Council of Governors

Date: 19th March 2024

Title: North Yorkshire, York & Selby Care Group report June 2023

Executive Sponsor(s): Zoe Campbell, Managing Director North Yorkshire, York & Selby Care Group

Author(s):

Report for:	<i>Assurance</i>	<input type="checkbox"/>	<i>Decision</i>	<input type="checkbox"/>
	<i>Consultation</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>

Strategic Goal(s) in Our Journey to Change relating to this report:	
<i>1: To co-create a great experience for our patients, carers and families</i>	<input checked="" type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input checked="" type="checkbox"/>
<i>3: To be a great partner</i>	<input checked="" type="checkbox"/>

Strategic Risks relating to this report:

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

7: Cyber Security.

Executive summary:

Purpose: The aim of this report is to provide information to and update the Council of Governors (CoG) on behalf of the North Yorkshire, York & Selby (NYYS) Care Group (CG).

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

Overview: This update includes key celebrations, challenges, highlights and areas of focus for NYYS Care Group and Care Group Board.

Celebrations

The team manager for our new Learning Disability (LD) Intensive Support Team started at the end of February. Team admin and two Health Care Assistants have also been appointed.

After many years of searching, new premises in Harrogate have been secured which provide a more suitable environment for our people and will mean we can bring our adults and CAMHS teams together.

Quality / Fundamental Standards

Quality Assurance audit results are discussed regularly in NYYS Fundamental Standards (FS) meetings. Next of Kin and MDT formulation were improvements over recent months. Areas of focus for the coming months are patients being offered a safety plan and Mental Health Legislation.

Senior clinical reviews and buddy groups continue and are being shared for learning at fundamental standards.

The new peer review programme now includes cultural review audit so combined and more efficient. Reviews have been carried out in Talking Therapies, AMH, CAMHS and LD. Positive feedback has been received in relation to the process and the results.

Triangle of Care assessments are being completed by each team. Currently 39 teams have completed reviews and a thematic review is planned for March 2024.

Stirling works to make the environment even more dementia friendly, are due to start on Wold View during Q4.

Staffing

Staffing vacancies remain a pressure overall and in particular in CAMHS Selby, Ripon Community Team, Crisis Teams, MHSOP and across the Medic workforce.

No significant change in staff sickness over the last quarter.

The Care Group Board continues to monitor levels for completion of mandatory and statutory training. Local plans have been put in place and the care group will be engaged in a Trustwide QI event:

Finance

The key areas of budget overspend and concern for the care group year to date as at January, are agency overspend (linked mainly to AMH and MHSOP Inpatient wards), medical staff vacancy cover; and Crisis Teams vacancy cover,

Challenges

Delayed transfers of care have increased by 3 from the position of 16 at 9-Jan, due to one additional community delay and 2 social care/LA. L

Lack of care home placements in York is anticipated to have increased impact in future weeks.

The Ripon Adult Community Team and Selby CAMHs remain in business continuity arrangements. Actions included in the BCPs are reviewed weekly.

Opportunities

An options paper is to go to the contract meeting with commissioners in March to outline options to increase capacity in the Children and Young Peoples' Learning Disability support service in Scarborough.

Performance

Patient and Clinician recorded outcome measures (PROMS and CROMS) across adults and older peoples' services and access to Talking Therapies remain of most concern (i.e. they are not hitting targets). Actions aimed at improvement are being developed. A deep dive is being undertaken into performance in MHSOP to ensure we fully understand the root cause.

Improvement has been seen in several measures for example:

- CYP PROM & CROM
- Inappropriate OAP
- Incidents of moderate or severe harm
- AMH Crisis 4 hours.

The Care Group Board continues to measure performance on a monthly basis.

Co-creation

We have established co-creation leads in each of our specialty-level service user and carer co-creation groups, to help join up and bring care group oversight on our various service user and carer activity across the NYYS care group. The most recent updates from each speciality lead is below

CAMHS

- The CAMHS website is planned to go live in May 2024.
- A young person has been invited to speak at Co-creation Board (CCB) on how we can improve involvement and drive co-creation with our young service user/carers.

Learning Disability

- A working group has been formed to explore what reasonable adjustments will need to be implemented to make co-creation, and information flow with the CCB fully accessible. This will benefit everyone and the support and guidance provided by people with a learning disability will be invaluable.

AMH

Our AMH General Manager is new into post from January 2024. There wasn't an update on this occasion whilst the new GM embeds and identifies a lead.

MHSOP

- MHSOP has just completed co-creating their business plan together with service users and carers.

- A timeout day is planned for April with staff, service users and carers, with a focus on transformation. This includes.
 - Transforming their carer's pathway – and what that could look like.
 - Transforming MHSOP services - moving away from very traditional ways of service delivery, to be much more flexible – designed and co-created by people who use our services.
- Basil Project – which is looking at access, transport, and the rurality of North Yorkshire in connection with problems of loneliness.

CCB Development session

The CCB agreed it's meeting in February will be dedicated to a team development session. This session is the first in a series of steps to develop a Lived Experience leadership support programme.

All Age Crisis line update

Following a full tender process, the contract for provision of the call screening/mental health support element of the crisis line has been awarded to Everyturn who take over provision of this part of the overall crisis line offer from 1st April 2024. Everyturn are a recognised provider of mental health support services and have experience working with NHS providers and a range of CQC registered services.

We have also recently moved to a new, improved telephony system BT CCNG which provides clearer oversight of live performance.

We are currently holding weekly mobilisation meetings with Everyturn and are confident that they will be able to mobilise within the required timescale. At the same time, we are working with the existing providers to transition to the new provider. The existing providers will continue to use their existing processes established as part of the pilot and our clinical and operation links with them remain in place during the transition period.

Our teams are also working with the new provider regarding access to PARIS / CITO and our new BT CCNG telephony system and to ensure staff working on the support/call screening service receive CITO training.

Movement to NHS 111

We have advised the HNY system of our wish to go live on the NHS 111 option 2 at the same time as our DTV colleagues to prevent internal confusion or mixed messaging in our communications that may impact on clarity of service provision for patients.

Our new provider has commenced the mobilisation plan with us in readiness for the go live for NHS111 option 2 in April 2024.

Performance

During December 2023, there were 2942 calls in total

94% of calls were answered by call screeners. 1080 of these calls were passed to the crisis hub and 52% of these calls were answered by the hub.

857 Calls are linked to 5 callers. The team are working to understand actions that can be taken to support people who are contacting the crisis line regularly.



Tees, Esk and Wear Valleys
NHS Foundation Trust

Our Journey towards Positive & Safe Care

Reducing Restrictive Practices across TEWV

Stephen Davison

Nurse Consultant : Positive & Safe Care

March 2024



Reducing restrictive practices – National Context

- The aim to reduce all forms of restrictive practice across Mental Health, Learning Disability and Autism services remains a key priority nationally.
- The Use of Force Act 2018 outlines the statutory guidance which organisations must adhere to in supporting ongoing programme of reductions.
- Monitoring of progress remains a key component within the CQC regulatory framework.

A recent update from the national oversight group identified the following areas of focus over the next 2 years:

- Continued focus on stopping the use of mechanical restraint
- Reducing the use of long-term segregation
- Reducing the use restrictive practice in secure transport
- Continue to build on the work within paediatric care around reducing the use of restrictive practice in acute physical health settings
- Ensure that restrictive practice reporting mechanisms capture and provide greater focus on protected characteristics, including racial inequalities and gender to help identify areas for more targeted intervention
- Raise awareness of different forms of restrictive intervention including psychological restraint, coercion, blanket restrictions and use of surveillance.

Positive & Safe Care within TEWV

Our journey to reduce restrictive interventions commenced in 2017, our work to date includes:

- ✓ Chief Nurse in place as our identified Board level lead
- ✓ RRI improvement plan in place reviewed annually
- ✓ RRN accredited training in place from 2021
- ✓ Purpose built data monitoring tools developed to monitor RI usage
- ✓ Publication of an annual report
- ✓ Policies, procedures and patient information pack in place to support a RRI agenda
- ✓ Local & Trust wide Positive & Safe Networks meeting monthly.

While we have made reductions in seclusion, long term segregation and the use of mechanical restraint , Usage remains high across the organisation

TEWV Positive and Safe Plan 2023/24

Each year we outline our key priorities to support the reducing the use of restrictive interventions in our services, this summary provides an overview of our key priorities and next steps for the financial year 23/24:

Our Key Priorities and Next Steps

Using the Safewards approach

- We need to ensure that Safewards champions are identified for each ward area.
- We will develop a Safewards community of practice that allows our wards to support each other and share their learning.
- Enable ward-based monitoring of safewards through the monthly checklists and share learning.



Learning lessons from incidents

- Ensure that the rapid reflection tools are being utilised following use of Restrictive Interventions.
- In depth review to be carried out following every use of severe forms of restrictive intervention.
- Share learning from RRI quarterly focus groups undertaken with the Patient Experience Team.



Use of seclusion

- Whilst Seclusion use remains a last resort, facilities across Trust must be fit for purpose and meet our patient's needs.
- We want seclusion suites to be safe but also offering patients an environment that promotes quality of life and protects their human rights.
- We are undertaking a Trust wide review of trust seclusion facilities will aim to be completed by **November 2023**.

Training and Development Opportunities

We want to promote access to a level 7 training in reducing restrictive interventions which has been developed in partnership with CNTW and Cumbria University.



Implementation of HOPES model

Implementation of the HOPES model has been proven to reduce the use of LTS and seclusion. When seclusion is utilised, this should be for the least amount of time possible. Our key aim is to support clinical services to Implement the barriers to change checklist for any seclusions that are more than 48 hours in duration. We aim to implement this by **April 2024**.

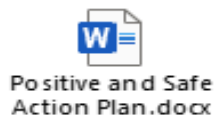
Review of Body Worn Cameras

TEWV are currently testing the impact of Body Worn cameras and their impact on reducing restrictive intervention to agree future direction and plans for use we aim to review the outcomes of the Current project by the end of **September 2023**.



Positive and Safe improvement Plan

For a full copy of the Trust Positive and Safe improvement plan:



Supporting Patients with the most complex of needs

We know in TEWV the majority of restrictive intervention use is with a small group of patients with the most complex of needs. We want to ensure that those patients that are identified as at risk or are currently experiencing restrictive interventions are supported effectively, we will do this by holding Reducing Restrictive Intervention (RRI) Panel to identify patients and ensuring the robust plans are in place for those patients.

Use of Force Act 2019

We need to ensure that our current practices and patient information are in line with the new guidance we need to:



Develop a new Positive and Safe Care policy



Update our patient information packs

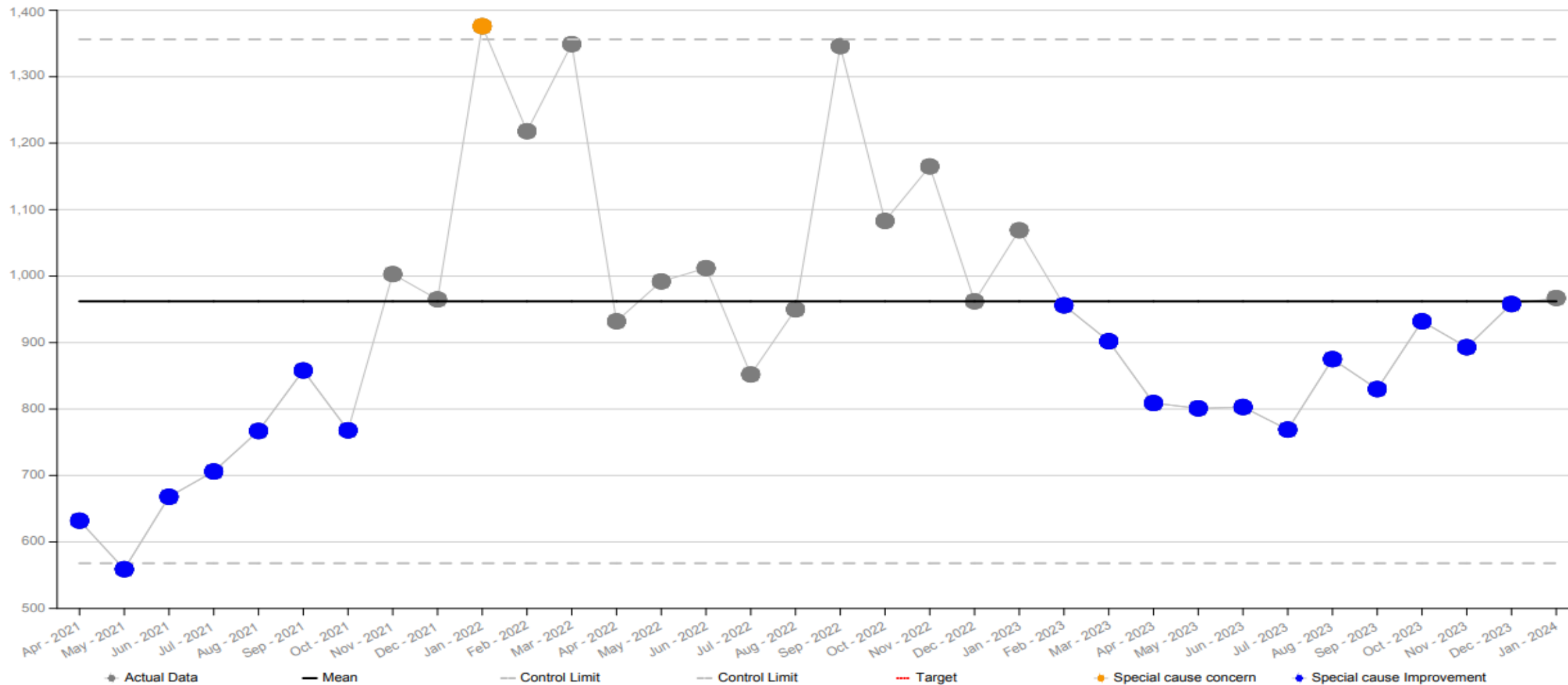


Review Clinical Skills Training

will be aim for these to be completed by the **end of October 2023**.

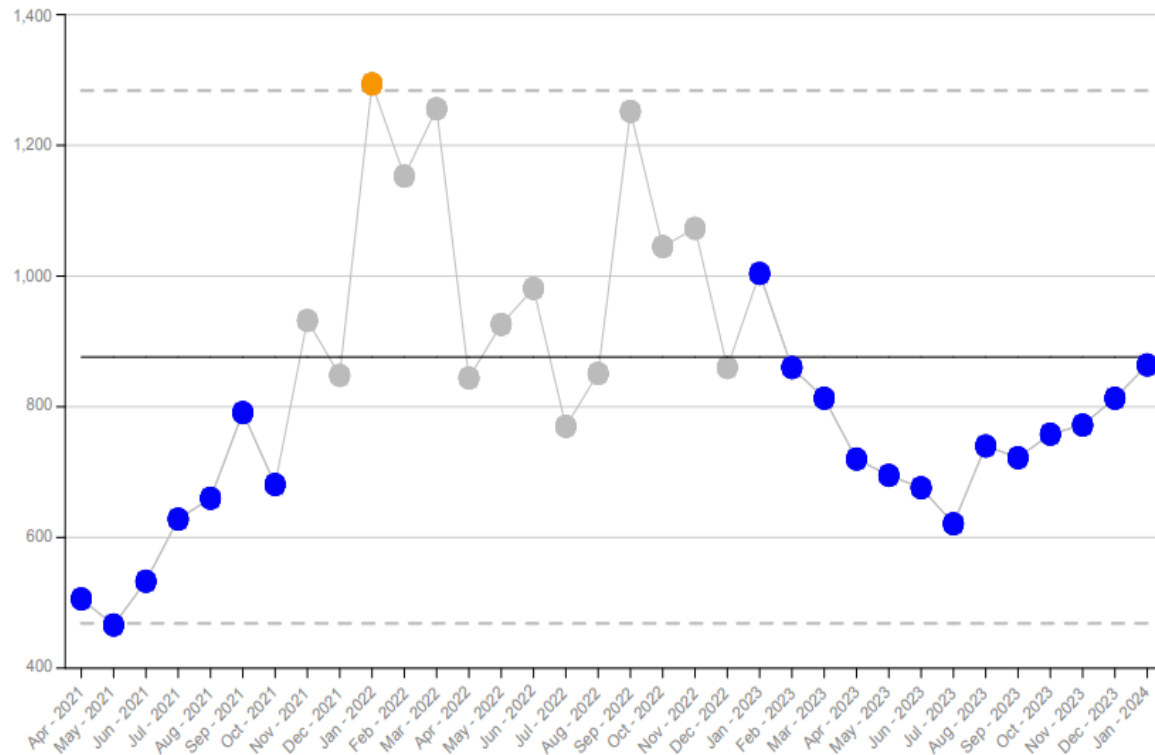
Use of Restrictive Practices (Trust Wide)

12) The number of Restrictive Interventions Used
TRUST

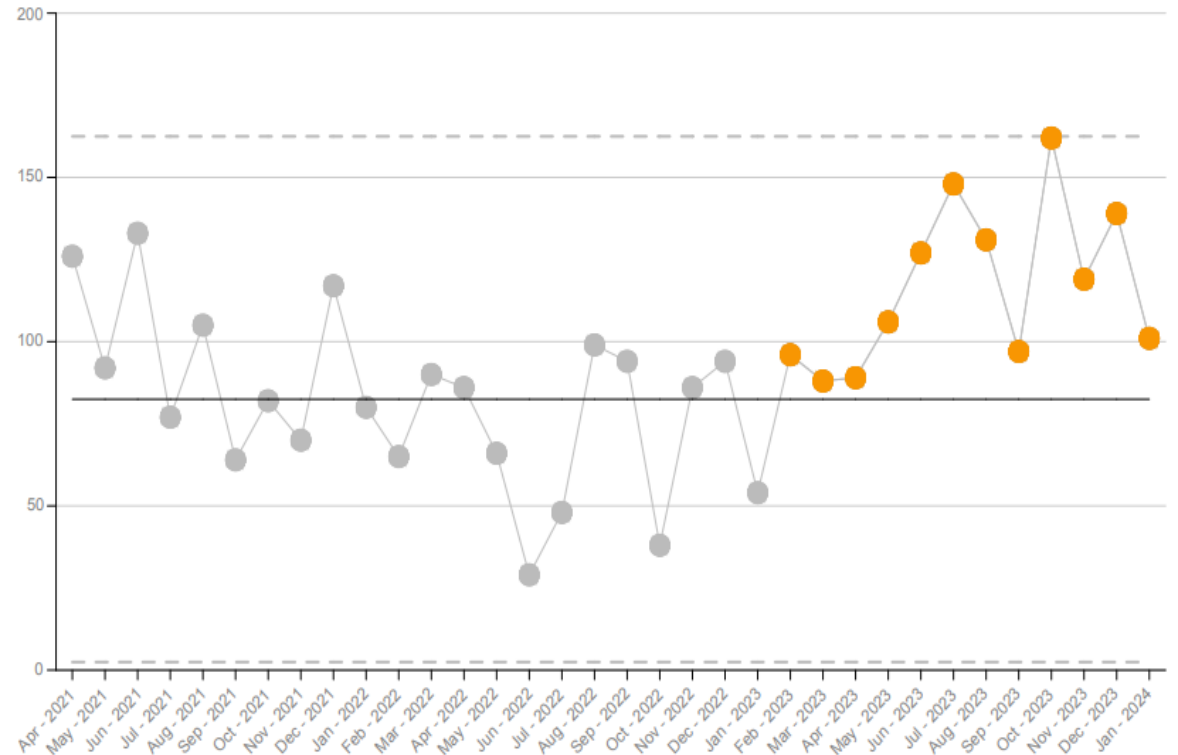


Use of Restrictive Practices (Care Groups)

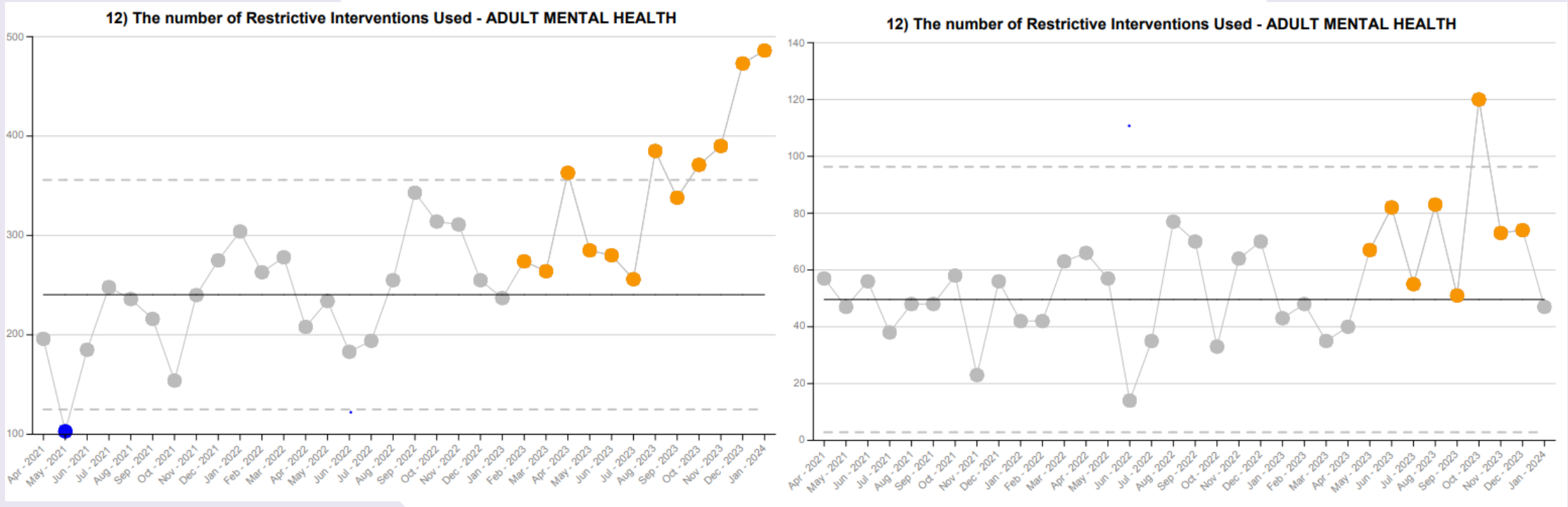
12) The number of Restrictive Interventions Used - DURHAM, TEES VALLEY AND FORENSIC



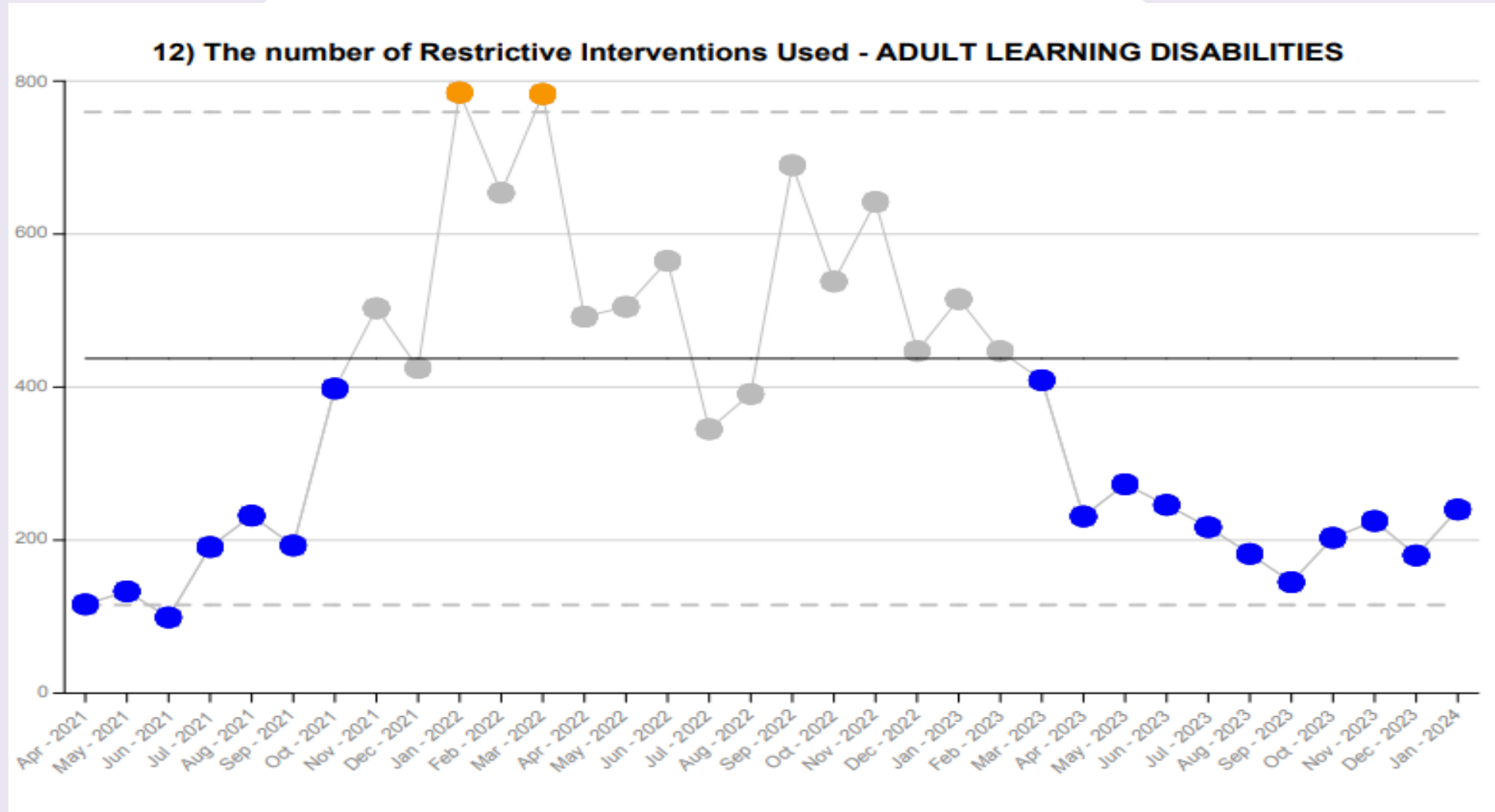
12) The number of Restrictive Interventions Used - NORTH YORKSHIRE, YORK AND SELBY



Use of Restrictive Practices (AMH Service)



Use of Restrictive Practices (ALD Services)



Use of Restrictive Practice (Key points)

- The Trust continues to report an improving trend in numbers of restrictive intervention used overall. This reduction is likely attributed to the ongoing reductions seen in ALD services across the last 12 months and is not a consistent reduction across all services.
- Despite the on-going Trust wide improving trend, services in York and North Yorkshire are reporting an increase in frequency of interventions which needs investigating further, to establish key themes and trends to further develop the reduction plan.
- Adult mental health services across Durham Tees Valley have seen significant increases in recent months in use of restrictive practice, additional support and training is ongoing to support these services.
- The use of restrictive practice has significantly and consistently increased in Adult Mental Health acute services and needs to be understood and addressed.
- Rapid tranquilisation is reported as the most frequently used restrictive practice, 19% of all incidents. Standing restraint remains the most commonly used form of physical restraint, 11% of total usage for the quarter.
- Despite the significant reductions made over the last 12 months Bankfields Court remains a significant outlier for the use of restrictive practices, reporting 15% of the Trust total restrictive intervention usage.
- 9 wards representing AMD, ALD and SIS services make up 70% of the Trust restrictive intervention usage for the quarter.

