

COUNCIL OF GOVERNORS
Tuesday 8 March 2022
Glow (Xcel Centre), Long Tens Way, Aycliffe Business Park,
Newton Aycliffe DL5 6AP
at 2.00 pm

AGENDA

1	Apologies	Chair	Verbal
2	Welcome and Introduction	Chair	Verbal
3	To approve the minutes of the last meeting held on 23 rd November 2021.	Chair	Draft Minutes
4	To receive any declarations of interest	Chair	Verbal
5	To review the public action log	Chair	Report
6	To receive an update from the Chair	Chair	Verbal
7	To receive an update from the Chief Executive	Brent Kilmurray, Chief Executive	Report
8	Governor Question and Answer Session <i>(All questions should be submitted in writing to the Company Secretary's Department at least 48 hours before the meeting)</i>	Chair	A schedule of Governor questions and responses to be circulated
9	At the request of the Lead Governor to consider the appointment of a Governor Veterans' Champion	Ann McCoy Lead Governor	Verbal
10	To receive an update report from Operational Services	Brent Kilmurray Chief Executive	Report

11	<p>To receive the following performance/compliance updates:</p> <p>(a) Finance Report</p> <p>(b) Performance Report</p> <p>(c) CQC compliance Report</p>	<p>Liz Romaniak Director of Finance, Information and Estates</p> <p>Sharon Pickering Assistant Chief Executive</p> <p>Elizabeth Moody Director of Nursing and Governance</p>	<p>Report</p> <p>Report</p> <p>Report</p>
12	To approve proposed amendments to the Trust's Constitution in relation to the Staff Constituency and the composition of the Council of Governors	Chair	Report
13	<p>Date of next meeting</p> <p>To approve the date of the next meeting of the Council of Governors</p>	Chair	Verbal
14	<p>The Chair to move:</p> <p><i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <p>(a) <i>the free and frank provision of advice, or</i></p> <p>(b) <i>the free and frank exchange of views for the purposes of deliberation, or</i></p> <p>(c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p>	Chair	Verbal

Paul Murphy
Chair
28 February 2022

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 23 NOVEMBER 2021, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Paul Murphy (Interim Chair & Non-Executive Director)
Dr Sara Baxter (Redcar & Cleveland)
Louis Bell (Corporate)
Gemma Birchwood (Selby)
Sarah Blackamore (North Yorkshire and York)
Mary Booth (Middlesbrough)
Sue Brent (Sunderland University)
Anne Carr (Durham)
Mark Carter (Redcar & Cleveland)
Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Hazel Griffiths (Harrogate and Wetherby)
Anthony Heslop (Durham)
Christine Hodgson (York)
Audrey Lax (Darlington)
John Manson (York)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Jules Preston (Harrogate and Wetherby)
Graham Robinson (Durham)
Zoe Sherry (Hartlepool)
Jaclyn Stoker (Durham)
Jill Wardle (Durham)
Judith Webster (Scarborough and Ryedale)

IN ATTENDANCE:

Phil Bellas (Company Secretary)
Ann Bridges (Director of Communications & Corporate Affairs)
Charlotte Carpenter (Non-Executive Director)
Professor David Ekers, Clinical Director for Research & Development
Angela Grant (Senior Administrator)
Pali Hungin (Non-Executive Director)
Brent Kilmurray (Chief Executive)
Wendy Johnson (Team Secretary)
John Maddison (Non-Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Donna Oliver (Deputy Trust Secretary - Corporate)
Russell Patton (Interim Chief Operating Officer)
Sharon Pickering (Assistant Chief Executive)
Beverley Reilly (Non-Executive Director)
Shirley Richardson (Non-Executive Director)

Liz Romaniak (Director of Finance, Information, Estates and Facilities)
Steve Wright (Interim Medical Director)
Charlotte Carpenter, (Non-Executive Director) (from 3.03pm)
Sarah Dexter-Smith, (Director of People, Culture & Diversity) (from 3.09pm)
Jill Haley, (Non-Executive Director) (from 3.09pm)
Steve Double-Alder (member of the public)

21/38 APOLOGIES

Apologies for absence were received from:

Lee Alexander (Durham County Council)
Mike Brierley (NHS County Durham CCG)
Emmanuel Chan (Teesside)
Martin Combs (York)
Pamela Coombs (Durham)
Dr Gary Emerson (Stockton on Tees)
Ian Hamilton (University of York)
Janet Goddard (Scarborough and Ryedale)
Dominic Haney (Durham)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Jane King (County Durham and Darlington)
Joan Kirkbride (Darlington)
Rachel Morris (Teesside University)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Dr Mojgan Sani (Stockton on Tees)
Erik Scollay (Middlesbrough Council)
Stan Stevenson (Hambleton and Richmondshire)
Cllr Helen Swiers (North Yorkshire County Council)
John Venable (Selby)
Cllr Derek Wann (City of York Council)

21/39 WELCOME

The Chair welcomed all attendees to the meeting.

21/40 MINUTES OF PREVIOUS MEETINGS

Agreed -

- (i) That the public minutes of the last ordinary meeting held on 13th July 2021 be approved as a correct record and signed by the Acting Chair.**
- (ii) That the minutes of the Annual General and Members' meeting, held on 23rd September 2021 be approved.**
- (iii) That the minutes of the special meeting of the Council of Governors, held on 20th October 2021 be approved.**

Apologies were made to those Governors that had not been able to join the Annual General Meeting held on Teams. Phil Bellas, Company Secretary provided an explanation of the temporary glitch, which had been swiftly resolved by the information department. There would be no ongoing problems. It was acknowledged that several Governors had not been able to join.

21/41 DECLARATIONS OF INTEREST

There were no declarations of interest.

Ann McCoy, Lead Governor, reminded Governors about the need to complete the annual refresher of any declarations of interest they might have. This was a governance process managed by the Company Secretary's office.

21/42 PUBLIC ACTION LOG

Consideration was given to the public action log.

The following update was noted,

- (1) Action 21/31: consideration to be given to establishing a shadow Chair of Wellbeing from the Governor body. This would be in addition to the Chair of the People and Culture Committee also holding the role of the Wellbeing Guardian. Expressions of interest had been received from Jacqui McNulty and Hazel Griffiths.

Agreed: *that Jacqui McNulty and Hazel Griffiths take on the role of Shadow Wellbeing Champions with immediate effect.*

- (2) Action 21/32: Governor Development Day schedule.
It was noted that plans had been made for the matters to be considered at the Governor Development Day, to be held on 7th December 2021. Anything not covered at that session would be rolled over into the Governor Development programme in 2022.
- (3) Action 21/32: concerns regarding the care of an individual raised with Mr Venable.
It was advised that this personal matter had been taken forward and was being picked up outside the Governor meeting.

21/43 INTERIM CHAIRS UPDATE

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

He drew special attention to:

- (1) Taking on the role of Interim Chair, he said, was a privilege and an honour, however it had to be recognised that Shirley Richardson, Non-Executive

Director would also be supporting the role, with a split in the covering arrangements and workload until a new Chair was appointed.

- (2) So far, the role had been divided between external and internal working and the management of essential bureaucratic tasks. It was important for the organisation to continue to be part of the external environment and for the Interim Chair of the Trust to be visible with key partners and stakeholders.
- (3) The Integrated Care Systems were an ongoing development and keeping mental health high on that agenda would be key for TEWV. From conversations with key stakeholders, it was recognised that there had been a focus on acute Trusts over recent weeks, due to the impact of the pandemic.
- (4) Deloitte had been appointed, following one of the recommendations of the 'Good Governance Review' to undertake some Board development work. One of the pieces of work would be to look at the dynamics and effectiveness of the Board in taking forward the Journey to Change and monitoring the strategic direction of the Trust.

Ann McCoy highlighted that in the pre-Governor meeting there had been a consensus that more information on the developments around ICS's would be helpful for the Governors and this should be added to the Development schedule. One of the areas that Governors would welcome advice on was their role in influencing the ICS agenda, together with a general overview of how things were developing.

Action: P Bellas

Hazel Griffiths, Public Governor for North Yorkshire and York added concerns that the public voice still needed to be heard in the developments of the different Integrated Care Boards that were being set up in NY&Y.

The Chief Executive noted that some of this detail was covered in his report on the agenda, however it was recognised that it was a quickly changing and developing arena.

21/44 CHIEF EXECUTIVE UPDATE

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

The following matters were highlighted:

1. Integrated Care System Development

- 1.1 Progress had been made with the leadership structures and system architecture at the different levels of the system in preparation for the transition to ICSs by 1st April 2022. There had also been some development in the appointment processes surrounding the leadership positions, however the CEO appointments had not all fully been announced.

