

COUNCIL OF GOVERNORS
THURSDAY 18 FEBRUARY 2021
AT 2.00 PM via MS Teams

Public Observation:

Anyone who has registered to observe the meeting will be sent instructions to join the event using Microsoft Teams. You will be requested to keep your microphone on mute and any camera setting to off. No questions or statements are allowed.

AGENDA

1	Welcome and Apologies	Chairman	Verbal
2	Chairman's Introduction	Chairman	Verbal
3	To approve the minutes of a. The meeting of Council of Governors held on 19 November 2020 b. The Annual General and Members meeting held on 24 November 2020	Chairman	Draft Minutes
4	To receive any declarations of interest	Chairman	Verbal
5	To review the public action log	Chairman	Report
6	To receive an update from the Chairman	Chairman	Verbal
7	To receive an update from the Chief Executive	Brent Kilmurray, Chief Executive	Report
8	To respond to any questions from Governor's to the Board (Questions will be taken directly in the meeting with responses recorded within the minutes where a verbal response is provided. A written response will only be provided where it is not practicable to respond within the meeting)	Chairman	Verbal

9	To receive a report on the Trust's financial position as at 31 December 2020	Liz Romaniak, Director of Finance and Information	Report
10	To receive a report on key indicators from the Trust's performance dashboard as at 31 December 2020	Sharon Pickering, Director of Planning, Performance and Communications	Report
11	<p>To consider the appointment of Governors appointments to the following positions:</p> <p>a. Lead Governor b. Nomination and Remuneration Committee c. An observer at the Trust's Audit and Risk Committee due to meet in May 2021</p>	Phil Bellas, Trust Secretary	Report Verbal Verbal
12	Date of Next Meeting	Chairman	Verbal
13	<p>The Chairman to move:</p> <p><i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Information 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.</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>(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>	Chairman	Verbal

Miriam Harte
Chairman
10 February 2021

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 19 NOVEMBER 2020, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Miriam Harte (Chairman)
Dr Sara Baxter (Redcar and Cleveland)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Mark Carter (Redcar and Cleveland)
James Creer (Durham)
Gary Emerson (Stockton on Tees)
Ray Godwin (Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Dominic Haney (Durham)
Christine Hodgson (York)
Joan Kirkbride (Darlington)
Jacci McNulty (Durham)
Rachel Morris (Teesside University)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Jules Preston (Harrogate and Wetherby)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Dr Mojgan Sani (Stockton)
Zoe Sherry (Hartlepool)
Stan Stevenson (Hambleton & Richmondshire)
Cllr Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Cllr Derek Wann (Appointed - City of York Council)
Jill Wardle (Durham)
Judith Webster (Scarborough & Ryedale)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Dr Hugh Griffiths (Non Executive Director)
Prof Pali Hungin (Non Executive Director)
Stuart Johnson (Governor and Member Administrator)
Dr Ahmad Khouja (Medical Director)
Brent Kilmurray (Chief Executive)
John Maddison (Non Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Paul Murphy (Non Executive Director)
Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance, Commissioning and Communications)
Beverley Reilly (Non Executive Director)
Shirley Richardson (Non Executive Director)
Liz Romaniak, (Director of Finance and Information)

20/20 APOLOGIES

Lee Alexander (Durham County Council)
Louis Bell (Corporate)
Sue Brent (Sunderland University)
Mike Brierley (NHS County Durham CCG)
Anne Carr (Durham)
Emanuel Chan (Teesside)
Marie Cunningham (Middlesbrough)
Dr Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Janet Goddard (Scarborough and Ryedale)
Ruth Hill (Chief Operating Officer)
Ian Hamilton (University of York)
Anthony Heslop (Durham)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Kirsty Kitching (NHS North Yorkshire CCG)
David Levy (Director of Human Resources and Organisational Development)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Prof Tom McGuffog MBE (York)
Graham Robinson (Durham)
Erik Scollay (Middlesbrough Council)
Cllr Stephen Thomas (Appointed - Hartlepool Borough Council)
John Venable (Selby)
Dr Ruth Walker (NHS Vale of York CCG)

Observers

2 public observers were present.

20/21 WELCOME AND APOLOGIES

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

20/22 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 12 February 2020.

Agreed - That the public minutes of the meeting held on 12 February 2020 be approved as a correct record and signed by the Chairman.

20/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

20/24 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 18/83 – North Yorkshire and York Staff Governor

It was noted the elected staff Governor had since resigned from their position in the Trust. Governors agreed that this action was no longer a priority.

Action – Closed

- 2) Minute 19/70 – Autism Training

It was agreed that a future date would be agreed for this report to be submitted to the Council.

- 3) Minute 20/04 – IAPT service

It was agreed that a future date would be agreed for this report to be submitted to the Council.

- 4) Minute 20/08 – Gender Pay Gap

It was agreed that a future date would be agreed for this report to be submitted to the Council.

20/25 CHAIRMAN UPDATE

The Chairman provided a briefing on the following matters:

- 1) Governance related meetings were starting to return to pre-Covid schedules. Planning was underway to develop the meeting schedules for the Board, its Committees and the Council of Governors for the first six months of 2021.
- 2) Governors had been invited to meetings focussed on their localities with the relevant Directors of Operations. These had been successful. Further meetings would be convened in 2021.
- 3) Covid still dominated discussions and remained a priority. Staff and services had coped exceptionally well, but there was a sense that ‘tiredness’ was starting to show. It was therefore extremely important that there was no loss of focus in the provision of support for staff through the wellbeing initiatives that had been put in place.
- 4) The establishment of the ICS’s and ICP’s was progressing. It was recognised that there had been limited information available to Governors on these key developments. Briefing sessions would be developed for early in 2021.
Action Item – Kathryn Ord
- 5) A significant amount of work had taken place regarding the strategic framework and business planning for the Trust. This was still ongoing and further work was planned for December and early in 2021.

- 6) In relation to complaints, the Trust had embarked on a major review which had commenced with the delivery of a pilot training event focussed around empathy. This had involved staff and service users and carers. Excellent feedback had been received and the next stages of taking the review forward were being planned.

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

20/26 CHIEF EXECUTIVE UPDATE

Brent Kilmurray presented his update reported highlighting the following matters:

1. Big Conversation

- A significant number of staff, service users, carers and public had contributed to this engagement exercise.
- Over 36,000 elements of data had been received and the analysis of this was underway.
- The focus now was to interpret the findings to influence the strategic framework of the Trust including re-visiting the purpose, vision, goals and values of the organisation.
- The Board of Directors would, at its next meeting consider a draft proposal which had been developed following the conclusion of the workshops held in October and November.
- By the end of January the Trust was expected to be in a position to have an agreement of the overall strategic framework and the three to four key strategic transformation priorities.
- Governors were thanked for their contributions so far during this process.

2. Care Quality Commission (CQC) Action Plan

- Good progress had been made delivering the key actions identified by the CQC.
- Eight actions had been completed, seven actions were still being progressed and four had been reported as behind schedule.
- Covid had impacted some delivery of the required actions.
- CQC would be moving to a new transitional regulatory approach.

3. Infection, Prevention and Control (IPC)

- IPC guidance had been constantly updated in line with national guidance and local restrictions.
- Learning from incidents regarding IPC and outbreaks was underway.
- Episodes of patient leave continued to be individually risk assessed.
- There had been a greater level of nosocomial infections.
- Ten outbreaks had been reported during the second wave of Covid over a wide range of services and settings.

- Early learning from those outbreaks had been linked to staff gathering in office areas, rest rooms, shared travelling and through the provision of personal care to patients.

4. Covid

- 300 staff had been absent due to Covid.
- Four outbreaks were currently under the management of outbreak control procedures.
- Two patient deaths had occurred during the second wave.
- The majority of services had remained open with only small areas unable to continue as a result of how assessments or delivery of therapy was required to be undertaken.
- Staff wellbeing remained at the forefront of discussions to address the impact of eight months of working managing Covid.
- Some charitable funds had been utilised to support staff wellbeing.
- Planning for lateral flow testing for over 5,700 frontline staff was underway.
- Preparations had commenced for the rollout of the Covid vaccine.

5. Brexit

- Preparedness for Brexit, which was initially put in place in October 2019, was being reviewed.
- Mitigation actions for increased risk areas were being developed.

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

20/27 GOVERNOR QUESTIONS

1. Jill Wardle, Public Governor Durham

Given that it had been reported that a patient who had been positive within Covid within the learning disability service had sadly passed away, what was the Trust doing to protect this vulnerable client group?

Mrs Moody responded advising that:

- The nature of care within the learning disability service often included higher levels of close personal contact for greater lengths of time than in other services.
- Additional training and guidance had been provided to staff within these services regarding PPE use and increased handwashing.
- In addition, a review of changing facilities had been undertaken.
- Positive Behaviour support plans often included leave arrangements and discussions with staff had taken place regarding use of safe outside open spaces and safer travel in cars for example.

- Staffing ‘bubbles’ were had been introduced along with plans to reduce footfall through areas of high risk. Visits were still facilitated full risk assessments in place.

Dr Khouja added that in terms of community settings for learning disability services, robust IPC arrangements were in place with staff briefed on awareness of early warning signs of Covid symptoms. Patients had been strongly encouraged to take up the offer of the flu vaccine.

2. Gary Emerson, Public Governor Stockton

There had been a challenge in the Trust over the last 2-3 years to deliver and diagnose autism. If this service had been stood down during Covid, was this resulting in increased waiting times for diagnosis?

