

**SPECIAL MEETING OF THE BOARD OF DIRECTORS
THURSDAY 27TH MAY 2021
AT 1.00 P.M.**

The meeting will be held via MS Teams

Board Members:

Board Members are asked to raise any questions for clarification on matters contained within the reports with the lead Executive Director prior to the meeting.

The 'chat' function on MS teams should not be used during the meeting.

Governor/Public Observation:

Invitations to observe the meeting have been sent to all Governors and posted on social media and the Trust's website. Those responding will be sent instructions to join the event using MS Teams.

If you are observing the meeting please keep your microphone on mute. No questions or statements are allowed.

The timings provided in the agenda are indicative only.

Pre-Meeting Governor Session with the Chairman:

The Chairman has invited all Governors to join her for a pre-meeting question and answer session from **12.00 noon**. This provides an opportunity for them to raise any matters on the reports due for consideration during the meeting.

Joining instructions for the event have been circulated separately.

AGENDA

Standard Items (1.00 pm – 1.15 pm):

1	Apologies.	Chairman	-
2	Chairman's Introduction.	Chairman	Verbal
3	To approve the minutes the last meeting held on 29 th April 2021.	-	Draft Minutes
4	To receive any declarations of interest.	-	Verbal
5	To review the Board Action Log.	-	Report

6	Chairman's Report.	Chairman	Verbal
7	To note any matters raised by Governors.	Board	Verbal

Strategic/Governance (1.15 pm – 1.25 pm):

8	Chief Executive's Report.	CEO	Report
----------	---------------------------	------------	---------------

Goal 1: To Co-create a Great Experience for our Patients, Carers and Families (1.25 pm – 1.40 pm):

9	To consider any matters of urgency arising from the meetings of: (a) The Quality and Assurance Committee held on 6 th May 2021 (b) The Mental Health Legislation Committee held on 7 th May 2021	Committee Chairmen BR PH	Report Verbal
----------	--	---	------------------------------------

Exclusion of the Public (1.45 pm):

11	<p>The Chairman to move:</p> <p><i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.</i></p> <p><i>Information which, if published would, or be likely to, inhibit</i></p> <p style="text-align: center;">-</p> <p>(a) <i>the free and frank provision of advice, or</i> (b) <i>the free and frank exchange of views for the purposes of deliberation, or</i> (c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p> <p><i>Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.</i></p> <p><i>Information which is held by the Trust with a view to its publication, by the Trust or any other person, at some future date (whether determined or not), and it is considered reasonable, in all the circumstances, to withhold the information from disclosure until that date.</i></p>	Chairman	Verbal
-----------	---	-----------------	---------------

Miriam Harte
Chairman
21st May 2021

Contact: Phil Bellas, Trust Secretary Tel: 01325 552312/Email: p.bellas@nhs.net

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 29th
APRIL 2021 AT 1.00PM**

The meeting was held via Microsoft Teams

Present:

Ms M Harte, Chairman
Mr B Kilmurray, Chief Executive
Dr H Griffiths, Deputy Chairman
Prof P Hungin, Non-Executive Director
Mr J Maddison, Non-Executive Director
Mr P Murphy, Non-Executive Director
Mrs B Reilly, Non-Executive Director
Mrs S Richardson, Non-Executive Director, Senior Independent Director
Mrs R Hill, Chief Operating Officer
Dr A Khouja, Medical Director
Mrs E Moody, Director of Nursing and Governance
Mrs L Romaniak, Director of Finance and Information
Dr S Dexter-Smith, Director of People & Culture (non-voting)
Mrs S Pickering, Director of Planning, Commissioning, Performance and Communications (non-voting)

In Attendance:

Mr P Bellas, Trust Secretary
Dr J Boylan, Acting Guardian of Safe Working
Mr P Hutchinson, Clinical Audit & Effectiveness Lead
Ms D Oliver, Deputy Trust Secretary (Corporate)
Mrs S Paxton, Head of Communications
Mrs W Johnson, Team Secretary

Observers/Members of the Public

Dr S Baxter, Public Governor, Redcar & Cleveland
Mrs M Booth, Public Governor, Middlesbrough
Dr K Cleary, Deputy Chief Inspector of Hospitals and Head for MH, CQC
Mr J Creer, Public Governor, County Durham
Mr M Discombe, Health Service Journal
Mr S Double, Strategic Partner, Alder
Mr D Grayson, Good Governance Institute
Mrs H Griffiths, Governor, Harrogate & Wetherby
Mr A Metcalf, Health Economy Liaison Manager, Janssen
Mr J Preston, Public Governor, Harrogate & Wetherby
Mr T Toulmin, Strategic Partner, Alder
Mr J Venable, Public Governor, York and Selby
Mrs J Wardle, Public Governor, County Durham

Three members of the public

21/74 APOLOGIES

There were no apologies for absence.