- 1.2 The Trust would be part of two ICSs – Northeast Cumbria and Humber Coast and Vale and the constitutional arrangements supporting these was currently being written.

One of the positives of working under the new arrangements would be the degree of latitude for the Trust in the design stages.

- 1.3 Place based discussions continued across Durham, Tees Valley, North Yorkshire, including Selby and York.

2. **City of York Health and Care Alliance**

- 2.1 These place-based discussions were more advanced than other areas and an Alliance had been created of all health and care partners. The ICS had invested in some external facilitation and partnership development plans were being worked through with the development of a board. The Alliance had started to work together on a small number of priorities which included diabetes, urgent care and physical health of people with learning disabilities.

3. **North Yorkshire**

- 3.1 A strategic partnership had been established across North Yorkshire to consider the place-based approach. Local plans for Harrogate, Hambleton Richmondshire, Whitby, Scarborough and Selby were at different stages of progression. The Clinical Commissioning Group, on behalf of partners had been competing a self-assessment process to determine the partnership development requirements

Following a concern raised about the involvement of the private sector in provider collaboratives (PCs), it was noted that joint discussions with the private sector, for example, in the southwest with the adult secure PC, would be a positive step in bringing key stakeholders together and would hopefully promote joint working and ownership.

4. **Structures**

- 4.1 The organisational change approach had now been agreed with staff side. The consultation on the new clinical and operational leadership structures was now concluded, with over 300 contributions received from people and groups.

21/45 GOVERNOR QUESTIONS

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

Anne Carr raised a number of problems being faced by individuals pursuing recruitment to become Peer Support workers. There had been a minimum standard set for maths and English qualifications which was proving difficult for some people

interested, who had not attained these, however still felt they had a lot to contribute to the role.

The Chief Executive apologised and agreed to have some further discussions around adapting the recruitment process.

21/46 PILOT ON BODY WORN CAMERAS

The Council of Governors received and noted an update on the pilot of body worn cameras.

The following was highlighted:

- (1) The pilot had commenced on four wards from November 2020, with the aim of reducing restrictive interventions.
- (2) The pilot had then been extended for another six months and increased to ten services, following a review in April 2021.

Elizabeth Moody advised that:

- (a) It was early days with the pilot and there would need to be further embedding of the systems to the ward areas before it could be identified that the body worn cameras had reduced restrictive interventions.
- (b) Some patients had expressed the view that the cameras helped them to feel safer, others had not had a strong view either way.

In response to questions linked to the camera recordings, it was advised that staff wear a small camera on their clothing and would advise a service user if the camera was to be switched on. That would happen if the member of staff thought that an incident might be arising.

21/47 TRUST RESEARCH PROJECTS & INITIATIVES

The Council of Governors received and noted an update presentation on Trust research projects and initiatives. This update had been requested at a previous Governor meeting.

Professor David Ekers, Clinical Director for Research & Development highlighted the following:

- (1) Progress to date with the R&D strategy for 2015 to 2020.
- (2) The new R&D Plan for 2021 – 2026.
- (3) Research programmes led by TEWV.
- (4) Results from a recent piece of research led by Kings College London (CHECK study) where 2,249 members of TEWV took part in a study during the pandemic. As a result, NHS England had announced it would be expanding mental health support for NHS staff.

The Chair thanked Professor Ekers for joining the meeting and for the interesting update and invited Governors to email Professor Ekers directly if they wished to know anything further.

21/48 OPERATIONAL SERVICES UPDATE

The Governors received and noted a presentation, providing an update on operational services.

Russell Patton, Interim Chief Operating Officer highlighted the main areas of focus for the four localities of the Trust, together with service developments and system pressures.

Governors raised the following:

- (1) Ann McCoy queried Governor oversight on organisational learning in response to previous concerns and improvements and how changes were being embedded in the Trust.

It was noted that a piece of work was underway in relation to the Trust strategy for organisational learning, led by Elizabeth Moody, Director of Nursing and Governance and Avril Lowery, Head of Quality Governance. Governors would hear more about this in due course.

- (2) Whether patients in the North Yorkshire area would be placed in private sector beds, due to bed management issues.

In response, it was noted that the Trust had made a commitment to ensuring that should any individuals be placed in private sector beds, they would be in suitable placements in relation to the establishment's CQC ratings. Patients' safety would always be the top priority.

21/49 ORGANISATIONAL RESTRUCTURE

The Committee received and noted a report on the Organisational restructure.

The Chief Executive highlighted the following:

- (1) The principles that underpinned the changes included the development of a structure that balanced place and specialism. There would also be clear accountability at all levels of the organisation for performance and quality.
- (2) In response to the feedback from the Good Governance Institute (GGI) which had stated that the Trust needed to make improvements in relation to the way the organisation was governed and how the Trust communicated with people, there were now fewer layers between Chief Executive and the team/ward manager level.

- (3) Key to the changes would be to embed the voice of people with lived experience and to make co-production a reality.
- (4) Next steps would include recruiting Managing Directors to oversee the two areas, (previously the four localities), which would be Durham, Tees Valley and Forensics and North Yorkshire, York and Selby.

Governors sought reassurance that the changes were fundamentally about improving patient care, rather than making changes to the structures.

In response, it was noted that the changes would enable the organisation to re-classify its structures to have stronger quality governance. Organisational Development would be working with teams and leaders to help shape the new ways of working to enable delivery of the new strategic framework in Our Journey to Change.

Paul Murphy, Interim Chair reiterated what was stated in the report, that the organisational restructure was not a cost cutting exercise.

21/49 FINANCE REPORT

The Council of Governors received and noted the financial update.

The headlines of note were:

- (1) Financial guidance for the new financial year was expected in the middle of December 2021. ICS-level allocations might also be issued alongside the guidance or in early 2022. Business planning to assess, coordinate and prioritise resource requirements for the new financial year were underway. This included looking at options for delivering recurrent CRES and reviewing opportunities that had been identified before covid.
- (2) The Trust delivered a surplus of £5.4m for the period April to September 2021 (H1). That included £0.4m profits from fixed asset disposal and therefore operational plans to deliver £4.7m surplus were surpassed by £0.3m.
- (3) Cash balances were £83.6m as at 30th September and ahead of plan by £0.7m. This was due to slightly higher than planned creditors, despite achieving prompt supplier payment targets.
- (4) H1 capital expenditure was £6.1m, which was £1m more than planned.
- (5) The Trust was expecting to spend within its £13.6m capital allocation this financial year. All progress made against the capital plan would be monitored by the Strategy and Resources Committee.

21/49 BOARD PERFORMANCE DASHBOARD REPORT

The Council of Governors received and noted an update report on the Board Performance Dashboard, as of 30th September 2021.

The following key matters were highlighted:

- (1) The positive assurance and information in relation to all areas of concern: waiting times, clinical outcomes, inpatient pressures and workforce pressures.
- (2) In summary, most national standards within the NHS Oversight Framework had been achieved for Quarter 2 2021/22 with one exception. This was the inappropriate out of area placements for adult mental health services. Due to pressure on beds more patients were spending time in beds away from their closest hospital.

Four beds had been purchased in the independent sector until 31st January 2022 and there had been five patients occupying those beds during September 2021, with three patients admitted externally to the Trust due to the lack of beds available.

Members commended the new format of the report.

21/50 CQC UPDATE

The Council of Governors received and noted an update presentation on the current position and progress in relation to the CQC.

The following matters were highlighted:

- (1) There had been a re-inspection of Acute Adult Inpatient and PICU's, where the CQC had noted marked improvement in relation to the areas of concern. A Quality Assurance programme was in place to monitor and identify any areas for action, which was triangulated with information on incidents and patient feedback to gain a rounded overview of the safety and quality of care.
- (2) Four Well Led and Core Services inspection reports had been received for factual accuracy. These were for Adult MH Community Teams, Children and Young people MH Community Teams, Crisis and Health Based Place of Safety and Secure Inpatient Services.
- (3) The Trust continued to work on the feedback regarding concerns in CAMHS and Secure Inpatient Services with actions built into core improvement plans underpinned by robust governance and assurance programmes.

21/51 APPOINTMENT OF MEMBER OF THE COUNCIL OF GOVERNORS TO THE NOMINATION & REMUNERATION COMMITTEE

A nomination had been received from Jill Wardle, Public Governor for Durham to become a member of the Nomination and Remuneration Committee.

Agreed: *that Jill Wardle be appointed as the Governor representative to the Nomination and Remuneration Committee.*

Action: P Bellas

21/52 FUTURE MEETINGS

The Chairman confirmed that the next meeting of the Council of Governors would be held in March 2022, final date to be confirmed.