On-going Trust wide Support

- Our current ability to analyse the Restrictive Interventions data is limited due to the transition to the new incident reporting system, InPhase, however, incidents continue to be reviewed across all clinical services.
- Extensive Positive & Safe Training remains on-going across the Trust. our course our currently undergoing the routine recertification process via the National restraint reduction Network.
- We have in place a Trust-wide plan for reducing restrictive practice. This is subject to on-going monitoring via the Positive and Safe Networks in each of the care groups and the Trust wide Positive & Safe Committee
- Networks continue to meet within each of the Care Groups to review recent use of restrictive practice, identifying any themes or trends and to provide assurance that clinical services are delivering the actions set out within the trust wide plan for reducing restrictive interventions.
- All episodes of prone and mechanical restraint are extensively reviewed and considered within each of the care groups.
- RRI Assurance Panels continue to take place each month for those patients identified as experiencing frequent or severe forms of restrictive intervention.
- We have successfully recruited 2 Specialist Positive and Safe Practitioners, with anticipated start dates of April 2024. Each Care Group will be supported by a Practitioner to deliver on the reducing restrictive practice agenda.
- Executive leadership continues to be provided by the Chief Nurse.

Thank You

For General Release

Meeting of: Council of Governors
Date: 19 March 2024
Title: Constitutional Change
Executive Sponsor(s): -
Report Author: Phil Bellas, Company Secretary

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

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

<i>1: To co-create a great experience for our patients, carers and families</i>	<input checked="" type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input checked="" type="checkbox"/>
<i>3: To be a great partner</i>	<input checked="" type="checkbox"/>

Strategic Risks relating to this report:

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
10	Regulatory Compliance	The Trust must have a legally binding Constitution in accordance with para. 1 (1) of the NHS Act 2006 (as amended).

Executive Summary:

Purpose: The purpose of this report is to seek the approval of proposed amendments to the Trust’s Constitution

Proposal: The Council is asked to approve the changes to the Constitution highlighted in Annex 1 to this report together with any further amendments recommended by the Board of Directors.

Overview: The Trust must have a legally binding Constitution in accordance with para. 1 (1) of the NHS Act 2006 (as amended).

A review of the Constitution has been undertaken, the aims of which have been:

- 1 To reflect the changes introduced by the Health and Social Care Act 2022 particularly those relating to integration, the triple aim and the structural changes to the NHS.
- 2 To respond to changes in the external environment e.g. the local government reorganisation in North Yorkshire.
- 3 To learn from experience.
- 4 To future proof the Constitution.
- 5 To generally update the Constitution following changes within the Trust over the last few years.

A copy of the Constitution, with the proposed changes highlighted, is

attached as Annex 1 to this report.

Any changes to the Constitution must be approved by both the Board and the Council of Governors.

The Board is due to consider the proposed changes at its meeting to be held on 14th March 2024. Any further amendments will be reported verbally at the meeting.

Prior Consideration and Feedback

Informal discussions were held with the Chair, the Senior Independent Director, the Lead Governor and Mr Emerson and Mr Combs, Public Governors, to gain feedback on initial thinking and options, particularly in regard to the public constituencies, the composition of the Council and learning from over the last two years.

A Governor Development Event was held on 15th February 2024 to discuss the proposed changes to the Constitution. The issues raised at the meeting and subsequently, together with responses, are provided in Annex 2 to this report.

Implications:

None relating to this report.

Recommendations:

The Council is asked to approve the proposed changes to the Constitution as recommended by the Board of Directors.

Tees Esk and Wear Valleys NHS Foundation Trust Constitution

May 2022

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1 Interpretation and definitions

1.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Health and Social Care Act 2022.

1.2 Words importing the masculine gender only shall include the feminine or other gender; words importing the singular shall import the plural and vice-versa.

1.3 The 2006 Act is the National Health Service Act 2006 (as amended).

1.4 The 2012 Act is the Health and Social Care Act 2012.

1.5 The 2022 Act is the Health and Social Care Act 2022.

~~1.65~~ The Annual Members' Meeting is defined in paragraph 10 of the Constitution.

~~1.76~~ Constitution means this Constitution and all annexes to it.

~~1.7~~ ~~Monitor is the corporate body known as Monitor, as provided by Section 61 of the 2012 Act.~~

1.8 The Accounting Officer is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

1.9 In this Constitution:

“Board of Directors” means the Board of Directors of Tees, Esk and Wear Valleys NHS Foundation Trust established in accordance with paragraph 15 of schedule 7 of the 2006 Act.

“Director” means a person whose name is included in the register of directors of Tees, Esk and Wear Valleys NHS Foundation Trust.

“Governor” means a person whose name is included in the register of governors of Tees, Esk and Wear Valleys NHS Foundation Trust.

“Chair” means one of the non-executive Directors appointed by the Council of Governors as the “Chairman” of Tees, Esk and Wear Valleys NHS Foundation Trust as required by paragraph 16(1)(b) of schedule 7 of the 2006 Act.

“Company Secretary” means an officer appointed by the Board of Directors as the principal advisor to the Board of Directors and Council of Governors on compliance with the law, regulation and constitutional matters.

“Deputy Chair” means one of the non-executive Directors appointed by the Council of Governors to discharge the duties of the Chair on occasions when the Chair is absent or incapacitated.

“Finance Director” means a Director who is a CCAB-qualified accountant and whose appointment is required under paragraph 16(1)(a) of schedule 7 of the 2006 Act.

~~“Trust Company Secretary” means an officer appointed by the Board of Directors as the principal advisor to the Board of Directors and Council of Governors on compliance with law, regulation and standing orders.~~

Integrated Care Board means a body established by NHS England under section 19 of the 2022 Act.

“Member” means a person whose name is included in the register of members of Tees, Esk and Wear Valleys NHS Foundation Trust.

“NHS England” means an executive non-departmental public body of the Department of Health and Social Care, formerly known as the NHS Commissioning Board, established under the 2012 2012.

“Secretary of State” means the Secretary of State for Health and Social Care.

“Annual Report” means a document prepared in accordance with paragraph 26 of schedule 7 of the 2006 Act.

“Forward Plan” means a document prepared in accordance with paragraph 27 of schedule 7 of the 2006 Act.

“Annual Accounts” means the financial accounts prepared accordance with paragraph 25 of schedule 7 of the 2006 Act.

~~“Subsidiary” has the same meaning as in s.1159 of the Companies Act 2006 and not being a Trust Trading Vehicle.~~ means a separate, distinct legal entity for the purposes of taxation, regulation and liability owned or partly owned by the Trust. ‘Subsidiary’ includes companies limited by shares or companies limited by guarantee, limited liability partnerships and community interest companies. Joint ventures also fall within the definition.

~~“Trust Trading Vehicle” means a body, not being a company limited by shares or guarantee, established to carry on a trading initiative on behalf of the Trust including but not limited to:~~

- ~~— limited liability partnership;~~
- ~~— joint venture; or~~

~~—collaboration
but excluding a Subsidiary.~~

2 Name

The name of the Foundation Trust is Tees, Esk and Wear Valleys NHS Foundation Trust (hereinafter known as the Trust).

3 Principal purpose

- 3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3 The Trust may provide goods and services for any purposes related to:
 - 3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and
 - 3.3.2 the promotion and protection of public health.
- 3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order to better carry on its principal purpose.

4 Powers

- 4.1 The powers of the Trust are set out in the 2006 Act (as amended) ~~by the 2012 Act~~.
- 4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.
- 4.3 Subject to paragraph 4.4 below, any of these powers may be delegated to a committee of Directors or an executive Director.

- 4.4 Where the Trust is exercising functions of the managers referred to in section 23 of the Mental Health Act 1983 (as amended), those functions may be exercised by any three or more persons authorised by the Board of Directors, none of whom must be an executive Director of the Trust or an employee of the Trust.
- 4.5 The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:
- 4.5.1 a relevant body;
 - 4.5.2 a local authority within the meaning of section 2B of the 2006 Act;
 - 4.5.3 a combined authority.
- 4.6 The Trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.
- 4.7 Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.6, those organisations and the Trust may:
- 4.7.1 arrange for the function to be exercised by a joint committee of theirs;
 - 4.7.2 arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund
- 4.8 The Trust must exercise its functions effectively, efficiency and economically.
- 4.9 In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:
- 4.9.1 the health and well-being of (including inequalities between) the people of England;
 - 4.9.2 the quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
 - 4.9.3 efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.
- 4.10 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).
- 4.11 For the purposes of this section, “relevant body” means NHS England, an integrated care board, an NHS trust, an NHS foundation trust (including the Trust) or such other body as may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations as the context requires.

- 4.12 The arrangements under this paragraph 4 shall be in accordance with:
- 4.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
 - 4.12.2 any applicable statutory guidance that has been issued and
 - 4.12.3 otherwise on such terms as the Trust sees fit.

5 Membership and constituencies

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

- 5.1 a public constituency
- 5.2 a staff constituency.

6 Application for membership

An individual who is eligible to become a member of the Trust may do so on application to the Trust.

7 Public constituency

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the Trust.
- 7.2 Those members who live in an area specified as a public constituency are referred to collectively as a Public Constituency.
- 7.3 The minimum number of members in each Public Constituency is specified in Annex 1.

8 Staff Constituency

- 8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
 - 8.1.1 he is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least twelve (12) months; or
 - 8.1.2 he has been continuously employed by the Trust under a contract of employment for at least twelve (12) months.
- 8.2 Those individuals who are eligible for membership of the Trust by reason of the previous provisions in paragraph 8.1 are referred to collectively as the Staff Constituency.

- 8.3 The Staff Constituency shall be divided into ~~five~~ **three** descriptions of individuals who are eligible for membership of the Staff Constituency, with each description of individuals being specified within Annex 2 and referred to as a class within the Staff Constituency.
- 8.4 The minimum number of members in each class of the Staff Constituency is specified in Annex 2.

Automatic membership by default – staff

- 8.5 An individual who is:
- 8.5.1 eligible to become a member of the Staff Constituency; and
 - 8.5.2 invited by the Trust to become a member of the Staff Constituency and a member of the appropriate class within the Staff Constituency
- shall become a member of the Trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless he informs the Trust that he does not wish to do so.

9 Restriction on membership

- 9.1 An individual who is a member of a constituency, or of a class within a constituency, may not, while membership of that constituency or class continues, be a member of any other constituency or class.
- 9.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any other constituency other than the Staff Constituency.
- 9.3 An individual must be at least fourteen (14) years old to become a member of the Trust.
- 9.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9.

10 Annual Members’ Meeting

- 10.1 The Trust shall hold an annual meeting of its members (“Annual Members’ Meeting”). The Annual Members Meeting shall be open to members of the public.
- 10.2 Further provisions about the Annual Members’ Meeting are set out in Annex 10.

11 Council of Governors – composition

- 11.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.
- 11.2 The composition of the Council of Governors is specified in Annex 4.
- 11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

12 Council of Governors – election of Governors

- 12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.
- 12.2 The Model Election Rules, as published by ~~the NHS Providers Foundation Trust Network in August 2014~~ are attached as Annex 5.
- 12.3 A subsequent variation of the Model Election Rules shall not constitute a variation of the terms of this constitution for the purposes of paragraph 44 of the Constitution.
- 12.4 An election, if contested, shall be by secret ballot.
- 12.5 The Constitution makes further provisions on holding of elections. These are set out in Annex 6.

13 Council of Governors - tenure

- 13.1 An elected Governor may hold office for a period of up to three (3) years.
- 13.2 An elected Governor shall cease to hold office if he ceases to be a member of the constituency or class by which he was elected.
- 13.3 An elected Governor shall be eligible for re-election at the end of his term, for up to two (2) further periods of up to three (3) years, making a maximum total continuous period in office of nine (9) years. For the avoidance of doubt where a break in tenure occurs, either during or following the end of a term of office, the nine (9) year limit will recommence.

- 13.4 An appointed Governor may hold office for ~~such a period of up to three (3) years~~ as agreed with the appointing organisation.
- 13.5 An appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him.
- 13.6 An appointed Governor shall be eligible for re-appointment at the end of his term.

14 Council of Governors – disqualification and removal

- 14.1 The following may not become or continue as a member of the Council of Governors:
 - 14.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
 - 14.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;
 - 14.1.3 a person who within the preceding five (5) years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months (without the option of a fine) was imposed on him.
- 14.2 Governors must be at least sixteen (16) years of age at the date they are nominated for election or appointment.
- 14.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 6.
- 14.4 The Constitution makes provisions for the termination of office and removal of members of the Council of Governors. These are set out in Annex 6.

15 Council of Governors- duties of Governors

- 15.1 The general duties of the Council of Governors are -
 - 15.1.1 to hold the non-executive Directors individually and collectively to account for the performance of the Board of Directors; and
 - 15.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.

- 15.2 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

16 Council of Governors – meetings of Governors

- 16.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25.1 or paragraph 26.1 below) or, in his absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 27 below), shall preside at meetings of the Council of Governors. If both the Chair and Deputy Chair are absent or incapacitated for any reason, a Governor or a non-executive Director shall be elected to preside from amongst those present.
- 16.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from all or part of any meeting for special reasons, following appropriate resolution by the Council of Governors made in accordance with its Standing Orders.
- 16.3 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.
- 16.4 Further provisions with respect to the requirement for Directors to attend meetings of the Council of Governors are set out in Annex 7.

17 Council of Governors – Standing Orders

The Standing Orders for the practice and procedure of the Council of Governors are attached at Annex 7.

18 Council of Governors – referral to the Panel

- 18.1 In this paragraph, the Panel means a panel of persons appointed by [NHS England Monitor](#) to which a Governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing -

18.1.1 to act in accordance with its constitution; or

18.1.2 to act in accordance with provisions made by or under Chapter 5 of the 2006 Act.

- 18.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

19 Council of Governors - conflicts of interest

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

20 Council of Governors – travel expenses

The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

21 Council of Governors – further provisions

Further provisions with respect to the Council of Governors are set out in Annex 6.

22 Board of Directors – composition

22.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive Directors.

22.2 The Board of Directors is to comprise:

22.2.1 a non-executive Chair;

22.2.2 a non-executive Deputy Chair;

22.2.3 5-9 other non-executive Directors; and

22.2.4 5-9 executive Directors.

22.3 One of the executive Directors shall be the Chief Executive.

22.4 The Chief Executive shall be the Accounting Officer.

22.5 One of the executive Directors shall be the Finance Director.

22.6 One of the executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

22.7 One of the executive Directors is to be a registered nurse or a registered midwife.

22.8 The number of non-executive Directors shall always exceed the number of executive Directors.

23 Board of Directors – general duty

23.1 The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

24 Board of Directors – qualification for appointment as a non-executive Director

24.1 A person may be appointed as a non-executive Director only if:

24.1.1 he is a member of a Public Constituency; and

24.1.2 he is not disqualified by virtue of paragraph 29 below.

25 Board of Directors – appointment and removal of Chair and other non-executive Directors

25.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other non-executive Directors.

25.2 Removal of the Chair or another non-executive Director shall require the approval of three-quarters of the members of the Council of Governors.

25.3 The initial Chair and the initial non-executive Directors are to be appointed in accordance with paragraph 26 below.

26 Board of Directors – appointment of initial Chair and initial other non-executive Directors

26.1 The Chair of the Trust shall be appointed as the initial Chair of the trust if he wishes to be appointed.

26.2 The power of the Council of Governors to appoint the other non-executive Directors of the Trust is to be exercised, so far as possible, by appointing as the initial non-executive Directors of the Trust any of the non-executive Directors of the Trust (other than the Chair) who wish to be appointed.

26.3 The criteria for qualification for appointment as a non-executive Director set out in paragraph 24 above (other than disqualification by virtue of paragraph 29 below) do not apply to the appointment of the initial Chair and the initial other non-executive Directors in accordance with the procedures set out in this paragraph.

26.4 An individual appointed as the initial Chair or as an initial non-executive Director in accordance with the provisions of this paragraph shall be appointed for the unexpired period of his term of office as Chair or (as the case may be) non-executive Director of the Trust; but if, on appointment, that period is less than twelve (12) months, he shall be appointed for twelve (12) months.

27 Board of Directors – appointment of deputy Chair and senior independent director

27.1 The Council of Governors at a general meeting of the Council of Governors may in its absolute discretion appoint one of the non-executive Directors as a deputy Chair.

27.2 The Board of Directors at a general meeting of the Board of Directors shall in its absolute discretion appoint one of the non-executive directors as the Senior Independent Director.

28 Board of Directors - appointment and removal of the Chief Executive and other executive Directors

28.1 The non-executive Directors shall appoint or remove the Chief Executive.

28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

28.3 A committee consisting of the Chair, the Chief Executive and the other non-executive Directors shall appoint or remove the other executive Directors and the Company Secretary.

29 Board of Directors – disqualification

29.1 The following may not become or continue as a member of the Board of Directors:

29.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

29.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; and

29.1.3 a person who within the preceding five (5) years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months (without the option of a fine) was imposed on him.

29.1.4 a person who fails to meet the requirements of regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

29.2 This Constitution makes further provisions for the termination of office and disqualification of Directors in Annex 9.

30 Board of Directors – meetings

30.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

30.2 Before holding a meeting, the Board of Directors must send a copy of the agenda for the meeting (but not the reports relating thereto) to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must make available a copy of the minutes of the meeting to the Council of Governors.

31 Board of Directors – Standing Orders

The standing orders for the practice and procedure of the Board of Directors, are attached at Annex 8

32 Board of Directors - conflicts of interest of Directors

32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -

32.1.1 a duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust; and

32.1.2 a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

32.2 The duty referred to sub-paragraph 32.1.1 is not infringed if –

32.2.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

32.2.2 the matter has been authorized in accordance with the Constitution.

- 32.3 The duty referred to in sub-paragraph [32.1.2] is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 32.4 In sub-paragraph 32.1.2, “third party” means a person other than –
- 32.4.1 the Trust ; or
 - 32.4.2 a person acting on its behalf.
- 32.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.
- 32.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 32.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 32.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.
- 32.9 A Director need not declare an interest -
- 32.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;
 - 32.9.2 if, or to the extent that, the Directors are already aware of it; or
 - 32.9.3 if, or to the extent that, it concerns the terms of the Director’s appointment that have been or are to be considered –
 - 32.9.3.1 by a meeting of the Board of Directors; or
 - 32.9.3.2 by a committee of Directors appointed for the purpose under the Constitution.
- 32.10 Further provisions on the declaration of interests by Directors are set out in Annex 8.

33 Board of Directors – remuneration and terms of office

- 33.1 The Council of Governors at a general meeting ~~of the Council of Governors~~ shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other non-executive Directors.

33.2 The Trust shall establish a committee of non-executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive, ~~and the~~ other executive Directors and the Company Secretary.

34 Registers

34.1 The Trust shall have:

34.1.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;

34.1.2 a register of members of the Council of Governors;

34.1.3 a register of interests of Governors;

34.1.4 a register of Directors; and

34.1.5 a register of interests of the Directors.

34.2. The ~~Trust~~ Company Secretary shall be responsible for keeping the registers up to date from information received by him, and the registers may be kept in either paper or electronic form.

35 Admission to and removal from the register of Members

35.1 Subject to paragraph 8.5 above, Members must complete an application in the form prescribed by the ~~Trust~~ Company Secretary.

35.2 The Trust Secretary shall maintain the register in two parts:

35.2.1 Part one, will be the register referred to in the 2006 Act, which shall include the name of each Member and the constituency or class to which they belong, and shall be open to inspection by the public in accordance with paragraph 36 below.

35.2.2 Part two will contain all the information from the application form and shall not be made available to the public unless required as a matter of law.

35.3 For the avoidance of doubt the Trust may extract such information as it needs in aggregate to satisfy itself that the actual membership of the Trust is representative of those eligible for membership and for the administration of the provisions of this Constitution.

35.4 Removal of members from the Members Register shall be in accordance with paragraph 9.4 of this Constitution.

36 Registers – inspection and copies

36.1 The Trust shall make the registers specified in paragraph 34.1 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows personal details of any member of the Trust, if the member so requests subject always to any legal requirements to do so.

36.3 Subject to 36.4 below and so far as the registers are required to be made available:

36.3.1 they are to be available for inspection free of charge at all reasonable times; and

36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

37 Documents available for public inspection

37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

37.1.1 a copy of the current Constitution;

37.1.2 a copy of the latest annual accounts and of any report of the auditor on them; and

37.1.3 a copy of the latest annual report.