21/75 CHAIRMAN'S INTRODUCTION

The Chairman welcomed members and those in attendance to the meeting.

21/76 MINUTES

Agreed – that the minutes of the last formal meeting held on 25th March 2021 be approved as a correct record and signed by the Chairman.

21/77 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/78 MATTERS ARISING AND PUBLIC BOARD ACTION LOG

Consideration was given to the public Board action log, together with updates on matters arising from the last meeting. All actions were noted or completed, with one action to be addressed in May 2021, when the terms of reference for the Quality Assurance Committee would be revised.

21/79 CHAIRMAN'S REPORT

The Chairman highlighted:

- (1) That the primary focus for the organisation over the past month had been the response to the inspection of adult inpatient and PICU services by the CQC in January 2021.
The Board of Directors had been well sighted on the action plan and the implementation of the work, together with the next steps that would need to be taken in meeting the requirements of the Regulators. NHSEI had been very supportive at a recent Regional Directors meeting, which the Chairman and Chief Executive had attended.
- (2) That work continued around our 'Journey to Change', of the new Trust Strategic Framework. Implementation and embedding of the principles, objectives and values would be the key focus of discussions over the next month.
- (3) There had been recent engagement at Chairman and Executive level in response to the developments around integrated care systems (ICS) and any changes resulting from the publication of the White Paper, (on 21st February 2021), 'Working together to improve health and social care for all'. There was still some way to go to understand the governance arrangements for the ICS and discussions continued with key partners.
- (4) A series of positive locality meetings had been held and some good news stories had been relayed about the care being provided. It was heart-warming to hear of a long standing individual in Forensic services who had been with the Trust for a

long period of 40 years that had recently been discharged and settled into a bungalow in the community.

- (5) That Governor elections were underway and the next Council of Governor meeting would be held on 18th May 2021.
- (6) That there had been some recent engagement with local MPs and Local Authorities to build on relationships and communication with key stakeholders.

21/80 MATTERS RAISED BY GOVERNORS

The Chairman highlighted that the following areas had been raised by Governors in their discussions prior to the Board meeting:

1. How was the Trust improving services to deliver the needs of patients and carers?

It was noted that this matter would be covered under the CQC item, included on the agenda.

2. Whether the Trust used the model SIM – Severity Intensive Mentoring.

It was noted that there had been some misrepresentation on a website recently and the Trust had not previously nor would it be, adopting the SIM method. Some work was underway to talk to service users and carers to listen to their concerns and to communicate the messages that there would be no coercive or punitive measures taken in the care provided at TEWV. Compassionate care would always be at the heart of what the Trust would provide for those needing its services.

3. Dealings with the media and media coverage.

The Governors had expressed their support and encouragement in promoting more positive messages about the Trust. The role of the Governor was one that could represent the good news stories and the positive work that the Trust was doing and help to dispel misrepresentation and mistruths across the localities that they served.

21/81 CHIEF EXECUTIVE'S REPORT

The Board received and noted the Chief Executive's Report, which provided an update on the Governance Review, Integrated Care System, York Health and Care Alliance, Green Social Prescribing Steering Group and the latest news with covid-19 – at the time of writing the report there was only one service user positive and no new outbreaks across all Trust localities.