21/53 CONFIDENTIAL RESOLUTION

Confidential Motion

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

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

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

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

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

The Chairman closed the public session of the meeting at 3.35pm.

Paul Murphy
Interim Chair

Council of Governors Action Log

Item 5

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
18/05/21	21/20 (3)	Response to Dominic Haney's question about ADHD assessments and long waiting lists to be reported in to the next Council meeting	A Khouja	Mar-22	progressed outside COG
18/05/21	21/21	Update report requested about the pilot schemes for children and young people's mental health (requested by Ann McCoy)	Chief Op Officer	Mar-22	Clarity sought from Ann McCoy in relation to the request (03.03.22). Response received that Governors would like to know if the pilot scheme in schools is now embedded in the Trust as a whole
13.07.21	21/32	Add to the list of Gov. Dev Day schedule: to discuss changes to Trust Structures and understanding both the role of Governors and the Non-Executive Directors	P Bellas	Dec-21	complete
13/07.21	21/32	Some concerns regarding the care of an individual raised with Mr Venable would be picked up outside the meeting.	E Moody/John Venable	Aug-21	complete
23.11.21	21/43	Add to the list of Gov. Dev Day schedule: progress with ICSSs	A Bridges	Mar-22	open
23.11.21	21/51	Make the necessary arrangements to appoint Jill Wardle, Non-Executive Director a member of the Nomination and Remuneration Committee	P Bellas	Mar-22	complete

PUBLIC

COUNCIL OF GOVERNORS

DATE:	Tuesday, 8 March 2021
TITLE:	Chief Executive's Report
REPORT OF:	Brent Kilmurray, Chief Executive
REPORT FOR:	Information

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

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

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

Care Quality Commission

Considerable work has continued in delivering the extensive improvement plans across both Secure Inpatient Services and Community CAHMS to address the concerns detailed in the CQC warning notice. These are aligned to the transformational changes planned across the system. Significant progress has been made against these key areas of work to meet the required timescales of March 2022. This has continued to be monitored weekly by the Quality Improvement Board with updates monthly to NHSE/I Quality Board.

Within Secure Inpatient Services the key areas identified were:

- Safe Staffing
- Workforce sustainability
- Safety
- Governance

Within CAHMS community services the key areas identified were:

- Safe staffing, vacancies
- Caseload size
- Waiting times for assessment and treatment
- Monitoring the wellbeing of children whilst on the waiting list
- Staff training

A meeting is scheduled with the CQC on 9 March to provide an update and evidence achievement of the areas set out in the 29A Warning Notice. Further discussion will focus on some of the complexities regarding embedding and sustaining the necessary changes in some specific areas.

North Yorkshire and York Children's Emotional Health Summit

On Monday 14 February the Trust helped to set up and facilitate a gathering of key professionals involved in the leadership of children's mental health and care services. There were also representatives from primary care, education and the voluntary and community sector.

The purpose of the event was to establish a shared understanding of the key issues facing children's services across the agencies, to seek agreement that these issues are complex and are mostly likely to be addressed through system/cross agency working and to consider solutions to addressing the issues.

It was fairly easily established that there was a strong consensus of the concerns regarding the need to ensure there is earlier intervention, that children and families need to access multi agency support, that this support should be available to them on the basis of needs and not the basis of hitting certain eligibility criteria. There was also agreement that there needs to be an improvement offer to children at all stages of the pathway and not just through earlier intervention. This should also include accessing tier 4 inpatient services and secure social care settings.

It was agreed that there would be work done both within City of York and North Yorkshire to prepare pilot projects, set to accelerate the implementation of transformed services. Plans are being drawn up to put project teams in place to facilitate this. In each place the pilots will focus on early support. And in each place there will be a pilot to focus on better co-ordinated care for more complex young people.

Feedback since the event has been very positive. There were some real commitments to real change. The mental health and learning disability partnership board for North Yorkshire and York will hold the teams to account for delivery on these plans.

Covid and Operational Pressures

Clinical activity continues at high levels with high bed occupancy and referrals and some waiting time pressures. Staff absence is beginning to improve with sickness going below 8% (3 March 2022 at 7.71%).

Several teams remain in business continuity arrangements, meaning that they have reprioritised or consolidated activities in order to ensure safety and sustainability of services. Each service in this position has applied to Gold Command and presented a clear rationale and impact assessment. This is dynamic as some teams have come out of business continuity and others have gone into it.

Bed pressures in particular have been significant over recent weeks. The Trust is running over full occupancy and at times patients have had to wait to be admitted to beds. At these times they have been subject to personalised care plans supported by crisis and community teams. In order to accommodate pressures we have temporarily opened some emergency beds on Holgate ward at Roseberry Park. The detail has been done by operational leaders and the specialty development group to work up admission alternatives, consider how bed management could be improved, identification and management of delayed transfers and discharges and enhancing multi-disciplinary working on wards. More detailed bed modelling work is being commissioned as part of the Clinical Journey work.

Over Christmas we offered an incentive payment scheme to encourage staff to work extra shifts through the bank. This offer ended at the end of January and was replaced by a reduced incentive scheme which we have committed to keep in place until the end of March. We are undertaking a review of the incentives, as they have been successful to identify a sustainable framework for encouraging and rewarding colleagues that pick up the hardest to fill shifts

Organisational Structure

Our organisational change process for the new clinical and operational structure has progressed well. Most of the operational posts have been filled and the final clinical leadership roles are being filled over the coming weeks. We are in a strong position to move to our new structure from 1 April, notwithstanding some senior and other roles that are being filled in processes between now and late March, meaning there may need to be some interim working arrangements at the beginning.

Following very competitive recruitment exercises, the Lived Experience Director for both Care Groups have been appointed subject to pre-employment checks. An announcement on this is expected soon.

The new associated governance processes are being finalised and will also be ready to be implemented from 1 April.

The next phase of our re-organisation is for our corporate services. This will see all corporate teams revisiting their configuration to consider meeting the current needs of the services. The supporting IT systems and data flows are being reviewed as part of the organisational changes we are going through. The corporate structures are all now going through consultation, prior to final agreement and organisational change processes.

A further area of significant focus is on the development programmes that will be rolled out to support the collective leadership team in each of our tiers of leadership getting up and running and working in the way now expected. This will include personal development plans and a range of team based development interventions.

Integrated Care System

The Planning guidance issued on 24 December 2021 confirmed that the start of the Integrated Care Boards will now be formally delayed by three months. They will now go live on 1 July 2022. This will allow the legislation to clear the parliamentary process. This means that Clinical Commissioning Groups (CCGs) will continue for another three months until the ICBs come into being.

Locally, our ICS colleagues are continuing to make preparations for their new operating models. There has been some progress with senior appointments, and others will be completed over the coming weeks. Structures for all other current CCG staff are also being prepared for consultation.

There are very few direct implications for the Trust from this delay.



Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors

8th March 2022

Brent Kilmurray
Chief Executive

Operational Update

Introduction

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

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

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

Community MH Transformation

- TEWV workshop event planned for 03/03/22
- Second Population Health Management workshop well received – outcomes will be used to shape components of the new model
- AMH and C&YP Additional Roles Reimbursement Scheme roles – majority have been recruited. Proposals for next year's posts being considered.
- Time out to develop high level workforce plan on 24/03/22

Service Developments

- Primrose Lodge move to Shildon (rehab) – proposal shared with Durham & Darlington Overview & Scrutiny Committees in January; briefing and survey issued as part of further engagement. Outcome of engagement to March Overview & Scrutiny Committee
- Mobilisation of services linked to Clinical Commissioning Group (CCG) investment – MHSOP comprehensive Crisis 24/7 service; LD Annual Health checks; AMH ADHD; C&YP transformation (including Neurodevelopmental pathway)
- Prioritisation process for 22/23 investment process has commenced

Areas of Focus

- Capacity and demand – patient acuity, bed occupancy, Out of Area admissions
- Workforce – wellbeing, retention, recruitment
- C&YP waiting times and Keeping in Touch process
- Learning Disability complex care packages
- Business Continuity – AMH Crisis - exit plan in place and position has improved; Learning Disability Inpatients – being closely monitored.
- Quality Improvement schemes across all specialties:
 - ✓ AMH – Crisis, Rehab, Access, 136 suite (Trust wide)
 - ✓ MHSOP - Crisis, Caseload Management
 - ✓ C&YPS - Additional Roles Reimbursement Scheme process
 - ✓ ALD – bed design event