Mr Kilmurray advised that:

- Prior to Covid the waiting time for an autism diagnosis was already high.
- The diagnostic work that was required had been paused due to the range of assessments that needed to be completed. It had not been possible to undertake these assessments safely within the Covid restrictions that were in place. The Trust was monitoring the demand and would prioritise any backlog.
- There continued to be an increased level of demand and prevalence remained problematic.

Mr Emerson requested that families were appropriately communicated with regarding the position. Dr Khouja reported that he would liaise with services to confirm what arrangements were in place regarding family communication. He added that additional advanced practitioners were being appointed to the team who would be training and upskilling staff.

3. Mark Carter, Public Governor Redcar and Cleveland

In relation to the Covid vaccine, what would the Trust do if staff refused to have it?

Mr Kilmurray responded in that he hoped all staff would take up the vaccine offer. It was important to ensure that the right communication and facts regarding the vaccine were available to allow staff and patients to make an informed personal choice.

4. James Creer, Public Governor Durham

The current projection for access to mental health and learning disability services was very high. How was the Trust planning to manage any increase?

Mr Kilmurray advised of the following:

- Increased demand had already been seen in some services.
- The Trust’s planning team had undertaken a significant piece of work reviewing the potential impact on the Trust of high demands in the future.

- The predications that had been made so far were credible with an anticipated potential increase of 50% within young people's services.
- Discussions were being held with commissioners with a focus on the next 7-12 months with the aim of securing additional funding. Preparations for conversations into 2021/22 to sustain levels of additional funding were underway.
- Additional staff were already being recruited right across the Trust with a view to support the additional demands.

5. Ray Godwin, Staff Governor Forensic

A number of issues were raised by Mr Godwin in relation to:

- IPC controls.
- Staff movement between services for mental health and learning disability services within the Forensic setting.
- Suitability of changing facilities for staff and clothing/uniform requirements.
- Personal time being used for staff changing to adhere to IPC requirements.

Mr Kilmurray acknowledging the issues raised, advised that:

- He would be interested to receive evidence to enable a view to be taken in terms of the risks.
- It was important to obtain the balance for staff and patient safety, staff were working within 'bubbles' to reduce the amount of cross team working, but it was essential services were covered.
- He was concerned that staff felt that changing areas were not acceptable and that this would be re-looked at.

Mrs Moody added that:

- Issues of staff uniforms and dress codes had not been raised formally.
- PPE marshals had been appointed to all ward areas to ensure appropriate use of PPE.
- There was an expectation that staff would change into and out of work clothes at the start and end of shift, if this was not occurring there were increased risks.
- Overall, it was noted that the Forensic service had managed the impact of Covid exceptionally well.

6. Gillian Restall, Public Governor Stockton

Were staff automatically tested for Covid, with a particular concern around Sandwell Park Hospital?

Mrs Moody confirmed that only staff that showed symptoms were tested for Covid. Lateral flow testing would be commencing shortly which was a quicker test staff could undertake prior to attending duty. If this was not occurring there were increased risks

7. Jill Wardle, Public Governor Durham

Concern was expressed regarding a family who had reported a 4 year wait for an autism diagnosis, was this correct?

Mr Kilmurray confirmed that details of the circumstances would need to be known in order to comment on this matter and asked for contact to be made outside of the meeting to discuss further.

Action Item – Mrs Wardle

8. Sarah Talbot-Landon, Public Governor Durham

On the basis that the Trust had been awarded funds from the Captain Tom Charity, could the Trust confirm how this had been allocated?

Mr Kilmurray confirmed that teams had been contacted to put forward proposals and ideas. Some funds had been used in the provision of wellbeing support initiatives and welfare packs.

The Chairman thanked Governors for their questions.

20/28 PERFORMANCE DASHBOARD

Consideration was given to the performance dashboard as at 30 September 2020. Mrs Pickering highlighted that:

- 1) The Trust had reintroduced its full dashboard which included 21 measures across quality activity, workforce and money. Statistical Process Control (SPC) was used for 18 of the 21 measures.
- 2) Three of the 21 measures were reporting special cause variation – concern. These measures were under investigation.
 - % in scope team achieving the benchmarks for HoNOS score. The Trust's position was reported as good when benchmarked nationally.
 - % of new unique patients referred with an assessment completed.
 - % new unique patients referred and taken on for treatment.
- 3) 11 measures indicated common cause variation with 2 highlighted as areas of concern.
 - % of patients surveyed reporting their overall experience as excellent or good. There was a need to understand better the cause. The Trust's quality and safety group would be reviewing this.
 - Bed occupancy. There was an increased trend of bed occupancy and increased admission rate. Further work was underway to review the position and the support in place prior to admission.
- 4) Four measures indicated special cause variation – improvement.
 - % patients starting treatment within six weeks of external referral.
 - Number of patients occupying a bed with a length of stay greater than 90 days.
 - % of staff in post with a current appraisal.
 - % sickness absence rate.

Agreed – That the Council of Governors received and noted the Performance Dashboard as at 30 September 2020.

20/29 FINANCE REPORT

Consideration was given to the finance report for the period up to 30 September 2020.

Mrs Romaniak reported that:

- 1) The last six months had been unprecedented in terms of financial arrangements with funding packages in place to allow organisations to respond to the national pandemic.
- 2) Where the Trust had incurred additional costs, the Government had provided grants to cover to ensure a break even position.
- 3) Budgets had now been fixed for the remaining six months of the year. The financial position for the next three years was less certain.
- 4) Nationally, it had been recognised that mental health services did require additional resources. This had allowed the Trust to plan for more capacity.
- 5) The current capital plan was running £3.4m behind due to delays to the ongoing rectification works at Roseberry Park and the procurement of a new facility within in York as a result of Covid.

In response to questions the following was noted:

- 1) With the increased bed occupancy confirmation was provided that patients were still admitted within the boundaries of the Trust but they may not be admitted to their local hospital. The Trust had to close once of the PICU admissions wards for a short period of time. Arrangements had been put in place to admit to an alternative during the time of closure. This was not used.
- 2) Governors reported that they were reassured by the funding that had been received from central government.

Agreed – That the Council of Governors received and noted the Finance Report for the period up to 30 September 2020.

20/30 REGISTER OF INTEREST

The Council of Governors received and noted the Register of Interest for Governors as at November 2020.

Mr Bellas requested that any further amendments be submitted by 23 November 2020. The register would then be published on the Trust's website. It was noted that changes could be made at any time if the position of a Governor changed.

Agreed - That the Council of Governors' Register of Interests be updated with further declarations received and uploaded to the Trust website after 23 November 2020.

20/31 ADDITIONAL QUESTIONS

Governors raised the following questions

1) Jules Preston, Public Governor Harrogate and Wetherby

The Trust had reported that the audit of the Trust's Charitable Funds would be considered later as the need to commence the review was not pressing. As this was about public donations, what was reason for this delay?

Ms Romaniak advised that the value of the Charitable Funds was not considered material and was not consolidated within the Trust's financial accounts. In addition, the timeline for reporting for Charitable Funds through the Charities Commission differed to that of the Trust accounts. The decision to defer this audit had therefore been taken as a result of Covid.

2) James Creer, Public Governor Durham

What reassurance do the Non Executive Directors have in terms of staff and patients knowing what their rights were around digital recording?

Mrs Moody confirmed that during the body cameras pilot scheme, information that had been provided to both patients and staff would be tested and reviewed along with the review of experience. In relation to patients recording interactions with staff, this had been raised through a number of routes. Currently awareness information was in development.

Mrs Reilly confirmed that the Quality Assurance Committee had received information regarding this matter.

Dr Khouja added that the delivery of training on Human Rights included reference to this to ensure correct decisions were made.

20/32 NEXT MEETING DATE

The Chairman confirmed planning was underway regarding the meeting schedule for 2021.

20/33 CONFIDENTIAL RESOLUTION

Confidential Motion

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

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

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

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

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

The Chairman closed the public session of the meeting at 3.28pm.

MINUTES OF THE COUNCIL OF GOVERNORS' ANNUAL GENERAL AND MEMBERS' MEETING, HELD VIRTUALLY VIA MICROSOFT (MS) LIVE, ON 24TH NOVEMBER 2020 AT 4.00PM

PRESENT:

Miriam Harte, Chairman
Dr. Sara Baxter, Public Governor (Redcar and Cleveland)
Gemma Birchwood, Public Governor (Selby)
Dr. Posmyk Boleslaw, Appointed Governor (NHS Tees Valley CCG)
Mary Booth, Public Governor (Middlesbrough)
Sue Brent, Appointed Governor (Sunderland University)
Mark Carter, Public Governor (Redcar and Cleveland)
Anne Carr, Public Governor (Durham)
Emmanuel Chan, Staff Governor (Teesside)
James Creer, Public Governor (Durham)
Gary Emerson, Public Governor (Stockton on Tees)
Chris Gibson, Public Governor (Harrogate & Wetherby)
Anthony Heslop, Public Governor (Durham)
Brent Kilmurray, Chief Executive
Cllr Ann McCoy, Lead Governor and Appointed Governor (Stockton Borough Council)
Jules Preston, Public Governor (Harrogate and Wetherby)
Jean Rayment, Public Governor (Hartlepool)
Dr. Mojgan Sani, Public Governor (Stockton on Tees)
Sarah Talbot-Landon, Public Governor (Durham)
Jill Wardle, Public Governor (Durham)

Note: Some attendees joined the event anonymously and this may have included Governors.