Following discussion, it was noted that:

-
- (1) The role and level of involvement for Non–Executive Directors in the Integrated Care System remained unclear to date, as were the overarching governance arrangements. Discussions continued with key stakeholders.
 - (2) It had been disappointing that some front line staff had not taken up the opportunity to be vaccinated against Covid-19. Each individual member of staff not vaccinated would be required to undertake a risk assessment and was being followed up. Conversations had been held with the Trade Union representatives about making the vaccination mandatory in future.
 - (3) That the emphasis on quality and safety in the strategic framework, together with cultural changes in the Journey to Change must not be lost in the operational detail of the Trust.
The Chief Executive advised that our Journey to Change would encompass many of the action plans that were ongoing across the Trust and bring together the direction of travel. During June 2021 some workshops would be held for staff to communicate the values and messages about cultural change and ambition.

Trust communication around our Journey to Change would be enhanced with staff to be encouraged to volunteer for the role of ambassadors in taking forward the strategy and embedding the values into the organisation.

21/82 AUDIT AND RISK COMMITTEE

The Board received an update report on the business discussed by the Audit & Risk Committee (ARC), including the key issues considered at its meeting held on 29th April 2021.

The following matters were highlighted to the Board:

- (1) That the layout of the report had been revised to provide a more concise, structured framework for the provision of assurance.
- (2) Following a review of risks the Committee agreed that there were no new risks identified to be included in the Board Assurance Framework (BAF).
- (3) The Senior Leadership Group would consider a potential strategic risk in relation to staff terms and conditions regarding the legal cases of ‘Flowers’ and ‘McCloud’.
- (4) Amendments had been made to the BAF in relation to Roseberry Park and regulatory action being taken by the CQC.
- (5) There were no actions for the Board to consider.

It was noted that the Committee’s recommendation that the Trust be considered as a ‘going concern’ and that the year-end accounts be prepared on that basis had been approved at the March 2021 Board meeting (minute 21/C/68 refers).

21/83 FINANCE REPORT

The Board received the Finance report as at 31st March 2021.

The key matters highlighted were:

- (1) The statement of comprehensive income, unaudited draft accounts for 2020/21 demonstrated a surplus of £9.2m, equivalent to 2.2% of the Trust's annual turnover and £8.6m ahead of the revised targeted year end surplus of £0.6m. This was an improved position of £1m on month 11.
- (2) The outturn position for 2020/21 was projected at being £6.1m below plan and reflected the benefit of VAT rebate of £4m for Foss Park Hospital, a bid for £4.5m of national funding for planned capital costs (received in February 2021) and slippage on construction projects and the cost of unplanned (fast tracked) anti ligature works to inpatient areas.
- (3) The cash position showed a balance of £80.9m and reflected the anticipated cessation of national arrangements to support advance block payments to ensure prompt payment of suppliers.

In response to a query, it was explained that the cash balances of £8.6m would not be required to support the overall Integrated Care System approach.

- (4) Financial planning for 2021/22 was underway and Mental Health income and associated partnership investment priorities would be agreed by 6th May 2021.

Following queries and discussion it was noted that:

1. The financial arrangements for the second half of 2021/22 were still unclear. Cash Releasing Efficiency Savings (CRES) were £589k behind plan at the end of the financial year. The Finance Sustainability Board would be reviewing and coordinating financial planning activities in advance of a return to normal financial arrangements and an efficiency target of 0.28% had been set. Assurance was provided that the delays in delivery had been offset non-recurrently.
2. The Trust had taken the opportunity afforded by receipt of Covid-19 and growth funding allocated via the ICS to fast-track some of the Build Back Better programme priorities, address backlogs and other pressing issues.
3. The spend on agency support to date was £8.42m which was 10.8% above the cap for the period ended 31st March 2021, with expenditure across all localities. This did reflect however elevated temporary staffing requirements to manage through the pandemic.

Whilst the agency costs had increased in Quarter 4 and would exceed the pre-Covid agency cap, expenditure had not been as high as previously expected. It had also been encouraging that 83 students had taken on paid placements to support the pandemic.

21/84 BOARD PERFORMANCE DASHBOARD

The Board received the Board Performance Dashboard report as at 31st March 2021, including deep dives and updates on actions for each of the concerns at locality level (Appendix D); and the position on the national standards included within the NHS Oversight Framework.

The key issues highlighted were:

(1) Five areas of concern:

- Number of inappropriate OAP days over the reporting period.
- Patient experience reported as excellent or good.
- Achievement of HoNOS benchmarking scores (AMH & MHSOP a month behind).
- Percentage of new patients taken on for treatment (3 months behind)
- Sickness absence rate (month behind).