System Pressures

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

Community MH Transformation

- Model signed off
- Community Hub Development

Service Developments

- Crisis Transformation – Peer workforce in place with career progression, VCS provider awarded, Listening service review completed
- ALD Inpatient Redesign event supporting transformation. Initial engagement events late spring
- Seasonal Pressures – Home Group Hub supporting hospital discharge transitions and accommodation, **MIND** – working with Carers and families across Tees to provide additional support with home treatment plans to avoid admission or with support helping their family member on discharge

Areas of Focus

- Staffing – Recruitment and retention of experienced staff and staff wellbeing.
- Capacity to meet demand occupancy inpatients, caseloads community
- C&YP waiting times and Keeping in Touch process.
- Risk Management Processes

System Pressures

- Business Continuity processes in place in ALD Bankfields, AMH R&C Community.
- Social care placement and staff shortages
- Acute Trust and LA COVID pressures

Community Mental Health Transformation

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

Service Developments

- International Recruitment – 20 Registered Nurses by March 2022. 9 staff appointed
- York IAPT waiting for Step 3 treatment; additional funding has been secured & agency started in January 2022 to address the longest waits
- Children Adolescents Mental Health Services Summit – system approach to addressing access issues. PDSA (plan do study act) York
- Funding for the resilience hubs for 2022/23 has been confirmed by NHS England
- Developing Mental Health Investment Standard funding proposals for Vale of York Clinical Commissioning Group and NYY Clinical Commissioning Group for submission in February 2022

Areas of Focus

- Workforce – wellbeing, retention, recruitment
- Children Young People and Mental Health Services for Older People waiters.
- Business Continuity Plan areas – Children Adolescents Mental Health Services, York and Northallerton

System Pressures

- York & Scarborough Acute Trust – OPEL 3 or 4
- Social Care providers gaps and closures including supported living, residential and nursing

Secure Inpatient Services (SIS)

- Remains in Business Continuity.
- Two wards remain collapsed (Harrier Hawk and Jay). Proposal to re-open in March. A patient boarding on Eagle Osprey is impacting on the ability to stand up Jay.
- Whistleblowing concerns have been made directly to the CQC involving a number of staff over a number of wards.
- SIS has been able to recruit 2 RNs and 13 HCAs and over-recruitment of HCAs is being planned. 7 Activity Co-ordinators have also been recruited. The service is planning as part of its recruitment plan to work into universities, working on international recruitment and focussing on staff retention.
- Improvement Plan in place focusing on Safeguarding, Staffing and Governance.
- Model of Care developed embedding principles of Our Journey to Change formally launched on 14th February.
- The Investing in our People Council is established and held on a monthly basis with an agenda based on key headings of education, innovation, safe staffing, research and wellbeing. All staff are able to join.
- As part of the SIS communication plan members of the senior leadership team are available the first and third Wednesday and Sunday of the month within the Ridgeway perimeter to have a coffee, pastry and chat with staff and patients.
- Daily ward report outs are being rolled out across all wards. These provide an opportunity for the MDT to come together daily to review care over the last 24 hours and ensures patients safety is at the heart of the day. Evaluations are planned to share good practice and learning.
- Newtondale will be moving back into the perimeter in the first quarter of 2022/23. This means better and easier access to all the facilities like the gym for patients, and staff will be closer to colleagues for some extra support.
- The service continues to support the wider Trust with the use of seclusion rooms.

Health and Justice

- Staffing shortages and issues with recruitment are a concern in HMP Northumberland and the L & D team in NYY – focus for recruitment across the service has been instigated.
- Oakwood future is currently under review of best placement within the organisation and how and where the service can be delivered .
- HMP Hull and HMP Humber – we have been successful in a supportive role with Spectrum CiC – this work is ongoing.
- Tender submitted for the delivery of mental health services in HMP Hull and Humber – award is April 22 for start of contract August 22.
- Immigration Removal Centre is now live – staff in post and good feedback from the National Lead for Immigration who attended in Jan 2022.
- The service we successful in the tender process for HMP Haverigg – mobilisation is ongoing for go live in April 2022.
- The British Psychological Society's 139 edition of Forensic Update focused on co-production and included some excellent articles co-written by staff and service users from SOTT, PIPE and Primrose. The service has been contacted by Cardiff Metropolitan University to support student learning regarding co-production.

En Suite Doors Update

- The order for doors has been placed for en suite areas:
 - Safehinge Primera doors for Adult and Rehabilitation areas
 - Kingsway doors for Mental Health Services for Older People
- 357 doors will be fitted in March/early April at:
 - Lanchester Road Hospital
 - West Park Hospital
 - Roseberry Park Hospital
 - Foss Park Hospital
 - Cross Lane Hospital
 - Lustrum Vale
 - The Orchards

Summary

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

Any Questions ?

Finance Update

Council of Governors – March 2022

2021/22 Headlines

The Trust achieved a surplus of £5.0m for the period ending 31 January 2022, which is £0.5m ahead of our operational financial plan. This excludes £0.5m unplanned profit from the disposal of fixed assets, which are discounted when assessing NHS provider financial performance.

- ↑ The month 10 surplus reflects higher than planned income, including relating to the mental health investment standard.
- ↑ The forecast end of year position has deteriorated by £2.2m, reflecting:
 - costs of shift incentives to support safe staffing rosters as the Trust was impacted by the Omicron variant
 - costs of independent sector capacity used as the Trust experiences bed pressures, including due to the temporary closure of a ward in Scarborough
- ↑ Cash balances were £87.8m as at 31st January 2022 and ahead of plan by £6.5m. This reflects the £1.0m higher than planned surplus (inclusive of disposals) and £1.4m lower than planned capital, supplemented by other movements on working capital for the period including capital creditors.
- ↑ The Trust has offset its Cash Releasing Efficiency Savings (CRES) requirements in full, using non-recurrent mitigations, including through remote working.

Capital 2021/22

Capital expenditure offset by disposal proceeds as at 31st January 2022 was £9.7m and £1.4m less than planned.

Two planned asset sales have not been transacted as planned. One asset sale has been delayed, but is subject to auction in February, the other will not now proceed.

The Trust expects to generate a £0.2m under spend against the £13.6m capital allocation this financial year. Progress against the capital plan is monitored by the Board's Strategy and Resources Committee. There is some volatility in the capital outturn, including linked to the Roseberry Park Hospital Programme and the timing and value of a related VAT recovery.

2022/23 Financial Plan

Operational planning guidance was issued on 24th December 2021, followed by supporting technical guidance in various tranches from 14th January 2022. Information on Integrated Care System (ICS) allocations is still being issued and impacts for providers clarified.

Draft 'sub ICB' high-level plans for 'places' are due on 1st March, with provider more detailed draft first cut plans on 10th March 2022. Final 2022/23 plans for 'places' will be submitted on 11th April, with provider detailed plans due on 19th April. The ICS's final composite plan is due to be submitted nationally on 28th April.

The Trust was asked to share indicative bottom line financial information with North East and North Cumbria (NENC) ICS colleagues by 18th February, however this was in advance of having received contract offers, other than from NENC CCG commissioners.

Business Planning will take account of anticipated Cash Releasing Efficiency Savings (CRES) requirements as income allocations are understood at system and organisation level, and as the Trust begins to formulate sustainable recurrent plans for future years.

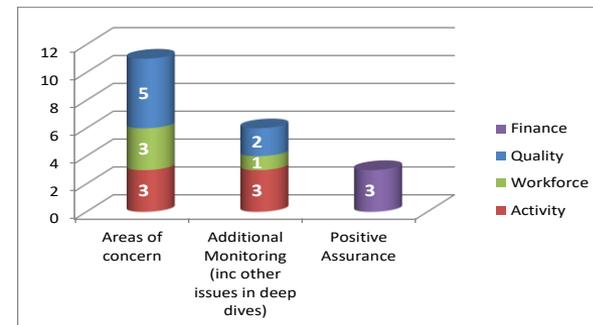
Board Performance Dashboard

As at 31st January 2022



Our positive assurance

- We delivered a **£5,499k** surplus to 31st January against a planned year to date surplus of **£4,460k**, which has included £509k unplanned profit on asset disposal.
- We have an actual cash balance of **£87,800k** against a planned year to date cash balance of **£81,334k**.
- Whilst we continue to meet our financial targets, it is important to note that this is not at the expense of our other standards. The key drivers impacting on delivery of the quality, activity and workforce standards are the levels of demand, acuity/level of need of patients and availability of staff.