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Dr. Hugh Griffiths, Non-Executive Director
Angela Grant (Administrator)
Prof. Pali Hungin, Non-Executive Director
Dr Ahmad Khouja, Medical Director
David Levy, Director of Human Resources and Organisational Development
John Maddison, Non-Executive Director
Ann Marshall, Deputy Director of Nursing
Paul Murphy, Non-Executive Director
Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering, Director of Planning, Commissioning, Performance and Communications
Shirley Richardson, Non-Executive Director
Liz Romaniak, Director of Finance and Information

Caroline Stokle, Communications Officer
Cameron Waddell, Mazars LLP
Hannah Warburton, Communications Manager

20/34 APOLOGIES

Lee Alexander Appointed Governor (Durham County Council)
Louis Bell, Staff Governor (Corporate)
Mike Brierley, Appointed Governor (NHS County Durham CCG)
Marie Cunningham Public Governor, (Middlesbrough)
Dr Andrew Fairbairn, Appointed Governor (Newcastle University)
Janet Goddard, Public Governor (Scarborough and Ryedale)
Ray Godwin, Staff Governor (Forensic)
Hazel Griffiths, Public Governor (Harrogate and Wetherby)
Ian Hamilton, Appointed Governor (University of York)
Dominic Haney, Public Governor (Durham)
Ruth Hill, Director of Operations
Christine Hodgson, Public Governor (York)
Carol Jones, Public Governor (Rest of England)
Kevin Kelly, Appointed Governor (Darlington Borough Council)
Joan Kirkbride, Public Governor (Darlington)
Kirsty Kitching, Appointed Governor (NHS North Yorkshire CCG)
Audrey Lax, Public Governor (Darlington)
Keith Marsden, Public Governor (Scarborough and Ryedale)
Prof Tom McGuffog MBE, Public Governor (York)
Jacci McNulty, Public Governor (Durham)
Elizabeth Moody, Director of Nursing and Governance
Rachel Morris, Appointed Governor (Teesside University)
Bev Reilly, Non-Executive Director
Gillian Restall (Stockton on Tees)
Graham Robinson, Public Governor (Durham)
Erik Scollay, Appointed Governor (Middlesbrough Council)
Zoe Sherry, Public Governor (Hartlepool)
Stan Stevenson, Public Governor (Hambleton & Richmondshire)
Cllr Helen Swiers, Appointed Governor (North Yorkshire County Council)
Cllr Stephen Thomas, Appointed Governor (Hartlepool Borough Council)
John Venable, Public Governor (Selby)
Ruth Walker, Appointed Governor (NHS Vale of York CCG)
Cllr Derek Wann, Appointed Governor (City of York Council)
Judith Webster, Public Governor (Scarborough & Ryedale)

20/35 WELCOME

The Chairman welcomed all attendees to the Annual General and Members' Meeting of Tees, Esk and Wear Valleys NHS Foundation Trust and advised that the purpose of the meeting was to present the Annual Report and Accounts for the year ending 31st March 2020. She was delighted that so many members of the public, staff and representatives of partner organisations had been able to join the event.

Note: In addition to those named above, 122 people joined the event including public and staff members, stakeholders and the public.

Prior to introducing presenters, the Chairman delivered the following statement:

“The year ending 31st March 2020 is one that will live in my memory for a very long time. I must first remember the tragic deaths of two teenagers Christie and Nadia at West Lane Hospital in Middlesbrough in the summer of 2019. Furthermore, Emily, a former West Lane patient died at our Lanchester Road Hospital in February 2020. I can only imagine the devastation, grief and sadness that this has caused to their parents, families, friends and all who knew them. My Board, colleagues and I are profoundly sorry for these losses and regret that the care we provided did not keep these young people safe. Our promise is to be open and honest in understanding what went wrong, doing our best to provide any support that we can to the families and supporting fully the review and investigation processes.

The closure of West Lane Hospital in August 2019 was a severe blow to the Trust, not that we disagreed with the decision of the CQC. This again has made the provision of services to our community in Middlesbrough extremely difficult and has meant that additional patients needed to be sent out of area. This causes more distress and practical difficulties for patients and their carers and families. We are keen that this will be addressed by the reopening of some services in the New Year, run by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW).

The year 2019/2020 closed with the biggest health emergency in living memory. We are all aware of the many challenges and privations COVID 19 has brought. I must take this opportunity to sincerely thank all our staff, all our volunteers and students and trainees that joined the workforce. Their efforts and resilience have been tremendous with many going way above and beyond what was asked of them. There were countless acts of kindness and support in caring for our patients, families and our staff. I would also like to take the opportunity to thank colleagues across neighbouring Acute Trusts, in the Local Authorities and charitable organisations that have equally risen to the challenge to support us in continuing to deliver key services in our communities.

We are two thirds of the way through a year dominated by COVID 19 but we look ahead to making TEWV a better place to work, and be treated, in the future.

Thank you.”

20/36 DECLARATIONS OF INTEREST

There were no declarations of interest.

20/37 LEAD GOVERNOR REPORT

Prior to presenting her report Cllr Ann McCoy, Lead Governor, expressed her disappointment that she and her fellow Governors had only been able to say goodbye ‘virtually’ to the previous Chief Executive, Colin Martin. This had been due to the

COVID-19 restrictions in place; however, they had wished him well for the future. She went on to welcome Mr. Kilmurray back to the Trust as the new Chief Executive and advised that Governors:

- 1) Had found their scrutiny role very important in relation to the concerns raised by the Care Quality Commission (CQC) in 2019/20. An increased number of meetings of the Council had been held 'virtually', ensuring that Governors were kept informed of important issues and were able to raise concerns.
- 2) Were in agreement that the Trust should work towards providing excellent services for service users and carers and understood that it was doing all it could during the pandemic to deliver those services. However, Governors would continue to monitor the process as they were the "eyes and ears of service users, carers and the public as a whole".
- 3) Had missed face to face meetings of the Council, particularly in relation to meeting and getting to know new Governors and being able to talk to others in person. They had agreed changes made to the Trust's Constitution so that Council of Governors' meetings could be held virtually and formal business could be conducted.
- 4) Wished to recognise the work and commitment shown by all staff and the difference they had made, and continued to make, during the pandemic.
- 5) Thanked the Trust Secretary's Department for their help and support in ensuring Governors were able to achieve what they needed to do. They were hopeful that face to face meetings could re-commence in 2021.

The Chairman thanked Cllr. McCoy and the Council of Governors as a whole for their diligence in challenging the Board and providing support and insight.

20/38 ANNUAL REPORT 2019/20

The Council of Governors received and noted:

- 1) The Annual Report 2019/20 incorporating the Financial Statements for Tees, Esk and Wear Valleys NHS Foundation Trust.
- 2) The External Auditor's management letter for 2019/20 as prepared by Mazars LLP.

Copies of the above documents had been made available to attendees prior to the meeting on the Trust website together with a summary document which provided a review of the year.

20/39 REVIEW OF THE YEAR

Mr. Kilmurray thanked everyone for joining the event and encouraged people to ask questions. He advised that this AGM, his first as Chief Executive, was being held later in the year than usual and delivered virtually for the first time.

He too reflected on the devastating effect of the deaths of Christie, Nadia and Emily. These had been very sad and sombre events and he wished to offer his deepest condolences to their families, friends and loved ones. He was deeply sorry that the Trust had not kept them safe and advised that staff were working hard on making improvements with colleagues from CNTW, who had expertise in Child and Adolescent Mental Health Services (CAMHS), to establish an inpatient service at West Lane Hospital. This would allow vulnerable young people to once again be treated in their own community, close to their families and carers and not, as in many cases, sent many miles from home. It was hoped that this would reduce the anxiety and distress experienced by service users and their carers from travelling out of area. There were also plans for changing the name of West Lane Hospital and this was being progressed with the planned involvement of service users and carers.

In giving an overview of the Trust's performance for 2019/20, and its plans for the future, he advised of the following:

- 1) The first wave of the COVID-19 pandemic had brought about significant changes to how services had been conducted and he wished to acknowledge how challenging it had been, and continued to be. He also thanked every member of staff for all they continued to do to protect patients and each other.
- 2) In March 2020 the Trust received a 'requires improvement' rating from the CQC. This had been disappointing but not surprising and the Trust was fully committed to improving this rating and learning from events to make services as safe as possible.
- 3) There had been significant work undertaken which included:
 - i. Transforming services in North Yorkshire and York including:
 - The opening of the new purpose built mental health hospital in York, Foss Park, where a huge effort had been made by the project team and also in engaging with staff, service users and carers. The work had been completed in 2019 and it was hoped that the opening of the hospital could be celebrated soon.
 - Engagement with regards to the enhancement of community services in Harrogate and Rural District and Wetherby and the surrounding areas.
 - Work beginning on a new community mental health hub for Hambleton and Richmondshire in Northallerton.
 - ii. Improving Crisis Services for people living in County Durham, Darlington, Teesside, North Yorkshire and York after securing funding.
 - iii. Improving Children and Young People's Services with earlier intervention in educational settings by being involved in a new service providing specialist mental health support to vulnerable young people within their place of education.
 - iv. Prison Healthcare, delivering mental health services to prisons across the North East, Cumbria and northern Lancashire, in conjunction with voluntary sector partners. An NHS England tendering process during 2019/2020 had resulted in confirmation that the Trust would provide

support into seven North East prisons for the next seven years, as part of a partnership with Spectrum Community Health CIC and Humankind.

