

SPECIAL COUNCIL OF GOVERNORS
Thursday 14 July 2022
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 12 th May 2022.	Chair	Draft Minutes
4	To receive any declarations of interest	Chair	Verbal
5	To review the public action log	Chair	Report
6	To receive an update from the Chair	Chair	Verbal
7	To receive an update from the Chief Executive	Brent Kilmurray, Chief Executive	Verbal
8	Governor Question and Answer Session and Governor Feedback from Events <i>(All questions should be submitted in writing to the Corporate Affairs and Involvement Directorate at least 48 hours before the meeting)</i>	Chair	A schedule of Governor questions and responses to be circulated
9	Governor Engagement: Annual General and Members' Meeting, Governor Development Days, Training and Locality Meetings	Ann Bridges, Director of Corporate Affairs and Involvement	Verbal Schedule of potential Governor Development Day topics to be circulated
10	To receive the Trust's Performance Report as at 30 th April 2022	Mike Brierley Assistant Chief Executive	Report
11	Appointment of Member of the Council of Governors' Nomination and Remuneration Committee	Phil Bellas, Company Secretary	Verbal
12	To receive the Trust's Finance Report as at 30 th April 2022	Drew Kendall Associate Director of Finance	Report
13	Date of next meeting To approve the date of the next meeting of the Council of Governors	Chair	Verbal

14	The Chair to move:	Chair	Verbal
	<p><i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <ul style="list-style-type: none"> <i>(a) the free and frank provision of advice, or</i> <i>(b) the free and frank exchange of views for the purposes of deliberation, or</i> <i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i> 		

Paul Murphy
Chair
14th July 2022

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 12TH MAY 2022, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Paul Murphy - Interim Chair and Non-Executive Director
Dr Sara Baxter - Public Governor, Redcar and Cleveland
Gemma Birchwood - Public Governor, Selby
Mark Carter - Public Governor, Redcar and Cleveland
Emmanuel Chan - Staff Governor, Teesside
Dr Martin Combs - Public Governor, York
Dr Andrew Fairbairn - Appointed Governor, Newcastle University
Chris Gibson - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Christine Hodgson - Public Governor, York
Joan Kirkbride - Public Governor, Darlington
Keith Marsden - Public Governor, Scarborough and Ryedale
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council
Jacci McNulty - Public Governor, Durham
Gillian Restall - Public Governor, Stockton on Tees
Graham Robinson - Public Governor, Durham
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
Jill Wardle - Public Governor, Durham
Judith Webster - Public Governor, Scarborough and Ryedale

IN ATTENDANCE:

Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Ann Bridges - Director of Corporate Affairs and Involvement
Angela Grant – Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Prof. Pali Hungin - Non-Executive Director
Elizabeth Moody - Deputy Chief Executive / Director of Nursing and Governance
Sharon Pickering - Assistant Chief Executive
Beverley Reilly - Non-Executive Director
Shirley Richardson – Deputy Interim Chair / Senior Independent Director

22/18 APOLOGIES

Apologies for absence were received from:

Roberta Barker - Associate Non-Executive Director
Dr Sarah Dexter-Smith - Director for People and Culture
John Maddison - Non-Executive Director
Liz Romaniak - Director of Finance, Information and Estates/Facilities
Dr Charlotte Carpenter - Non-Executive Director
Jules Preston - Associate Non-Executive Director
Dr Steve Wright - Interim Medical Director