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

Quality

- We are not assessing or treating our patients in as timely a manner as we would like. Of the **7286** patients that attended their first appointment in January, **6231 (85.52%)** were within 4 weeks of their referral date. Given the pressures being experienced throughout the NHS and locally within Trust services in terms of staffing and demand, this is only 4.48% below the aim we have set ourselves. Of the **1676** patients starting treatment within January; **885 (52.80%)** were within 6 weeks of their referral date.
- Whilst our internal out of area placements have significantly improved, we are observing an increase in the number of patients that we are placing in beds external to our Trust; **11** patients were placed in beds external to the Trust in the 3 months ending January (**405** bed days). Whilst this is a national issue due to current demand levels, it is something that we are concerned about and are considering action that we can take and will continue to monitor closely.
- Our Adult and Older Persons teams are not demonstrating the improvement in patient outcomes that we would aspire to. Of the **88** in-scope teams that discharged patients in the last three months, **40 (45.45%)** achieved the agreed improvements in their Health of the Nation Outcome Score (clinician rated outcome measure).

Quality & Activity

- Our inpatient services are under increasing pressures with bed occupancy during January at **102.45%**; Durham & Darlington and Tees localities continue to have more patients in a bed over 90 days than we would like.

Workforce

- Our sickness levels continue to be higher than we aspire to with **15,444 (7.14%)** days lost due to sickness during December. Late December saw the start of the Omicron wave of Covid which impacted in December and January 2022
- We have more members of staff without up to date appraisals and mandatory & statutory training than we would like. **1426 (22.77%)** members of staff (out of a total **6262**) do not have an up to date appraisal and out of the **108,268** training courses that were due to be completed by the end of January, only **92,617 (85.54%)** were actually completed. Whilst this is below the standard we have set ourselves it is important to recognise the staffing and demand pressures continue to be experienced throughout the NHS and locally within Trust services.

Quality: Waiting Times

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

First identified as a potential area of concern in July 2021 within Tees Children & Young People's (CYP) Services, actions established to improve the waiting times have had positive impact within that service. However, high sickness levels, vacancies and increased acuity have impacted a number of teams and services in all localities. Support mechanisms are in place including the provision of overtime within Tees Adult Mental Health (AMH) and North Yorkshire & York CYP, the review of waiting list management within Durham & Darlington CYP and improvements to triage processes in North Yorkshire & York AMH. Recruitment is underway within Durham & Darlington, Tees and North Yorkshire & York Mental Health Services for Older People, Tees Learning Disabilities and North Yorkshire & York AMH.

Patients starting treatment within 6 weeks of an external referral

First identified as a potential area of concern in January 2021, there are a significant number of staff vacancies within Durham & Darlington CYP and further vacancies within Tees Locality. A Trust-wide CYP Core Group has been established to review and progress the actions arising from the CQC Well-Led Inspection, including current workforce issues and proposals include offering agency staff permanent Trust positions, outsourcing some assessment work, service-led caseload reviews and the development of a workforce strategy. Performance within CYP is also being impacted by the inclusion of patients that are on a neurological pathway that does not incorporate treatment from our services. Following Senior Leadership Group approval, work is underway to remove these patients from the measure.

Vacancies and staff sickness are also impacting teams within North Yorkshire & York Mental Health Services for Older People and at the start of February 2022, the Northallerton community team implemented business continuity measures.

Quality: Clinical Outcomes

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

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

The Clinical Outcomes Steering Group is implementing a work plan that will include an approach for integrating outcome measures within our clinical services. This will include training for staff and analysis to understand what is impacting on our patients' improvement; training has been prioritised and clinical outcomes now forms part of huddle updates, supervisions sessions and pathway meetings.

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

Bed Occupancy

We have been monitoring bed occupancy since September 2020, when it became clear that occupancy was increasing. Throughout January 2022 significant pressures have continued on inpatient services and acuity is high. One 13 bed female Adult Mental Health (AMH) ward has been closed to admissions for safety reasons (Esk), and 2 further AMH wards (one male and one female) and 2 older people's wards have been closed to admissions due to Covid outbreaks.

We have extended our block purchase of beds at the Priory Hospital Middleton St George and now have 5 beds until the 31st March 2022. In addition, we are in the process of procuring external support to help us understand if there is anything further we can do to manage inpatient pressures. Three potential bidders have been identified and we are in the process of arranging a meeting with the procurement lead to start the work before the end of March 2022.

We have also undertaken a bed census to help us understand our current patient base; data is now being analysed and actions will be identified from that.

The total number of inappropriate OAP days

As the Trust has ensured that the NHS England Continuity of Care Principles are robustly embedded throughout our services, we have reported a visible improvement (decrease) in inappropriate OAP days as our internal OAPs have reduced to zero. However, pressures on inpatient services that are being experienced nationally and locally are impacting on the number of patients that we are placing in beds external to the Trust, and whilst we endeavour to achieve the national Long Term Plan ambition to eliminate out of area placements, this remains a concern at the current time.

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

Within Durham & Darlington and Tees Mental Health Services for Older People we have a number of patients occupying beds for longer than 90 days. The Locality Managers, ward managers and community team leads in both areas have established weekly meetings to review patients with a length of stay over 50 days, discuss any issues or concerns and establish any actions. However, the primary challenge for the services is sourcing funded care home placements within the area and/or patient/family care home choice. These are issues outside of Trust control.

Workforce Pressures

Appraisals & Mandatory & Statutory training

To support business need during the pandemic, staff were given a series of extensions to ensure clinical care was prioritised. These grace periods have expired and whilst we are starting to see some slow improvements, there remains a significant number of staff without an appraisal or update to date training. Following discussions at the October Locality Quality Assurance & Improvement meetings, it was agreed that the localities would scope the time and resources required to ensure all outstanding appraisals and training are undertaken; however these have been impacted by Covid pressures. A Trust-wide tool has been developed to support this work and is being progressed in Durham & Darlington, North Yorkshire & York and Forensics. Tees have agreed trajectories using their own method and are currently working towards those trajectories.

Staff sickness

This was first identified as a concern in May 2020 within our Forensics Services and issues identified included a number of long term sickness episodes and the impact of Covid-19. An action plan was developed and out of the 14 actions, 12 actions have been completed. A new action plan has now been developed including the outstanding 2 actions and 5 ongoing actions from the original plan.

A concern has been identified within the Durham Adult Crisis Team as sickness is being impacted by current low staffing levels. Regular reviews are being held with staff on long term sickness and recruitment is currently underway to support staff in post; currently 7 staff have been appointed out of 17.6 whole time equivalent vacancies.

Within Tees there is a concern identified within the Adult Mental Health teams. All episodes of sickness are managed according to Trust Policy and caseloads of those staff on long term sickness are being reallocated to ensure that patients are not waiting; however, this is impacting on the wellbeing of the remaining staff. The Attention Deficit Hyperactivity Disorder team have stopped undertaking assessments whilst the remaining clinician works on her current caseload and provides support to community teams. A paper is to be submitted to the February Quality Assurance Group with a proposal to outsource assessments to a private provider.

System Oversight Framework

SUMMARY

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

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

IAPT

Number of people accessing the service – We did not achieve the ambitions within all CCG areas during January. Actions are in place to increase the number of appointments available to our patients as well as to ensure staff are in place to deliver the number of assessment appointments required.

Proportion of people completing treatment who move to recovery – Whilst we have achieved the 50% national standard from a Trust perspective, we did not achieve the standard within North Yorkshire CCG (45.74%). Work is underway to understand the nature of referrals that come into service, the impact they have on patient recovery and actions for improvement.

Percentage of people who have waited more than 90 days between first and second appointments – As a Trust we are exceeding the 10% standard as three CCG areas failed to achieve standard; County Durham, Tees Valley and Vale of York. Analysis is underway to understand the position within Country Durham and Tees Valley and any actions required. Staffing levels have been a concern within Vale of York but these have now increased and vacant posts are being advertised. Work is also underway to review the waiting lists to increase flow and ensure efficiency, which has enabled the service to reduce waiting times from 17 to 10 weeks.

Child Eating Disorders

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

The children and young people within our Eating Disorders service are waiting longer than the 95% national standard for routine and urgent referrals at Trust level and within all CCG areas. Whilst referrals within the Durham & Darlington and North Yorkshire & York localities is within the expected ranges, an increase in the number of referrals we are receiving is visible.

Within County Durham and Tees Valley work continues to fill vacancies and to ensure that appointments are available at times and venues suitable for patients. Within North Yorkshire and Vale of York recruitment is also continuing, in addition to focused improvement work on the referral forms used by referrers. A Kaizan improvement event is scheduled for February to review the assessment process and increase the number of assessment appointments available.