(2) Four areas which required additional monitoring:

- Percentage of patients starting treatment within 6 weeks of referral.
- Percentage of serious incidents which are found to have a root cause.
- Bed occupancy (AMH & MHSOP Assessment and Treatment wards)
- Compliance with mandatory and statutory training.

(3) Positive assurance was provided around three areas:

- Percentage of patients seen within 4 weeks for first appointment;
- Length of stay over 90 days (AMH & MHSOP Assessment & Treatment wards).
- Percentage of staff with current appraisal.

The Committee noted that the majority of the standards within the National Oversight Framework had been achieved in Q4, however there were two exceptions to this, one of which was the admission of a Tees valley CCG patient under the age of 16 years admitted to an adult ward in February 2021.

Assurance was provided that this had been agreed with NHSEI as there had been no bed available at either regional or national level. The individual had been an inpatient for one night and was supported by the appropriate staff. Due to the area they had been admitted to being separate to the main Adult ward there had been no interaction with adult service users and carers on the main ward.

It was noted that there had been recognition of the increased referrals in discussions through commissioning routes and that there were plans for some additional investment to support the demand for services.

Members raised the following:

- (1) Concerns around the CYPS position in Durham and Darlington and the percentage of patients starting treatment within 6 weeks of referral, together with

unfilled vacancies, sickness and difficulties with recruitment, despite multiple advertising campaigns over the summer of 2020.

The Director of People & Culture shared the concerns and admitted that there was a limited pool of suitable people for the posts available. There was however, some work underway by the Quality Improvement team and some new recruitment measures were taking place.

A number of other initiatives were ongoing across the Trust, which included looking at non-traditional ways of working with a multi-professional approach and non-traditional roles, such as the Medical Practitioner Clinician. Working with the local Universities to support employment of apprentices and “growing our own” would also be a priority.

21/85 UPDATE ON DELIVERY OF THE CQC ACTION PLAN

The Board received a presentation which included an update on the delivery of the CQC action plan in response to the Inspection in January 2021.

Members raised the following queries:

- (1) What would be the ongoing risks to patient safety following implementation of the action plan and what other matters would need to be addressed?

In response, it was highlighted that the fundamental priority across all services was to ensure that patients were “safe today and safe tomorrow”. This had been previously recognised as a key factor from the feedback received at the Patient Safety Summit, held in February 2020 where staff had also said that they needed more time to care for patients.

There were ongoing risks around the ability to recruitment the necessary clinical and medical staff to support the increased work load and referrals. This had been raised previously to the Board. Following the staffing establishment review the Board had supported the recommendation to invest in staffing.

It was acknowledged that the agreed action plan and work streams following the Patient Safety Summit had unfortunately been put on hold due to the onset of the pandemic in March 2020.

- (2) How would learning from incidents and the communication of lessons learned through, for example, safety alerts be more effective in the future?

It was recognised that sending out communication briefings was not necessarily effective. It was also clear that information needed to be cascaded across inpatient areas where staff did not use emails. Finding time and space in each day to have a “daily review” would need to be a priority for ward staff to have discussions about risks and ensuring patients were safe.

- (3) How had the extensive training on risk management been received by staff?

It was noted that the training had been very well received – this was one element where work had already begun to look at improved accurate recording on Paris, with the introduction of master classes and coaching.

Non-Executive Directors commented on the significant amount of work that had been completed in such a short period of time.

21/86 QUALITY ASSURANCE COMMITTEE

The Board received an update report on the business discussed by the Quality Assurance Committee (QuAC), including the key issues considered at its meeting held on 1st April 2021.

The following matters were highlighted to the Board:

(1) That the layout of the report had been revised to provide a more concise, structured framework for assurance purposes.

(4) That from the information presented and discussed in the meeting, assurance could be provided that the key areas of concern across the localities had been included in the report and any exception areas such as Thistle and Ebor Ward would be closely monitored with updates to the May 2021 QuAC meeting.

(5) There had been an increase in AMH in level 4 Heads of Service Reviews with three ligature incidents. There had been no harm to any of the individuals involved. It was highlighted that not all harm was linked to fixtures and fittings. The Environmental Risk Group would be taking a thematic look Trust wide to review any serious incidents with the use of ligatures.