37.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts

- coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;
- 37.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;
- 37.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act;
- 37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;
- 37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;
- 37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;
- 37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;
- 37.2.8 a copy of any final report published under section 65I (administrator's final report);
- 37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and
- 37.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.
- 37.3 Any person who requests a copy of, or extract from, any of the above documents is to be provided with a copy.
- 37.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

38 Auditor

- 38.1 The Trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

39 Audit Committee

The Trust shall establish a committee of non-executive Directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

40 Accounts

40.1 The Trust must keep proper accounts and proper records in relation to the accounts.

40.2 ~~Monitor~~ NHS England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

40.3 The accounts are to be audited by the Trust's auditor.

40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as ~~Monitor~~ NHS England may with the approval of the Secretary of State direct.

40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

41 Annual report, forward plans and non-NHS work

41.1 The Trust shall prepare an Annual Report and send it to ~~Monitor~~ NHS England.

41.2 In accordance with the 2006 Act the Annual Report must in particular review:

41.2.1 the extent to which the Trust has exercised its functions in accordance with the plans published under—

(a) section 14Z52 (joint forward plans for integrated care board and its partners), and

(b) section 14Z56 (joint capital resource use plan for integrated care board and its partners).

41.2.2 the extent to which the Trust has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised).

~~41.32~~ In accordance with the 2006 Act ~~the~~ Annual Report must include -

~~41.2.1 information on any steps taken by the foundation trust to secure that (taken as a whole) the actual membership of any public constituency and (if there is one) of a patients' constituency is representative of those eligible for such membership;~~

~~41.2.2 information on any occasions in the period to which the report relates on which the Council of Governors exercised its power to require a Director to attend a meeting of the Council of Governors;~~

~~41.2.3 information on the foundation trust's policy on pay and on the work of the remuneration committee and such other procedures as the foundation trust has on pay;~~

~~41.2.4 information on the remuneration of the Directors and on the expenses of Governors and Directors; and~~

~~41.2.5 any other information required by Monitor.~~

41.3.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of any public constituency and (if there is one) of the patients' constituency is representative of those eligible for such membership;

41.3.2 information on any occasions in the period to which the report relates on which the Council of Governors exercised its power under paragraph 10C (Power to require a Director to attend a meeting of the Council);

41.3.3 information on the Trust's policy on pay and on the work of the committee established under paragraph 18(2) and such other procedures as the corporation has on pay;

41.3.4 information on the remuneration of the directors and on the expenses of the governors and the directors,

41.3.5 any other information required by NHS England.

~~41.34~~ The Trust shall give information as to its forward planning in respect of each financial year to NHS England Monitor.

~~41.4~~ ~~The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.~~

~~41.5 In preparing the document, the Directors shall have regard to the views of the Council of Governors.~~

~~41.6 Each forward plan must include information about—~~

~~41.6.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on; and~~

~~41.6.2 the income it expects to receive from doing so.~~

~~41.7 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.6.1 the Council of Governors must—~~

~~41.7.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions; and~~

~~41.7.2 notify the Directors of the Trust of its determination.~~

41.85 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

42 Presentation of the annual accounts and reports to the Governors and members

42.1 The following documents are to be presented to a general meeting of the Council of Governors:

42.1.1 the annual accounts; ~~and~~

42.1.2 any report of the auditor on them; and

42.1.3 the annual report.

42.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

43 Instruments

- 43.1 The Trust shall have a seal.
- 43.2 The seal shall not be affixed except under the authority of the Board of Directors.

44 Amendment of the Constitution

- 44.1 The Trust may make amendments to the Constitution only if –
 - 44.1.1 more than half of the members of the Council of Governors of the Trust voting approve the amendments; and
 - 44.1.2 more than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 44.2 Amendments made under paragraph 44.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act
- 44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust) –
 - 44.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and
 - 44.3.2 the Trust must give the members an opportunity to vote on whether they approve the amendment.
- 44.5 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.
- 44.6 Amendments by the Trust of its Constitution are to be notified to Monitor NHS England. For the avoidance of doubt, NHS England ~~Monitor~~'s functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

45 Statutory and Mergers etc. and significant transactions

- 45.1 The Trust may only apply for a statutory transaction (a merger, acquisition, separation, ~~or~~ dissolution or transfer scheme) with the approval of more than half of the members of the Council of Governors.
- 45.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.
- 45.3 “Significant transaction” means:
- 45.3.1 ~~a significant service-contract or other agreement which exceeds the reporting threshold set by NHS England which will lead to an increase by 5% or more in the proportion of the Trust’s total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England and which is not included in the latest approved version of the Forward Plan;~~ or
- 45.3.2 a commercial transfer which exceeds the reporting thresholds set by NHS England; or
- 45.3.3 financing arrangements that are considered to be novel, contentious or repercussive (regardless of value); or
- 45.3.4 ~~42~~ The establishment of or a material change to a Subsidiary; ~~or~~
- ~~45.3.3 A transaction which meets any one of the following criteria:
the gross assets which are subject to the transaction are greater than 10% of the gross assets of the Trust; or
the earnings before interest, taxes, depreciation, and amortization (“EBITDA”) attributable to the assets which are subject to the transaction are greater than 25% of the EBITDA of the Trust; or
the income attributable to the assets which are subject to the transaction is greater than 15% of the total income of the Trust.~~
- ~~45.4 For the purposes of 45.3.2 above “subsidiary” means a corporate body in which the Trust:~~
- ~~45.4.1 holds a majority of the voting rights; or~~
- ~~45.4.2 is a member and has the right to appoint or remove a majority of its board of directors; or~~
- ~~45.4.3 is a member and controls alone, pursuant to an agreement with others, a majority of its voting rights.~~

ANNEX 1 – THE PUBLIC CONSTITUENCIES
(Paragraph 7)

1 **The Public Constituencies**

There shall be twelve (12) Public Constituencies which are coterminous with the local authority election boundaries. The number of Governor places available for election within each Public Constituency (except for the Rest of England Public Constituency) is based on 1 Governor for every 60,000 people residing in that locality. The Public Constituencies are:

Public Constituency	Electoral area of:	Minimum number of members	Number of Elected Governors from 4th <u>30th June 2024</u> October 2015
Stockton-on-Tees	Stockton on Tees Borough Council	100	3
Hartlepool	Hartlepool Borough Council	100	2
Darlington	Darlington Borough Council	100	2
Durham	Durham County Council	100	98
Middlesbrough	Middlesbrough Borough Council	100	2
Redcar and Cleveland	Redcar and Cleveland Borough Council	100	2
North Yorkshire Scarborough and Ryedale	North Yorkshire Council Scarborough Borough Council and Ryedale District Council	100	63
Hambleton and Richmondshire	Hambleton District Council and Richmondshire District Council	100	2
Harrogate and Wetherby	Harrogate Borough Council and the Wetherby Ward of Leeds City Council	100	3
City of York <u>and Rest of England</u>	City of York Council <u>and all electoral areas in England which are not included in another Public Constituency</u>	100	3
Selby	Selby District Council and the Wolds Weighton and Pecklington Provincial Wards of the East Riding of Yorkshire Council.	100	2
Rest of England	All electoral areas in England which are not	100	4

	included in another Public Constituency		
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2. Should a Public Constituency fail to achieve the above minimum numbers, no election shall take place, until such time as the minimum number is reached. An election within that area will then take place within a time period determined by the Chair.

ANNEX 2 – THE STAFF CONSTITUENCY
 (Paragraphs 8.3 and 8.4)

1. **The Staff Constituency**

The Staff Constituency is divided into 3 (three) classes. These are:

Class	Minimum number of members	Number of Elected Governors
Corporate Directorates	150	1
Durham, Tees Valley and Forensics Care Group	400	3
North Yorkshire York and Selby Care Group	200	1

2. Should an individual class within the Staff Constituency fail to achieve the above minimum numbers, no election shall take place in that class, until such time as the minimum number is reached. An election within that class will then take place within a time period determined by the Chair of the Trust.
3. Staff will only be able to become a member and vote in one class within the Staff Constituency.

ANNEX 3 – THE PATIENTS’ CONSTITUENCY

NOT APPLICABLE

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS
(Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from <u>30/6/2024</u> 4/4/20
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	<u>98</u>
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale North Yorkshire	<u>36</u>
	Hambleton and Richmondshire	<u>2</u>
	Harrogate and Wetherby	<u>3</u>
	City of York <u>and Rest of England</u>	3
	Selby	<u>2</u>
	Rest of England	<u>4</u>
Staff	Corporate Directorates	1
	Durham, Tees Valley and Forensics Care Group	3
	North Yorkshire, York and Selby Care Group	1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	University of Sunderland	1*
	University of York	1*
	University of Newcastle	1*
	NHS County Durham CCG Voluntary Organisations Network North East*	1*
	NHS Tees Valley CCG Vol Org NYY to be specified*	1*
NHS North Yorkshire CCG	<u>4*</u>	
NHS Vale of York CCG	<u>4*</u>	
TOTAL		<u>4854</u>

Notes:

- 1 The terms of Governors holding office on 1st April 30th June 2024 are unaffected by the amendments to the Constitution which come into force on that day.
- 2 The appointing organisations marked (*) in the above schedule are specified for the purposes of sub-paragraph 9(7) of Schedule 7 for the 2006 Act (as amended).

ANNEX 5 –THE MODEL RULES FOR ELECTIONS
(Paragraph 12.2)

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PART 2: TIMETABLE FOR ELECTION

2. Timetable
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PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
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PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

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9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
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19. Poll to be taken by ballot
20. The ballot paper
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22. List of eligible voters
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- 25. Ballot paper envelope and covering envelope
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- 27. Eligibility to vote
- 28. Voting by persons who require assistance
- 29. Spoilt ballot papers and spoilt text message votes
- 30. Lost voting information
- 31. Issue of replacement voting information
- 32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 33. Procedure for remote voting by internet
- 34. Procedure for remote voting by telephone
- 35. Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

- 36. Receipt of voting documents
- 37. Validity of votes
- 38. Declaration of identity but no ballot (public and patient constituency)
- 39. De-duplication of votes
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- 42. Arrangements for counting of the votes
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- 56. Forwarding of documents received after close of the poll
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PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

- 59. Countermand or abandonment of poll on death of candidate

PART 10: ELECTION EXPENSES AND PUBLICITY

Expenses

- 60. Election expenses
- 61. Expenses and payments by candidates
- 62. Expenses incurred by other persons

Publicity

- 63. Publicity about election by the corporation
- 64. Information about candidates for inclusion with voting information
- 65. Meaning of “for the purposes of an election”

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

- 66. Application to question an election

PART 12: MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

PART 1: INTERPRETATION

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

“*declaration of identity*” has the meaning set out in rule 21.1;

“*election*” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“*e-voting*” means voting using either the internet, telephone or text message;

“*e-voting information*” has the meaning set out in rule 24.2;

“*ID declaration form*” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“*internet voting system*” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“*lead governor*” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“*list of eligible voters*” means the list referred to in rule 22.1, containing the information in rule 22.2;

“*method of polling*” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“*Monitor*” means the corporate body known as Monitor as provided by section 61 of the 2012 Act;

“*numerical voting code*” has the meaning set out in rule 64.2(b)

“*polling website*” has the meaning set out in rule 26.1;

“*postal voting information*” has the meaning set out in rule 24.1;

“*telephone short code*” means a short telephone number used for the purposes of submitting a vote by text message;

“*telephone voting facility*” has the meaning set out in rule 26.2;

“*telephone voting record*” has the meaning set out in rule 26.5 (d);

“*text message voting facility*” has the meaning set out in rule 26.3;

“*text voting record*” has the meaning set out in rule 26.6 (d);

“*the telephone voting system*” means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

“*the text message voting system*” means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

“*voter ID number*” means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

“*voting information*” means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2: TIMETABLE FOR ELECTIONS

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

PART 3: RETURNING OFFICER

4. Returning Officer

- 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

- 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

- 6.1 The corporation is to pay the returning officer:
- (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
 - (b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

- 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
 - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

- (c) the details of any nomination committee that has been established by the corporation,
- (d) the address and times at which nomination forms may be obtained;
- (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
- (f) the date and time by which any notice of withdrawal must be received by the returning officer
- (g) the contact details of the returning officer
- (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

- (a) is to supply any member of the corporation with a nomination form, and
- (b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

- (a) full name,
- (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
- (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for

election unless and until the returning officer:

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

- 15.2 The statement must show:
- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
 - (b) the declared interests of each candidate standing,
- as given in their nomination form.
- 15.3 The statement must list the candidates standing for election in alphabetical order by surname.
- 15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.
- 16. Inspection of statement of nominated candidates and nomination forms**
- 16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.
- 16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.
- 17. Withdrawal of candidates**
- 17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.
- 18. Method of election**
- 18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.
- 18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

- 18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:
- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
 - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
 - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and

- (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
- (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.
- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
 - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
 - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

- (a) that the voter is the person:
 - (i) to whom the ballot paper was addressed, and/or
 - (ii) to whom the voter ID number contained within the e-voting information was allocated,
- (b) that he or she has not marked or returned any other voting information in the election, and
- (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

- 22.2 The list is to include, for each member:
- (a) a postal address; and,
 - (b) the member's e-mail address, if this has been provided
- to which his or her voting information may, subject to rule 22.3, be sent.
- 22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

- 23.1 The returning officer is to publish a notice of the poll stating:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,
 - (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
 - (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
 - (g) the address for return of the ballot papers,
 - (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
 - (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
 - (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
 - (k) the date and time of the close of the poll,
 - (l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

- (a) the completed ID declaration form if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").

26.4 The returning officer shall ensure that the polling website and internet

voting system provided will:

- (a) require a voter to:
 - (i) enter his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote and how to make a declaration of identity,
 - (vi) the date and time of the close of the poll, and
 - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

26.5

The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
 - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote and how to make a declaration of identity,
 - (v) the date and time of the close of the poll, and
 - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

26.6

The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

- (a) require a voter to:
 - (i) provide his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency,

- make a declaration of identity;
- in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (ii) the candidate or candidates for whom the voter has voted; and
 - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

- 27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

- 28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.
- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoiled ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoiled ballot paper unless he or she:
- (a) is satisfied as to the voter's identity; and
 - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoiled ballot paper, the returning officer shall enter in a list ("the list of spoiled ballot papers"):
- (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoiled ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoiled text message vote"), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoiled text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoiled text message vote unless he or she is satisfied as to the voter's identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoiled text message vote, the returning officer shall enter in a list ("the list of spoiled text message votes"):
- (a) the name of the voter, and
 - (b) the details of the voter ID number on the spoiled text message vote (if that officer was able to obtain it), and
 - (c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

- (a) is satisfied as to the voter's identity,
- (b) has no reason to doubt that the voter did not receive the original voting information,
- (c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

- (a) the name of the voter
- (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
- (c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

- (a) the name of the voter,
- (b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for

whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

- (a) a covering envelope, or
- (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

- (a) the candidate for whom a voter has voted, or
- (b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

- 37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) put the ID declaration form if required in a separate packet, and
 - (b) put the ballot paper aside for counting after the close of the poll.
- 37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) mark the ballot paper “disqualified”,
 - (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
 - (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
 - (d) place the document or documents in a separate packet.
- 37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.
- 37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.
- 37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
 - (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and
 - (c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)¹

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

- (a) mark the ID declaration form “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
- (c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

¹ It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoilt ballot papers and the list of spoilt text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

PART 6: COUNTING THE VOTES

41. Interpretation of Part 6

41.1 In Part 6 of these rules:

“*ballot document*” means a ballot paper, internet voting record, telephone voting record or text voting record.

“*continuing candidate*” means any candidate not deemed to be elected, and not excluded,

“*count*” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“*deemed to be elected*” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“*mark*” means a figure, an identifiable written word, or a mark such as “X”,

“*non-transferable vote*” means a ballot document:

- (a) on which no second or subsequent preference is recorded for a continuing candidate,
- or
- (b) which is excluded by the returning officer under rule 49,

“*preference*” as used in the following contexts has the meaning assigned below:

- (a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,
- (b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and
- (c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“*quota*” means the number calculated in accordance with rule 46,

“*surplus*” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“*stage of the count*” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“*transferable vote*” means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“*transferred vote*” means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

“*transfer value*” means the value of a transferred vote calculated in accordance with rules 47.4 or 47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
 - (i) the use of such software for the purpose of counting votes in the relevant election, and
 - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
 - (iii) ballot papers that have been returned; and
 - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

44. Rejected ballot papers and rejected text voting records

44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

44.3 Any text voting record:

- (a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be

rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

- 44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.
- 44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule 44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule 44.3.

45. First stage

- 45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.
- 45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.
- 45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

46. The quota

- 46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.
- 46.2 The result, increased by one, of the division under rule 46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- 46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules 47.1 to 47.3 has been complied with.

47. Transfer of votes

- 47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on

which first preference votes are given for that candidate into sub-parcels so that they are grouped:

- (a) according to next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule 47.1.

47.3 The returning officer is, in accordance with this rule and rule 48, to transfer each sub-parcel of ballot documents referred to in rule 47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

47.4 The vote on each ballot document transferred under rule 47.3 shall be at a value (“the transfer value”) which:

- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

47.6 The returning officer is, in accordance with this rule and rule 48, to transfer each sub-parcel of ballot documents referred to in rule 47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

47.7 The vote on each ballot document transferred under rule 47.6 shall be at:

- (a) a transfer value calculated as set out in rule 47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

47.8 Each transfer of a surplus constitutes a stage in the count.

47.9 Subject to rule 47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

47.11 This rule does not apply at an election where there is only one vacancy.

48. Supplementary provisions on transfer

48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

48.2 The returning officer shall, on each transfer of transferable ballot documents under rule 47:

- (a) record the total value of the votes transferred to each candidate,

- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

48.3 All ballot documents transferred under rule 47 or 49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule 47 or 49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

49. Exclusion of candidates

49.1 If:

- (a) all transferable ballot documents which under the provisions of rule 47 (including that rule as applied by rule 49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule 50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule 49.12 applies, the candidates with the then lowest votes).

49.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule 49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
 - (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).
- 49.3 The returning officer shall, in accordance with this rule and rule 48, transfer each sub-parcel of ballot documents referred to in rule 49.2 to the candidate for whom the next available preference is given on those ballot documents.
- 49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.
- 49.5 If, subject to rule 50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule 49.1 into sub- parcels according to their transfer value.
- 49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- 49.7 The vote on each transferable ballot document transferred under rule 49.6 shall be at the value at which that vote was received by the candidate excluded under rule 49.1.
- 49.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- 49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule 49.1.
- 49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
 - (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each

candidate,

- (b) add that total to the previous total of votes recorded for each candidate and record the new total,
- (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
- (d) compare:
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules 47.5 to 47.10 and rule 48.

49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

50. Filling of last vacancies

50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

51. Order of election of candidates

- 51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule 47.10.
- 51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.
- 51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.
- 51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

52. Declaration of result for contested elections

- 52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
 - (b) give notice of the name of each candidate who he or she has declared elected –
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
 - (ii) in any other case, to the Chair of the corporation, and

- (c) give public notice of the name of each candidate who he or she has declared elected.

52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule 44.1,
- (f) the number of rejected text voting records under each of the headings in rule 44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoilt ballot papers and the list of spoilt text message votes,
- (c) the list of lost ballot documents, and
- (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

- (a) any voting documents are received by the returning officer after

the close of the poll, or

- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
 - (i) any rejected ballot papers, including ballot papers rejected in part,
 - (ii) any rejected text voting records, including text voting records rejected in part,
 - (iii) any disqualified documents, or the list of disqualified documents,
 - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
 - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the

purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that Monitor has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

59. Countermand or abandonment of poll on death of candidate

59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the

returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10: ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a

meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has

been declared by the returning officer.

- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

PART 12: MISCELLANEOUS

67. Secrecy

- 67.1 The following persons:
- (a) the returning officer,
 - (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose

authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 6 - ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

ELIGIBILITY TO BE A MEMBER OF THE COUNCIL OF GOVERNORS

A person may not be a candidate in an election to the Council of Governors or become a member of the Council of Governors, and if already holding such office will immediately cease to do so, if:

1. They are a Director of the Trust; a Director of a Subsidiary; ~~or hold a similar position of authority within any Trust Trading Vehicle; or a governor or a director of another NHS Foundation Trust or any other NHS body or a body providing health or social care (as defined in section 9 of Health and Social Care Act 2008)~~ unless they are an appointed member of the Council of Governors.
2. They are the spouse, partner, parent or child of any person described in paragraph (1) above.
3. They are under the age of 16.
4. They are a member of a Local Authority's Scrutiny Committee covering health matters.
5. They are a director of, or hold an equivalent position of leadership or authority in, a Local Healthwatch.
6. Being a member of one of the Public Constituencies they refuse or fail to sign a declaration, in the form specified by the Council of Governors, giving particulars of their qualification to vote as a member of the Trust, and that they are not prevented from being a member of the Council of Governors.
7. They are a vexatious complainant of the Trust; ~~as defined by Trust policy~~
8. They have been involved within the last ten (10) years as a perpetrator in a serious incident of assault or violence, or in one or more incidents of harassment, against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust, or against registered volunteers.
9. They have been excluded from any of the Trust premises within the last ten (10) years.
10. Their name is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act

2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

11. On the basis of disclosures obtained through an application to the Disclosure and Barring Service they have not been considered suitable in accordance with the Trust's Disclosure and Barring Service (DBS) Policy.
12. They have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body.
13. They are a person whose tenure of office as the Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.
14. They have been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals and have not been subsequently reinstated to such a register.
15. They are a person who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.
16. They are not a fit and proper person to be a Governor of a Foundation Trust in accordance with the Licence.
17. They have, within the preceding 5 (five) years, had their membership of the Council of Governors terminated and have been removed from office as a Governor of the Trust by reason of:
 - (a) their failure to attend meetings; or
 - (b) their failure to undertake training; or
 - (c) them having committed a serious breach of the Trust's and/or Council of Governors' Code of Conduct; or acted in a manner detrimental to the interests of the Trust; or having failed to discharge their responsibilities as a member of the Council of Governors.

TERMINATION OF OFFICE AND REMOVAL OF MEMBERS OF THE COUNCIL OF GOVERNORS (also see paragraph 14.4 of the Constitution)

A person holding office as a member of the Council of Governors shall immediately cease to do so if:

1. They resign by notice in writing to the Company Trust Secretary;
2. It otherwise comes to the notice of the Trust Company Secretary at the time the member of the Council of Governors takes office or later that the

member of the Council of Governors is disqualified in accordance with paragraph 14 of the Constitution;

3. They fail to attend two meetings of the Council of Governors in any financial year, unless the Chair is satisfied that:
 - a. The absences were due to reasonable causes; and
 - b. They will be able to start attending meetings of the Trust again within such a period as the Chair considers reasonable.
4. In the case of an elected member of the Council of Governors, they cease to be a member of the Trust or a member of the Public Constituency or Staff Class for which they were elected-
5. In the case of an appointed member of the Council of Governors, the appointing organisation terminates the appointment;
6. They have failed to undertake any training which the Council of Governors require all members of the Council of Governors to undertake, unless the ~~members of the Council of Governors are~~ Chair is -satisfied that:
 - a. The failure to undertake training was due to reasonable cause; and
 - b. They will be able to undertake the required training within such a period as they consider reasonable.
7. They have failed to sign and deliver to the ~~Trust Company~~ Secretary within one month of their election or appointment a statement in the form required by the Council of Governors confirming acceptance of the Trust's and/or the Council of Governors' Code of Conduct.
8. They are removed from the Council of Governors by a resolution approved by a majority of the remaining members of the Council of Governors present and voting at a General Meeting on the grounds that:
 - a. They have committed a serious breach of the Trust's and/or Council of Governors' Code of Conduct, or
 - b. They have acted in a manner detrimental to the interests of the Trust, or
 - c. They have failed to discharge their responsibilities as a member of the Council of Governors.