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Sarah Blackamore - Staff Governor, North Yorkshire and York
Mary Booth - Public Governor, Middlesbrough
Mike Brierley - Appointed Governor, NHS County Durham CCG
Sue Brent - Appointed Governor, Sunderland University
Pamela Coombs - Public Governor, Durham
Gary Emerson - Public Governor, Stockton-on-Tees
Janet Goddard - Public Governor, Scarborough and Ryedale
Dominic Haney - Public Governor, Durham
Carol Jones - Public Governor, Rest of England
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, County Durham and Darlington
Audrey Lax - Public Governor, Darlington
Rachel Morris - Appointed Governor, Teesside University
Jean Rayment - Public Governor, Hartlepool
Dr Boleslaw Posmyk - Appointed Governor, NHS Tees Valley CCG
Erik Scollay - Appointed Governor, Middlesbrough Council
Zoe Sherry - Public Governor, Hartlepool
Cllr Helen Swiers - Appointed Governor, North Yorkshire County Council
Jaclyn Stoker - Public Governor, Durham
John Venable - Public Governor, Selby
Cllr Derek Wann - Appointed Governor, City of York Council

22/19 WELCOME

The Chair welcomed all attendees to the meeting and confirmed quoracy had been achieved. With regards to future meeting arrangements, he advised that as there were advantages and disadvantages to both face to face and virtual meetings, the Trust would continue to alternate between the two styles until this could be reviewed. Holding 'hybrid' meetings to incorporate both styles was still not considered a viable option due to the lack of availability of suitable venues and the potentially high number of attendees expected at such meetings. However, the Board was planning to hold its first 'hybrid' meeting in May 2022 and he looked forward to seeing how this would work. He also provided instructions to attendees on how to access live captions in MS Teams during the meeting.

Cllr. McCoy suggested that, as some Governors had attended 'hybrid' meetings external to the Trust which had worked well, when the time came to review how meetings were going to be held it would be wise to consult with these Governors as part of the process.

The Chair confirmed that since their last meeting two Governors, Mr. John Manson and Mr Ian Hamilton, had resigned from their roles. He also advised that Mr. Rob Allison had joined the Council of Governors, in place of Mr. Hamilton, to represent the University of York as an Appointed Governor but had been unable to attend the meeting.

22/20 MINUTES OF PREVIOUS MEETINGS

Agreed - That the public minutes of the last ordinary meeting, held on 8th March 2022, be approved as a correct record and signed by the Chair.

22/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

22/22 PUBLIC ACTION LOG

Consideration was given to the Council of Governors' public action log. Governors noted that the action to appoint a Governor Veterans/Armed Forces Champion (minute 22/09 refers) would be discussed on the agenda.

22/23 CHAIRS UPDATE

The Chair provided a verbal update on site visits and events that both he and Mrs Richardson had attended across the Trust, since the last meeting of the Council of Governors.

He advised that:

- The introduction of Integrated Care Systems (ICSs) had resulted in an increased number of meetings being held across the Trust.
- They had visited a number of teams, within Trust services, to present 'Living the Values' awards to staff. Places visited had included Scarborough, Hartlepool, Bishop Auckland and Stockton-on-Tees.
- Although the pressures staff were, and continued to be, under had been recognised he had been pleasantly surprised to find that staff; although tired, were generally in agreement that they could see a 'light at the end of the tunnel'.
- Bed pressures had eased somewhat in some areas and, for the first time in a number of years, a consultant had been appointed in Scarborough, North Yorkshire.
- The recruitment of staff continued to be positive, with many vacancies being filled or soon to be.
- Public Governor for Stockton-on-Tees Mrs. Restall had provided positive feedback to be shared with her fellow Governors at the meeting, following her attendance at a Directors' visit to the Child and Adolescent Mental Health Service (CAMHS) at Viscount House in Stockton on 11th April 2022. That feedback was as follows:

"I would like to express my appreciation of the Manager who was extremely helpful in explaining the way that the service operates. In addition, the Team answered all questions thoroughly."

22/24 CHIEF EXECUTIVE'S UPDATE

The Council of Governors received a report updating them on important topical issues that were of concern to the Chief Executive.