- 4) In an effort to continually improve services the Trust continued to:
 - i. Rollout the autism pathway to Adult Mental Health services, with the inclusion of staff training.
 - ii. Work in partnership with the British Institute for Human Rights.
 - iii. Develop perinatal services following the receipt of funding.
 - iv. Provide additional recovery and trauma informed training.
 - v. Develop a new persistent physical symptoms service across County Durham.

- 5) With regard to involving people and working in partnerships, work had included:
 - i. Integrated care systems where the Trust was increasing its role in planning, research and the involvement of service users and carers.
 - ii. The 'right care, right place' programme.
 - iii. Provider-led management of NHS commissioning budgets, working with NHS England and NHS Improvement, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and other providers.
 - iv. A research partnership with York University and working with research councils, clinical networks and other bodies to increase the number of TEWV service users and services supporting research into mental health.

- 6) Regarding the involvement of service users the Trust had:
 - i. Co-produced a celebration event held in December 2019 as a thank you to service users and carers to celebrate and thank people for their commitment and support in involvement activities.
 - ii. Been awarded a second star in the national Triangle of Care membership scheme, recognising long-term commitment from mental health providers who are working to become more carer inclusive.
 - iii. Organised an event for carers to celebrate the contribution of carers in 2019 (the 2020 conference unfortunately had to be postponed due to the COVID-19 pandemic).
 - iv. Set up 'shadow' Quality Assurance Groups (QuAGs) for service users and carers to enable more formal involvement.
 - v. Received significant feedback from 'The Big Conversation' on the importance of involvement of service users and carers.

- 7) With regards to quality, each year the Trust sets itself a number of quality priorities of which full details are provided in the Quality Report (published under separate cover), however, the key priorities were:
 - i. Priority 1 - Improve the clinical effectiveness and patient experience in times of transition from child and adolescent mental health services (CAMHS) to adult mental health services.

The Trust was now part of an NHS England Transitions Collaborative. It was hoped that good practice could be shared and potential barriers to successful transitions could be overcome. Ways of doing this included the agreement of models for transition panels, the sharing of people's experiences of transitioning and partner involvement.

ii. Priority 2 – Reduce the number of preventable deaths.

An action plan, from a family conference held in March 2019, had been produced and actions had been implemented in 2019-2020. The Trust's policy on preventable deaths had been reviewed and amended, in line with new national guidance and the Trust had participated in all of the regional Mental Health Learning from Deaths Forum meetings during 2019-2020.

iii. Priority 3 – Making care plans more personal.

A seven day trial of holding 'personalising care planning' workshops had been completed and evaluated. Around 90 people attended each workshop, including experts by experience and the feedback had been positive. However, the timing of the events had been considered too early given the need to attach the new Care Programme Approach (CPA) to the Trust IT systems.

iv. Priority 4 - Develop a Trustwide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services.

A review of Trust-wide dual diagnosis networks had been undertaken looking at how effective, sustainable and fit for purpose they were. Actions from the review had been implemented to encourage attendance from underrepresented groups and to make sure the networks were truly multi-agency. New reporting procedures were now in place so that incidents involving drugs and/or alcohol could be appropriately flagged. The involvement of peer support workers was being considered regarding how to better involve them with dual diagnosis work across the Trust area. This would include consideration of how a peer leadership network could be established.

v. Priority 5 - Review our urgent care services and identify a future model for delivery.

A Trust-wide urgent care conference was held in May and the second Trust crisis operational policy had been reviewed and released in 2019. As a result of the review, ambulance services now had the ability to check whether any person they were called to see had a mental health condition and/or had a crisis plan in place.

8) With regards to staff:

- i. He wanted TEWV to be a place where all staff felt valued and were valued.
- ii. The Trust had launched its 'Making a Difference Together' programme which focused on supporting staff in maintaining their health and wellbeing, promoting a positive culture, developing leaders, celebrating good practice and making sure that people felt safe to speak up.
- iii. There had been a welcome increase in the annual staff survey response rate from 30.5% in 2018 to 44.9% in 2019 and the Trust had performed better in relation to equality, diversity and inclusion; health and wellbeing and a safe environment.
- iv. A recent evaluation of the use of coaching across the Trust showed that it had worked to improve staff wellbeing, confidence, ability to set goals and the ability to lead or manage teams.
- v. He acknowledged that teams, services and individual staff from both corporate and clinical services had won awards during the year, including ones from the Royal College of Psychiatrists.

9) With regards to Performance:

- i. He advised that performance had been monitored in many different ways, the detail of which was contained within the Annual Report.
- ii. It was important to listen to, and act on, what service users were telling the Trust. 91% of people who had used Trust services reported that their overall experience of TEWV had been good or excellent. 85% of service users reported that staff treated them with dignity and respect and 62% of inpatients had said that they always felt safe on the ward. However, it was clear that the Trust had not always 'got it right'.
- iii. There had been a significant increase in the demand in referrals, although waiting times continued to reduce.
- iv. Over 83.5% of people had had their first appointment within four weeks, which had been a slight deterioration since last year. 61% of those people had started their treatment within six weeks which had been an improvement since last year.
- v. 92.6% of staff completed mandatory and statutory training.

10) With regards to future plans for 2020/21, Mr Kilmurray advised that although the Trust Business Plan had been approved, the Board recognised that progress and the delivery of some aspects of the plan might be limited due to the global COVID-19 pandemic. The Board would continue to review the scope and timescales of priorities within the Business Plan but the key themes for 2020/21 would be:

- i. An overarching commitment to promoting recovery, including developing personalised care planning and trauma-informed care, provided by staff with the right skills and values and supported by digital technology.
- ii. A continuing focus on improving the quality of the Trust's services and making sure they are purposeful and productive.

- iii. A focus on supporting the whole health and social care system to work in a more integrated, effective and efficient way.
- 11) Looking forward, it was clear that the impact of COVID-19 would continue into 2020/21 and it was likely that it would have an impact on mental health services and the demand for those services for quite some time. However, significant work would be undertaken with regards to:
- i. Digital transformation and how the Trust could work differently and innovatively.
 - ii. The Trust's revised equality, diversity and human rights strategy for 2020–23.
 - iii. The national development of 'provider collaboratives'.
 - iv. The launch of Our Big Conversation.
- 12) With regards to Our Big Conversation advised that:
- i. It had been launched in June 2020 and service users, carers, families, colleagues, partners and local communities had been asked to share their ideas, insight and experiences to help shape the future strategic direction of the Trust.
 - ii. 2,100 people had collectively shared more than 36,000 contributions which had been the largest listening exercise the Trust had undertaken.
 - iii. Every comment and idea shared had been read by the Trust's Leadership Team and the data had been analysed by independent analysts. This had helped to gain an understanding of what needed to be focused on to make positive and meaningful changes.
 - iv. A two-day business planning event, attended by the Board, some senior leaders, service users and carers and partners, was held to discuss the results and gain an understanding of key areas. Those key areas were:
 - What our Trust would look like if we got everything right (our purpose)
 - The sort of organisation we want to become (our vision)
 - The behaviours that we all should expect from everyone who works here (our values)
 - The main things we should be working towards (goals)
 - Some key things we must get in place to make a new future possible (our priorities).
 - v. A draft strategic framework had been reviewed and over the two days everyone had the opportunity to share their views on what they thought should be prioritised to really make change happen.
 - vi. The revised strategic framework had then been presented to, and signed off by, the Board. These papers were available on the Trust's website for anyone wishing to have more detail on 'Our Big Conversation'.
 - vii. Key dates included:
 - Early January 2021, another event would be held with the Board of Directors, senior leaders, service users and carers and partners to scope out the priorities identified.

- January 2021, a final version of the new purpose, vision, values and goals for our Trust would be shared with the Board for approval.
- March 2021, the new Trust Business Plan for 2021/22 - 2023/24 would be shared with the Trust Board for approval.
- April 2021, the embedding of the new purpose, vision and values would begin, whilst working towards newly defined goals and priorities.

Mr. Kilmurray thanked participants for joining the AGM. The full presentation of the Chief Executive can be found at Appendix 1 to these minutes.

20/40 FINANCIAL REVIEW

The newly appointed Director of Finance and Information, welcomed attendees and presented a review of the financial accounts for Tees, Esk and Wear Valleys NHS Foundation Trust for the year ended 31st March 2020.

Mrs. Romaniak highlighted that the Trust had:

- 1) In 2019/20, built on its strong financial performance from previous years.
- 2) Achieved planned financial outcomes, including its “Control Total” which provided access to a centrally held Provider Sustainability Fund (PSF).
- 3) Delivered a planned overall finance ‘Use of Resources Rating’ of 1 which had been the best possible rating achievable.
- 4) Paid a Public Dividend Capital, or required return on assets of 3.5% of average net assets, of £2.8 million (excluding daily cash balances).

She confirmed that all of the above had indicated good financial management and meant the Trust had sustainable services which were good value for money.