FURTHER PROVISIONS RELATING TO THE TERMINATION OF OFFICE AND REMOVAL OF MEMBERS OF THE COUNCIL OF GOVERNORS

These provisions apply where the Chair and Lead Governor have reasonable cause to believe that a Governor might have committed a serious breach of the Trust's and/or Council of Governors' Code of Conduct, or have acted in a manner detrimental to the interests of the Trust, or have failed to discharge their responsibilities as a member of the Council of Governors.

In those circumstances:

- 1 The Chair and Lead Governor shall jointly report to the Council of Governors on the alleged behaviour of the Governor.
- 2 If the Council of Governors considers the Governor's alleged behaviour might be sufficiently serious as to potentially warrant the termination of their office and removal from the Council of Governors it shall:
 - (a) commission the Lead Governor to undertake an investigation to establish the facts of the alleged behaviour; and
 - (b) decide whether the Governor should be suspended from office pending the outcome of the investigation.
- 3 The Company Secretary shall arrange for independent resources to be provided to Lead Governor to support the conduct of the investigation.
- 4 In conducting the investigation, the Lead Governor shall take advice to ensure that reasonable adjustments are made to enable the Governor to be able to participate in the investigation.
- 5 Failure by the Governor to participate in the investigation shall not prevent the investigation being concluded.
- 6 The Lead Governor shall report to the Council of Governors should there be delays, due to any cause, in the progress of the investigation.
- 7 A report on the outcome of the Investigation shall be provided by the Lead Governor to the Chair.
- 8 Where the Chair is assured that the investigation has been undertaken appropriately and the Governor has a case to answer, they and the Lead Governor shall submit a motion to the Council of Governors which will:
 - (a) seek ratification of the investigation's conclusions (on the basis of the balance of probabilities); and
 - (b) recommend an appropriate sanction to be applied to the Governor, taking into account the impact of the Governor's behaviour, including, if appropriate, termination of their office and removal from the Council of Governors
- 9 The Council of Governors shall determine the motion is accordance with Standing Orders.

Provisions relating to the Referral of Potential Breaches of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to the Senior Independent Director

Any alleged breaches of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by the Chair or a Non-Executive Director, raised by a Governor, shall only be referred to the Senior independent Director for investigation if more than half of the members of the Council of Governors voting approve the referral.

The disclosure of any allegations of a breach of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or matters which could be considered a breach of the Regulation by a Governor prior to them being considered by the Council of Governors or during any investigation conducted by the Senior Independent Director shall be regarded as a serious breach of the Trust's or Council of Governors' Code of Conduct.

REQUIREMENT OF MEMBER OF THE COUNCIL OF GOVERNORS TO NOTIFY TRUST

Where a person has been elected or appointed to be a member of the Council of Governors and they become disqualified from office under paragraph 14 of this constitution, they shall notify the CompanyTrust Secretary in writing of such disqualifications.

FURTHER PROVISIONS RELATING TO ELECTIONS

- (1) In any year when a Governor is due to retire the ordinary day of election ("the Annual Election") to fill the vacancy shall be a day in June agreed by the Chair.
- (2) A Governor elected at an Annual Election shall take up office on 1st July of that year.

RETIREMENT OF GOVERNORS

- (1) Those Governors representing the Public or Staff Constituencies, who are due to retire in any given year, shall retire on 30th June of that year.

FILLING OF CASUAL VACANCIES

- (1) Subject to the provisions of this section, if there is a casual vacancy for a Governor for any of the public constituencies or the staff classes an election in accordance with the Model Election Rules to fill the vacancy shall be held unless:

(a) an elected Governor's seat falls vacant for any reason within six months of their election to office, in which case the Company Trust Secretary shall invite the next highest polling candidate for the public constituency or staff class at the most recent election, who is willing to take office, to fill the seat (the "Reserve Governor"); or

(b) An elected Governor's seat falls vacant for any reason within six months of their ordinary day of retirement, subject to paragraph 3 below, the seat shall stand vacant until the next annual election.

(c) An annual election is due to be held within a period of six months of the casual vacancy arising.

(2) The day of election to fill a casual vacancy in any office mentioned in (1) above shall be fixed by the Chair, in consultation with the Company Trust Secretary.

(3) Paragraphs (1) (b) and 1 (c) above shall not apply and an election shall be held to fill the vacancy if the Chair considers that there is a reasonable possibility that during the six month period the total number of unfilled vacancies of public Governors would mean that the public Governors are not in the majority on the Council of Governors.

(4) A person elected under paragraph (1) or (3) or a "Reserve Governor" invited under paragraph (1)(a) shall hold office to fill the casual vacancy until the date upon which the person whose seat he is elected/invited to fill would have regularly retired.

(5) Where a vacancy arises amongst the appointed members of the Council of Governors, the Company Trust Secretary shall request that the appointing organisation appoints a replacement to hold office for the remainder of the term of office.

(6) Subject to the provisions of the Standing Orders for the Practice and Procedure of the Council of Governors set out at Annex 7, the validity of any act of the Council of Governors shall not be affected by any vacancy among the Governors or by any defect in the election or appointment of any Governor.

ROLES AND RESPONSIBILITIES

In undertaking its duties as set out under paragraph 15 of the Constitution, the general roles and responsibilities of the Council of Governors shall be:

Advisory – To communicate to the Board of Directors the wishes of members and the wider community.

Guardianship – To ensure that the Trust operates in accordance with its Licence. In this regard it acts as a Trustee for the welfare of the organisation.

Strategic – To advise on the longer term direction to help the Board effectively determine its policies.

In particular the Council of Governors is to:

1. Develop the membership of the Trust and represent the interests of the members in accordance with its Membership Strategy.
2. ~~Present its views to the Board of Directors for the purposes of the preparation (by the Directors) of the document containing information on the Trust's forward Plan in respect of each financial year to be given to Monitor. In particular the Council of Governors shall notify the Board of Directors of its determination as to whether it is satisfied that any proposed activities, other than those for the provision of goods and services for the purposes of the health service in England, will not, to any significant extent, interfere with the fulfilment of the Trust's principal purpose under paragraph 3.1 of this Constitution or the performance of its other functions.~~
23. Determine any proposals by the Board of Directors to increase by 5% or more the proportion of the Trust's total income, in any financial year, attributable to activities other than for the provision of goods and services for the purposes of the health service in England.
3. Respond to any matter as appropriate when consulted by the Board of Directors.
4. Appoint or remove the Chair and the other non-executive Directors in accordance with paragraph 25 of this Constitution.
5. Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and other non-executive Directors in accordance with paragraph 33 of this Constitution.
6. Approve the appointment of the Chief Executive in accordance with paragraph 28 of this Constitution.
7. Consider the Annual Accounts, any reports of the auditor on them, and the Annual Report.
8. Appoint or remove the Trust's external auditor.
9. Determine (in conjunction with the Board of Directors) any questions on ~~mergers, acquisitions or separation of the Trust~~ statutory transactions.

10. Determine (in conjunction with the Board of Directors) whether the Trust should be dissolved.
11. Determine any significant transactions proposed by the Board of Directors.
12. Consider any matters raised by NHS England Monitor, an integrated care board or the Care Quality Commission which could have or lead to a substantial change to the Trust's financial well being, healthcare delivery performance, or reputation and standing or which might otherwise affect the Trust's compliance with the terms of its Licence or its registration of services.
13. Determine (in conjunction with the Board of Directors) any proposed changes to the Trust's Constitution.
154. Decide whether to refer a matter to Monitor NHS England's Panel in accordance with paragraph 18 of the Constitution.

APPOINTMENT OF NON-EXECUTIVE DIRECTORS (including Chair and Deputy Chair)

1. The Council of Governors shall establish a Committee of the Council of Governors and the Board of Directors ("the Nomination and Remuneration Committee") to assist in the process of appointment of non-executive Directors (including Chair and Deputy Chair). The Committee shall comprise up to four suitably qualified members of the Council of Governors and two Directors (at least one of whom will be the Chair of the Trust or the Senior Independent Director). The Committee may have an independent advisor in attendance if appropriate.
2. The process to be followed in the appointment of the Chair and non-executive Directors shall be agreed by the Council of Governors based on the Code of Governance for NHS Foundation Trusts, the Licence, guidance published by the Care Quality Commission and advice received from the Nomination and Remuneration Committee.

REMUNERATION OF THE CHAIR AND OTHER NON-EXECUTIVE DIRECTORS

In order to determine the proper level of remuneration and allowances that should be paid to the Chair and other non-executive Directors the Council of Governors may, from time to time, and at least every three years, consult, at the Trust's expense, with external professional advisers.

PROVISION OF TRAINING AND DEVELOPMENT FOR GOVERNORS

The Trust shall make available any reasonable resources required by the Council of Governors to ensure Governors are equipped with the skills and knowledge they require in their capacity as such.

STAFF CONSTITUENCY - TIME TAKEN OUT OF NORMAL WORKING HOURS TO PERFORM COUNCIL OF GOVERNORS DUTIES

Leave from Trust duties to carry out Council of Governors duties will be dealt with in accordance with the Trust's Special Leave Policy. Special leave to undertake obligations for the Council of Governors will be considered alongside any other special leave previously or subsequently granted to staff.

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

(Paragraph 17)

FOREWORD

The Tees, Esk & Wear Valleys NHS Foundation Trust (the “Trust”) is a public benefit corporation that was established in accordance with the provisions of National Health Service Act 2006 (as amended).

The principal places of business are across County Durham, Darlington, The Tees Valley, Scarborough, Whitby, Ryedale, Hambleton and Richmondshire and Harrogate and the Vale of York and the head office is located at Trust Headquarters, Flatts Lane Centre, Flatts Lane, Normanby, Middlesbrough, TS6 0SZ.

These Standing Orders (SOs) are for the regulation of the Trust’s Council of Governors proceedings and business.

The Council of Governors will conduct its business in as open a way as possible and shall:

1. Observe the Nolan principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty and leadership;
2. At all times seek to comply with the NHS Foundation Trust Code of Governance;

Everything done by the Council of Governors should be able to stand the test of scrutiny, public judgment on propriety, and professional codes of conduct.

The Council of Governors will in its business be as transparent as it can be about its activities to promote confidence between the Council of Governors, the membership, the Board of Directors, staff, services users and the public.

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1. INTERPRETATION

1.1 Any expression to which a meaning is given in the National Health Service Act 2006 (as amended) has the same meaning in this interpretation and in addition:

“ATTEND” or **“ATTENDANCE”** means being present either in person or remotely.

“BOARD” means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chair and non-executive Directors, appointed by the Council of Governors and the executive Directors, appointed by the non-executive Directors and (except for his own appointment) by the Chief Executive.

“CHAIR” is the non-executive Director appointed by the Council of Governors with the responsibility for the leadership of the Council of Governors and for presiding at its meetings. The Chair shall be deemed to include the non-executive Director appointed by the Council of Governors to take on the Chair’s duties if the Chair is absent from the meeting or is otherwise unavailable, known as the Deputy Chair. The term Chair shall also, for the purposes of these standing orders refer to the person appointed by the Council of Governors to preside in exceptional circumstances should either the Chair or Deputy Chair be temporarily unavailable.

“CLEAR DAY” - means a day of the week excluding the day the document becomes available, the day the meeting is held/notice submitted, Saturdays, Sundays and public holidays.

“COMMITTEE” means a committee formed by the Council of Governors with specific Terms of Reference and membership approved by the Council.

“COUNCIL” means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by a Chair.

“GOVERNOR” means a person elected or appointed to the Council of Governors.

“IN PERSON” means the physical presence of an individual.

“LEAD GOVERNOR” means a Governor, appointed by the Council of Governors, to act as a point of contact for the Council of Governors with

Monitor (in cases where it is considered inappropriate for communication to be undertaken through the Chair or Trust Secretary) and the Care Quality Commission.

“**MEETING**” means a meeting of the Council of Governors, which may be in person and/or remotely, for which notice has been given in accordance with these Standing Orders.

“**MOTION**” means a formal proposition to be discussed and voted on during the course of a meeting.

“**OFFICER**” means an employee of the Trust

“**PLACE**” in relation to a meeting, any reference to a “place” means the place where a meeting is held, or to be held, which may be:

- a specified location; or
- a virtual, digital or electronic platform/location including but not limited to platforms/locations accessed remotely via “Apps”, internet locations, web addresses or conference call telephone numbers; or
- both.

“**PRESENT**” means attendance at a meeting either in person or remotely in accordance with the terms of these Standing Orders.

“**REMOTE**” or “**REMOTELY**” means attendance via electronic, digital or other virtual means including, but not limited to, telephone conference, video conference, live webcasts, and live interactive streaming provided such electronic means satisfies the requirements set out at S.O. 4.17.1b of this Annex 7.

“**SENIOR INDEPENDENT DIRECTOR**” means one of the non-executive Directors appointed by the Board of Directors to whom Governors may raise concerns about the performance of the Chair or the Trust if they consider it is inappropriate or impractical to express these concerns to the Chair or officers of the Trust. The Senior Independent Director also leads the Board on matters pertaining to the appointment and appraisal of the Chair and provides advice to the Chair under the disputes resolution procedure.

“**SO**” means standing order

- 1.2 Save as permitted by law, the Chair shall be the final authority on the interpretation of Standing Orders (on which he shall be advised by the [CompanyTrust](#) Secretary, Chief Executive and Director of Finance).

2. GENERAL INFORMATION

2.1 The purpose of these Standing Orders is to ensure that the highest standards of Corporate Governance and conduct are applied to all Council meetings and associated deliberations. The Council shall at all times seek to comply with the NHS Foundation Trust Code of Governance published by [NHS England Monitor](#).

2.2 All business shall be conducted in the name of the Trust.

2.3 A Governor who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal or civil liability which is incurred in the execution or purported execution of his or her function as a Governor save where the Governor has acted recklessly. On behalf of the Council, and as part of the Trust's overall insurance arrangements, the Board shall put in place appropriate insurance provision to cover such indemnity.

3. COMPOSITION OF THE COUNCIL OF GOVERNORS

3.1 The composition of the Council shall be in accordance with the Trust's Constitution and shall include the Chair.

3.2 **Duties of the Deputy Chair** – Where the Chair has died or has otherwise ceased to hold office or where he has been unable to perform his duties as a Chair owing to illness, absence from England and Wales or any other cause, references to the Chair shall, so long as there is no Chair able to perform their duties, be taken to include references to the Deputy Chair.

~~3.3 **Lead Governor** – The Lead Governor shall be appointed by the Council. It shall be for the Council to determine the period of office of the Lead Governor, normally a period of up to three (3) years after which the Council shall review the appointment. Should there be a requirement to remove the Lead Governor this shall be carried out in accordance with SO 3.3.1.~~

3.3 **Lead Governor**

3.3.1 The Lead Governor shall be appointed by the Council.

3.3.2 It shall be for the Council to determine the period of office of the Lead Governor, normally a period of up to three (3) years after which the Council shall review the appointment.

3.3.3 No Governor should be appointed as the Lead Governor for more than two consecutive periods except in accordance with SO 3.3.5.

3.3.4 A nominated Governor shall require more than half of the members of the Council of Governors present voting in favour of their appointment as the Lead Governor.

3.3.5 Where a Governor would be ineligible for appointment under SO 3.3.3 above, they may be nominated and be appointed as the Lead Governor for a further period where no other Governor is willing to be nominated or where the position remains vacant following a vote under SO 3.3.4.

3.4 The Lead Governor shall produce a written report to the Council of Governors on his activities when the appointment to the role is due for review.

4. MEETINGS OF THE COUNCIL OF GOVERNORS

4.1 General

4.1.1 General meetings of the Council inclusive of an Annual General Meeting shall be held at times and places as the Council may determine.

4.1.1a2 The Council of Governors shall review, annually, the arrangements for conducting its meetings.

4.1.23 The Council will publicise and hold an Annual General Meeting to receive the annual report and annual accounts within a reasonable period after the end of each financial year, but not before the annual report and accounts have been laid before Parliament.

4.1.34 The Annual General Meeting shall be combined with an Annual Members' Meeting in accordance with paragraph 10 of this Constitution. Further provisions about Annual Members' Meetings are set out in Annex 10 of this Constitution.

4.2 Admission of the Public

4.2.1 A meeting of the Council shall be open to the public except to the extent that they are excluded by resolution under **SO 4.2.25** below.

4.2.12.a —Where a meeting is accessible to the public through remote means it is open to the public whether or not members of the public are able to attend in person.

4.2.13a The Chair may determine that attendance by members of the public shall be in person, by remote means or both.

4.2.1.4b Where remote access to a meeting is provided the Chair must be satisfied that the arrangements will enable members of the public in attendance to be able to hear, and where practicable see, the business transacted at the meeting.

4.2.5 The Council may by resolution exclude the public from a meeting during consideration of an item of business whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that there would be disclosure to them of confidential information as defined in SO 4.2.35 below.

4.2.6 The descriptions of information which are, for the purposes of this Standing Order, to be treated as confidential information are those for the time being specified in Annex 9 to this Constitution.

4.2.7 The reasons for the exclusion of the public from a meeting shall be included in the agenda for the meeting and recorded in the minutes.

4.3 Attendance at meetings by Directors

4.3.1 Directors may attend meetings of the Council (both public and confidential sessions) by standing invitation.

4.3.2 Directors may address meetings of the Council at the discretion of the Chair.

4.3.3 Directors may be excluded from the consideration of confidential business by resolution of the Council or by ruling of the Chair.

4.3.4 The Council may require a Director to attend a meeting of the Council to obtain information about the Trust's performance of its functions or the Director's performance of his duties in accordance with Paragraph 10C of Schedule 7 of the National Health Service Act 2006 by either:

4.3.4.1 resolution of the Council; or

4.3.4.2 notice in writing being given to the Chair by ten (10) Governors.

4.3.5 The resolution or notice under SO 4.3.4 shall identify the Director whose attendance is required at a meeting of the Council; the date and time of the meeting of the Council which the Director is required to attend; and include particulars of the information which the Council wishes to obtain from the Director.

4.3.6 The Chair shall notify the Director of the requirement to attend a meeting of the Council. The notice shall include the matters specified in SO 4.3.5.

4.3.7 If, upon being given notice under SO 4.3.6, a Director refuses to attend or fails to attend the meeting of the Council the matter shall be referred to the Chair. If the Chair is unable to resolve the non attendance he shall:

4.3.7.1 in the case of a non-executive Director, refer the matter to the Council of Governors' Nomination and Remuneration Committee for investigation and report, including recommendations, to the Council of Governors; or

4.3.7.2 in the case of an executive Director, refer the matter to the Nomination and Remuneration Committee of the Board of Directors for investigation and report, including recommendations, to the Board of Directors.

4.3.8 The Chair shall report to the next general meeting of the Council on action taken in accordance with SO 4.3.7.2. If the Council is dissatisfied with the outcome of any action taken it may invoke the disputes resolution procedure set out in Annex 9 to the Constitution.

4.4 Calling Meetings

Notwithstanding, SO 4.1.1 above, the Chair may, in exceptional circumstances, call a meeting of the Council at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Governors, or if without so refusing the Chair does not call a meeting within fourteen days after a requisition to do so, then the Governors may forthwith call a meeting provided they have been requisitioned to do so by more than one-third of the Governors.

4.5 Notice of Meetings

4.5.1a A notice specifying the date, time and place of a meeting of the Council of Governors and signed by the Chair, or by an officer authorised by the Chair to sign on his/her behalf, shall be sent to each Governor at least five (5) clear days before each meeting of the Council. Where the meeting is to be held or be accessible remotely, such notice shall also include details of how to access the meeting or, if this is not known at the time the notice is issued, details shall be circulated or otherwise made available as soon as practicable. Lack of service of the notice on any Governor shall not affect the validity of a meeting subject to SO 4.5.35.

4.5.4b2 The notice of the meeting shall also specify the business proposed to be transacted at the meeting (the agenda).

4.5.4c3 The notice of the meeting provided to each Governor shall be:
(i) delivered by hand; or

- (ii) sent by post to their usual place of residence; or
- (iii) sent via electronic means.

4.5.24 Notwithstanding the above requirement for notice, the Chair may waive notice on written receipt of the agreement of at least 50% of Governors in office-

4.5.53 In the case of a meeting called by Governors in default of the Chair, the notice shall be signed by those Governors calling the meeting and no business shall be transacted at the meeting other than that specified in the notice. Failure to serve such a notice on more than three quarters of all Governors will invalidate the meeting. A notice will be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

4.6 **Setting the Agenda**

4.6.1 The Chair is responsible for leading on setting the agenda for meetings of the Council of Governors, and ensuring that adequate time is available for discussion of all agenda items.

4.6.2 The agenda for each general meeting of the Council shall include items to enable Governors:

4.6.24.1 to ask questions on any matters contained in the confirmed minutes of any meeting of the Board of Directors held since the last meeting of the Council.

4.6.24.2 to review any reports received from the Care Quality Commission about the Trust's compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 and to consider making comments or observations on the matters included in those reports.

4.6.32 The Council may also determine that certain matters shall appear on every agenda for a meeting of the Council and shall be addressed prior to any other business being conducted.

4.6.43 A Governor desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten (10) clear working days before the meeting. Requests made less than ten (10) clear days before a meeting may be included on the agenda at the discretion of the Chair. The matter shall be included in the agenda for the next general meeting of the Council unless otherwise stated in the request.

4.7 Chair of the Meeting

At any meeting of the Council, the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair shall preside. Otherwise, such Governor or non-executive Director, as the Governors present shall choose, shall preside.

4.8 Notices of Motion

4.8.1 A Governor desiring to move or amend a motion shall send a written notice thereof at least the (10) clear days before the meeting to the Chair, who, ~~unless in his opinion he considers it to be out of order, illegal, impermissible or improper,~~ shall insert it in the agenda for the meeting. ~~All notices so received are subject to the notice given being permissible under the appropriate regulations.~~ This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda subject to **SO 4.5**.

4.8.2 A motion or amendment, once moved and seconded, may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

4.8.3 Notice of motion to amend or rescind any resolution (or general substance of any resolution), which has been passed within the preceding six (6) calendar months, shall bear the signature of the Governor who gives it and also the signature of four other Governors. When any such motion has been disposed of by the Council it shall not be competent for any Governor to propose a motion to the same effect within six (6) months; however the Chair may do so if he considers it appropriate.

4.8.4 The mover of the motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

4.8.5 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

- a) An amendment to the motion.
- b) The adjournment of the discussion or the meeting.
- c) The appointment of an ad hoc committee to deal with a specific item of business.
- d) That the meeting proceed to the next business.
- e) That the motion shall be now put.

Such a motion, if seconded, shall be disposed of before the motion which was originally under discussion or about to be discussed. No amendment to

the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion. In the case of motions under d) and e), to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate.

- 4.8.6 A motion to remove the Chair or a non-executive Director must be in writing and be signed by at least ten (10) Governors and set out the reasons why the removal of the Chair or non-executive Director is proposed.

4.9 Reference of a matter to ~~Monitor~~NHS England's Panel

- 4.9.1 A Governor wishing to refer a matter to ~~NHS England's~~Monitor's Panel may only do so on the passing of a resolution by the Council following notice under SO 4.8.1.

- 4.9.2 The notice of motion to refer a matter to ~~Monitor's~~NHS England's Panel shall identify the provisions of this Constitution or the provisions made by or under Chapter 5 of the National Health Service Act 2006 with which the Governor considers the Trust has failed or is failing to act.

4.10 Chair's Ruling

Statements of Governors made at the meetings of the Council shall be relevant to the matter under discussion at the material time and the ruling of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

4.11 Preservation of Order

The Chair, acting reasonably, may exclude any Governor, Director, observer or member of public from the meeting if they are acting contrary to these Standing Orders, disregarding the rulings of the Chair under SO 4.10 above or if they are interfering with or preventing the reasonable conduct of the meeting.