(6) That staff wellbeing and morale continued to be affected due to the rising complexity and acuity of the individuals presenting to services across all areas.

The Chair of the Committee made a plea that the Trust would be doing everything possible to safeguard staff.

In response, it was highlighted that extra psychological support services were in place to support staff and looking ahead some thought was being given to how staff well-being could be maintained. Other areas for improvements were around the disciplinary processes, how mandatory training would be delivered and retaining staff. This would be monitored and progressed through the Workforce Sub Group that would report into Senior Leaders Group (SLG).

Non-Executive Directors added that coming out of the pandemic it would be important to focus on gratitude, recovery and compassion for staff, which would be aligned to the key objective of being a great place to work, which the People and Culture Committee would focus on. The assurances to the Board of Directors would come from staff reporting on what practices worked well.

21/87 LEARNING FROM DEATHS REPORT QUARTER 4, 2020/21

The Board received an update report on the Learning from Deaths Dashboard 2020/21.

The following matters were highlighted to the Board:

- (1) The report set out the approach towards the identification, categorisation and investigation of deaths in line with national guidance. The mortality dashboard for Q4 of 2020/21 was included at Appendix 1 and provided data from 2019/20 for comparisons to be made.
- (2) There had been 32 serious incidents resulting in death reported on STEIS.
- (3) 21 serious incident reviews had been undertaken and completed in Q4. The four most common root causes were in relation to risk assessment, care planning, inadequate record keeping and poor communication.
- (4) Good progress had been made, despite the pressures of Covid-19 to improve the number and quality of serious incident and mortality reviews completed over the year.
- (5) There would be greater triangulation of data with the planned new Organisational Learning Group and revised governance reporting structures.

Non-Executive Directors commented:

- (i) The impact of Covid-19 on inter-relationships working across the Region. It was noted that network Regional meetings continued across nine Trusts, across Cumbria and North East and Yorkshire to look at learning from deaths and recording deaths and to also consider any common themes.
- (ii) On the structured judgement reviews required in Q4, which had been 10. It was noted that there had been a period of time when the timescales for completion for SI's had not been met. Resources had been moved from undertaking mortality reviews to provide improved capacity. Assurance was provided that this was now back on track.
- (iii) That the four most common themes found in the serious incident reviews - risk assessment, care planning, inadequate record keeping and poor communication had been reported and ongoing for a considerable period of time and how the Trust planned to address that.

It was acknowledged that there was more work to do to strengthen assurance processes to prevent the common themes. Good progress had already been made with the implementation of the actions required in response to the CQC inspection, some of which had already been started. It was recognised that the introduction of CiTO would enable more improvements.

- (iv) On the challenges with benchmarking.

The Director of Nursing & Governance advised that not being able to compare data across mental health Trusts had long been recognised as a national issue.

21/88 ANNUAL REPORT OF THE GUARDIAN OF SAFE WORKING

The Board received the annual report of the Guardian of Safe Working.

The key matters highlighted to the Board were:

- (1) That despite the challenges brought about by the pandemic the Trust had continued to fulfil the requirements of the 2016 Junior Doctor Contract.
- (2) Executive Directors had supported improvements to Junior Doctors working conditions and wellbeing.
- (3) Assurance was provided that there were appropriate measures in place to submit exception reports and there would be continuous review of how to maintain and improve efficiency of that process.
- (4) Alternative training methods had been adopted through the use of webinars and video conferencing and the Junior Doctor's Forum.
- (5) There was a potential reputational risk for the Trust due to the encouragement of high levels of exception reporting, which given the levels of media attention could be misunderstood.

The Medical Director advised that the high levels of exception reporting mainly related to the non-resident rota in Teesside and it was the intention to convert it to a resident rota in due course.

The Chairman, acknowledged and thanked, on behalf of the Board, the Junior Doctors that had shown their commitment and support over the last year to provide patient care during the pandemic.

21/89 USE OF TRUST SEAL

The Board received and noted a report on the use of the Trust's seal in accordance with Standing Orders.

21/90 DATE OF NEXT MEETING

It was noted that the next meeting of the Board of Directors would be 27th May 2021.