She also advised that:

- 1) The NHS had been facing financial challenges, even prior to COVID-19.
- 2) There had been a deficit of income compared to expenditure of £16.1m including the following one-off items:
 - i. Building impairments (estate valuation) amounting to £27.6m.
 - ii. Prior year income adjustment of £0.1m.
 - iii. Excluding those, the adjusted Trust performance was a surplus of £11.4m, or £5.9m better than planned and 3.0% of Turnover.
 - iv. The EBITDA of 5.6% was 1.6% ahead of the planned 4.0%.
 - v. Final debt repayments were made of a loan taken out in 2014/15.

- vi. Total Assets were £178.8m by the end of the year, or £13.5m less than in March 2019.
3. The operating income for 2019/20 had been £385.67 million. Income had reduced net but £34 million had been received as a one-off payment linked to the PFI contract termination. A reduction in income had also been offset by pension contributions and £4.1 million had been received from Non NHS and Local Authorities for specialist support packages for service users.
4. The operating expenditure for 2019/20 had been £398.47 million. There had been significant investment in staff through pay costs (£289.1 million) and costs relating to staff wellbeing.
5. With regard to future challenges, it was important to focus on:
 - i. How the Trust continued to respond to the COVID-19 pandemic, taking into account its impact on service delivery, additional demand, acuity and back log in services and focusing on health inequalities.
 - ii. Recurrent financial impacts and management of those.
 - iii. Workforce in terms of the recruitment and retention of staff, staff bank and any challenges caused by the pandemic.
 - iv. 'System' allocations from mid 2020/21 (Trust £2m deficit plan).
 - v. Possible national implications in 2021/22 regarding financial arrangements as these were unclear at present due to the Pandemic. A spending review covering only 1 year was anticipated.
 - vi. With regard to the IFRS 16 implementation, accounts for leases had been deferred for a further year from April 2020 due to the pandemic.
 - vii. The longer term economic impacts of COVID on public funds.
 - viii. The resourcing of Capital Plans, including Roseberry Park Hospital developments.
 - ix. Focusing on key collaborations with partners regarding the learning disability transforming care commitments.
 - x. New priorities arising from 'Our Big Conversation' and how to prioritise resources.

A copy of Mrs. Romaniak's presentation can be found at Appendix 1 to these minutes.

20/41 EXTERNAL AUDIT REPORT

Mr Waddell, from Mazars LLP presented the findings of the Trust audit for the year 2019/20, together with a summary of external audit work undertaken. He advised that the role of external audit was to:

- 1) Provide assurance to the Governors and members about the performance of the Trust.
- 2) Provide an opinion on the accounts of the Trust through a programme of testing each year.
- 3) Review the Trust's Annual Governance Statement and Annual Report.

- 4) Report to the National Audit Office on the Trust's consolidation schedules.

In terms of the outcome of the external audit, it was reported that:

- 1) An unqualified opinion had been issued in the Trust's Audit Report.
- 2) The Accounts and External Audit had been successfully delivered by the revised deadline, despite the challenges caused by the COVID-19 pandemic.
- 3) Effective joint working with the Trust had helped to ensure that the year-end audit had gone 'smoothly'.
- 4) The Value for Money (VfM) Conclusion had been that there was no evidence to suggest that proper arrangements were not in place to secure economy, efficiency and effectiveness. It was noted that the VfM conclusion would be provided in a different format going forward.
- 5) The Annual Report and Accounts had been of a good standard and provided a balanced overview of the year, including challenges faced, and work undertaken by Mazars LLP had identified few issues.

A copy of Mr. Waddell's presentation can be found at Appendix 1 to these minutes.

Agreed – The Council of Governors received and accepted the Annual Report and Accounts 2019/2020.

20/42 QUESTIONS

Mr. Kilmurray lead a questions and answers session which included four questions submitted prior to the meeting and other questions taken during the event.

The following questions/issues were raised:

Question and Answer Summary	
Q1.	How was the Trust handling Appeals in relation to detention under the Mental Health Act at the moment?
A1.	<p>Mental Health Tribunals and Hospital Managers hearings were going ahead as they usually would, however, the format had been amended to reflect the situation. All Tribunals were held via video conferencing set up by Her Majesty's Courts and Tribunals Service and in accordance with the Practice Direction they issued. Initial teething problems with technology were now resolved. Hospital Managers hearings were being heard via teleconferencing but we are about to update this and move to video conferencing via MS Teams to provide a better experience for patients, panel members and clinicians.</p> <p>In Q2 2020/21, 135 Hospital Managers hearings and 101 Mental Health Tribunals held. In Q3 2019/20, 155 Hospital Managers hearings, 108 Tribunals - last 'normal' activity quarter.</p>
Q2.	As a patient I've noticed a decrease in consistency with care coordinators, it is really important for a patient to build a relationship based on trust and stability. Is this going to change in near future?
A2.	<p>From the work undertaken in the Right Care, Right Place programme and to date in the big conversation, issues regarding relationships and basic human connectivity between our staff, service users, carers and our partners has been a key factor along with the need to ensure seamless and joined up care. In response to concerns raised by staff and service users alike, a significant amount of work was taking place to transform the care coordination process, to ensure service users were fully involved in care planning and all elements of their care to ensure it meets their individual needs, this includes training staff in Shared Decision Making. Through work being undertaken to implement the community mental health framework, which takes a system wide approach, and our refocus on the organisations purpose, values and behaviours, we believe that things will change. As a result of this it was hoped that service users / carers / staff and partners would see and experience a change which would improve the health and well-being of the individual and local community making the individual feel valued and a valued member of society.</p>

Q3.	Are there any training opportunities for volunteers within an NHS Trust?
A3.	All our volunteers receive mandatory training including Information Governance, Health and Safety, Safeguarding, Infection Prevention Control. Volunteers have an induction which covers any role specific training that is required. We also support volunteers to access other relevant training that is available within TEWV. We want to ensure that our volunteers feel equipped to undertake their roles and as valued members of the team we encourage them to access the wide range of training that is available in the Trust.
Q4.	Is it possible that the time on waiting lists for therapy will be reduced as some people are waiting for quite a long time. Are there any possibilities to get some help whilst waiting for the therapy?
A4.	<p>We are aware that across the Trust there are several services where patients are waiting longer than we would have liked, some of which have been compounded by the pandemic. To help address the gaps and reduce waiting times, teams have been asked to develop plans to help address long waits which will be discussed and reviewed by a panel in December to identify if more can be done or further help is required.</p> <p>In relation to therapy services, everyone waiting for therapy should be being seen by someone else within the team in the interim by virtue of them having secondary care needs that are inherently more than one profession, however more long term; surge monies and community mental health framework transformational monies will help us to address the gaps in psychological therapy provision, for which transformational bids have been submitted. We hope to hear by January 2021 whether these bids have been successful.</p>
Q5.	When will CITO come into operation?
A5.	This was discussed at a recent Board meeting. Cito had been in development since 2018 but it would be piloted in April 2021 and the roll out undertaken thereafter. A precise date for that would be issued in the new year. We will also be providing training and clinical support.

<p>Q6.</p>	<p>Given that everything has gone online, will this continue, and how will you support people to use IT?</p>
<p>A6.</p>	<p>Before COVID-19 we were a trailblazer site in North Yorkshire and York to use Attend Anywhere and MS Teams as an alternative to face to face or telephone appointments. It's important that patients have a choice and that service users and carers decide what situation suits them best. We need to be clear on when face to face is needed and be careful not to have a 2 tier system where some people get a better service than others. There is digital poverty and it is difficult for some people to get the whole IT package they require. Unfortunately, not everyone feels safe talking to us in their own homes.</p>
<p>Q7.</p>	<p>Government recently announced £3bn to tackle backlogs. Do we know if any of that will come to mental health?</p>
<p>A7.</p>	<p>Yes, half a million pounds is allocated for mental health. We are still waiting for a formal announcement and, as with all investment, there will be key priorities that we will need to achieve but it's great news.</p> <p>Our Planning and Performance Department were working on trying to forecast what additional demand there might be for the Trust and NHS due to the COVID-19 pandemic. We have had positive feedback on our work so far and we've shared our findings with commissioners. We have attracted some additional investment with 150 new members of staff recruited or in the process of being recruited now.</p>
<p>Q8.</p>	<p>I welcome Brent to TEWV and thank him for his engagement with me since his arrival. Constituency MPs engage with many constituents with mental health issues. I would be grateful to learn about the Trust's plans to better engage with MPs on the issues of mental health faced by their teams in dealing with constituents.</p>
<p>A8.</p>	<p>I am on the Board of NHS Providers. The Centre for Mental Health is also seeking to influence of Parliament and advocate for people who need investment.</p>
<p>Q9.</p>	<p>Patient Experience, Carer Experience and Staff Experience are all being talked about as separate entities. Would you support a shift in culture to have a single 'Experience of Care'? They both are very interlinked whether the care is provided to or provided by there are definite close relationships between them all.</p>
<p>A9.</p>	<p>In terms of goals, we need to improve the experience of people overall but it's important to differentiate between service users, carers and staff. It's critical that people have a good experience.</p>

Q10. What learning and improvement processes is the Trust putting in place to enhance inpatients' feeling of safety while on a ward?

A10. It is absolutely critical and fundamental that people feel safe and it's a huge nursing priority. Learning from talking to service users and staff by looking at complaints, incidents and national feedback was important. Teams develop plans and co-produce those with service users. We take every opportunity to learn and ask what helps people to feel safe. It's all about relationships and making sure staff have time to care.