4.12 Adjournment

- 4.12.1 Any meeting may be adjourned by the Chair (whether or not it has commenced) to such time and place as the Chair shall state, where acting reasonably it appears to the Chair that:

- 4.12.1.1 Governors wishing to attend the meeting cannot be properly or conveniently accommodated in or access the place appointed for the meeting;

4.12.1.2 the conduct of the persons present prevents, or is likely to prevent, the orderly continuation of the business of the meeting;
or

4.12.1.3 an adjournment is otherwise necessary so that the business of the meeting may be properly conducted;

and any business remaining on the agenda shall stand adjourned until that adjourned meeting.

4.12.2 In addition the Chair may at any time adjourn the meeting where a quorum is present to another place and time with the consent of the meeting and shall be obliged to do so if directed by a majority of those present at the meeting.

4.12.3 Notice of the adjourned meeting shall be dispatched to all Governors not present at the meeting as soon as possible, but in any event no later than 2 (two) days prior to the date of the adjourned meeting (if possible).

4.13 Voting

4.13.1 Decisions at meetings shall be determined by a majority of the votes of the Governors present and voting. In the case of any equality in votes, the Chair shall have a second or casting vote.

4.13.2 All decisions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper or electronic ballot may also be used if a majority of the Governors present so request. A vote cast by paper or electronic means shall be counted only if it is delivered to the TrustCompany Secretary within a reasonable period as determined and notified to Governors by the Chair.

4.13.3 If at least one-third of Governors present so request, the voting (other than by paper or electronic ballot) on any question may be recorded to show how each Governor voted or abstained.

4.13.4 If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than a paper or electronic ballot).

4.13.5 In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

4.14 Suspension of Standing Orders (SOs)

4.14.1 Except where this would contravene any statutory provision, any one or more of these Standing Orders may be suspended at any meeting, provided

that at least two-thirds of Governors are present and that the majority of those present vote in favour of the suspension.

4.14.2 A decision to suspend SOs shall be recorded in the minutes of the meeting.

4.14.3 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Council of Governors.

4.14.4 No formal business may be transacted while SOs are suspended.

4.15 **Record of Attendance**

The names of the Governors present at the meeting shall be recorded in the minutes.

4.16 **Minutes**

4.16.1 The minutes of the proceedings of the meeting shall be drawn up and maintained as a public record. They will be submitted for agreement at the next general meeting where they will be signed by the person chairing it.

4.16.2 No discussion shall take place upon the minutes except upon their accuracy ~~or where the Chair considers discussion appropriate~~. Any amendment to the minutes, due to inaccuracy, shall be agreed and recorded at the next meeting.

4.16.3 Minutes shall be circulated in accordance with Governors' wishes. The minutes of the meeting shall be made available to the public except for minutes relating to business conducted when members of the public are excluded from a meeting under **SO 4.2**.

4.17 **Quorum**

4.17.1 No business shall be transacted at a meeting of the Council of Governors unless at least one-third of Governors, in ~~office post~~, are present.

4.17.1a2 A Governor shall be classed as being present at a meeting if:
-(a) They are present in person at the location (if any) specified in the notice in which the meeting is being held; or
-(b) They are in "remote attendance" at the meeting.

4.17.1b3 A Governor shall satisfy the following conditions to be counted as being in "remote attendance" at a meeting:
-(a) They have verbally confirmed or otherwise indicated their presence to the Chair;

- (b) They are able to hear, and where practicable see, and be so heard and, where practicable, be seen by the other Governors in attendance; and
- (c) They are able to be heard and, where practicable, be seen by members of the public attending the meeting.

4.17.~~1e4~~ Any question as to whether a Governor satisfies the conditions for “remote attendance” in S.O. 4.~~17.1b3~~, at any or a particular time, shall be determined by the Chair.

4.17.~~25~~ If a Governor has been disqualified from participating in the discussion of any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

5.1 **Emergency Powers** – The powers which the Council has retained to itself within these Standing Orders may in an emergency be exercised by the Chair after having consulted at least five (5) elected Governors. The exercise of such powers by the Chair shall be reported to the next formal meeting of the Council.

5.2 **Delegation to Committees** – The Council may agree from time to time to the delegation of its duties to committees or sub-committees, which it has formally constituted. To ensure clarity of purpose the Constitution and Terms of Reference of these committees, or sub-committees, and their specific powers shall be laid out in accordance with Trust policy and approved by the Council.

5.3 **Delegation to a Member of the Council of Governors** – The Council may delegate duties to an individual Governor but only under a clear remit approved by the Council.

6. Committees – Further Provisions

6.1 Save as stipulated in this Constitution the Council may appoint other committees of the Council consisting wholly of Governors. Non-members of the Council may attend such committees if appropriate under the committee’s terms of reference but they shall have no vote.

- 6.2 A committee so appointed may appoint sub-committees consisting wholly of Governors. Non-members of the Council may attend such sub-committees if appropriate under the sub-committee's terms of reference but they shall have no vote.
- 6.3 With the exception of **SO 4.2** (Admission of the public) these Standing Orders, as far as they are applicable, shall apply also, with the appropriate alteration, to meetings of any committees or sub-committees established by the Council.
- 6.4 Meetings of committees and sub-committees of the Council shall be held in private unless otherwise agreed by the committee or sub-committee.
- 6.5 Each committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Council) as the Council shall decide. Such terms of reference shall have effect as if incorporated into these Standing Orders.
- 6.6 Committees may not delegate their powers to a sub-committee unless expressly authorised by the Council.
- 6.7 Governors to serve on the Nomination and Remuneration Committee must be appointed by the Council.
- 6.8 The Council shall determine the process for the appointment of Governors to any of its other committees.
- 6.9 The membership of sub-committees shall be determined by the relevant committee.
- 6.10 With the exception of the Nomination and Remuneration Committee, it shall be for each individual committee to appoint its Chair and vice-Chair and the chairmen of its sub-committees.
- 6.11 The Chair of the Nomination and Remuneration Committee shall be the Chair of the Trust. The Senior Independent Director shall be the Chair of the Committee if the Chair of the Trust is absent or for matters pertaining to the appointment, appraisal and remuneration of the Chair of the Trust.

7. CONFIDENTIALITY

- 7.1 A Governor or an attendee on a committee of the Council shall not disclose a matter dealt with by, or brought before, the committee without its permission or until the committee shall have reported to the Council or shall otherwise have concluded on that matter.

7.2 A Governor or a non-member of the Council of Governors in attendance at a committee shall not disclose any matter dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee resolves that it is confidential.

8. DECLARATION OF INTERESTS AND REGISTER OF INTERESTS

8.1 Declaration of Interests

Governors are required to comply with the Trust's policy on Conflicts of Interest standards of business conduct and to declare interests that are relevant and material to the Council. All Governors should declare such their interests on appointment and on any subsequent occasion when a conflict arises.

~~8.1.1 Interests regarded as "relevant and material" are:~~

- ~~a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).~~
- ~~b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.~~
- ~~c) Employment with any private company, business or consultancy.~~
- ~~d) Significant share holdings (more than 5%) in organisations likely or possibly seeking to business with the NHS.~~
- ~~e) A position of authority in a statutory, charitable or voluntary organisation in the field of health and social care.~~
- ~~f) Any connection with a voluntary or other organisation contracting for NHS Services.~~

8.1.~~12~~ If a Governor has any doubt about the relevance of an interest, they should discuss it with the Chair who shall advise them whether or not to disclose the interest.

8.1.~~32~~ At the time Governors' interests are declared, they should be recorded in the Council's minutes and (if appropriate) entered in a Register of Interests of Governors to be maintained by the Company Trust Secretary. Any changes in interests should be declared at the next Council meeting following the change occurring.

~~8.1.4 Governors' directorships of companies likely or possibly seeking to do business with the NHS shall be published in the Trust's Annual Report.~~

8.1.3 Information on the interests of Governors shall be disclosed in the Annual Report in accordance with guidance published by NHS England.

8.1.45 During the course of a Council meeting, if a conflict of interest is established, the Governor concerned shall withdraw from the meeting and play no part in the relevant discussion or decision unless two-thirds of those Governors present agree otherwise.

8.1.56 In the case of persons co-habiting the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of the Constitution and these Standing Orders to be also an interest of the other, and a Governor shall be required to register and declare such interests.

8.2 Register of Interests

8.2.1 The ~~Company Trust~~ Secretary will ensure that a Register of Interests is established to record formally declarations of interests of Governors.

8.2.2 Details of the Register will be kept up to date and reviewed annually.

8.2.3 The Register will be available to the public.

9 TRAINING AND DEVELOPMENT

9.1 ~~Each year~~ The Council shall agree a scheme of training and development to be undertaken by Governors to ensure that they are equipped with the skills and knowledge required to undertake their role and duties.

~~9.2 Tmj%vzxy&mfqaw {rij&mj%shjxxfw-wjxtzwhjx&twa&t {jstw&t&ijjdu% fsi%zuifyj&mjn&pr&post | qilj%fsi&nfufgrmjx3~~

10. PERFORMANCE EVALUATION

10.1 The Chair, with the assistance of the ~~Trust~~ Company Secretary, shall lead, at least annually, an assessment of the collective performance of the Council. This process will act as the basis for determining the scheme of training and development under SO 9.1.

11. COMPLIANCE – OTHER MATTERS

11.1 Governors shall comply with Standing Financial Instructions prepared by the Director of Finance and approved by the Board of Directors for the guidance of all staff employed by the Trust.

11.2 Members of the Council of Governors must behave in accordance with Code of Conduct for Governors of the Trust.

12. RESOLUTION OF DISPUTES WITH BOARD OF DIRECTORS

12.1 The process for resolving disputes between the Council and Board of Directors is set out in Annex 9 to the Constitution.

13. CHANGES TO STANDING ORDERS

13.1 These Standing Orders shall be amended only if:

13.1.1 A notice of motion under Standing Order 4.8 has been given; and

13.1.2 More than half of the members of the Council of Governors present vote in favour of amendment; and

13.1.3 The amendment proposed does not contravene a statutory provision; and

13.1.4 The amendment is agreed by Board of Directors.

13.2 Any change to these standing orders under SO 13.1 which amend the powers and duties of the Council shall cease to have effect, if members do not approve the amendment upon a vote being taken at an Annual Members' Meeting in accordance with paragraph 44 of this Constitution.

ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

(Paragraph 31)

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1. INTRODUCTION

The principal place of business of the Trust is Flatts Lane Centre, Flatts Lane Normanby, Middlesbrough, Cleveland, TS6 0SZ.

NHS Foundation Trusts are governed by a Regulatory Framework that confers the functions of the Trust and comprises: Acts of Parliament and in particular the National Health Service Act 2006 ('the 2006 Act') as amended by the Health and Social Care Act 2012; [the Health and Social Care Act 2022](#); their constitutions; and the terms of their Licence granted by Monitor.

The Regulatory Framework requires the Board of Directors to adopt Standing Orders for the practice and procedure of the Board of Directors.

The Board of Directors will conduct its business in as open a way as possible and will:

1. Observe the Nolan principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty and leadership;
2. At all times seek to comply with the NHS Foundation Trust Code of Governance;

Everything done by the Trust should be able to stand the test of scrutiny, public judgment on propriety, and professional codes of conduct.

These Standing Orders (SOs) are for the regulation of the Board of Directors' proceedings and business.

2. INTERPRETATION

Save as permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders on which he should be advised by the ~~Trust~~ [Company](#) Secretary, Chief Executive and Director of Finance.

Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

“ATTEND” or **“ATTENDANCE”** means in person or remotely.

“ACCOUNTING OFFICER” shall be the Officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

“ASSOCIATE NON-EXECUTIVE DIRECTOR” is a person appointed by, and accountable to, the Board of Directors to provide additional advice or expertise to the Board. Associate Non-Executive Directors are not Directors of the Trust for the purposes of the 2006 Act and thus are non-voting appointees without executive or delegated executive functions or any powers to bind the Trust.

“BOARD” means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chair, and non-executive Directors, appointed by the Council of Governors and executive Directors, appointed by the non-executive Directors and (except for his own appointment) by the Chief Executive.

“BUDGET” shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

“CHAIR” is the person appointed by the Council of Governors to lead the Board to ensure it successfully discharges its overall responsibility for the Trust as a whole. The Chair shall be deemed to include the non-executive Director appointed by the Council of Governors to take on the Chair’s duties if the Chair is absent from the meeting or is otherwise unavailable, known as the Deputy Chair. The term Chair shall also, for the purposes of SOs refer to the person appointed by the Board to preside in exceptional circumstances when both the Chair and Deputy Chair are temporarily unavailable.

“CHIEF EXECUTIVE” shall mean the chief officer of the Trust.

“CLEAR DAY” - means a day of the week excluding the day the document becomes available, the day the meeting is held/notice submitted, Saturdays, Sundays and public holidays.

“COMMITTEE” shall mean a committee formed by the Board of Directors.

“COMMITTEE MEMBERS” shall be persons formally appointed by the Board of Directors to sit on or to chair specific committees.

“EXECUTIVE DIRECTOR” is a person appointed through the Nomination and Remuneration Committee of the Board of Directors to be a member of the Board of Directors.

“FUNDS HELD ON TRUST” shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Sch 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.

“IN PERSON” means the physical presence of an individual.

“LICENCE” means the licence granted by Monitor under Chapter 3 of the Health and Social Care Act 2012.

“MEETING” means a meeting of the Board of Directors for which notice has been given in accordance with these Standing Orders and which may take place in person and/or remotely.

“MOTION” means a formal proposition to be discussed and voted on during the course of a meeting.

“NOMINATED OFFICER” means an officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

“NON-EXECUTIVE DIRECTOR” is a person appointed through the Nomination and Remuneration Committee of the Council of Governors to be a member of the Board of Directors. Initially non-executive Directors of the applicant NHS Trust will automatically become non-executive Directors of the Foundation Trust. This includes the Chair of the Trust.

“OFFICER” means an employee of the Trust.

“PLACE” in relation to a meeting, any reference to a “place” means the place where a meeting is held, or to be held, which may be:

- a specified location; or
- a virtual, digital or electronic platform/location including but not limited to platforms/locations accessed remotely via “Apps”, internet locations, web addresses or conference call telephone numbers; or
- both.

“PRESENT” means attendance at a meeting either in person or remotely in accordance with the terms of these Standing Orders.

“REMOTE” or **“REMOTELY”** means attendance via electronic, digital or other virtual means including, but not limited to, telephone conference, video conference, live webcasts, and live interactive streaming provided such electronic means satisfies the requirements set out at S.O. 4.42.1b of this Annex 8.

“SENIOR INDEPENDENT DIRECTOR” means one of the non-executive Directors appointed by the Board of Directors to whom Governors may raise concerns about the performance of the Chair or the Trust if they consider it is inappropriate or impractical to express these concerns to the Chair or officers of the Trust. The Senior Independent Director also leads the Board on

matters pertaining to the appointment and appraisal of the Chair and provides advice to the Chair under the disputes resolution procedure.

“**SFIs**” means Standing Financial Instructions.

“**SOs**” means Standing Orders.

“**TRUST**” means the Tees Esk and Wear Valleys NHS Foundation Trust.

3. THE BOARD OF DIRECTORS – ITS COMPOSITION, APPOINTMENTS AND INDEMNITY ARRANGEMENTS

3.1 All business shall be conducted in the name of the Trust.

3.2 All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

3.3 The powers of the Trust established under statute shall be exercised by the Board meeting except as stated in **SO 5**.

3.4 The Board of Directors has resolved that certain powers and decisions may only be exercised or made by the Board. These powers and decisions are set out in “Reservation of Powers to the Board” and have effect as if incorporated into the Standing Orders. The Board of Directors must adopt Standing Financial Instructions (SFIs) as an integral part of these Standing Orders setting out the responsibilities of individuals.

3.5 Composition of the Board of Directors

The composition of the Board of Directors shall be in accordance with paragraph 22 of the Constitution.

3.6 Terms of Office of the Chair and Members of the Board

The period of tenure of office of the Chair and each non-executive Director and the terms and conditions of service of the Chair and non-executive Directors shall be determined by the Council of Governors based on the provisions of the Constitution and guidance contained in the NHS Foundation Trust Code of Governance published by [NHS England Monitor](#).

3.7 **Appointment of the Chair and non-executive Directors** – the Chair and non-executive Directors are appointed/removed by the Council of Governors.

- 3.8 **Appointment of Deputy Chair** – The Council of Governors at a general meeting of the Council of Governors may appoint one of the non-executive Directors as the Deputy Chair.
- 3.9 Any non-executive Director so elected may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair. The Council of Governors may thereupon appoint another non-executive Director as Deputy Chair in accordance with SO 3.8
- 3.10 **Powers of Deputy Chair** – Where the Chair of the Trust has died or has otherwise ceased to hold office or where he has been unable to perform his/her duties as Chair owing to illness, absence or any other cause, references to the Chair in the Standing Orders shall, so long as there is no Chair able to perform his/her duties, be taken to include references to the Deputy Chair.
- 3.11 **Senior Independent Director** – The Board shall appoint one of the non-executive Directors as a “Senior Independent Director” in consultation with the Council of Governors.
- 3.12 In accordance with paragraph 28 of this Constitution the non-executive Directors shall appoint the Chief Executive (which appointment shall be approved by the Council of Governors) and a committee consisting of the Chair, Chief Executive and the non-executive Directors shall appoint or remove the other executive Directors.
- 3.13 The Board shall appoint a ~~Trust~~ Company Secretary, who, under the direction of the Chair, shall ensure information flows within the Board and Council of Governors and their Committees, between Directors and members of the Council of Governors, and between senior management and the Board. The ~~Trust~~ Company Secretary shall also advise the Board and Council of Governors on all governance matters and shall facilitate induction and professional development as required.
- 3.14 A Director and the ~~Trust~~ Company Secretary, who has acted honestly and in good faith will not have to meet out of his own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her function as a Director/ ~~Company~~ Trust Secretary save where the Director/~~Trust~~ Company Secretary has acted recklessly. On behalf of the Directors/ ~~Company~~ Trust Secretary and as part of the Trust’s overall insurance arrangements the Board shall put in place appropriate insurance provision to cover such indemnity.
- 3.15 Non-executive Directors may, at the Trust’s expenses, seek external advice or appoint an external adviser on any material matter of concern provided

the decision to do so is a collective one by the majority of non-executive Directors.

3.16 Associate Non-Executive Directors – The Board may appoint Associate Non-Executive Directors on terms and conditions and to undertake such duties as specified by the Board.

4. MEETINGS OF THE BOARD OF DIRECTORS

4.1 Admission of the Public

4.1.1 All meetings of the Board shall be open to the public except to the extent that they are excluded by resolution under **SO 4.1.23** below.

4.1.4a2 Where a meeting is accessible to the public through remote means it is open to the public whether or not members of the public are able to attend in person.

4.1.23 The Board may by resolution exclude the public from a meeting during consideration of an item of business whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during consideration of that item of business there would be disclosure to them of confidential information as defined in **SO 4.1.34** below

4.1.34 The descriptions of information which are, for the purposes of this Standing Order, confidential information are those for the time being specified in Annex 9 to the Constitution.

4.1.45 The reasons for the exclusion of the public from a meeting shall be included in the agenda for the meeting and recorded in the minutes.

4.1.56 The Chair shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of or access by the public.

4.1.5a7 The Chair may determine that attendance by members of the public shall be restricted to access either in person or by remote means only.

4.1.5b8 Where remote access is provided the Chair must be satisfied that the arrangements will enable the public to be able to hear, and where practicable see, the business transacted at the meeting.

4.1.69 Nothing in these Standing Orders shall require the Board to allow members of the public to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Chair.

- 4.2 **Confidentiality** - Directors and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers or minutes marked ‘Confidential’ outside of the Board of Directors meeting, without the express permission of the Board Chief Executive. This prohibition shall apply equally to the content of any discussion during the Board of Directors’ meeting which may take place on such reports or papers.
- 4.3 **Calling Meetings** - Ordinary meetings of the Board of Directors shall be held at such times and places as the Board may determine.
- 4.4 The Chair may call a meeting of the Board at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him/her, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to him/her at the Trust’s Headquarters, such one third or more Directors may forthwith call a meeting.
- 4.5 **Notice of Meetings** –
- 4.5.1a A notice specifying the date, time and place of a meeting of the Board of Directors and signed by the Chair, or by an officer authorised by the Chair to sign on his/her behalf, shall be sent to each Director at least three (3) clear days before each meeting of the Board. Where the meeting is to be held or be accessible remotely, such notice shall also include details of how to access the meeting or, if this is not known at the time the notice is issued, details shall be circulated or otherwise made available as soon as practicable.
- 4.5.4b2 The notice of the meeting shall also specify the business proposed to be transacted at the meeting (the agenda).
- 4.5.32 The notice of the meeting provided to each Director shall be:
- (i) delivered by hand; or
 - (ii) sent by post to their usual place of residence; or
 - (iii) sent by electronic means.
- 4.46 Prior to each meeting a copy of the notice under **SO 4.5.1a** shall be made available to each Governor.
- 4.75 Want of service of the notice on any Director or failure to make available a copy of the notice to any Governor shall not affect the validity of a meeting subject to **S.O. 4.86**.
- 4.86 In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice or emergency motions allowed

under these Standing Orders. Failure to serve such a notice on more than three (3) Directors will invalidate the meeting. A notice sent by post shall be presumed to have been served one day after posting.

4.79 Before each public meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be published on the Trust's website together with electronic or other access details where applicable.

4.108 **Setting the Agenda** - The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

4.911 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten (10) clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than ten 10 days before a meeting may be included on the agenda at the discretion of the Chair.

4.1012 **Petitions** - Where a petition has been received by the Trust the Chair of the Board shall include the petition as an item for the agenda of the next Board meeting subject to the powers granted to the Chair by these Standing Orders to regulate arrangements for Board meetings.

4.131 **Chair of Meeting** - At any meeting of the Board, the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair, if there is one and he is present, shall preside. If the Chair and Deputy Chair are absent such Director (who is not also an officer of the Trust) as the Directors present shall choose shall preside.

4.142 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, such non-executive Director as the Directors present shall choose shall preside. If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Chair or to the interests of the non-executive Directors as a class, neither the Chair nor any of the non-executive Directors shall preside over the period of the meeting during which the matter is under discussion. The Directors (excluding the Chair or the non-executive Directors) shall elect one of their number to preside during that period and that person shall exercise all the rights and obligations of the Chair including the right to exercise a second or casting vote where the number of votes for and against a motion is equal.

4.13 **Decision Making** - When making decisions in the exercise of its functions which relate to the provision of health care for the purposes of the NHS, the Board shall comply with its duty relating to the triple aim, including any guidance published thereon by NHS England, of achieving:

4.13.1. better health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing)

4.13.2 better quality of health care services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services)

4.13.3. more sustainable and efficient use of resources by NHS bodies,

4.145 **Notices of Motion** - A Director desiring to move or amend a motion shall send a written notice thereof at least ten (10) clear days before the meeting to the Chair, unless in his/her opinion he/she considers it to be out of order, illegal, impermissible or improper, shall insert it in the agenda for the meeting. . who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda, subject to **SO 4.1413**.

4.156 **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

4.167 **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar months shall bear the signature of the Director who gives it and also the signature of four (4) other Directors. When any such motion has been disposed of by the Board, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six (6) months; however the Chair may do so if he considers it appropriate.

4.178 **Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

4.1849 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

- An amendment to the motion.
- The adjournment of the discussion or the meeting.
- That the meeting proceed to the next business. (*)
- The appointment of an ad hoc committee to deal with a specific item of business.

- That the motion be now put. (*)
- A motion resolving to exclude the public (including the press).

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote.

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

4.1920 **Chair's Ruling** - Statements of Directors made at meetings of the Board shall be relevant to the matter under discussion at the material time and the ruling of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final. In this interpretation he shall be advised by the ~~Trust Company~~ Secretary on standing orders and the case of Standing Financial instructions by the Director of Finance.