21/91 CONFIDENTIAL MOTION

***Agreed** – that representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the*

business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:

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

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

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.

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.*

Following the transaction of the confidential business the meeting concluded at 4.55pm.

Miriam Harte
Chairman

Board of Directors

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 Board.
	Action outstanding and the timescale set by the Board having passed.
	Action superseded
	Date for completion of action not yet reached

Date	Ref No.	Action	Owner(s)	Timescale	Status
25/02/20	20/44	Revised terms of reference for the QuAC, in regard to the representation from the LMGBs at its meetings, to be prepared and presented to the Board for approval	Chairman of QuAC/TS	May-21	See Confidential Agenda Item 7
25/03/21	21/55	Further information to be provided to the Board on the work being undertaken to make improvements to capturing patient experience and increase the number of responses	DoN&G/DoPCPC	May-21	

PUBLIC

BOARD OF DIRECTORS

DATE:	Thursday, 27 May 2021
TITLE:	Chief Executive's Report
REPORT OF:	Brent Kilmurray, Chief Executive
REPORT FOR:	Information

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

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

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

Care Quality Commission (CQC)

The CQC inspection of 5 inpatient AMH wards was published on 26th March 2021. Following on from this a warning notice was issued citing inadequacies relating to clinical risk assessment and management, training in relation to clinical risk management, assurance, observations and engagement and learning from incidents. A detailed action plan was developed and 64 of the 69 actions are fully completed. Implementation of the action plan is being overseen by a Quality Improvement Board (QIB) with colleagues from NHSE/I in attendance. Actions taken include a revised approach to harm minimisation (risk assessment and management), new training course relating to harm minimisation and a review of the observation and

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

Covid 19

Low case rates continue to prevail in the community. As at 17 May the Trust had no open outbreaks and no Covid positive inpatients. IPC guidelines continue to be followed to minimise transmission.

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

Taking account of the controls in place within the Trust to reduce transmission and the Chief Medical Officers decision on 10 May to reduce the UK alert level from 4 to 3, the Corporate Covid risk score has been reviewed. The risk score has been reduced from very high to moderate. This will be kept under review and reported back to ODDG.

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

Vaccines

We have made good progress with our vaccination programme. As previously reported over 87% of staff have now received their vaccinations. There have been some additional sessions to follow up on second vaccinations for service users during the past few weeks. We expressed concern last month about the staff who have not yet come forward for vaccinations, many of whom have not formally declined. We are following up with personal conversations for all staff who have as yet not indicated if they are declining.

It is particularly concerning that proportionally fewer BAME colleagues have been vaccinated. Only 67% so far have received at least one dose. We are somewhat assured that 93% of BAME staff have a current personal risk assessment. We will continue to promote the vaccine with this and other groups, including the Clinically Extremely Vulnerable and those over 70.

We are now making plans for the booster vaccination programme in the Autumn and considering how to build on our record setting flu jab performance this year.

Staff Flu Vaccination Campaign

Preparations are already underway for the successful delivery of the annual Trust staff flu vaccination campaign. Vaccines are ordered and as in other years we are planning to offer a flu vaccination to staff from late September 2021 onwards at a wide variety of clinic locations in all localities. An electronic appointment booking system will again be available for staff to book their appointment. The Trust's Staff Flu Campaign Project Manager and Project Assistant are already working on recruiting this year's army of Chief Flu Fighters across the Trust and planning training and mandatory competency sessions to ensure we are ready to offer a safe and effective vaccination for all Trust staff (and eligible partner organisation staff). Equipment and incentives needed will also be ordered in the coming weeks. The Trust's multi-disciplinary Flu Group meets every month to plan and coordinate the Trust-wide staff flu campaign. The 2021-22 Staff flu vaccination plan will be taken to the Workforce Senior Leadership Group on 17th June 2021 to seek approval for the annual request for financial resources to run the campaign and to endorse the general direction of the planned campaign overall.

Schwartz Rounds

Schwartz Rounds were developed in Boston, USA, to help to foster compassion in healthcare. The approach was brought to the UK in 2009 by The Point of Care Foundation, and is now used across a number of NHS organisations, supported by a wealth of evidence. Schwartz Rounds offer a group reflective practice forum for staff from all disciplines to reflect on the emotional aspects of their work. The approach has been found to help to normalise emotions, reduce stress and feelings of isolation, to foster a greater sense of collaboration and improve communication between colleagues, and to reduce professional hierarchies.