CQC Inspection update to Council of Governors

**Elizabeth Moody,
Director of Nursing & Governance
08/03/22**

CQC Update

- CQC Core Service and Well-led inspections (14/06/21-05/08/21)
- Services inspected: AMH Community, Crisis and Health Based Places of Safety, Secure Inpatient Service and Community Child & Adolescent Mental Health Services
- Report formally published 10/12/21
 - 27 Must Do actions and 21 Should Do actions
- CQC Action Planning Event held 21/12/21
 - Cocreation of action plan included all core services, service users and carer representatives, Directors and subject matter experts
- Board review and ratification February 2022
- Action plan submitted to CQC 21/01/22

Overall Trust Ratings

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires Improvement 
Are services well-led?	Requires Improvement 



Overall Core Service Ratings



Tees, Esk and Wear Valleys
NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient services	Inadequate ↓	Inadequate ↓↓	Inadequate ↓↓	Requires Improvement ↓	Inadequate ↓↓	Inadequate ↓↓
Community mental health services for working age adults	Good →←	Good →←	Good →←	Requires Improvement ↓	Requires Improvement ↓	Requires Improvement ↓
Crisis services and health-based places of safety	Good ↑	Good →←	Good →←	Good ↑	Good ↑	Good ↑
Community child and adolescent mental health services	Inadequate ↓	Good →←	Good →←	Requires Improvement →←	Requires Improvement →←	Requires Improvement →←

Other Service Ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Wards for older people with mental health problems	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Wards for people with a learning disability or autism	Requires improvement ↓↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Community-based mental health services for older people	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Community mental health services for people with a learning disability or autism	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Outstanding ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Specialist eating disorders service	Requires improvement Feb 2020	Outstanding Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

Well-led Must Do Actions

- 1) The trust must ensure that it continues to deliver its board development programme to strengthen the scrutiny and challenge by boards members. (Regulation 17)
- 2) The trust must ensure that planned changes to the governance structure are implemented to provide assurance that patients receive safe, good quality care and treatment. (Regulation 17)
- 3) The trust must ensure that fit and proper checks have been carried out as required by legislation. (Regulation 19)
- 4) The trust must ensure there is a safeguarding policy which clearly outlines the governance and accountability at each level within the organisation. (regulation 17)
- 5) The trust must ensure that work continues to develop the "Our Journey to change" strategy to clearly set out how it will achieve its strategic goals. (Regulation 17)
- 6) The trust must ensure that it responds appropriately to allegations of bullying, discrimination, racial abuse or hate crimes. (Regulation 17)
- 8) The trust must ensure it reviews its freedom to speak up and whistleblowing policy and processes to ensure they are effective. (Regulation 17)
- 9) The trust must ensure that learning from incidents and complaints is implemented effectively to improve the safety and quality of care patients receive. (Regulation 17)
- 10)The trust must ensure that its corporate risk register is current, has clear actions and timescales. (Regulation 17)
- 11)The trust must ensure that the revised board assurance framework is implemented, and its effectiveness reviewed. (Regulation 17)
- 12)The trust must ensure they collect performance data relating to targets and quality standards so that senior managers can ensure there is appropriate governance and quality assurance. (Regulation 17)

Well-led Should Do Actions

- 1) The trust should consider strengthening the range of experience and backgrounds of non-executive directors in future appointments.
- 2) The trust should continue its focus on the recruitment and retention of staff to maintain safe staffing levels.
- 3) The trust should strengthen its serious incident process, including clear terms of reference, how patients and families have been involved and how staff had been supported.
- 4) The trust should ensure that complaints are responded to in line with trust policy and implement any learning that had been identified.
- 5) The trust should consider appointing a named doctor for safeguarding adults.
- 6) The trust should ensure that incidents are recorded accurately, and that further review or investigation is carried out to improve safety and quality of services.

SIS Must Do Actions

- 1) The trust must ensure that all patients are safeguarded from abuse; all patients are treated with kindness, respect and dignity and that safeguarding referrals are sent to the local authority when appropriate to do so. (Regulation 13)
- 2) The trust must ensure that the use of restraint within the service is proportionate and used only as a last resort and that any restrictions placed on patients are individualised, proportionate, regularly reviewed and removed as soon as possible. (Regulation 13)
- 3) The trust must ensure that the wards within the service are staffed in accordance with its assessed safe staffing numbers so that care and treatment is delivered in a safe way; patients have access to activities, psychological interventions, occupational therapy, escorted Section 17 leave and staff can take their breaks. (Regulation 18)
- 4) The trust must ensure that all staff receive and are compliant with a mandatory training programme which meets the needs of all patients within the service. (Regulation 18)
- 5) The trust must ensure that all staff receive regular clinical supervision. (Regulation 18)
- 6) The trust must ensure that audits of care records identify any errors or omissions in relation to patients' risk management plans in order to ensure all risks are identified and mitigated in order to keep patients and others safe. (Regulation 17)
- 7) The trust must ensure that all incidents within the service have been reported by staff using the trust's incident reporting procedure. (Regulation 17)
- 8) The trust must ensure that regular team meetings take place on all the wards within the service to ensure staff receive key information and have the opportunity to provide their own feedback on the service. (Regulation 17)

SIS Should Do Actions

- 1) The trust should ensure that all seclusion reviews take place as scheduled and seclusion documentation is completed accurately.
- 2) The trust should ensure that all patients receive a comprehensive mental health assessment on or soon after admission and that the related documentation is saved to its care records system.
- 3) The trust should ensure that information and documentation within its care records system is easily accessible for all staff within the service and contains up to date information about each patient's physical health assessment requirements.
- 4) The trust should ensure that all patients' care plans are formulated with outcome measures.
- 5) The trust should ensure that staff who are off sick are fully supported to return to work when they are recovered.
- 6) The trust should ensure that all guidance relating to medicines management is up to date to ensure staff follow current best practice and legislation.
- 7) The trust should ensure that all staff involved in the delivery of patients' care and treatment are able to attend multidisciplinary team meetings, so they have the opportunity to provide feedback on the patient's progress and health status.
- 8) The trust should ensure that staff within the service actively inform, involve and support family members and carers when the patient has consented for them to do so.
- 9) The trust should ensure that there are sufficient numbers of rooms so that staff can change out of their personal protective equipment, activities can take place and multidisciplinary team meetings can take place.
- 10) The trust should ensure that staff update all ward noticeboards so that patients and staff have easy access to the most up to date information about the ward and wider service.

SIS actions taken

- Increased leadership capacity and clinical involvement
- Revised Quality Assurance Schedule
- Matrons and Directors 'see and feel' visits
- Electronic Safe Staffing Module implemented (including escalation processes)
- Debrief following restrictive interventions
- £1.9 million Trust Board investment in staffing
- Safeguarding practitioner based within SIS, focussed on training and referrals
- Review of restrictive interventions and individualised approaches to care
- Boundaries training
- Workforce issues still a challenge

AMH Community Actions

Must Do Actions:

- 1) The trust must have effective oversight of caseloads and case management within all community teams. (Regulation 17)
- 2) The trust must ensure that they are delivering care and treatment that is appropriate and meeting the needs of all patients across the community teams. Assessments and treatment must be offered in a timely way. (Regulation 9)

Should Do Actions:

- 1) The trust should consider the accessibility of the service for those patients who are unable to attend in core working hours.
- 2) The trust should ensure that they maintain patient confidentiality when patients are being seen on trust premises.
- 3) The trust should ensure that care plans are reviewed in line with the policy.

Crisis/ HBPOS Must Do Actions

- 1) The trust must ensure the proper and safe management of medicines. (Regulation 12)

Must Do actions:

- 1) The trust must ensure that there are enough staff in each team to meet the demands of the service. Staffing level must be reviewed and amended promptly at times of high pressure and demand. (Regulation 18)
- 2) The trust must ensure that all staff are appropriately trained in the mandatory skills required to fulfil their roles. (Regulation 18)
- 3) The trust must ensure there is clear oversight of the waiting list management process and that it is robust enough to ensure all children and young people are reviewed and any risk acted upon. (Regulation 12)
- 4) The trust senior management team must respond promptly to address issues within the service to ensure effective service delivery without delay (Regulation 17)
- 5) The trust must ensure that the service can be accessed promptly for all children who are referred (Regulation 9)

Should Do actions:

- 1) The trust should ensure that all children and young people who require risk management plans have them in place.
- 2) The trust should continue to ensure that all environmental issues within its estates structure are fit for. The trust should continue with its plan to improve and relocate buildings that are no longer suitable.