4.204 **Preservation of Order** - The Chair, acting reasonably, may exclude any Director, or observer or member of the public from the meeting if they are acting contrary to these Standing Orders, disregarding the rulings of the Chair under paragraph 4.2013 above or if they are interfering with or preventing the reasonable conduct of the meeting.

~~4.22 (Deleted)~~

4.231 **Voting** - Every question put to a vote at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote.

4.224 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A ballot, taken by paper or electronic means, may also be used if a majority of the Directors present so request. A vote cast by paper or electronic means shall be counted only if it is delivered to the ~~Trust Company~~ Secretary within a reasonable period as determined and notified to the Directors by the Chair.

4.253 If at least one-third of the Directors present so request, the voting (other than by paper or electronic ballot) on any question may be recorded to show how each Director present voted or abstained.

4.246 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper or electronic ballot).

4.257 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

- 4.268 An officer who has been appointed formally by the Board to act up for an executive Director during a period of incapacity or temporarily to fill an executive Director vacancy, shall be entitled to exercise the voting rights of the executive Director. An officer attending a meeting of the Board to represent an executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the executive Director. An officer's status when attending a meeting shall be recorded in the minutes.
- 4.279 **Minutes** - The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ordinary meeting where they will be signed by the person presiding at it.
- 4.2830 No discussion shall take place upon the minutes except upon their accuracy ~~or where the Chair considers discussion appropriate~~. Any amendment to the minutes due to inaccuracy only shall be agreed and recorded at the next meeting.
- 4.2934 **Provision of minutes of meetings of the Board to the Council of Governors**
- 4.302 Copies of the confirmed minutes relating to any part of a meeting held in public shall be published on the Trust's website and Governors shall be notified accordingly.
- 4.331 Copies of the confirmed minutes for any part of a meeting from which the public were excluded under **SO 4.1.2** shall be made available for inspection by Governors at least one hour before the next general meeting of the Council of Governors.
- 4.324 **Joint Directors** - Where the office of a Director is shared jointly by more than one person:
- (a) either or both or any of those persons may attend or take part in meetings of the Board of Directors;
 - (b) if both/any are present at a meeting they should cast one vote if they agree;
 - (c) in the case of disagreements no vote should be cast;
 - (d) the presence of either/any or both/any of those persons should count as the presence of one person for the purposes of **SO 4.420 (Quorum)**.
- 4.335 **Suspension of Standing Orders** - Except where this would contravene any provision of the Constitution or any direction made by ~~Monitor~~ **NHS England**, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Directors are present, including one

executive Director and one non-executive Director, and that a majority of those present vote in favour of suspension.

4.346 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

4.357 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Directors.

4.368 No formal business may be transacted while Standing Orders are suspended.

4.379 The Audit and Risk Committee shall review every decision to suspend Standing Orders.

4.384 **Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:

- a notice of motion under **SO 4.154** has been given; and
- more than half of the Directors present vote in favour of amendment; and
- the variation proposed does not contravene a statutory provision and
- the amendment is agreed by the Council of Governors

4.394 **Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the minutes.

4.402 **Quorum** - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive Director and one executive Director) are present.

4.42a1 A Director shall be classed as being present at a meeting if:

- (a) They are present in person at the location (if any) specified in the notice in which the meeting is being held; or
- (b) They are in “remote attendance” at the meeting.

4.42b A Director shall satisfy the following conditions to be counted as being in “remote attendance” at a meeting:

- (a) They have verbally confirmed or otherwise indicated their presence to the Chair.
- (b) They are able to hear, and where practicable see, and be so heard and, where practicable, be seen by the other Directors in attendance; and
- (c) They are able to be heard and, where practicable, be seen by members of the public attending the meeting.

4.4263 Any question as to whether a Director satisfies the conditions for “remote attendance” in S.O. 4.425, at any or a particular time, shall be determined by the Chair.

4.443 An officer in attendance for an executive Director but without formal acting up status may not count towards the quorum.

4.454 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least one executive Director to form part of the quorum shall not apply where the executive Directors are excluded from a meeting (for example when the Board of Directors considers the recommendations of the Nomination and Remuneration and Terms of Service Committee). The above requirement for at least one non-executive Director to form part of the quorum shall not apply where all the non-executive Directors are excluded from a meeting.

4.465 **Adjournment of Meetings** - The Board of Directors may, by resolution, adjourn any meeting to some other specified date, place and time and such adjourned meeting shall be deemed a continuation of the original meeting. No business shall be transacted at any adjourned meeting which was not included in the agenda of the meeting of which it is an adjournment.

4.45-a7 Any meeting may be adjourned by the Chair (whether or not it has commenced) to such time and place as the Chair shall state, where acting reasonably it appears to the Chair that:

4.475-a.1 Directors wishing to attend the meeting cannot be properly or conveniently accommodated in or access the place appointed for the meeting;

4.475-a.2 the conduct of the persons present prevents, or is likely to prevent, the orderly continuation of the business of the meeting;
or

4.475-a.3 an adjournment is otherwise necessary so that the business of the meeting may be properly conducted;

and any business remaining on the agenda shall stand adjourned until that adjourned meeting.

4.486 When any meeting is adjourned to another day, other than the following day, notice of the adjourned meeting shall be sent to each Director specifying the business to be transacted.

4.497 **Observers at Board of Directors meetings** - The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Board meetings and may change, alter or vary these terms and conditions as it deems fit.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

5.1 The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of **SO 6.1 or 6.2** below or by a Director of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.

5.2 **Emergency Powers** – The powers which the Board has retained to itself within these Standing Orders– may in emergency be exercised jointly by the Chief Executive and the Chair after having consulted at least two other non-executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board.

5.3 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-committees, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board.

5.4 **Delegation to Officers** – Those functions of the Trust which have not been retained as reserved to the Board or delegated to an executive committee or sub-committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate officers to undertake the remaining functions for which ~~he~~ they will still retain accountability to the Board.

5.5 The Chief Executive shall prepare a Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board, identifying their proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.

5.6 Nothing in the Schedule of Decision/Duties Delegated by the Board shall impair the discharge of the direct accountability to the Board of the Director of Finance, other Director or the Trust Company Secretary to provide information and advise the Board in accordance with any statutory requirements.

5.7 The arrangements made by the Board as set out in the Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board shall have effect as if incorporated in these Standing Orders.

5.8 If for any reason these Standing Orders are not complied with, full details of the non compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Board and officers have a duty to disclose any non compliance with these Standing Orders to the Chief Executive or Trust Company Secretary as soon as possible.

6. COMMITTEES

6.1 **Formation of Committees** – The Board may form committees of the Trust, consisting wholly or partly of members of the Board of Directors or wholly of persons who are not members of the Board of Directors.

6.2 A committee so formed under **SO 6.1** may form sub-committees consisting wholly or partly of members of the committee (whether or not they include Directors) or wholly of persons who are not members of the Trust committee (whether or not they include Directors).

6.3 The Standing Orders of the Trust, as far as they are applicable and with the exception of **SO 4.1** (Admission of the public) shall apply with appropriate alteration to meetings of any committees or sub-committee formed by the Board or a committee respectively.

6.4 All meetings of committees and sub-committees established by the Board shall be held in private unless agreed by the committee or sub-committee.

6.5 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

6.6 Committees may not delegate their ~~executive~~ powers to a sub-committee unless expressly authorised by the Board.

- 6.7 The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines that persons, who are neither non-executive Directors nor Directors, shall be appointed to a committee, the terms of such appointment shall be defined by the Board. Those appointed would be entitled to the payment of travelling and other allowances.
- 6.8 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with the regulations and directions laid down by the Board of Directors.
- 6.9 The Board may appoint sub-committees of the Board. Attendance at these Boards will be determined in the committees' terms of reference.
- 6.10 The following committees shall be established and maintained by the Board:
- Audit and Risk Committee
 - Nomination and Remuneration Committee
 - Mental Health Legislation Committee
 - Quality Assurance Committee

Other committees and sub-committees of the Board may be formed from time to time.

- 6.11 **Confidentiality** - A member of the Board of Directors or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential or embargoed.

7. CONFLICTS OF INTEREST

- 7.1 **Duties of Directors** – ~~It is the duty of each Director to comply with the Trust's Policy on Conflicts of Interests in accordance with paragraph 32 of the Constitution and the Trust's standards of business conduct.~~ A Director must:

- 7.1.1 Avoid any situation in which they have (or may have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- 7.1.2 Not accept a benefit from a third party that conflicts (or possibly may conflict) with the interests of the Trust.

- 7.1.3 Declare any interests (either direct or indirect) they may have, including the nature and extent of any interest, in:
- (a) any proposed transaction or arrangements with the Trust; or
 - (b) any other relevant or material matter relating to the Board of which they are a member.

7.1.4 Register any interests, in the register kept under paragraph 35.1.5 of the Constitution, including any all former employment/roles in the two years prior to taking up an appointment with the Trust, where there is or may be perceived to be a conflict of interest

- 7.2 A Director must seek advice from the Chair or the Company Trust Secretary if they have any doubt about the relevancy of a potential or actual interest.

7.3 Relevant and Material Interests

- 7.3.1 Interests which should be regarded as “relevant or material” under **SO 7.1.3** (b) are:

- (a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
- (b) ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- (c) majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
- (d) a position of trust in a charity or voluntary organisation in the field of health and social care;
- (e) any connection with a voluntary or other organisation contracting for NHS services; and
- (f) any other commercial interest in the decision the committee or Board meeting may be considering.

7.4 Declarations of Interests

- 7.4.1 A Director shall declare any interests under **SO 7.1.3**:
- (a) on appointment;
 - (b) if relating to an interest under **SO 7.1.3(a)**, before the Trust enters into the proposed transaction or arrangement;

- (c) at any meeting at which the proposed transaction, arrangement or relevant and material matter is being considered either at the start of the meeting or as soon as they become aware of it; and
- (d) if appropriate in the register kept in accordance with paragraph **35.1.5** of the Constitution.

7.4.2 A further declaration of interest must be made if the original declaration of interest under SO 7.4.1 proves to be, or becomes, inaccurate or incomplete.

~~7.5 — Interests of Spouses or Cohabiting Partners~~

~~7.5.1 The interests of a Director's spouse or cohabiting partner shall, for the purposes of SO 7.1.3 be treated as if they are the interests of the Director themselves.~~

~~7.56~~ Disability of Directors in proceedings on account of interests

~~7.654.1~~ If a Director is present at a meeting at which a matter in which they have an interest is being considered they shall, unless the interest in the subject of a dispensation under **SO 7.37**:

7.56.1.1 Declare the interest in accordance with **SO7.4.1(c)**.

7.56.1.2 For a ~~direct pecuniary financial~~ interest, withdraw from the meeting room whilst the matter is being considered.

7.65.1.3 For an indirect financial pecuniary interest arising from their being a Director of a Subsidiary ~~or holding an equivalent position of authority in a Trust Trading Vehicle~~, participate in the consideration or discussion but not vote on any matters concerning the Subsidiary ~~or Trust Trading Vehicle~~.

7.65.1.4 For all other indirect pecuniary interests of a financial nature, take no part in the consideration of or discussion on the matter, without the Chair's agreement, or vote on any question with respect to it except in circumstances set out in **SO 7.87.7.53**.

7.56.1.5 For all other interests participate in the consideration or discussion on the matter or vote on any question in respect of it as they consider appropriate.

7.56.2 The Board of Directors may exclude the Chair or a Director from a meeting of the Board by resolution if they have reasonable cause to believe that he has a direct pecuniary interest in any matter under consideration.

~~7.67~~ Record of Declarations of Interests

~~7.67.1~~ The interests of a Director shall be recorded in:

- (a) the minutes of the meeting at which the interest was declared in accordance with **SO 7.4.1** (c); and
- (b) In the register of interests in accordance with **SO 7.4.1** (d).

7.78 Interpretation, Savings and Dispensations

7.78.1 The duty of a Director under **SO 7.1.1** is not infringed if

- (a) the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or
- (b) the matter has been authorised in accordance with the Constitution.

7.78.2 The duty of a Director under **SO 7.1.2** is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

7.87.3 In **SO 7.1.2** “third party” means a person other than:

- (a) the Trust; or
- (b) a person acting on its behalf.

7.78.4 A Director shall not be regarded as having an interest if they are not aware of it or of the transaction or arrangement in question.

7.87.5 A Director need not declare an interest in a matter:

- 7.87.5.1 if it cannot reasonably be regarded as likely to give rise to an interest;
- 7.78.5.2 if, or to the extent that, the Directors are already aware of it. (A Director may only rely on this provision if the interest has been declared previously at a meeting of the Board or it is recorded in the Register of Interests); or
- 7.78.5.3 if, or to the extent that, it concerns the terms of the Director's appointment that have been or are to be considered -
 - (a) By a meeting of the Board of Directors; or
 - (b) By a committee of the Directors appointed for the purpose under the Constitution

7.78.6 Any remuneration, compensation or allowances payable to a Director by virtue of paragraph 11 of Schedules 3 and 4 to the National Health Service Act 2006 shall not be treated as a **pecuniary financial** interest for the purpose of this Standing Order.

7.78.7 For the purposes of **SO 7.65**:

7.78.7.1 The Chair or Director shall be treated, as having an indirect ~~pecuniary~~ interest of a financial nature in a contract, proposed contract or other matter, if:

- (a) he, or a nominee of him, is a Director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a ~~direct-pecuniary~~ financial interest in the other matters under consideration; or
- (b) he is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a financial ~~direct-pecuniary~~ interest in the other matter under consideration.

7.78.7.2 The Chair or Director shall not be treated as having a financial ~~pecuniary~~ interest (either direct or indirect) in any contract, proposed contract or other matter by reason only because:

- (a) of their membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;
- (b) of an interest in any company, body or person with which he is connected as mentioned in **SO 7.3.1** above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

7.78.7.3 Where the Chair or a Director:

- (a) has an indirect ~~financial-pecuniary~~ financial interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
- (b) the total nominal value of those securities does not exceed one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
- (c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one hundredth of the total issued share capital of that class,

this Standing Order shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

7.89 Application to meetings of Committees and Sub-Committees

7.89.1 Standing Order **7.87** applies to a committee or sub-committee of the Board as it applies to the Board and applies to any member of any such committee or sub-committee (whether or not they are also a Director) as it applies to a Director.

8. STANDARDS OF BUSINESS CONDUCT

8.1 **Policy** - Staff must comply with all the Trust's detailed Standards of Business Conduct polices relating to standards of conduct and Capability policy documents including the Conflicts of Interest Policy.

8.2 **Interests of Officers in Contracts** – If it comes to the knowledge of a Director of the Trust that a contract is which he has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust he shall, at once, give notice in writing to the Chief Executive of the fact that he is interested therein.

8.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of him/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. The Trust requires interests, employment or relationships so declared by staff to be entered in a register of interests of staff.

8.4 Canvassing of, and recommendations by, Members in relation to Appointments –

Canvassing of Directors or members of any committee of the Board directly or indirectly for any appointment by the Trust shall disqualify the candidate from such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

8.5 A Director shall not solicit for any person any appointment by the Board of Directors or recommend any person for such appointment, but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Board, if required

- 8.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.
- 8.7 **Relatives of Members of the Board of Directors** – Candidates for any staff appointment shall when making application disclose in writing whether they are related to any member of the Board or the holder of any office within the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- 8.8 The Chair, and every Director of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature the Chair, or Director is aware. It shall be the duty of the Chief Executive or nominated Director to report to the Board any such disclosure made.
- 8.9 Prior to or on acceptance of an appointment, the Chair and Directors must disclose to the Board whether they are related to any other member or holder of any office under the Trust.
- 8.10 Where the relationship of a Director or another member of the Board or another member of the Trust is disclosed, **SO 7.65** shall apply.

9. RESOLUTION OF DISPUTES WITH THE COUNCIL OF GOVERNORS

- 9.1 The procedure for the resolution of disputes between the Board and the Council of Governors is set out in Annex 9 to the Constitution.

10. NOTIFICATION TO MONITOR NHS ENGLAND AND THE COUNCIL OF GOVERNORS

- 10.1 The Board shall notify Monitor NHS England and the Council of Governors of any major changes in the circumstances of the Trust which have made or could lead to a substantial change to its financial well being, healthcare delivery performance, or reputation and standing or which might otherwise affect the Trust's compliance with the terms of its Licence.
- 10.2 The requirement for the Board to notify the Council of Governors under SO 10.1 above includes, but is not limited to, the provision of the following information:
- 10.2.1 notification of concerns by the Care Quality Commission and any compliance actions or enforcement notices related thereto;
 - 10.2.2 the expiry; loss, cancellation, withdrawal or other termination without renewal; suspension; or any modification of terms of its registration with the Care Quality Commission;
 - 10.2.3 a statement setting out any material changes to services that those services the Trust is required to provide as Commissioner Requested Services ~~and notification of any changes thereto~~;

- 10.2.4 any ~~application made notice provided~~ to ~~Monitor~~ NHS England in relation to the disposal or relinquishment of control over any relevant asset as defined within the Licence;
- 10.2.5 any notice received from ~~NHS England~~Monitor that it has concerns about the ability of the Trust to continue as a going concern;
- ~~10.2.6~~ A notice received from NHS England about the Trust's ability to continue to provide commissioner requested services or NHS commissioned services due to quality stress
- ~~10.2.6~~ a copy of any certificate provided to Monitor as to the availability of required resources; or
- 10.2.7 any notification provided to NHS England ~~Monitor~~ when the Directors are aware of any circumstance that causes them to no longer have expectation that the Trust will have reasonable resources available to it.

11. BOARD PERFORMANCE

- 11.1 The Chair, with the assistance of the ~~Trust~~ Company Secretary, shall lead, at least annually, a performance assessment process for the Board. This process should act as the basis for determining individual and collective professional development programmes for Directors.

12. TENDERING AND CONTRACT PROCEDURE

- 12.1 **Duty to comply with Standing Orders and Standing Financial Instructions** – The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders (except where Suspension of SOs is applied) and the Standing Financial Instructions.
- ~~12.2~~ ~~**Formal Competitive Tendering**~~ – ~~The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.~~
- ~~12.3~~ ~~Formal tendering procedures may be waived by officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (c) to (f) below) where:~~
 - ~~(a) the estimated expenditure or income does not, or is not reasonably expected to, exceed the threshold set by the Board on the advice of the Director of Finance; or~~

- ~~(b) — the timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for waiving tender procedures; or~~
 - ~~(c) — specialist expertise is required and there is clear and convincing evidence readily at hand that it is available from only one source; or~~
 - ~~(d) — the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different parties for the new task would be inappropriate; or~~
 - ~~(e) — there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or~~
 - ~~(f) — where provided for in the Capital Investment Manual. The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to avoid further work to a party originally appointed through a competitive procedure.~~
 - ~~(g) — Where it is decided that competitive tendering is not applicable and should be waived by virtue of (b) to (e) above the fact of the waiver, and the reasons should be documented and reported by the Chief Executive to the Board in a formal meeting.~~
- ~~12.4 — Except where SO 12.3, or a requirement under SO 12.2, applies, the Board shall ensure that invitations to tender are sent to a sufficient number of firms/individual to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.~~
- ~~12.5 — The Board shall ensure that normally the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Director of Finance it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive for approval.~~
- ~~12.6 — Tendering procedures are set out in the Standing Financial Instructions.~~
- ~~12.7 — **Competitive Quotations** — are required where formal tendering procedures are waived under SO 12.3 (a) or (b) and where the intended expenditure or income exceeds, or is reasonably expected to exceed the threshold set by the Board on the advice of the Director of Finance.~~

- ~~12.8—Where quotations are required under SO 12.8 they should be obtained from at least three firms/individuals on the approved list based on specifications or terms of reference prepared by, or on behalf of, the Board.~~
- ~~12.9—Quotations should be in writing unless the Chief Executive or their nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotation should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.~~
- ~~12.10 All quotations should be treated as confidential and should be retained for inspection.~~
- ~~12.11 The Chief Executive or their nominated officer should evaluate the quotations and select the one which gives the best value for money. If this is not the lowest then this fact and the reasons why the lowest quotation was not chosen should be in a permanent record.~~
- ~~12.12 Non-competitive quotations in writing may be obtained for the following purposes:~~
- ~~(a)—the supply of goods/services of a special character for which it is not, in the opinion of the Chief Executive or their nominated officer, possible or desirable to obtain competitive quotations; or~~
 - ~~(b)—the goods/services are required urgently. Failure to place the work properly is not a justification for waiving tender procedures.~~
- ~~12.13 **Where tendering or competitive quotation is not required**—The Trust shall use the agreed management procurement process for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented. Procurement shall normally be through the procurement process unless agreed by the Chief Executive or a nominated officer.~~
- ~~12.14 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. The Board may also determine from time to time that in-house services should be market tested by competitive tendering.~~
- ~~12.15 **Private Finance**—When the Board proposes, or is required, to use finance provided by the private sector the following should apply:~~
- ~~(a)—The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector;~~

- ~~(b) — Where the sum exceeds delegated limits (at the time of writing £8m except for property leases where the other level is £4m.~~
 - ~~(c) — The proposal must be specifically agreed by the Board of Directors in the light of such professional advice as should reasonably be sought in particular with regard to vires.~~
 - ~~(d) — The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.~~
- ~~12.16 **Contracts** — The Trust may only enter into contracts within its statutory powers and shall comply with:~~
- ~~(a) — Standing Orders;~~
 - ~~(b) — The SFIs;~~
 - ~~(c) — EU Directives and other statutory provisions;~~
- ~~12.17 In all contracts made by the Trust, the Board shall endeavour to obtain best value for money. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.~~
- ~~12.18 **Procurement of Agency Staff** — The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment regarding staff, agency staff or temporary staff service contracts.~~
- ~~12.19 **Healthcare Services Contracts** — shall be drawn up in accordance with Department of Health model contracts.~~
- ~~12.20 The Chief Executive shall nominate officers with power to negotiate for the provision of healthcare services with purchasers of healthcare.~~
- ~~12.21 **Cancellation of Contracts** — Except where specific provision is made in model forms of Contracts or standard Schedules of Conditions approved for use within the National Health Service and in accordance with Standing Orders 12.2 and 12.3, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation:~~
- ~~• if the contractor shall have offered, or given or agreed to give, any person any gift (exceeding £10) or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust; or~~
 - ~~• for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust; or~~

- ~~• if the like acts shall have been done by any person employed by them or acting on his behalf (whether with or without the knowledge of the contractor); or~~
- ~~• if in relation to any contract with the Trust the contractor or any person employed by them or acting on their behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 and other appropriate legislation.~~

~~12.22 **Determination of Contracts for Failure to Deliver Goods or Material**~~

~~There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice cancel the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly cancelled the goods or material remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.~~

~~12.23 **Contractors Involving Funds Held on Trust** — shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act.~~

~~13 **DISPOSALS**~~

~~Competitive Tendering or Quotation procedures shall not apply to the disposal of:~~

- ~~(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or their nominated officer;~~
- ~~(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;~~
- ~~(c) items with an estimated sale value of less than £10,000 (this figure to be reviewed annually);~~
- ~~(d) items arising from works of construction, demolition or site clearance which should be dealt with in accordance with the relevant contract;~~
- ~~(e) land or buildings whether or not classed as a “relevant asset” under the Trust’s Licence.~~

14. — IN-HOUSE SERVICES

~~14.1 — In all cases where the Trust determines that in-house services should be subject to competitive tendering the following groups shall be set up:~~

- ~~(a) — Specification group, comprising the Chief Executive or nominated officer(s) and specialists(s);~~
- ~~(b) — In-house tender group, comprising representatives of the in-house team, a nominee of the Chief Executive and technical support; and~~
- ~~(c) — Evaluation group, comprising normally a specialist officer, a supplies officer and a Director of Finance representative. For services having a likely annual expenditure exceeding £250,000, a nominated Non-Executive Director should be a member of the evaluation team.~~

~~14.2 — All groups should work independently of each other but individual officers may be a member of more than one group. No member of the in-house tender group may, however, participate in the evaluation of tenders.~~

~~14.3 — The evaluation group shall make recommendations to the Board.~~

~~14.4 — The Chief Executive shall nominate an officer to oversee and manage the contract.~~

153. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

153.1 Custody of Seal – The Common Seal of the Trust shall be kept by the Chief Executive or nominated person in a secure place.