20/43 PROCEDURAL

The Chairman concluded the meeting and thanked the speakers, the Council of Governors and everyone who had joined the event. Personal thanks from the Chairman had been offered to the Board of Directors for their support over the last 18 months.

The meeting closed at 5.20pm.



**Welcome to our
Annual General and Members
Meeting 2019/20
held on
24 November 2020
Our event will commence at 4pm**

We will be happy to take questions, and we will
announce when this goes live

@TEWV #TEWVAGM



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Chief Executive's Report

Reflections on 2019/20 and looking to the future

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Reflections on 2019/20

There were some great achievements and milestones

There were some incredibly sad and sombre moments

Towards the end of 2019/20 was also very different challenge for us all with the start of the covid-19 pandemic

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Our Care Quality Commission (CQC) inspection

In March 2020 we received the results of our latest CQC inspection and were rated 'requires improvement'.

Overall: requires improvement

Effective: good

Caring: good

Safe: requires improvement

Responsive: requires improvement

Well Led: good

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Achievements in 2019/20

Transforming services in North Yorkshire and York

Improving crisis services

Improving services for young people

Prison healthcare

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Continuously improving the quality of our services

We continued the rollout of the autism pathway to adult mental health services (including further staff training)

Working in partnership with the British Institute for Human Rights

Funding for perinatal services

Additional recovery and trauma informed training

Developing a new persistent physical symptoms service across County Durham.

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Involving people – working in partnership

Integrated Care Systems

Our ‘right care, right place’ programme

Provider-led management of NHS commissioning budgets

Research

Crisis care concordat



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Involving people – service and carer involvement

Co-produced an event to celebrate and thank people for their commitment and support in involvement activities

We were awarded our second star in the national Triangle of Care membership scheme, which recognises long-term commitment from mental health providers who are working to become more carer inclusive.

Organised an event for carers, and co-designing and co-delivering the Triangle of Care conference

Set up 'shadow' quality assurance groups (QuAGs) for service users and carers

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Our Quality Priorities – How did we do?

Priority 1 - Improve the clinical effectiveness and patient experience in times of transition from child and adolescent mental health services (CAMHS) to adult mental health services.

Priority 2 – Reduce the number of preventable deaths.

Priority 3 – Making care plans more personal

Priority 4 – Develop a Trustwide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services

Priority 5 – Review our urgent care services and identify a future model for delivery

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Our staff



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How we performed

What do service users say?

- 91% of patients reported their overall experience as excellent or good
- 85% of patients report that staff treated them with dignity and respect
- 62% of inpatients said they always feel safe on the ward

Performance against targets

- 83.5% of people were seen within four weeks of referral
- 92.6% of staff completed mandatory and statutory training

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Looking to the future

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The key themes for 2020/21

An overarching commitment to promoting recovery, including developing personalised care planning and trauma-informed care, provided by staff with the right skills and values and supported by digital technology.

A continuing focus on improving the quality of our services and making sure they're purposeful and productive.

A focus on supporting the whole health and social care system to work in a more integrated, effective and efficient way.



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Looking forward to 2020/21

Covid-19

Digital transformation and how we can work differently and innovatively

Our revised equality, diversity and human rights strategy for 2020–23

The national development of ‘provider collaboratives’

The launch of Our Big Conversation – a new strategic direction

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OUR
BIG
CONVERSATION



Thank you

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Three horizontal bars in green, red, and blue, positioned at the top of the slide.

Annual Members' Meeting

Financial Review

2019 - 2020

A green rounded rectangle containing the text 'making a'.

making a

A red rounded rectangle containing the text 'difference'.

difference

A blue rounded rectangle containing the text 'together'.

together

Summary Financial Performance

2019/20 Key Achievements:

- In 2019-20 the Trust built on **strong financial performance** from previous years.
- **Achieved planned financial outcomes**, including our “Control Total” which provided access to centrally held Provider Sustainability Fund (PSF).
- Delivered planned overall finance **Use of Resources Rating of 1** (best possible rating).
- Paid a Public Dividend Capital Dividend, or required **return on assets, of 3.5%** of average net assets (excluding daily cash balances).

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Financial Statement Highlights

- Against a national context of **challenging NHS Finances**.
- A deficit of Income compared to Expenditure of £16.1m including the following one-off items:
 - Building impairments (estate valuation) (£27.6m)
 - Prior year income adjustment £0.1m
- Excluding these, **adjusted Trust performance was a surplus of £11.4m**, or £5.9m better than plan and **3.0% of Turnover** (page 145).
- The **EBITDA of 5.6%** was 1.6% ahead of the planned 4.0%
- **Final debt repayments** were made of the loan taken out in 2014/15.
- **Total Assets were £178.8m**, or £13.5m less than in March 2019 (page 128).

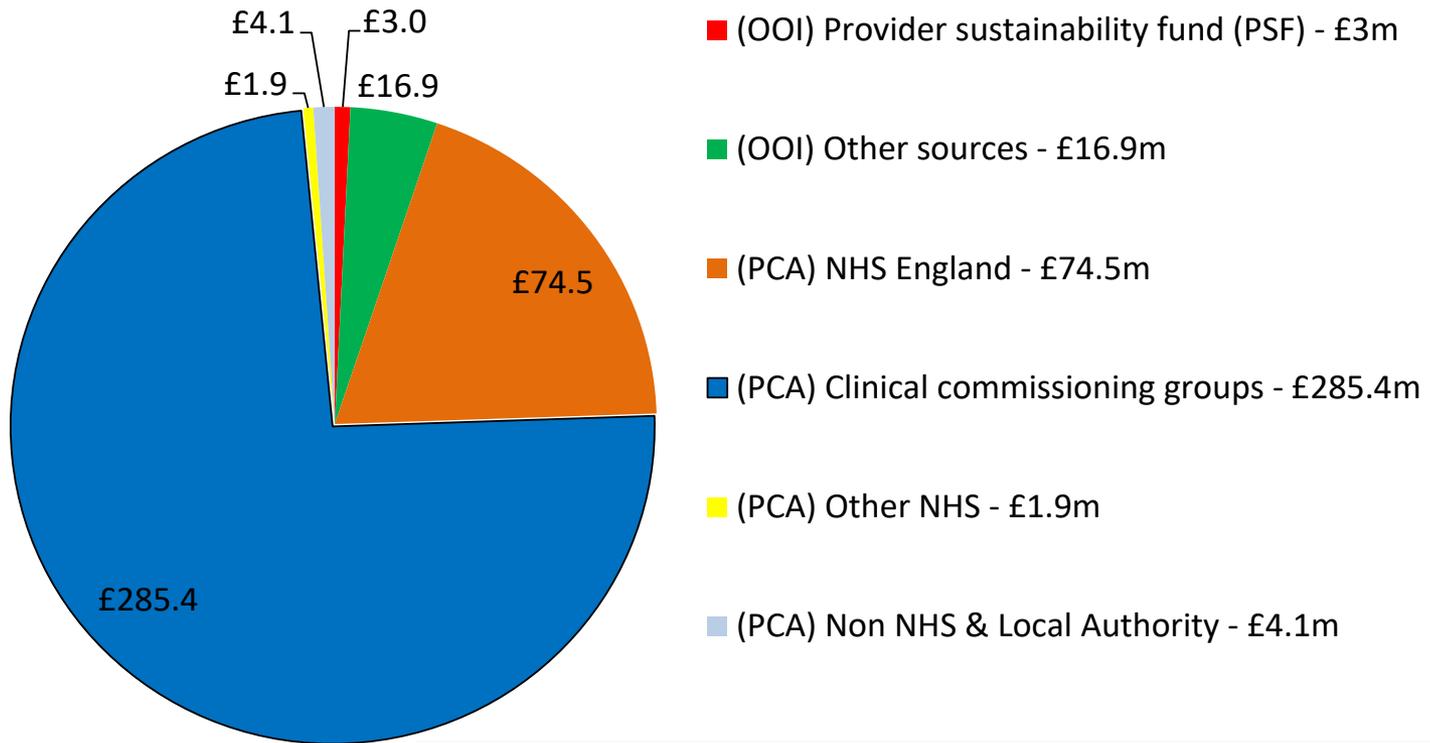
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Operating Income

2019/20 Operating Income £385.67 million



Income from Patient Care Activities (PCA)	£365.84
Other Operating Income (OOI)	£19.82
Total	£385.67

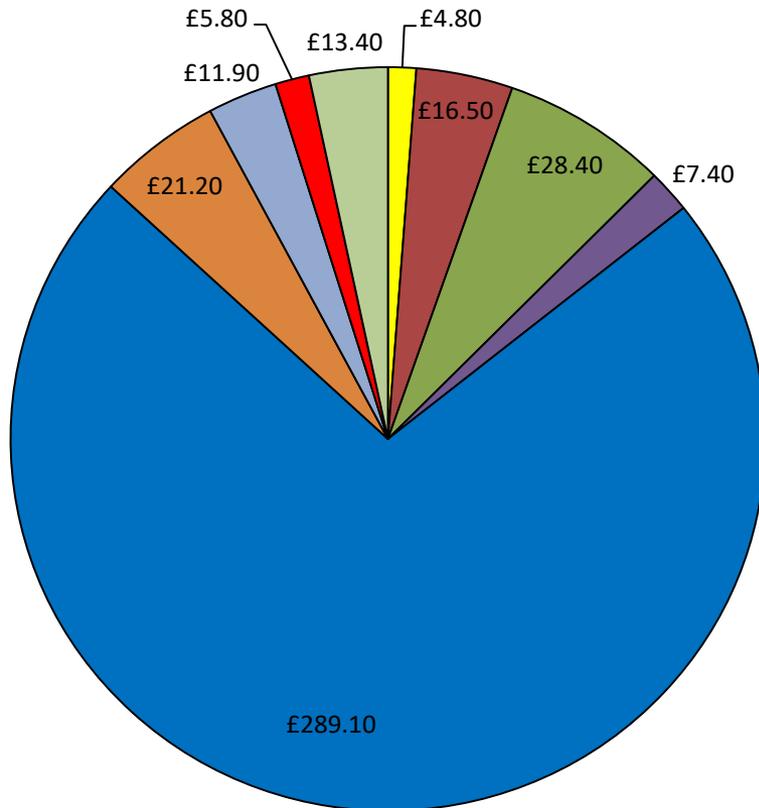
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Operating Expenditure