In introducing the report, Mr. Kilmurray advised that:

- Although broad ranging, the main concerns highlighted within the report related to the Care Quality Commission (CQC) and engagement with scrutiny partners regarding system assurance.
- Following a decision by councillors at Stockton-on-Tees Borough Council to support a motion to write to the Secretary of State; requesting a public inquiry into the Trust, he advised that after being invited to the Joint Tees Valley Health and Care Scrutiny (JTVH&CS) committee on 18th March, the JTVH&CS committee would be meeting on 8th June 2022 at Roseberry Park Hospital in Middlesbrough. Members of that Committee would also visit services and meet with staff and patients during their visit.
- The relationship between the Trust and the CQC inspections team remained positive and the hard work the Trust had put in to address their concerns had been recognised.
- An update on ICS developments across North East and North Cumbria (NENC) and Humber Coast and Vale (HCV) had been included in the report.
- COVID-19 was still present, as were staff pressures. Staff were, understandably, very tired but were generally managing to stay positive. Covid restrictions were beginning to ease and this had been a good thing for many people.
- Secure Inpatient Services (SIS) and Community CAMHS continued to be under pressure. It was noted that the SIS had launched a new model of care on 14th February 2022 (attached at Appendix 1 to the report), designed to embed a sustained improvement in the quality of service and improved engagement of staff to lead to a better patient experience.

Following discussions, it was noted that:

- Mrs. Kirkbride wished to know more about the launch of a Healthcare Assistant Council in March 2022, mentioned on page 2 of the report.

Mrs. Moody advised there had been a struggle historically to ensure that a “non-registered nursing voice” could be heard in the Trust and the establishment of the Council aimed to address this, as well as focusing on development and education. So far, it had appeared to be going very well.

The Chair added that he had been spending increased time with the Trust's Forensic service and hoped to meet with the Council soon.

- Ms McNulty, referencing the closure of Primrose Lodge asked whether this decision had been in any way related to local residents who lived near the premises. She had recalled that in previous years, a former Public Durham

Governor had been involved in a mediation process with local residents to improve relations between them and the Trust.

The Chief Executive advised that the closure had not been linked in any way to local residents and was actually due to the building not being fit for purpose, with the requirement to have a modern and better equipped building and service.

Ms. McNulty also asked why disabled facilities had not been provided in the new building and queried whether this had been a cost issue or whether the rectifications required, had not been possible.

The Chief Executive advised that he was not aware of any 'blanket' reason why disabled facilities could not be provided in the new building. The building, in Shildon (County Durham), was reasonably modern and the Trust would do what it could to accommodate reasonable adjustments to improve things. However, he agreed to look into the situation and let Ms McNulty know the outcome.

Action – Chief Executive

22/25 GOVERNOR QUESTIONS

A schedule of Governor questions and responses had been circulated prior to the meeting. It was noted that:

- To increase the chances of Governors receiving a detailed response to their questions before or at the meeting, submitting the question as early as possible was recommended. However, it was important that Governors understood questions were welcome at any time and they did not need to wait for a meeting to ask them.
- Mrs. Hodgson had been content with the response received to her question on procedures in place to ensure people with Autism received a Care Co-ordinator.
- Although not present at the meeting, Mrs. Booth had been provided with a response to her two questions regarding access to the staff intranet and how many Peer Support Workers had been employed by the Trust and where. Mrs. Bridges had confirmed that she would be looking into Governor access to Trust information in the future.

Action – Mrs. Bridges

- Mrs. Kirkbride's question regarding the treatment of patients by a Locum Doctor had not been answered fully due to it being received close to the submission deadline. However, she acknowledged that she understood it would take some time to receive a response. In the response provided, Mrs. Moody had agreed to ask a senior medical member of staff to speak to Mrs. Kirkbride to follow up her specific concerns.

The Chair acknowledged that the question had highlighted a national issue.