153.2 Sealing of documents- The Common Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board of Directors or of a committee thereof or by an officer to whom the Board of Directors has delegated its powers.

153.3 Where it is necessary that a document shall be sealed the seal shall be affixed in the presence of two Directors or a Director and the Trust Company Secretary and shall be attested by them. The Directors approving and attesting the document shall not be from the originating department.

153.4 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Finance (or an Officer nominated by him/her).

153.5 The form of the attestation of documents shall be “The Common Seal of the Tees Esk and Wear Valleys NHS Foundation Trust was hereto affixed in the presence of

153.6 **Register of Sealing** – An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and attested the seal. A report of all sealing shall be made to the next Board of Directors meeting. (The report shall contain details of the seal number, the description of the document and date of sealing).

164. SIGNATURE OF DOCUMENTS

164.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

164.2 The Chief Executive or nominated officers shall be authorised by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority.

47.15. DISSEMINATION OF STANDING ORDERS

The Chief Executive is responsible for ensuring all existing Directors and officers, and all new appointees are notified of, and understand their responsibility within the Standing Orders.

Attached 1

~~Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board~~

~~1. Introduction~~

~~Standing Order 5.5~~ of the Board of Directors provides that the Chief Executive shall prepare a Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board, identifying his/her proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion.

The purpose of this document is to provide details of those powers which are reserved to the Board, while at the same time detailing those delegated to the appropriate level. However, the Board remains accountable for all of its functions, even those delegated to the Chair, individual Directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

~~1.1 Role of the Chief Executive~~

All powers of the Trust which have not been retained as reserved by the Board or delegated to an executive committee or sub-committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall prepare a Scheme of Delegation identifying which functions he shall perform personally and which functions have been delegated to other Directors and officers.

All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. As Accounting Officer the Chief Executive is accountable for the funds entrusted to the Trust.

~~1.2 Caution over the Use of Delegated Powers~~

Powers are delegated to Directors and officers on the understanding that they would not exercise delegated powers in any matters which in their judgment was likely to be a cause for public concern.

~~1.3 Directors' Ability to Delegate their own Delegated Powers~~

The Scheme of Delegation shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the Trust's Budgetary Control Framework and other established procedures within the Trust.

~~1.4 — Absence of Directors or Officer to Whom Powers have been Delegated~~

~~In the absence of a Director or officer to whom powers have been delegated those powers shall be exercised by that Director or officer's superior unless alternative arrangements have been approved by the Board. It may be fitting for the Chair to take advice from the designated Deputy Chief Executive (where such a designation exists) or the most appropriate Director, depending on the particular issue.~~

~~2. — Matters Reserved to the Board~~

~~2.1 — It is for the Board to determine those matters on which decision are reserved unto itself. These reserved matters are set out in paragraphs 2.2 to 2.10 below:~~

~~2.2 — General Enabling Provision~~

~~The Board may determine any matter it wishes in full session within its statutory powers.~~

~~2.3 — Internal Control~~

~~2.3.1 — Approval of, suspension, variation or amendments of Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business.~~

~~2.3.2 — Ratification or otherwise, of instances of failure to comply with Standing Orders brought to the Chief Executives' or Trust Secretary's attention.~~

~~2.3.3 — Approval of a scheme of delegation of powers from the Board to officers.~~

~~2.3.4 — To require and receive the declaration of officers' and Board members' interests, which may conflict, with those of the Trust and determining the extent to which that Director or officer may remain involved with the matter under consideration.~~

~~2.3.5 — Requiring and receiving the declaration of interests from officers, which may conflict, with those of the Trust.~~

~~2.3.6 — Discipline Directors and senior employees who are in breach of statutory requirements or Standing orders.~~

- ~~2.3.7 Approval of the disciplinary procedure and personal responsibility framework for officers of the Trust.~~
- ~~2.3.8 Approval of arrangements for dealing with complaints.~~
- ~~2.3.9 Adoption of the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications there to.~~
- ~~2.3.10 Establishment of terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board.~~
- ~~2.3.11 To receive reports from committees including those which the Trust is required by regulation to establish and to take appropriate action thereon.~~
- ~~2.3.12 To confirm the recommendations of the Trust's committees where the committees do not have executive powers.~~
- ~~2.3.13 Approval of arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.~~
- ~~2.3.14 Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.~~

2.4 — Appointments

- ~~2.4.1 The setting up and dismissal of committees.~~
- ~~2.4.2 The appointment and approval of the terms and conditions of service including the responsibilities of Associate Non-Executive Directors.~~
- ~~2.4.3 The appointment of the Senior Independent Director taking into account the views of the Council of Governors.~~
- ~~2.4.4 The appointment of members of any committee of the Board of Directors.~~
- ~~2.4.5 The appointment, appraisal, discipline and dismissal of the Trust Secretary.~~

~~2.4.6 The nomination of persons to be directors or senior officers of a Subsidiary or to hold a similar position of authority in a Trust Trading Vehicle.~~

~~2.4.7 The appointment of a person or persons to act on the Trust's behalf in relation to its shareholding in any Subsidiary including representing the Trust at meetings of the Subsidiary and executing any notices received from the Subsidiary.~~

~~2.5 Policy Determination~~

~~2.5.1 The approval and monitoring of the Trust's policies and procedures for the management of risk.~~

~~2.5.2 The approval of Trust policies in relation to investments.~~

~~2.6 Strategy and Business Plans and Budgets~~

~~2.6.1 Definition of the strategic aims and objectives of the Trust.~~

~~2.6.2 The approval of the Trust's Forward Plan subject to:~~

- ~~• Consultation with the Council of Governors.~~
- ~~• The approval of the Council of Governors if, in any year, it is proposed to increase by more than 5% the proportion of its total income attributable to non-NHS services.~~

~~2.6.3 Overall approval of programmes of investment to guide the letting of contracts for the supply of clinical services.~~

~~2.6.5 Approval of individual proposals for making write-offs and special payments above the limits of delegation (£50,000) previously delegated to the Chief Executive and Director of Finance by the Board.~~

~~2.6.6 Approval of arrangements for consultation on service reconfiguration proposals in excess of £500,000 per annum or of a novel or contentious nature.~~

~~2.6.7 The approval of any merger, acquisition, separation, dissolution or significant transaction (as defined in paragraph 45 of the Constitution) in conjunction with the Council of Governors.~~

~~2.7 — Direct Operational Decisions~~

~~2.7.1 Acquisition, disposal (including relinquishing control) or change of use of land and/or buildings in excess of £500,000 or (subject to the consent of Monitor) where the said land and/or building is a “relevant asset” as detailed in the Trust’s Licence.~~

~~2.7.2 The introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant where:~~

- ~~• it is of a novel or contentious nature, or if it has a gross annual income or expenditure (that is before any set off) in excess of £500,000 or 20% of budget; or~~
- ~~• it is a Commissioner Requested Service as defined in the Trust’s Licence.~~

~~2.7.3 Approval of individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £500,000 over a 3 year period or the period of the contract if longer.~~

~~— 2.7.4 Approval of individual compensation payments over £25,000.~~

~~— 2.7.5 Agreement to policy on litigation against or on behalf of the Trust.~~

~~2.8 — Financial and Performance Reporting Arrangements~~

~~2.8.1 Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from Directors, committees, members and officers of the Trust as set out in management policy statements. All monitoring returns required by Monitor and the Charity Commission shall be reported, at least in summary, to the Board.~~

~~2.8.2 Approval of the opening or closing of any bank or investment account, excluding individual patient accounts.~~

~~2.8.3 Receipt and approval of a schedule of NHS contracts signed in accordance with arrangements approved by the Chief Executive.~~

~~2.8.4 Consideration and approval of the Trust’s Annual Report including the Annual Accounts and Quality Account/Report.~~

~~— 2.8.5 Receipt and approval of the Annual Report for funds held on trust.~~

2.9 — Regulatory Matters

~~2.9.1 The approval of any certificates, notices or other information required to be provided to Monitor under the conditions of the Licence.~~

2.10 — Audit Arrangements

~~2.10.1 To approve audit arrangements (including arrangements for the separate audit of funds held in trust) and to receive reports of the Audit Committee meetings and take appropriate action.~~

~~2.10.2 The receipt of the annual audit letter received from the external auditor (or other document prepared by the external auditors in lieu of an annual audit letter) and agreement of action on the recommendation where appropriate of the Audit Committee.~~

~~3. Delegation of Powers~~

~~3.1 Delegation to Committees~~

~~The Board may determine that certain of its powers shall be exercised by Standing Committees. The composition and terms of reference of such committees shall be that determined by the Board from time to time taking into account where necessary the requirements of Monitor and/or the Charity Commissioners (including the need to appoint an Audit Committee and a Remuneration Committee). The Board shall determine the reporting requirements in respect of these committees. In accordance with SO 5.3 committees may not delegate executive powers to sub-committees unless expressly authorised by the Board.~~

~~Scheme of delegation Implied by Standing Orders for Board of Directors~~

~~SO REF: DELEGATED DECISIONS AND DUTIES~~

~~4.1.5a CHAIR~~

~~Give directions on arrangements for meetings including accommodation of the public.~~

~~4.1.5a CHAIR~~

~~Determine that attendance by members of the public shall be restricted to access in person, by remote means or both.~~

~~4.1.5b CHAIR~~

~~To be satisfied that arrangements for remote access to meetings will enable the public to be able hear, and where practicable see, the business transacted at the meeting.~~

~~4.1.6 CHAIR~~

~~Determine whether or not proceedings at Board meetings can be recorded or oral reports can be made of those proceedings as they take place.~~

~~4.4 CHAIR~~

~~Call meetings.~~

~~4.4.2 — CHAIR~~

~~Determine any question as to whether, at any particular time, a Director satisfied the conditions for remote attendance at a meeting.~~

~~4.5 — CHAIR OR NOMINATED OFFICER~~

~~— Sign notices of Board meetings.~~

~~4.9 — TRUST SECRETARY~~

~~— Give public notice of Board meetings.~~

~~4.12 — CHAIR~~

~~— Arrange consideration of petitions by the Board.~~

~~4.13 — CHAIR~~

~~— Chair all Board meetings and associated responsibilities.~~

~~4.20 — CHAIR~~

~~— Give final ruling in questions of order, relevancy and regularity of meetings.~~

~~4.21 — CHAIR~~

~~— Exclude any Director, observer or member of the public from a meeting if they are acting contrary to Standing Orders, disregarding the rulings of the Chair or interfering with or preventing the reasonable conduct of the meeting.~~

~~4.23 — CHAIR~~

~~— Have a second or casting vote.~~

~~4.39 — AUDIT COMMITTEE~~

~~Review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board).~~

~~4.45a — CHAIR~~

~~Adjourn meetings in the interests of attendance and access; orderly conduct; or for the proper conduct of business.~~

~~5.2 — CHAIR & CHIEF EXECUTIVE~~

~~Exercise the powers which the Board has retained to itself within Standing Orders in an emergency after having consulted at least two non-executive Directors.~~

~~5.5 — CHIEF EXECUTIVE~~

~~Prepare a Scheme of Decisions Reserved to the Board and Decisions/Duties Delegated by the Board for approval by the Board~~

~~8.8 — CHIEF EXECUTIVE~~

~~Receive and report to the Board on disclosures made by the Chair or Directors on relationship between themselves and a candidate of whose candidature they are aware.~~

~~11 — CHAIR~~

~~Lead the annual performance assessment of the Board.~~

~~(Note: The Senior Independent Director leads the annual performance assessment of the Chair)~~

~~12.3 — CHIEF EXECUTIVE~~

~~Delegate authority to waive tendering procedures to named officers.~~

~~12.3 — NAMED OFFICERS~~

~~Waive tendering procedures without reference to Chief Executive in the circumstances listed in 12.1 (a) and (b).~~

~~12.3(a) DIRECTOR OF FINANCE~~

~~Advise the Board on thresholds above which formal tenders must be obtained in line with procurement systems (electronic or written)~~

~~12.3 — CHIEF EXECUTIVE~~

~~Waive tendering procedures relating to SO 12.3 (c) to (f).~~

~~12.3 — CHIEF EXECUTIVE~~

~~Document the reasons why, and report tenders waived by virtue of SO12.3(b) to (e), to the Board in a formal meeting.~~

~~12.5 — CHIEF EXECUTIVE:~~

~~Decide on use of a firm not on the approved suppliers list on the advice of the Director of Finance.~~

~~12.7 — DIRECTOR OF FINANCE~~

~~Advise the Board on threshold above which Competitive Quotations must be obtained in line with procurement systems (electronic or written)~~

~~12.9 — CHIEF EXECUTIVE OR NOMINATED OFFICER:~~

~~Determine that a quotation need not be in writing if this would be impracticable.~~

~~12.11 — CHIEF EXECUTIVE OR NOMINATED OFFICERS~~

~~Evaluate quotations and select the one which gives best value.~~

~~12.14 — CHIEF EXECUTIVE~~

~~Demonstrate there is best value for money for all services provided under contract or in-house.~~

~~12.15 — CHIEF EXECUTIVE~~

~~Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector.~~

~~12.17 — CHIEF EXECUTIVE~~

~~Nominate an officer to oversee and manage each contract on behalf of the Trust.~~

~~12.18 — CHIEF EXECUTIVE~~

~~Nominate officers to enter into contracts of employment, regarding staff, agency staff or consultancy service contracts.~~

~~12.20 — CHIEF EXECUTIVE~~

~~Nominate officers with power to negotiate for the provision of healthcare services with purchasers of healthcare.~~

~~13(a) — CHIEF EXECUTIVE OR NOMINATED OFFICER~~

~~Determine any items to be sold by sale or negotiation.~~

~~13.4 — CHIEF EXECUTIVE~~

~~Nominate an officer to oversee and manage a contract (for in-house services) on behalf of the Trust.~~

~~15.1 — CHIEF EXECUTIVE Keep the seal in safe place and maintain a register of sealing.~~

~~15.3 — DIRECTORS AND TRUST SECRETARY~~

~~Approve and sign all building, engineering, property or capital documents. (Any two as delegated by the Board)~~

~~16.2 — CHIEF EXECUTIVE~~

~~Approve and sign all documents which will be necessary in legal proceedings.~~

~~16.2 — CHIEF EXECUTIVE (OR OFFICERS NOMINATED BY THE BOARD)~~

~~Sign, on behalf of the Trust, any agreement or document not requested to be executed as a deed.~~

~~17 — CHIEF EXECUTIVE~~

~~Ensure that existing Directors and employees, and all new appointees are notified of and understand their responsibilities within Standing Orders and Standing Financial Instructions.~~

ANNEX 9 - Further Provisions

1 Disqualification from Membership

A person may not become a member if:

1. Within the last 10 years they have been involved in a serious incident of violence at any of the Trust's hospitals, facilities or sites or against any of the Trust's employees, or registered volunteers.
2. They are under 14 years of age.
3. They have acted in a way, which is detrimental to the Trust.

A person may not become or remain a member of the Public Constituency if they are eligible to become a member of the Staff Constituency.

A person may not be a member of more than one constituency.

Where the Trust is on notice that a member may be disqualified from membership, or may no longer be eligible to be a member it shall give the member 14 days written notice for them to show cause why their name should not be removed from the register of members. On receipt of any such information supplied by a member, the Trust Company Secretary may, if he considers it appropriate, remove the member from the Register of Members. In the event of any dispute the Company Trust Secretary shall refer the matter to the Council of Governors. All Members of the Trust shall be under a duty to notify the Company Trust Secretary of any change in their particulars, which may affect their entitlement as a member.

2 Termination of Membership

A member shall cease to be a member if:

1. They resign on notice to the Company Trust Secretary;
2. They cease to be entitled under this Constitution to be a member of any of the constituencies;
3. They are expelled under this Constitution;
4. If it appears to the Company Trust Secretary that they no longer wish to be a member and after enquiries made in accordance with a process approved by the Council of Governors, they fail to confirm that they wish to continue to be a member of the Trust.

3 Expulsion

A member may be expelled by a resolution of the Council of Governors. The following procedure is to be adopted:

1. Any member may complain to the ~~Company Trust~~ Secretary that another member has acted in a way detrimental to the interests of the Trust.
2. If a complaint is made, the Council of Governors may itself consider the complaint having taken such steps as it considers appropriate to ensure that each member's point of view is heard and may either:
 - a. Dismiss the complaint and take no further action; or
 - b. Arrange for a resolution to expel a member to be considered at the next meeting of the Council of Governors.
3. If a resolution to expel a member is to be considered at a meeting of the Council of Governors, details of the complaint must be sent to the member complained of not less than one calendar month before the meeting with an invitation to answer the complaint and attend the meeting.
4. At the meeting the Council of Governors will consider oral and written evidence produced in support of the complaint and any oral and written evidence submitted for or on behalf of the member about whom complaint has been made.
5. If the member complained of fails to attend the meeting without due cause the meeting may proceed in their absence. A person expelled from membership will cease to be a member upon the declaration by the Chair of the meeting that the resolution to expel them is carried. No person who has been expelled from membership is to be re-admitted except by a resolution carried by the votes of two-thirds of the members of the Council of Governors present and voting at a meeting of the Council of Governors.

4 Board of Directors Termination of Tenure and Disqualification

- i. A non-executive Director may resign from that office at any time during his term of office by giving notice to the ~~Company Trust~~ Secretary
- ii. In the case of a non-executive Director, he is no longer a member of the public constituency.
- iii. He becomes a member of the Council of Governors

- iv. He ceases to be a fit and proper person to be a Director of a Foundation Trust in accordance with the requirements set out in the Licence and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- v. He is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

He is otherwise disqualified at law from holding the office of non-executive Director of an NHS Foundation Trust

5 Classes of information to be treated as confidential

The classes of information to be treated as confidential for the purposes of Standing Order 4.2.36 of the Council of Governors and Standing Order 4.1.43 of the Board of Directors shall be as follows:

1. 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.
2. Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.
3. Information relating to any particular applicant for, or recipient or former recipient of, any financial assistance provided by the Trust.
4. Information relating to the financial or business affairs of any particular person (other than the Trust).
5. 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.
6. 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.
7. The identity of the Trust (as well as of any other person, by virtue of paragraph 4 above) as the person offering any particular tender for a contract for the supply of goods or services.
8. 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.
9. 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.
10. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Trust and employees of, or office-holders under, the Trust.
11. Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.
12. Any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
13. Information:
- (a) prohibited from disclosure by or under any enactment, or
 - (b) which if disclosed by the Trust would be incompatible with any EU obligation or would constitute or be punishable as a contempt of court.
14. 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.

6. RESOLUTION OF DISPUTES BETWEEN THE BOARD OF DIRECTORS AND THE COUNCIL OF GOVERNORS

Should a dispute arise between the Board of Directors and Council of Governors -

1. The Chair or Deputy Chair (if the dispute involves the Chair) of the Trust, as appropriate, shall first endeavour through discussion with the Council of Governors and Board of Directors (or, to achieve the earliest possible conclusion, appropriate representatives of them) to resolve the matter to the reasonable satisfaction of both parties.
2. Failing resolution under (1) above then the Board or the Council of Governors, as appropriate, shall, at its next formal meeting, approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.
3. The Chair or Deputy Chair (if the dispute involves the Chair) shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an Agenda Item and Agenda Paper at the next formal meeting of the

Board or Council of Governors as appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

4. The Chair, or Deputy Chair (if the dispute involves the Chair), as appropriate, shall immediately or as soon as is practicable, communicate the outcome to the other party and deliver the Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in (3) above shall be repeated.
5. If, in the opinion of the Chair, or Deputy Chair (if the dispute involves the Chair), as appropriate, and following the further discussion prescribed in (4), there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the Chair or Deputy Chair, as the case may be, there is no prospect of a resolution (partial or otherwise) then they shall advise the Council of Governors and the Board accordingly.
6. At each stage in the process, and in particular prior to determining whether there is no prospect of resolution, the Chair, or Deputy Chair (if the dispute involves the Chair) shall consult with the Senior Independent Director.
7. On the satisfactory completion of this disputes process the Board shall implement any agreed changes.
8. On the unsatisfactory completion of this disputes process the view of the Board shall prevail unless the matter falls within the statutory powers of the Council of Governors.
9. Nothing in this procedure shall prevent the Council of Governors, if it considers it appropriate following advice from the Senior Independent Director, Lead Governor and the ~~Company Trust~~ Secretary from:
 - a. informing ~~Monitor~~ NHS England that it believes the Board has not responded constructively to concerns about the Trust's compliance with its Licence.
 - b. Referring a matter to NHS England's Monitor's Panel in accordance with paragraph 18 of the Constitution.
 - c. Making a direct referral to the Care Quality Commission if it considers the issue giving rise to the dispute will lead to the Trust failing to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

ANNEX 10 – ANNUAL MEMBERS’ MEETING

1. General

- 1.1 A meeting of the Members of the Foundation Trust (“The Annual Members’ Meeting”) shall be held annually in accordance with paragraph 10 of the Constitution.

2. Interpretation

- 2.1 All words and expressions shall have the same meaning as those provided in the Standing Orders of the Council of Governors (Annex 7 to the Constitution).

3. Combination of the Annual Members’ Meeting and the Annual General Meeting of the Council of Governors.

- 3.1 Unless otherwise agreed by the Chair of the Trust, the Annual Members’ Meeting will be combined with the Annual General Meeting of the Council of Governors.

4. Calling the Annual Members’ Meeting

- 4.1 The date and time of the Annual Members’ Meeting shall be agreed by the Chair of the Trust in consultation with the Council of Governors.
- 4.2 The place for the meeting shall be fixed by the Chair of the Trust.

5. Notice of the Annual Members’ Meeting

- 5.1 Notice of an Annual Members Meeting must be given:
- 5.1.1 to all Members (who are included in the register kept under paragraph 34.1.1 of the Constitution on the date the notice is given);
 - 5.1.2 to all Governors;
 - 5.1.3 in a paid-for newspaper circulating in the Trust’s area; and
 - 5.1.4 on the Trust’s website
- at least 14 clear days before the date of the meeting.
- 5.2 The notice shall give the time, date and place of the meeting and indicate the business proposed to be transacted at it. Where a meeting is to be held

remotely, either in whole or in part, this shall be stated in the notice together with details of how to access the meeting.

5.3 A copy of the notice must also be sent to all Directors and to the External Auditor (unless they are notified of the meeting in accordance with paragraph 4.1.1 above).

5.4 Want of service of the notice on any Member of the Trust shall not affect the validity of a meeting.

6. Business to be transacted at the Annual Members' Meeting

6.1 The following business must be transacted at the Annual Members' Meeting:

6.1.1 the presentation of the Annual Accounts;

6.1.2 the presentation of any report prepared by the External Auditors on the Annual Accounts;

6.1.3 the presentation of the Annual Report; and

6.1.4 the consideration of any motions to ratify any amendment to the Constitution which has been agreed since the last Annual Members' meeting in relation to the powers and duties of the Council of Governors.

6.2 A motion under paragraph 6.1.4 above, in relation to each specific amendment to the Constitution, shall be set out in the notice for the meeting and moved by the Chair of the meeting.

6.3 No other business shall be transacted at an Annual Members' Meeting.

7. Chair of the Annual Members' Meeting

7.1 The Chair of the Trust, if present, shall preside.

7.2 If the Chair is absent, the Deputy Chair of the Trust, shall preside.

7.3 If both the Chair and Deputy Chair are absent, a Governor or non-executive Director, chosen by the Governors of the Trust, shall preside.