CQC Update – Good Practice

- Had addressed majority of issues from previous inspection
- Positive, open and honest leadership culture
- Caring and compassionate staff
- Good MDT Working
- Good knowledge of the patients and their needs
- Physical Health monitoring – AMH and CAMHS
- Significant improvements in safety summaries and safety plans (AMH Community and Crisis/ HBPOS)
- Happy staff despite demands on the services

CQC Update – Key actions taken

- Director for People and Culture established
- Changes to governance structures
- Organisational restructure
- Increased leadership capacity and clinical involvement
- Revised Quality Assurance Schedule
- Implementation of electronic patient record system (Sept 2022)
- Enhanced recruitment and retention programmes
- Improved uptake of mandatory training-targeted training
- Electronic Safe Staffing Module implemented (including escalation processes)
- Safeguarding practitioner based in Secure Inpatient Services
- CAMHs-development of a caseload management tool and review of all caseloads
- Review of young people waiting for treatment
- New systems for Keeping in Touch processes and ongoing review of potential risks

CQC Update – Key actions taken

- We continue to have ongoing meetings and dialogue between CQC and CEO/ DoN&G
- Engagement meeting planned for 9th March to update on present progress and provide assurance on the impact of the changes implemented
- We continue to monitor implementation of all actions associated with CQC inspections reporting through established governance and assurance processes.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	8th March 2022
TITLE:	Constitutional Change – Staff Classes
REPORT OF:	Phil Bellas, Company Secretary
REPORT FOR:	Decision

This report supports the achievement of the following Strategic Goals:

<i>To co create a great experience for our patients, carers and families</i>	✓
<i>To co create a great experience for our colleagues</i>	✓
<i>To be a great partner</i>	✓

Report:**1 Introduction:**

- 1.1 This report seeks the approval of the Council of Governors to amending the Constitution in regard to the staff classes (sub-divisions of the Staff Constituency).
- 1.2 Under the NHS Act 2006 (as amended) any amendments to the Constitution must be approved by both the Council of Governors and the Board of Directors.
- 1.3 Further amendments to the Constitution will be proposed at future meetings; however, there is some urgency in agreeing changes to the staff classes as the annual elections to the Council of Governors are due to commence in early April 2022.

2 Background:

- 2.1 The Trust must have a legally binding Constitution. It must define the membership constituencies/classes (including the minimum number of Members required to hold elections and the number of Governors representing them) and the composition of the Council of Governors.
- 2.2 The Staff Constituency (which comprises all the Staff Members of the Trust) is, at present, divided into the following classes each of which is represented by one Governor:

Class	No. of Members
Corporate Directorates	1398
County Durham and Darlington Locality	2067
Forensic Services Locality	857
North Yorkshire and York Locality	1803
Teesside Locality	1598

Under these arrangements there is an average Governor/Member ratio of 1: 1545

- 2.3 Governors will be aware that the new organisational structure is due to be implemented on 1st April 2022. This includes the establishment of the following Care

Groups for clinical and operational services replacing the present Localities:

- Durham, Tees Valley and Forensics (DTVf)
- North Yorkshire, York and Selby (NYYS)

2.4 Amendments are required to the Constitution to reflect the structural changes.

3 Key Issues

3.1 It is not proposed to change the number of Staff Governors through this review.

3.2 Based on the present Governor/Member ratio the impact of the new Care Groups will be as follows:

	No. of Staff Members	No of Governors (Arithmetic)	No of Governors
Corporate Directorates	1398	0.9	1
Durham, Tees Valley and Forensics Care Group	4522	2.9	3
North Yorkshire, York and Selby Care Group	1803	1.2	1

3.3 The above table demonstrates that the representation of Staff Members in Corporate Directorates and the NYYS Care Group remains appropriate. No changes are required to the Constitution except to amend the description of the NYYS Staff Class.

3.4 The staff classes for the DTVf Care Group will need to be defined.

3.5 Three options for these arrangements were developed for consultation with the Staff Governors as follows:

- One class for the whole of the Care Group
- Staff classes based on the Care Group's management arrangements (specialties)
- Staff classes based on geography

Details of these options, together with feedback received, are provided in Annex 1 to this report.

(Note: there is some variation in the data used in this report as it has been drawn from different sources. It is, however, considered to be sufficiently accurate for the purposes of decision making).

3.6 Extracts from the Constitution, highlighting the changes relating to each option, are provided in Annex 2 to the report.

3.7 The following matters should be taken into account by the Council of Governors in considering the options:

- The extent that they provide reasonable equality of representation
- Whether the new staff classes will be easily understandable
- The degree of affinity between staff members and their class
- The level of difficulty in implementing each option given the changes which will need to be made to the Register of Members. (The changes to the

Register will be based on ongoing work to the financial hierarchies of the Trust and corresponding updates to the electronic staff record (ESR) system.)

3.8 In summary, feedback from the consultation suggests that staff, generally, have more affinity with their speciality (Option 2); however, it was recognised that this was the most challenging approach to implement. The Council of Governors is also asked to note that issues with defining the specialties, in regard to equality of representation and the allocation of staff who do not fall within them, are also important considerations.

3.9 An alternative suggestion would be to amend the staff classes for DTVF, based on Option 1, but to require a further review to be undertaken over the next 12 months. This would:

- Enable the 2022 elections to proceed in a straightforward manner.
- Provide time for engagement with Staff in the Care Group on the future arrangements in line with the Trust's values.
- Support a "One Care Group" approach in the initial months of its implementation supporting cultural change.
- Provide time for further clarity to be provided on system-level changes (particularly the ICPs and place-based arrangements) within the Care Group's area.

3.10 Transitional arrangements have been included in the changes to the Constitution (Annex 2) to protect the terms of office of the present Governors for the Tees and County Durham Localities (the seat for a Governor for Forensic services is vacant).

4.0 Risks

4.1 Failure to agree changes to the Constitution will impact on the Annual Elections for the Staff Governors.

4.2 Complicated arrangements for the new staff classes in DTVF could result in the necessary changes to the Register of Members not being completed in time to enable the 2022 Annual Elections to be held.

5.0 Conclusions

8.1 In regard to amendments to the Constitution arising from the introduction of the new Care Groups:

- No changes are required in relation to Corporate Directorates
- No changes are required for staff working in the present North Yorkshire and York Locality except to align the description of the class with the new Care Group
- Changes are required to the staff classes covering the new Durham, Tees Valley and Forensics Care Group.

8.2 The options presented in this report for the DTVF Care Group show that there is no simple approach to developing the new Staff Classes.

8.3 There is some support for the new classes in DTVF to be based on specialty, but the Chair and Company Secretary consider that this might be too complicated for implementation given the impending elections.

8.4 An alternative approach is available in the short term which will allow time for further and broader engagement on the future Staff Classes for DTVF over the next 12

months.

Recommendations:

The Council of Governors is asked to:

- (1) Approve amendments to Annexes (2) and (3) to the Constitution based on:
 - (a) one of the options presented in Annex 1 to this report; or
 - (b) Option 1 subject to a further review over the next 12 months
- (2) Make a recommendation to the Board of Directors to approve the proposed changes to the Constitution accordingly.

Constitutional Change

Options for the Future Arrangement of the Staff Classes in the Durham Tees Valley and Forensics Care Group

▪ Option 1 – One Class for the whole Care Group

Under this option there would be one class for the whole Care Group with all Members electing three Governors.

Pros

- Reinforcement of the Care Group approach
- Simple and understandable
- The easiest option for establishing and maintaining the revised Register of Members

Cons

- All Governors could be elected from the same specialty or geography

Comments received and Response

- *This option was considered to provide unfair and unequal representation due to the risks that all Governors could be elected from the same specialty and/or geography*

▪ Option 2 – Classes based on Specialities

Under this option the classes would be based on groupings of services within the Care Group.

Under the new organisational structures the operational services are divided into 8 specialties; however, certain roles (the Business Managers, the Associate Directors of Therapies and the Associate Directors of Nursing and Quality span a number of them). This creates the following natural groupings of services:

- AMH Urgent, AMH Planned, MHSOP
- CAMHS and LD
- Health and Justice Services and Specialist Inpatient Services

Members of the Care Group Board are not part of the Specialities and would need to be assigned to one of the new classes.