2019/20 Operating Expenditure £398.47 million



- Depreciation - £4.8m
- Establishment inc. leases & transport - £16.5m
- Impairments - £28.4m
- Other Expenditure - £7.4m
- Pay Costs - £289.1m
- Premises - £21.2m
- Purchase of Healthcare - £11.9m
- Research, Education and Training - £5.8m
- Supplies, Services & Drug Costs - £13.4m

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Challenges:

- **COVID-19: Pandemic response** and impacts / health inequalities
- Recurrent financial impacts and management of **underlying position**
- **Workforce:** recruitment, retention, staff bank, pandemic challenge
- **'System' allocations** from mid 2020/21, Trust £2m deficit plan
- **2021/22 financial arrangements** unclear due to Pandemic
- **IFRS 16** implementation (deferred from April 20 due to COVID-19)
- Longer-Term economic impacts of COVID on **public purse**
- **Resourcing of Capital Plans**, including Roseberry Park Hospital

Opportunities:

- NHS Long-term plan and **Mental Health Investment Standard**
- **Mental Health Partnerships** and Provider Collaborative arrangements
- Agree Priorities aligned to **new Trust Strategy**



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- Thank you

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- Welcome to Mazars LLP the Trusts external auditor
 - Cameron Waddell, Partner

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Accounts and audit successfully delivered by the revised deadline despite COVID-19 challenges.

Effective joint working with the Trust helped ensure the year-end audit went 'smoothly'.

'Unqualified' Audit Report

No evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the VfM Conclusion).

The Annual Report and Accounts were of a good standard and our work identified few issues, which mainly related to notes.

Council of Governors Action Log

Item 5

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
18/09/19	19/70	To provide an update on the delivery of autism training.	Ahmad Khouja	September 2020 May 21	
12/02/20	20/04	To consider the delivery of a briefing on the IAPT service provision.	Ruth Hill / Kathryn Ord	July 2020 February 21	
12/02/20	20/08	To provide an update at a future meeting on the Gender Pay Gap.	David Levy	May 2020 February 21	
19/11/20	20/25	To organise a briefing session for Governors on ICS/ICP	Kathryn Ord	Feb 21 May 21	
19/11/20	20/27	To provide details of a family case re autism and wait times to Mr Kilmurray	Jill Wardle	Dec 20	

FOR GENERAL RELEASE

Council of Governors

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

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

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

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

Care Quality Commission (CQC)

The CQC visited a number of adult acute inpatient wards on week commencing 18th January 2021. This was a focused visit following an incident that took place at the end of November 2020. They visited Roseberry Park, West Park and Cross Lane Hospitals. They fed back that there were concerns about the risk assessment and risk management procedures on the wards and they would be requiring us to make changes. They followed this up last week in a formal letter setting out that they had serious concerns and required us to submit an action plan. They have since sent a

further letter requiring us to undertake “significant improvements” and to extend our work from across the wards to all clinical settings.

The Senior Leadership Group has produced an action plan covering the main concerns raised. It focuses providing assurances on the current situation with regard to patient risks and safety, developing a simplified approach to our documentation and daily ward processes, identifying and rolling out training on risk management, standards and expectations, developing proposals to increase capacity (staffing), integrating technological solutions, and putting in place a communications and engagement plan around this work.

On week commencing 1st February 2021 we held a Rapid Improvement Event. The purpose of which was to drive the simplification of our risk processes, reducing documentation, building the process into the daily flow of the ward, releasing colleague time and making risk management much more meaningful. The scope was the 14 adult acute and PICU wards. It was sponsored by our senior clinical and operational Executives and involved every day of the week over 60 people. Dr Hugh Griffiths, as chair of the Quality Assurance Committee was invited to participate in Safety and Quality briefings and the event report outs.

The event has been a success and has set us up well to roll out our new simplified approach. We have been able to take radical steps in simplifying our Paris system. Staff involved in the event are really pleased with what was achieved. It is critical that implementation continues at pace and the changes are well embedded.

Whilst we have acted decisively, there is still much to be done. We can take some assurance that service users are currently “safe today”, we will need to make sure that the systems and processes we have developed both interim and long term apply across all clinical settings.

The Board will continue to be kept fully briefed and will play a key role in oversight and assurance. I am going to chair a Quality Improvement Board that will meet weekly, which will oversee implementation of this and our other CQC related work and will be taking a particular interest in how we can implement the necessary changes in line with our new strategic direction and values.

Provider Collaboratives Update

Following our joint Business Case submissions, with CNTW, to NHSE and a panel discussion with them NHSE have approved that we can go live on 1st April 2021. Provider Collaboratives are partnerships of providers that take on the commissioning responsibilities currently carried out by NHSE Specialised Services Commissioners. Therefore the Provider Collaboratives will receive the commissioning budget and are expected to ensure that appropriate services are commissioned to meet the needs of the population. It allows us to ensure that commissioning decisions are clinically led therefore improving the experience of services users and carers.

Therefore from 1st April we will be part of three Provider Collaboratives across the North East and North Cumbria as follows:

- Adult Secure Services TEWV will be the Lead Provider
- Adult Eating Disorders Inpatient Services CNTW will be the Lead Provider
- CAMHS Tier 4 Services CNTW will be the Lead Provider

Whilst each has a Lead provider as indicated above we are working in partnership with CNTW on all three and have established single governance processes and system across them.

In addition we are also working with the Humber Coast and Vale Provider Collaborative that also cover the three services above but where Humber Foundation Trust is the Lead Provider for all three.

Governance Review

Governors will recall that the Trust asked Lorna Squires, Head of Quality Governance at NHS E/I, to undertake a governance review in early 2020. This was focussed on Locality governance arrangements particularly the line of sight from Ward to Board.

Whilst we received some valuable feedback, the review was not completed as Lorna was re-assigned to work on Covid-19.

The Good Governance Institute (GGI) has now been commissioned to complete the review. In addition, they have been asked to undertake a leadership and governance (well-led) review. These reviews are required every 3-5 years; the last one being held in 2017.

The reviews are now underway and comprise a self-assessment; a document review (policies, reports, minutes, etc); interviews with Board Members, senior managers and the Lead Governor; staff focus groups; and interviews with and surveying of key partners.

The findings and recommendations arising from the reviews are due to be presented to the Board in March 2021. A copy of the report will also be provided to Governors.

GGI will also be supporting a range of training and development activities in the Trust.

Further information on GGI is available on the organisation's website: www.good-governance.org.uk

Covid 19 Update

Covid 19

As of the 11th February, 8 Covid-19 outbreaks are being managed through outbreak control measures, all processes are in place to support clinical teams to care for patients and all reporting requirements are in place. A second batch of 7,722 lateral flow testing kits were received in the first week in February. These are being despatched to staff to enable continued testing. Lateral flow usage and uptake is reported weekly to NHS England and NHS Improvement and swabbing results are reported to PHE at least once a week.

Vaccinations

The number of TEWV inpatients vaccinated as at 10th February 2021 was 252, some 88% of eligible patients. A further 20 patients within Secure Inpatient Services are due to be vaccinated on 12th February and this ought to bring to a conclusion the first phase of patient vaccinations.

The number of TEWV staff and bank workers confirmed as being vaccinated as at 10th February 2021 was 6,093 (74%). There are a total of 8,247 TEWV employees and bank workers. It is believed that the number of 6,093 understates the actual position as information is awaited from North Yorkshire and York and Forensic Services localities in response to the circulation of 'not vaccinated' staff lists. The aim continues to be to vaccinate as many TEWV patients, staff and bank workers as possible and to support the vaccination of social care staff. The approach we have adopted includes a combination of an 'in house' vaccination centre, based at the Newberry Centre, West Lane Hospital, and partnership working with five acute trusts whereby TEWV staff can access vaccinations on acute hospital sites and TEWV provides vaccinators to support the acute hospital based vaccination programmes.

It is recognised that vaccination is not mandatory and that in line with good practice a measured approach is taken towards those patients and staff who do not wish to have a vaccination. Understanding the reason(s) why a vaccination may be refused and offering information to reassure as part of efforts to reduce anxiety about the vaccination are important as is respecting religious beliefs and individuals health circumstances. Further efforts have recently been made to communicate about the safety of the vaccines and these efforts will continue.

We will continue to try to offer 1st dose vaccinations though the level of access is likely to be reduced as vaccination centres temporarily close ahead of re-opening for 2nd dose administration during March.

Infection, Prevention and Control Update

The IPC Team continue to offer expert advice and support to the teams and services within the Trust with a strong focus being around Covid.