Schwartz Rounds have previously been offered to staff in Forensics, and in January this year the Senior Leadership Group agreed to expand to a Trust-wide approach. A Steering Group has been established, chaired by Sarah Dexter-Smith, and a Clinical Lead, Joe Reilly, has been appointed to oversee the introduction of Schwartz Rounds across the organisation.

The first Schwartz Round has been organised for 29th June, with the topic 'a person I'll never forget'. The first round will be facilitated virtually using MS Teams. It will be open to all Trust staff but numbers will be limited to 150, with allocation of places on a first-come-first-served basis. Future rounds may be open to higher numbers of staff and the option to deliver the rounds face-to-face will be considered as restrictions ease. Other models will also be considered, including 'pop-up' rounds for groups such as inpatient staff/ people working night-shifts, and 'Team Time', which facilitates reflection for individual teams.

Quality Assurance Committee: Key Issues Report	
Report Date: 21 st May 2021	Report of: Quality Assurance Committee
Date of last meeting: 6 th May 2021 14.00 – 17.00hrs	<p>Membership Numbers: 5 Quoracy was met. Apologies: 1</p> <p>Summary of key issues:</p> <p>This report captures the key issues and risks that were brought to the attention of the Committee. In summary these were:</p> <ul style="list-style-type: none"> • Concerns over the safety, health, wellbeing and morale of our staff continues to concern the QuAC. • Assurances were provided on actions being taken to address concerns on Ebor Ward, North Yorkshire & York and Stockton Access and Affective Team, Teesside. • Without exception, each locality reported an increase in acuity and complexity in our patients across services. The Committee was assured by the Chief Operating Officer that this is being looked at.
1	<p>Agenda</p> <p>The Committee meets monthly (except Aug/Jan). The Committee considered an agenda, which included the following:</p> <ul style="list-style-type: none"> • Minutes of previous meeting, 1st April 2021 • Update on progress in response to CQC Inspection and updates from NHSE/I and TEWV Quality Boards (45 minutes) • Trust Level Quality & Learning Report • Locality updates from Forensics, Durham & Darlington, Tees (including a briefing on Stockton Affective Disorders team), North Yorkshire & York (including a briefing on Ebor Ward) • Exception report of Quality and Safety • Infection, Prevention and Control, including updated IPC Board Assurance Framework (six month update)
2a	<p>Alert (by exception)</p> <p>The Committee alerts Members of the Board to the following:</p> <p>Cross Locality Issues:</p> <ul style="list-style-type: none"> • Staff well-being and low morale with reports of stress, sickness and burn out linked to Covid-19 impact and increased level of bed occupancy, acuity and complexity across many services including community. • Although widely accepted that the changes are positive, challenges meeting the pace required for changes to working processes, in response to the CQC inspection in January 2021. <p>Durham & Darlington The Locality intends to move towards the new Quality and Learning</p>

Report in June 2021

- A Quality Review for the Urgent Care Services (Crisis and Street Triage) has been completed. The review identified issues with team culture which are being addressed. Additional senior staffing support has been allocated. The review is in its second stage with recommendations for action expected in May 2021. QUAC will be apprised appropriately.
- Staff morale is low in D&D inpatient services with observations and reports that some staff across all professions are reaching a tipping point of stress, sickness and feeling overwhelmed. Leadership teams are engaging with and listen to staff. Webinars are planned locally to try and understand the issues and seek solutions.
- Recruitment challenges within inpatients and the community. There has been some positive progress recruiting HCAs using new routes such as social media. New Community Modern Matron posts started in April 2021.
- Ongoing pressure for CAMHS beds and additional pressure on CAMHS staff to support admissions to AMH and Paediatric wards. The Locality had a meeting planned with the local Acute Trust.
- Pressures within LD A&T services due to complexity of patient group.