Taking into account electoral equality the following classes are proposed:

Classes	Total Staff	No of Governors (Arithmetic)	No of Governors
AMH Urgent, AMH Planned, MHSOP	2493	1.6	2
CAMHS, LD, H&J, SIS	1995	1.3	1

Pros

- Relatively simple and understandable for staff
- Staff Member affinity with the new classes
- Mitigates some of the risk of over representation by speciality/geography of option 1
- Ongoing maintenance of the register should be relatively straightforward

Cons

- Certain staff fall outside the Specialties and will need to be allocated e.g. members of the Care Group Board
- The grouping CAMHS, LD, H&S and SIS appears artificial
- Establishment of the classes might be difficult, in the short term, as work on the financial hierarchies and ESR system would need to be completed to enable the allocation of staff

Comments received and Response

- *This option was seen as the most complicated*
- *A proposal was received that the staff classes could be more appropriately based on groupings of:*
 - *AMH (urgent/planned) and MHSOP*
 - *CAHMS and LD*
 - *H&J and SIS*

It was suggested that this approach, instead of focussing on how many staff are in each group, would better reflect the groups the Governors represent irrespective of staff numbers and staff would feel they had a dedicated governor in their specialty. This would provide a better fit with the new structure, staff involvement and support and make the Governors far more representative in their roles and responsibilities.

Note: The proposed arrangements for the staff classes would provide:

Classes	Total Staff	No of Governors (Arithmetic)
<i>AMH Urgent, AMH Planned, MHSOP</i>	<i>2493</i>	<i>1.6</i>

CAMHS & LD	1146	0.8
H&J and SIS	849	0.6

This raises questions about whether it is reasonable (and doable) for one Governor to represent nearly 3 times the number of Staff Members as another.

- *A further option was proposed based on how many teams are represented instead of staff as it was suggested that not all staff would need constant/direct access to their governor; however, having their respective teams supported might seem to be more reasonable. This approach would still have uneven numbers in 16, 11 and 6 but from a representation point of view appeared more manageable. Then if agreed any others e.g. managing directors could be supported by a governor with less teams and could be added as a further team as it could include the MDs support staff. This could also be replicated for any other teams outside of the specialities.*

▪ **Option 3 – Classes based on Geography (staff base locations)**

Under this option:

- The classes would be based on geographical areas.
- Staff would be registered in the relevant class on the basis of their work base (location).

For the purposes of this option the staff classes have been based on two areas (1) County Durham and (2) the Tees Valley (including Darlington) and Out of Area. Staff in Health and Justice Services would be allocated by location except for those working outside the Trust's core area (for example those working in prisons in Northumberland, Lancashire and Cumbria) who would be allocated to the Tees Class.

Classes	Total Staff	No of Governors (Arithmetic)	Governors
County Durham	1503	1.03	1
Tees Valley and Out of Area	2865	1.97	2

Pros

- Relatively simple and understandable for staff
- Reasonable equality of representation
- Potentially closer relationship between Governors and Members (however this is not

Cons

- Removes the link between specialties and Governors (which might be important to staff in terms of affinity)
- Could reinforce present divisions based on the Localities and impact on the development of a single Care Group culture

certain as affinity through speciality might be of greater importance)

- Establishment and maintenance of the register of members should be relatively straightforward as the required information is already available from the ESR system

Comments received and Response

- *The issue of Darlington being part of the Tees Valley was raised*
Note: Place-based arrangements are still being developed but Darlington does form part of the Tees Valley Combined Authority area.
- *It was suggested that staff would be more interested in their area of work (specialty) as this is more personal to them rather than a geographical area and perhaps even more so with the last two years of workplace challenges and what changes/challenges lie ahead.*

Option 1 - One Class for the whole of the DTVF Care Group

ANNEX 2 – THE STAFF CONSTITUENCY
 (Paragraphs 8.3 and 8.4)

1. **The Staff Constituency**

The Staff Constituency is divided into 3 (three) classes. These are:

Class	Minimum number of members	Number of Elected Governors
Corporate Directorates	150	1
Durham, Tees Valley and Forensics Care Group	400	3
North Yorkshire York and Selby Care Group	200	1

2. Should an individual class within the Staff Constituency fail to achieve the above minimum numbers, no election shall take place in that class, until such time as the minimum number is reached. An election within that class will then take place within a time period determined by the Chairman of the Trust.
3. Staff will only be able to become a member and vote in one class within the Staff Constituency.

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS
(Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from 1/4/20
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	8
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale	3
	Hambleton and Richmondshire	2
	Harrogate and Wetherby	3
	City of York	3
	Selby	2
	Rest of England	1
	Staff	Corporate Directorates
Durham, Tees Valley and Forensics Care Group		3
North Yorkshire, York and Selby Care Group		1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	University of Sunderland	1*
	University of York	1*
	University of Newcastle	1*
	NHS County Durham CCG	1*
	NHS Tees Valley CCG	1*
NHS North Yorkshire CCG	1*	
	NHS Vale of York CCG	1*
TOTAL		54

Notes:

- 1 The terms of Governors holding office on 1st April 2022 are unaffected by the amendments to the Constitution which come into force on that day.
- 2 The appointing organisations marked (*) in the above schedule are specified for the purposes of sub-paragraph 9(7) of Schedule 7 for the 2006 Act (as amended).

Option 2 - Staff Classes based on the DTVF Care Group's management arrangements

ANNEX 2 – THE STAFF CONSTITUENCY
 (Paragraphs 8.3 and 8.4)

2. The Staff Constituency

The Staff Constituency is divided into 4 (four) classes. These are:

Class	Minimum number of members	Number of Elected Governors
Corporate Directorates	150	1
Durham, Tees Valley and Forensics Care Group – Adult Mental Health Urgent Services, Adult Mental Health Planned Services, Mental Health Services for Older People and the Care Group Board	250	2
Durham, Tees Valley and Forensics Care Group – Child and Adolescent Mental Health Services, Learning Disability Services, Health and Justice Services and Specialist Inpatient Services	200	1
North Yorkshire York and Selby Care Group	200	1

2. Should an individual class within the Staff Constituency fail to achieve the above minimum numbers, no election shall take place in that class, until such time as the minimum number is reached. An election within that class will then take place within a time period determined by the Chairman of the Trust.
3. Staff will only be able to become a member and vote in one class within the Staff Constituency.

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS
(Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from 1/4/20
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	8
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale	3
	Hambleton and Richmondshire	2
	Harrogate and Wetherby	3
	City of York	3
	Selby	2
	Rest of England	1
	Staff	Corporate Directorates
Durham, Tees Valley and Forensics Care Group – Adult Mental Health Urgent services, Adult Mental Health Planned, Mental Health Services for Older People and the Care Group Board		2
Durham, Tees Valley and Forensics Care Group– Child and Adolescent Mental Health Services, Learning Disability Services, Health and Justice Services and Specialist Inpatient Services		1
North Yorkshire, York and Selby Care Group		1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	University of Sunderland	1*
	University of York	1*
	University of Newcastle	1*
	NHS County Durham CCG	1*
	NHS Tees Valley CCG	1*
NHS North Yorkshire CCG	1*	
	NHS Vale of York CCG	1*
TOTAL		54

Notes:

- 1 The terms of Governors holding office on 1st April 2022 are unaffected by the amendments to the Constitution which come into force on that day.
- 2 The appointing organisations marked (*) in the above schedule are specified for the purposes of sub-paragraph 9(7) of Schedule 7 for the 2006 Act (as amended).

Option 3 - Staff Classes based on Geography for the DTVF Care Group

ANNEX 2 – THE STAFF CONSTITUENCY
 (Paragraphs 8.3 and 8.4)

3. The Staff Constituency

The Staff Constituency is divided into 4 (four). These are:

Class	Minimum number of members	Number of Elected Governors
Corporate Directorates	150	1
Durham, Tees Valley and Forensics Care Group – County Durham	150	1
Durham, Tees Valley and Forensics Care Group – Tees Valley and Out of Area	300	2
North Yorkshire York and Selby Care Group	200	1

2. Should an individual class within the Staff Constituency fail to achieve the above minimum numbers, no election shall take place in that class, until such time as the minimum number is reached. An election within that class will then take place within a time period determined by the Chairman of the Trust.
3. Staff will only be able to become a member and vote in one class within the Staff Constituency.

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS
(Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from 1/4/20
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	8
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale	3
	Hambleton and Richmondshire	2
	Harrogate and Wetherby	3
	City of York	3
	Selby	2
	Rest of England	1
	Staff	Corporate Directorates
Durham, Tees Valley and Forensics Care Group – County Durham		1
Durham, Tees Valley and Forensics Care Group– Tees Valley and Out of Area		2
North Yorkshire, York and Selby Care Group		1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	University of Sunderland	1*
	University of York	1*
	University of Newcastle	1*
	NHS County Durham CCG	1*
	NHS Tees Valley CCG	1*
NHS North Yorkshire CCG	1*	
	NHS Vale of York CCG	1*
TOTAL		54

Notes:

- 1 The terms of Governors holding office on 1st April 2022 are unaffected by the amendments to the Constitution which come into force on that day.

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