Since the last update the team have supported the Director of Infection Prevention Control in managing a number of outbreaks of covid in wards, teams and services affecting staff and patients. As expected due to the prevalence of covid in the communities we have had a number of outbreaks, at the peak of activity we were managing 16 outbreaks this has now reduced to 8 and the majority of those are in the monitoring stage so not reporting active cases of covid. The frequency of new outbreaks occurring has also greatly reduced. The outbreak management also involves the team involved, hotel services, health and safety team and staff side.

We have updated trust wide guidance which supports staff with decision making such as visiting and leave to reflect the changing picture of restrictions, our emphasis in line with national guidance is that leave and visiting should be facilitated and maintained in a covid safe manner.

We have also reviewed Personal Protective Equipment guidance with the addition of visors to be worn in all clinical areas, this is to try and reduce staff contact with face masks and ultimately reduce the spread of the virus between staff and patients. Additionally we have agreed that aprons and gloves do not need to be worn in areas where there are no outbreaks. Extra support has been offered to staff to reinforce the importance of good hand hygiene.

We have also completed IPC mini audits with the support of the matrons, auditing a range of IPC standards, these are all completed and a report finalised. These generally showed good compliance with the standards. The IPC team are supporting teams and areas that had specific needs some examples of this are reinforcing good sharps bin practice, best use of storage and visiting areas that had lower scores.

Finance Update

Council of Governors – February 2021

2020/21 Headlines

National financial arrangements for the first six months of 2020/21 brought all NHS organisations to break even at the end of September to allow a focus on the Pandemic.

In October the Trust submitted a revised plan for the period October 2020 – March 2021.

- ↑ The Trust is currently reporting a surplus of £7,938k, which is £6,426k ahead of the submitted plan.
- ▼ CRES (cost savings) are forecast to be £589k below plan by the financial year end; with savings impacted by the need to prioritise the Pandemic response.
- ↑ Mental health investment standard and other training and development income is significantly higher than planned.
- ▼ The financial impact of recruitment into posts to respond to the surge has been less than forecast, with the majority internal appointments. This has resulted in an underspend against planned pay costs.

The Board is continuing to prioritise:

- The Trust's COVID-19 response;
- Capital developments;
- CRES delivery over the medium term.

Key issue: Forecast outturn

The Trust's forecast outturn is a surplus of £4,614k at the financial year end; which is above NHSE/I expectations.

This has been communicated with the ICS / ICP partners to ensure that the North East and North Cumbria health system outturn position is managed and as planned.

We expect increased demand for Mental Health, Learning Disability and Autism services as a consequence of the Pandemic. Modelling completed in the late summer suggested that the Trust workforce might need to expand by up to 900 posts. The Trust is working with the partners, including Mental Health Partnership Boards, to discuss future funding flows. Whilst recruiting permanently without already having secured funding could have future financial implications, this is currently seen as a managed and necessary risk that is within total anticipated system resources and will maintain the quality and consistency of the services we provide.

The Board will monitor this plan closely to ensure that any recurrent financial risk is mitigated.

Key issue: Planning for 2021/22

Whilst NHSE/I 2021/22 planning guidance is not due to be published until late March/April 2021, financial arrangements for the first quarter will roll over from 2020/21. It is expected that funding for April to June 2021 will be consistent with monthly block funding received in October to March of the current financial year. Formal planning activities have been suspended during quarter 4 to allow the NHS to continue to focus on the pandemic.

Plans for quarters 2 to 4 of the new financial year will need to be developed by June 2021.

Finance Update

Council of Governors – February 2021

Key issue: Capital

Capital expenditure for 2020/21 is £3,786k below plan.

The main reasons for the variation are:

- Positive VAT recovery for the Foss Park Hospital (£4,045k) development.
- This is offset in part by projects not anticipated in the capital plan but which needed to be prioritised in-year, e.g. Phase 1 anti-ligature works.

Progress against the capital plan will continue to be monitored by the Board's Resources Committee.

The Trust, supported by regional NHSE/I colleagues, was successful in bidding to secure £4.5m national Mental Health Programme capital funding for 2020/21 schemes for Children and Young People.

Key issue: CRES Delivery

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

The Board aims to ensure that the programme is based on recurrent, sustainable schemes. Key next steps include a baseline financial assessment to inform the development of a new financial strategy.

This issue will be further considered as part of the development of the Trust Business Plan which will involve discussions with the Council of Governors. Changes in national financial arrangements and deferred national planning guidance and submission mean that financial elements of this are subject to change.

Use of Resources Rating (UoRR)

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

The Trust has planned to achieve a rating of 2 in 2020/21, and is forecasting to achieve a rating of 1, which is ahead of plan. The agency metric of '2' reflects additional temporary staffing necessary to support Business Continuity Plans and mitigate staffing pressures, including on inpatient wards.

The position against each element of the rating as at December 2020 was as follows:

	Actual	Year to Date Plan	'RAG' Rating
Capital Servicing Capacity	1	3	Green
Liquidity	1	1	Green
I&E Margin	1	3	Green
I&E Distance from plan	1	1	Green
Agency expenditure	2	1	Red

Performance Dashboard Headlines

The latest Performance Dashboard (as at the end of December 2020) shows 4 areas of concern and 2 areas of positive assurance.

Key Areas of Concern

Patient Experience

- We are showing normal variation (no significant change) and that we will inconsistently hit, pass or fail the standard for this key measure of quality.
- Patients' experiences have been affected by Covid and the impact of the national and regional social distancing restrictions.
- We have analysed the data in further detail to help us understand this better and what can be done to improve patient experience.
- Actions are now underway and are being monitored by the Board to see if they improve patient experience.

Outcome Measures

- The Trust is showing special cause for concern for clinical outcome measures, primarily in North Yorkshire & York and Teesside.
- A number of actions are underway to support clinical services improve, including the re-establishment of the Clinical Outcomes Steering and routine reporting.
- It should be noted that whilst we are not delivering the standard we have set internally we compare very well when compared to the national position.

Timely completion of assessments

- The Trust is showing special cause for concern, primarily within Forensic Services and North Yorkshire & York.
- We have identified the reasons for this and have put in place actions to address these.
- These actions are being monitored by the Board to see if they improve clinical outcomes.

Provision of timely treatment

- The Trust is showing special cause for concern, primarily within Forensics Services and Tees.
- We have shared the information with Forensics to identify any underlying issues. In Teesside we have identified that a change in how we are working with the wider system to support Children & Young People's Services is impacting on delivery of the standard. Work is underway to see how we can reflect this practice within the calculation of the measure.

Positive Assurance

Waiting Times

- The Trust is showing special cause improvement (an increase) in the percentage of patients seen within 4 weeks following an external referral.

Length of Stay

- The Trust is showing special cause improvement (a reduction) in the number of patients within our services that have a length of stay over 90 days.

NHS Oversight Framework

There is one area of concern within the NHS Oversight Framework (our regulatory framework) that has not met the standard.

IAPT- proportion of people completing treatment who move to recovery (as at Q3)

- The main area of concern is within Durham and Darlington where a high number of patients expressed a preference to be discharged, following the increase of social restrictions during November.
- The service has taken steps to maintain contact with patients and provide alternative support where appropriate.

COUNCIL OF GOVERNORS

ITEM NO 11a

DATE:	18 FEBRUARY 2021
TITLE:	Appointment of the Lead Governor

Background

1. At the request of NHS Improvement, the Trust is required to have a Lead Governor.
2. The Lead Governor role was established at the request of Monitor in 2009 as a means by which the regulator could make contact with Councils' of Governors in circumstances when it would not be appropriate to communicate via the Chairman and Trust Secretary.
3. The role is described in the document "Your duties, a brief guide for NHS Foundation Trusts for Governors" published in March 2014 as:

"... the main point of contact in a few specific circumstances in which Monitor (now NHS Improvement) may need to contact the Council of Governors or the other way round."
4. The Care Quality Commission also included the Lead Governor as a principal point of contact with Foundation Trusts in its document "A guide for foundation trust councils of governors: Working with the Care Quality Commission" (2012); however, to date the regulator has not fully developed this aspect of the role.
5. Cllr McCoy has held the office since its establishment with an extension to her tenure approved by the Council through Emergency Powers on 9 July 2020. This appointment is due to come to an end on 31 March 2021.

Proposal

1. Nominations to be sought from Governors for the position of Lead Governor. The tenure of this position is from 1 April 2021 for a period of three years.
2. It is proposed that the Council of Governors agree the following process for the appointment of the Lead Governor:

Action	How	By when
Nominations sought from current Governors	Nomination to be supported with a written statement of no more than 250 words to be submitted to the Trust Secretary	12 noon 4 March 2021
Summary of nominations (if more than one) issued to all members of the Council for consideration along with a voting paper to vote for preferred candidate	By post: <ul style="list-style-type: none"> List of nominations Voting paper Return freepost envelope (voting will be anonymous)	5 March 2021
If only 1 nomination received, the Chairman will be asked to consider the statement submitted and under Emergency Powers ratify the appointment. Governors will be advised in writing of the outcome		5 March 2021 8 March 2021
Closing date for the return of votes to the Trust Secretary's Department		19 March 2021
Votes to be counted and verified	Trust Secretary and Chairman	23 March 2021
Announcement made under Emergency Powers by the Chairman of result		By 24 March 2021

Miriam Harte
Chairman