Teesside

- Continued high levels of occupancy which have led to using leave beds. This leads to high admissions at one time with a potential negative impact on patient safety and experience.
- Challenges in Bankfields ALD continue due to heightened acuity and risk that service will not be able to meet demand. The Medical Director and Director of Nursing and Governance have visited staff and patients.
- There is a potential clinical impact on patient care, due to the poor Wi-Fi at Roseberry Park Hospital. This has been escalated to IT and a full site audit will take place.
- Assurance was provided around the actions being taken in response to concerns with the Stockton Access and Affective team. The Committee was assured that a robust action plan and all relevant steps were being taken to make improvements, indeed many had been completed.
- This Locality continues to present their data and narrative via the new Quality and Learning Report. Of the 26 measures to which we are able to apply SPC, 5 are showing cause for concern. The actions being taken to address them are detailed within the report.

North Yorkshire & York

- Following a number of key concerns in relation to Ebor Ward, an update briefing and action plan was provided to the Committee.
- The Locality has implemented the new Quality and Learning Report. Of the 26 measures to which we are able to apply

SPC, 5 are showing cause for concern. The accompanying narrative in the report clearly describes the actions that are being taken to address these.

- The Locality have added 4 new “very high risks” to their risk register:
 1. The number of vacant consultant posts
 2. Staffing shortfalls in physiotherapy services
 3. Complex risk assessment and management processes
 4. Clinical needs and adjusted treatments are not available to people with autism on community caseloads due to lack of specialist commissioning.

The Committee was assured to see the contemporaneous risks described along with the cause, impact and mitigating actions.

Forensics

The Locality intends to move to the new Quality and Learning Report in June 2021.

- Pressures on Forensic seclusion room by other services due to lack of capacity in AMH. This is impacting on resources due to the registered nursing needing to provide access, education and advice when the room is utilised as many staff are unfamiliar with seclusion.
- Further incidents have occurred on Thistle Ward. The draft external review report has been received and the service is revising the original action plan and assurance schedule. There is continued monitoring via the weekly Oversight Group.
- Culture Review Delivery Plan continues to be monitored by the Oversight Group and external organisational support has commenced. The engagement within the service has been extremely positive.
- **Exception report on key areas of Quality and Safety**
- Assurance was provided that the Trust had drafted an action plan in response to the recommendations made following a homicide case with an individual involved with the Teesside Psychosis Team. The independent report outlined 5 recommendations
- Five new risks were added to the risk register during March, including potential harm to staff due to heightened acuity, inability to recruit and retain staff, recording of performance reporting on System one and the magistrates prison project has been placed on hold increasing the risk to detained patients.
- Phase 1 of the ligature reduction programme was 99%

		<p>complete with only Stockdale ward remaining which is currently vacant of patients.</p> <p>Infection, Prevention and Control (October 2020 – March 2021)</p> <ul style="list-style-type: none"> • The IPC work plan was temporarily suspended during the pandemic in order to focus on managing outbreaks and C-19 related incidents. • The Trust will be adopting the national board assurance framework to assess compliance with PHE and other covid-19 related infection prevention and control guidance to identify any risks. The tool will provide future assurance to the Board that organisational compliance has been systematically reviewed. 		
2b	Assurance	<p>The Committee assures members of the Board that:</p> <ul style="list-style-type: none"> • The Committee received a presentation on the delivery of the Trust CQC action plan that had been presented to the Quality Board as it was the most up to date position. Members were assured of progress on the actions being taken. • Both local and regional challenges were recognised in supporting the increasing levels of acuity and preventing ligatures. • It was noted that further assurances would be developed around community services. 		
2c	Advise	<p>The Committee advises the Board that in reviewing and considering the reports presented to the meeting, assurances were provided that actions were being progressed in order to improve and enhance patient safety and quality care.</p> <p>In the reporting to the Committee from the localities using the revised format with Statistical Process Charts (SPC) some focus would be given to refining the data to enable members to have clarity on the key issues of concern.</p>		
<p>Recommendation: The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Key Issues report following the Committee meeting held on 1st April 2021. 				
3	Actions to be considered by the Board	There are no action to be considered by the Board		
4	Report compiled by	Bev Reilly, Chair of Committee Donna Oliver, Deputy Trust Secretary, (Corporate) Avril Lowery, Director of Quality Governance	Minutes available from	Donna Oliver, Deputy Trust Secretary (Corporate)