7.4 The ruling of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

8. Preservation of Order

- 8.1 The Chair acting reasonably, may exclude any Member, Governor, Director, officer of the Trust or member of the public from the meeting if they are interfering with or preventing the reasonable conduct of the meeting.

9. Presentation of the Annual Accounts and Annual Report

- 9.1 The Annual Accounts and Annual Report shall be presented by the Chief Executive (or by a Director appointed by him).

10. Quorum

- 10.1 No business shall be transacted at an Annual Members' Meeting unless there are at least fifty (50) Members present.
- 10.2 A Member shall be classed as being present at a meeting if:
- (a) They are present in person at the location (if any) specified in the notice in which the meeting is being held; or
 - (b) They are in "remote attendance" at the meeting.
- 10.3 A Member shall satisfy the following conditions to be counted as being in "remote attendance" at a meeting:
- (a) They have verbally confirmed or otherwise indicated their presence to the Chair.
 - (b) They are able to hear, and where practicable see, and be so heard and, where practicable, be seen by the other Members in attendance.
- 10.3 Any question as to whether a Member satisfies the conditions for "remote attendance" in para. 10.3, at any or a particular time, shall be determined by the Chair.

11. Voting

- 11.1 The method of voting on any motion under paragraph 6.1.4 shall be determined by the Chair.

12. Minutes

- 12.1 The minutes of the Annual Members' Meeting shall be approved at the next ordinary meeting of the Council of Governors.

13. Adjournment

13.1 An Annual Members' Meeting may be adjourned by the Chair (whether or not it has commenced) to such time and place as the Chair shall state, where acting reasonably it appears to the Chair that:

- (a) Members wishing to attend the meeting cannot be properly or conveniently accommodated in or access the place appointed for the meeting;
- (b) the conduct of the persons present prevents, or is likely to prevent, the orderly continuation of the business of the meeting;
or
- (c) an adjournment is otherwise necessary so that the business of the meeting may be properly conducted;

and any business remaining on the agenda shall stand adjourned until that adjourned meeting.

Issues raised in connection with Proposed Changes to the Constitution

	Issue	Response
1	Should provisions be included in the Constitution in relation to the Council of Governors engaging with the ICBs and holding them to account.	<p>It is not considered appropriate to include provisions relating to this issue in the Constitution as there is no statutory or regulatory framework requiring the ICBs to engage with the Council or accede to a request to attend a meeting.</p> <p>However, there is nothing to prevent the Council, by resolution, from inviting representatives of the ICBs to attend meetings of the Council to provide briefings or to discuss matters of common interest.</p>
2	Transitional arrangements for the appointment of the next Lead Governor as Ann McCoy's term of office is due to be completed on 31 March 2024.	<p>A suggestion that Cllr McCoy's term of office should be extended to the end of June 2024, to enable the proposed amendments to the Constitution to be determined, was supported by Governors attending the Governor Development Event.</p> <p>A report to formalise this position is due to be considered by the Council at its meeting to be held on 19th March 2024.</p>
4	Whether the request from the Council for Board Members to register interests, relating to all former employment/roles held by them in the two years prior to taking up an appointment with TEWV, where there is or may be perceived to be a conflict of interest, has been reflected in the revised Constitution.	This matter has been included in the revised Standing Orders of the Board of Directors.
5	How should the issue of partner organisations appointing Governors with little or too specific an interest in one area of mental health be addressed.	<p>It is for each partner organisation to determine who it should appoint as its representative on the Council unless the nominee is barred from being a Governor (see Annex 6 to the Constitution).</p> <p>However, the Trust is able to provide information on its services and the role of the Council of Governors to support the organisation's appointments process.</p>
6	How long a period is required before a Governor, who has completed their maximum term, can become a Governor again.	<p>No specific time period is set. There would only need to be a break in membership of the Council.</p> <p>It is likely the minimum break would be 12 months given the electoral cycle.</p>

7	Would a conflict of interest arise if an partner organisation received funding from the Trust.	It is likely that any conflict of interest would be able to be managed.
8	In regard to the proposed changes to the North Yorkshire Public Constituency, how would Governors understand the area if they are all from the same place.	<p>There are risks that all the Governors could come from one part of the Constituency; however, this is considered to be unlikely given the experience in County Durham.</p> <p>Under the NHS Act 2006 the boundaries of the Public Constituencies must be based on those of local authorities and, since the reorganisation of local government in the County and the abolition of the District Councils, change is required.</p>
9	Why are Governors excluded from the confidential sessions of meetings of the Board of Directors.	<p>Both the Board and the Council need the ability to hold meetings in private respecting their individual roles.</p> <p>The outcome of Board discussions on material issues are likely to be reported to the Council of Governors.</p>

For General Release

Meeting of: Council of Governors
Date: 19 March 2024
Title: Appointments
Executive Sponsor(s): -
Report Author: Phil Bellas, Company Secretary

Report for:

<i>Assurance</i>		<i>Decision</i>	✓
<i>Consultation</i>		<i>Information</i>	

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

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

Strategic Risks relating to this report:

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
10	Regulatory Compliance	Under its Provider Licence, the Trust must take all reasonable precautions against the risk of failure to comply with: a. The Conditions of the Licence, b. Any requirements imposed on it under the NHS Acts, and c. The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

Executive Summary:

Purpose: The purpose of this report is to enable the Council to make decisions relating to appointments within its remit.

Proposal: The Council is asked to:

- (1) Agree that the term of office of Ann McCoy as the Lead Governor should be extended until June 2024.
- (2) Note that no nominations have been received for the Governor vacancy on the Council’s Nomination and Remuneration Committee and agree that the position should be readvertised.
- (3) Appoint Hazel Griffiths and Martin Combs to observe the special meeting of the Audit and Risk Committee to be held on 17th June 2024 when the External Auditors are due to present their report and opinion on the Annual Audit.

Overview:

(1) Lead Governor

Ann McCoy's term of office as the Lead Governor is due to come to an end on 31st March 2024.

The Council is due to consider proposed amendments to the Constitution. These include changes to the arrangements for the appointment and term of office of the Lead Governor.

The Council is asked to extend Ann McCoy's term of office as the Lead Governor until June 2024 to ensure that the position remains filled until the Constitutional changes are determined.

(2) Member of the Nomination and Remuneration Committee

The Nomination and Remuneration Committee has an important role in overseeing the appointment of the Chair and Non-Executive Directors, reviewing their remuneration and receiving the outcome of their appraisals.

A vacancy for a Governor member of the Committee was circulated to all Governors on 1st March 2024.

No nominations have been received and the Council is asked to agree that the position should be readvertised.

(3) Observer at the Special Meeting of the Audit and Risk Committee

The Trust's External Auditors are accountable to the Council. To support the provision of assurance on their performance, the Audit and Risk Committee invites the Council to appoint a Governor to attend its annual special meeting, to be held on 17th June 2024, when the External Auditors present their report and opinion on the Annual Audit.

Governors were notified of the role on 1st March 2024 and Hazel Griffiths and Martin Combs have expressed their interest in attending the meeting.

The Council is asked to appoint Hazel Griffiths and Martin Combs to undertake the role.

Prior Consideration and Feedback

The arrangements for the appointment of the Lead Governor were discussed at the Governor Development Event on 15th February and the proposal to extend Cllr McCoy's term of office in the role until June 2024 was supported.

Implications:

-

Recommendations:

The Council is asked:

- (1) To ratify the extension of Ann McCoy's term of office as the Lead Governor until June 2024.
- (2) To note that no nominations have been received for the Governor vacancy on the Council's Nomination and Remuneration Committee and agree that the position should be readvertised.
- (3) To appoint Hazel Griffiths and Martin Combs to observe the special meeting of the Audit and Risk Committee to be held on 17th June 2024 when the External Auditors are due to present their report and opinion on the Annual Audit.

For General Release

Meeting of: Council of Governors
Date: 19 March 2024
Title: Council of Governors’ Task and Finish Group: The Role of a Foundation Trust Governor - Update
Executive Sponsor(s): A Bridges, Director of Corporate Affairs and Involvement
Author(s): A Bridges, Director of Corporate Affairs and Involvement

Report for: Assurance Decision
 Consultation Information

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

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

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
1-15	All	The combined impact of these risks could have a bearing on the Council of Governors ability to hold the Non-Executive Director’s to account for the performance of the Board, including their understanding of the Trust’s strategic approach and delivery plans, and assurance of adherence to statutory and regulatory requirements.

Executive Summary:

Purpose: This report seeks to update the Council of Governors on discussions at the last meeting of the Role of a Governor Task and Finish Group on 13 February 2024.

Proposal: The Council of Governors are asked to receive this report for information.

Overview: This report provides a summary of the Task and Finish Group in the attached slide deck, which provides an overview of progress made to date, and concluding activity to be discussed at the Governor Development Session to be held on 28 March 2024.

Prior Consideration And Feedback: The last update of the group was provided in December 2023.

Implications: The work of this group will help Council of Governors undertake and understand their important role in the organisation.

Recommendations: The Council of Governors is asked to note the report for information, as well as the date of the next Governor Development Session on 28 March 2024, and concluding work outlined.



Tees, Esk and Wear Valleys
NHS Foundation Trust

Role of Governors: Task and Finish Group – 13 Feb 2024

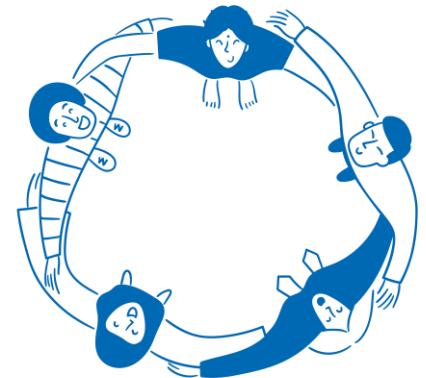
Progress on Terms of Reference & next steps

Ann Bridges

Director of Corporate Affairs & Involvement

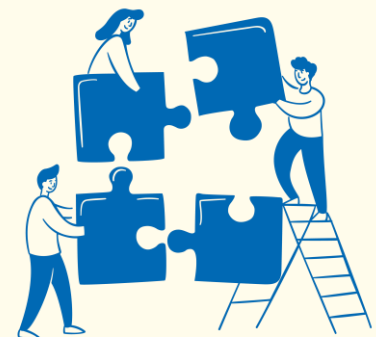
Prof Andrew Corbett-Nolan & Aidan Rave

Good Governance Institute



Terms of Reference – recap

1. The role of Council of Governors (CoG) and Governors within it, as defined by NHS Guidance, including difference between Governor roles and Non-Executive roles.
2. The role of CoG and Governors as suggested by good practice guidance (from Good Governance Institute and others).
3. The wider role of CoG in understanding, helping develop, and accepting: Vision; Strategy; Leadership; Assurance; Probity; Stewardship; and this as defined with reference to role of the Trust Board, and the Trust Executive. **[agreed in Oct 2023 ongoing & important part of governor involvement /engagement, communication and information].**
4. Skills audit: do we a ‘skills audit’ of Governors, where we can define the collective intelligence, experience and understanding of the whole of CoG, map people’s interests, and ensure they feel they have the ability to contribute to those things they feel most passionate about. **[deprioritised in Oct 2023].**
5. Governor Development Strategy: should we seek to collectively develop a CoG and Governor Development Strategy, that defines a series of themes and topics that Governors feel will enable them to be ‘the best Governor they can be’? **[agreed in Oct 2023 that we would co-create this with CoG at end of March 2024 in governor development session – use 1-3 above as a basis].**
6. Communications and Information: communication to/from from the Trust; connecting with communities, working alongside others with shared interest in mental health, learning disabilities, and autism, support to governors re IT, factsheets, information.
7. Language and behaviours: appropriate behaviours, how governors want to work alongside each other.



Role of Governors v's Non-Executive Directors

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

Actions taken:

- Circulated multiple information sources to clarify the difference in roles and good practice.
- Information added to the Governor Handbook and added to TEWV website.
- Used governor development session in November 2023 to discuss the 11 duties (accountabilities) of governors (see next slides).

Outstanding:

- Follow up governor development re Governor role v's Non-Executive Directors.
- .

Governor accountabilities 1/2

1. Approve / remove the Trust's external auditor.
2. Receive the Trust's annual accounts, any report of the auditor on them and the annual report.
3. To hold the Non-Executive Directors individually and collectively to account for the performance of the Board.
4. Appoint, and if appropriate remove, the Chair and Non-Executive Directors.
5. Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
6. Approve the appointment of the Chief Executive.

Governor accountabilities 2/2

7. Approve amendments to the Trust's constitution.
8. Be consulted on the future plans for the Trust and of any significant changes to the way services are provided.
9. Approve "significant transactions" and approve an application by the Trust to enter into a merger, acquisition, separation or dissolution.
10. Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other function.
11. To represent the interests of members of the Trust as a whole and the interests of the public.

Governors Development Session Mar 2024 – idea?

- **Explain and explore the 11 duties of governors – further consideration:**
 - The nature of ‘approval’ – governors being confident in process and quality of assurance.
 - Understanding the nature of, and process for, ‘holding non-executives to account for the performance of the board.’
 - Methods and barriers for governors seeking to authentically represent patients and the public.
- **Focus discussion on:**
 - NED accountability for performance of the board:
 - Defining grounds / Observing performance and behaviours / Information following recruitment / Building wider relationships / Cooperating across education, training and networking / Feedback and information sharing from NEDs in different contexts / The relationship between NEDs and localities / Council of Governors actively identifying, addressing and sharing themes emerging from conversations with NEDs.
 - Representation of patients and public
 - Role, purpose and characteristics of Members / Knowing members and the routes to engaging them / Service user meetings to be better communicated / More representation – move meetings around the patch / In-person meetings with Members, “This is us, and what we do” / Clarity on, and communication of, what’s commissioned in which areas and how to influence.

Communications and Information



Tees, Esk and Wear Valleys
NHS Foundation Trust

Becoming a Trust Governor

Governor Handbook

Our Governors

We publish the names, constituency and date appointed for all of our governors.

Mrs Joan Kirkbride
Public Governor, Darlington
01/07/2023

In this section

- Apply to be a member
- Becoming a Trust Governor
- Council of Governors
- Our Governors
- Governor election 2023 – now closed
- Annual General and Members' Meetings

Latest news from TEWV

February 2024

This is our monthly newsletter from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). It provides you with the latest news and updates from across our Trust, focusing on patient care, our staff and working with our partners and our communities. If you have any questions, please [contact us](#).

Home > Get involved > Membership > Becoming a Trust Governor

Becoming a Trust Governor

What is a Governor?

Our governors have an important role to play. They're an ambassador for our trust and responsible for representing the interests of the Trust's members, the public and partner organisations. They also help us to continuously improve the quality of our services and provide high standards of care.

In our Trust we've a range of public, staff and appointed governors.

Public Governors

Our public governors are usually elected for an initial three-year term and are appointed to represent specific constituencies across our Trust area (e.g. Middlesbrough, Hambleton and Richmondshire and York).

In this section

- Apply to be a member
- Becoming a Trust Governor
- Council of Governors
- Our Governors
- Governor election 2023 – now closed
- Annual General and Members' Meetings

Become a Trust member

Do you want to have your say in local mental health and learning disability services?

You can do this by becoming a member of our Trust.

As a member of Tees, Esk and Wear Valleys NHS Foundation Trust you will join thousands of like minded people who support our work.

As a member you'll have the opportunity to:

- Help improve our local services
- Receive regular information about the Trust and our work
- Stand for election to become a governor
- Elect governors
- Attend our annual general and members meeting or other public forums

Best of all it's FREE

About us

At Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) we provide a range of specialist mental health and learning disability services to people of all ages across County Durham, Tees Valley and most of North Yorkshire, York and Selby.

From education and prevention, to crisis and specialist care—our talented and compassionate teams work in partnership with our patients, communities and partners to help the people of our region feel safe, understood, believed in and cared for.

NHS Foundation Trusts

As an NHS Foundation Trust we have the freedom to decide how to meet the needs of local people. We are accountable to the local public via membership, and are authorised to exist by NHS England.

How to become a member

To become a member of Tees, Esk and Wear Valleys NHS Foundation Trust you:

- need to be at least 18 years old and live in England, or
- be a member of staff with a permanent contract or have been in trust employment for a minimum of 12 months

You do not have to be a patient or a carer

Simply complete a membership application form which can be found by:

- contacting the membership enquiry line on 01325 50268 or email teewv.membership@nhs.uk
- writing to the Company Secretary, West Park Hospital, Edward Pease Way, Darlington, Co Durham, DL2 3TS
- completing an online application at <https://www.teewv.nhs.uk/get-involved/membership/>

Introduction from Brent Kilmurray

Dear members,

We kick-started 2024 with our winter wellbeing campaign. Launched on Blue/Brew Monday (15 January), [Wellbeing is...](#) encourages people across our region to access mental health support if they need it, during what can be one of the most difficult times of the year.

Over the last few years, we've seen an increase in people accessing support at this time of year. For example, calls to our Durham and Tees Valley listening service, which offers emotional support and advice, have increased by 20% in the past 12 months. And January is also one of the busiest times for the service. So, we know it's really important to highlight the range of ways that people can get help early and take steps towards improving their mental wellbeing in the winter.

Communications and Information

- Ongoing support and training for governors.
- Continue to increase profile of governors and the work they do, to the communities they represent.
- Refreshed approach to governor elections using governor new videos.
- Support with events as well as attendance at TEWV events / meetings eg AGM, Our Journey to Change business planning events, governor locality meetings, Board meetings, leadership walkabouts, involvement opportunities
- Map out existing community groups and networks – so that governors can ‘plug in’.
- Membership Strategy.



Language & behaviours - our draft charter

Respecting one another

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

Constructive challenge

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

Productive working relationships

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

Demonstrating commitment

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

Next steps

- What is the outstanding activity that should feed into the governors development session on 28 March 2024.
- Is it helpful that this is part of a co-created of a Governors Development Strategy?
 - What else should be in this strategy?
 - Are there particular services / themes / topics that governors would like to be part of this?
- What do we want to include in a report back to Council of Governors on 4 June 2024?
 - Could this include a draft Governors Development Strategy?
- What's missing?





**Thank you –
any questions?**



For General Release

Meeting of: Council of Governors' Meeting
Date: 19th March 2024
Title: Co-creation Committee Update
Executive Sponsor(s): Ann Bridges, Director of Corporate Affairs and Involvement
Author(s): Angela Grant, Corporate Governance Officer (CoG and Membership)

Report for:	Assurance		Decision	
	Consultation		Information	✓

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

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

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
All		<p><i>The Co-creation Committee of the Council of Governors' supports and monitors the delivery of the Trust's Co-creation Framework and also reviews the Trust's progress in relation to delivering on its strategic goals on co-creation.</i></p> <p><i>The Co-creation Journey was approved by the Board in March 2023, and contributes to service user and carer involvement and experience, including:</i></p> <ol style="list-style-type: none"> <i>1. Ensuring co-creation in care planning.</i> <i>2. Growing, diversify, and embedding service user and carer involvement across the Trust.</i> <i>3. Expanding and developing lived experience roles and leadership, including peers.</i> <i>4. Capturing accurate patient, carer and partner experience data including friends and family test, surveys, Patient Advice and Liaison (PALS) and complaints, and triangulating this with other intelligence e.g. serious incidents and using this to improve our services.</i> <p><i>These will be delivered and Key Performance Indicators (KPIs) will be set as part of the business planning cycle and the Our Journey to Change (OJTC) Delivery Plan. These are reported monthly through the Executive Review of Quality Group (ERQG) and the Executive Directors Group (EDG) and reported to the Co-creation Committee and Board of Directors quarterly.</i></p>

Executive Summary:

- Purpose:** *This report aims to update the Council of Governors on discussions held at the last meeting of the Council of Governors' Co-creation Committee, held on 13th October 2023.*
- Proposal:** *The Council of Governors are asked to receive this report for information.*
- Overview:** *The report provides an overview of topics discussed by the Committee at its last meeting and details of the Committee's future priorities.*
- Prior Consideration and Feedback** *The last update from the Committee was provided to the Council of Governors at their meeting held on 15th June 2023.*
- Implications:** *None identified.*
- Recommendations:** *The Council of Governors is asked to note the report for information.*

Council of Governors' Co-creation Committee Update

The Committee last met on the 13th October 2023.

Mary Booth was appointed as the new Chair of the Committee.

The following was considered at the meeting:

Co-creation Journey Update

An update report and presentation on co-creation work in the Trust which had included:

- The work of the Trust's Involvement and Engagement (I&E) Team and how they were supporting the Trust in its ambition to actively seek out the service user and carer voice, and how that was listened to and acted upon at every level. This had included details on the team's expansion and how I&E facilitators were able to focus on specific services to encourage involvement from service users and carers. It also provided details of their work with colleagues both in the Trust and in external services and information relating to involvement members, activities and payments.
- An update from the Trust's Lived Experience Directors in relation to the structure and purpose of the Trust's Co-creation Boards, co-creation in personalised care planning (Priority 1 in Co-creation Journey) across clinical and operational networks and other Trustwide matters relating to Oxehealth, service user and carer co-creation groups and co-creation with partners.

The Committee will be inviting the Lived Experience Directors to its next meeting (date to be confirmed) to discuss co-creation in personalised care planning. It will also invite colleagues in operational services to speak to the Committee to update them on on-going co-creation work at ward level.

Trust Membership

The Committee considered a report containing information on the public and staff membership of the Trust, as at 30th September 2023. The distribution of members, actual versus eligible membership and demographics of the Trust's membership were included in the report. It was noted that the Trust's membership remained broadly representative of the population it served. A. Bridges advised that in 2024 the Trust would need to develop a membership strategy and consider how to engage with its members.

Annual General and Members' Meeting (AGM) 2023 and Future Events

James Burman, the Trust's Corporate Affairs and Stakeholder Engagement Lead, updated the Committee on plans for the Trust's AGM in 2023. It was noted that:

- The AGM would be held in person on 23rd November 2023 at Darlington Arena, Neasham Road, Darlington, DL2 1DL and also broadcast online. A marketplace of information stalls would be available to attendees from 1pm and Trust staff were keen to showcase their services. The formal meeting would follow at 3pm.
- Patient Safety would be the theme of the event and J. Burman would be working with the I&E Team to ensure patient and carer voices would be included in the presentations.

- Therapy dogs would be attending and it was also hoped that the Communitas Converge Choir from York St John University would perform, to bring an element of celebration to the event.
- Consideration would be given to holding future AGMs and the Star Awards in different areas of the Trust as they had been in 2023 e.g. the AGM 2023 held in Darlington whilst the Star Awards 2023 are held in York.

Committee members:

- Were pleased that the AGM would be held face to face as it would provide an opportunity for people to network again and there seemed to be a real appetite for face to face events.
- Questioned how social media would be used for the event and whether people would be able to submit questions and make comments. It was noted that careful consideration would need to be given to how social media was used, however, people joining the event online would be able to post comments and ask questions.

Future Priorities

The Committee future priorities are:

- Planning the Trust's Annual General and Members' Meeting 2023.
- Planning other engagement events and roadshows Trust-wide, incorporating member recruitment and involving local services both internally and externally.
- Periodically reviewing and refreshing the Committee's Terms of Reference.
- Overseeing public member recruitment in the Trust.
- Monitoring the delivery and implementation of the Trust's Cocreation Framework.
- To consider the future approach to member and Governor communications.

Membership of the Committee

The Co-creation Committee oversees and monitors the implementation of the Co-creation Framework, the Trust's membership and how representative it is of the community we serve and would like to ensure that the public, members, service users and carers are involved in the planning, design and delivery of efficient, joined up, co-ordinated services that are responsive to the needs of the community.

At present there are six members of the Committee but we would like to grow that membership if possible (20 Governors max). If you think you might be interested in joining this Committee, or would like further information or to observe a meeting, please let Angela Grant know by emailing angela.grant6@nhs.net or calling 01325 552068.