Mrs. Kirkbride advised that, following the death of a young girl quite recently, she had wondered whether progress had been made on undertaking a review that she had suggested to the previous Chief Operating Officer, Mrs. Ruth Hill, following her involvement in a formal complaint. The complaint had related to the treatment of a service user, under a Locum Doctor, and a diagnosis of Emotionally Unstable Personality Disorder (EUPD). The suggested review would have focused on instances where (EUPD) had been misdiagnosed and she queried whether the Trust currently monitored instances of misdiagnosis. She had also recently become aware of someone, misdiagnosed with EUPD after a 20-minute appointment with a particular Locum Doctor, and the misdiagnoses had had significant implications on that person in relation to insurances, finances etc.

Mrs. Moody advised that second opinions could be sought following a diagnosis and a diagnosis would not be removed from a patient's record but a person's wishes could be recorded. She also advised that a large piece of work was currently underway in the Trust to consider how damaging misdiagnoses could be.

Action – Mrs. Moody

22/26 OPERATIONAL SERVICES UPDATE

The Governors received and noted an update on operational services in Durham and Darlington, Teesside, North Yorkshire & York and Forensic Services. The report provided a summary of community transformation work, service developments, areas of focus and system pressures.

In introducing the report, Mr Scott advised that:

- He was settling into his new role as Managing Director for the Durham, Tees Valley and Forensics Care Group and had been getting to know his colleagues.
- He advised that the new Care Group structure was now in place within the Trust and Care Group Boards had been established.
- The focus across services was on providing collective leadership, improved system working and Community Mental Health Transformation.
- He had held meetings with senior officers in Durham County Council and had meetings booked in with Tees colleagues soon.
- Major staffing shortfalls existed throughout the Trust.
- Demand for mental health services had continued to rise from a community and inpatient perspective.
- In Durham and Tees Valley, there were pressures in the Acute Trust (Durham and Darlington) in relation to paediatric admissions with mental health and physical health needs, particularly in relation to the care of children with eating disorders.
- There were also pressures relating to social care in Durham, Tees Valley and North Yorkshire and York with staff shortages and a lack of suitable placements available for patients with complex learning disability needs.

- In Forensic services, leadership cells were looking at developing three discreet pathways.
- The Trust had been awarded a contract to deliver mental health services in HMP Hull and HMP Humber.
- Despite pressures, there was a positive energy around the services in the Trust as a whole.

The Chair advised that, in addition to operational updates at Council of Governors' meetings, locality meetings for Governors would also resume in due course.

Following discussions:

- In relation to a question from Cllr. McCoy regarding CAMHS transitions, Mr Scott advised that he could bring an update on this to the next Council of Governors' meeting.

Action – Mr. Scott

Mr Kilmurray advised that transition and variation were key and a lot of development work was underway regarding 16–25 year-olds transitioning from child to adult services. Equality was more of a focus than continuity and the Trust had a range of commitments and would work with social care, schools and others to establish standards for 'good practice' and what young people should receive; rather than there being a postcode lottery.

Cllr. McCoy stated that it would be good to see this information in writing.

Mrs. Pickering added that, in addition to the work being undertaken around 16–25 year-olds transitioning, part of the Trust delivering 'Our Journey to Change' was to focus on people's clinical journey. That work was being developed and would set out the Trust's vision for the future.

22/27 BOARD PERFORMANCE DASHBOARD REPORT

The Council of Governors noted the Trust's Board Performance Dashboard as at 31st March 2022.

In presenting the report, Mrs Pickering advised that:

- The staffing demand and acuity that Mr. Scott had referenced in his report on Operational Services were reflected in her report. Staff sickness levels continued to be high, however the figures in the report were from February 2022 when Omicron sickness levels had been high.
- There were some 'green shoots' regarding workforce indicators as the staff vacancy rate had significantly improved and was now only 7.8%. She was confident that those improvements had been 'real' but work would be done with Care Groups in relation to that.
- The Financial Standards had been achieved.

- In the System Oversight Framework section of the report, similar issues had been highlighted to those referred to in Mr. Scott's report regarding child eating disorders and pressures resulting from demand and bed availability.
- A new Integrated Performance Dashboard (IPD) would be implemented to enable the Trust to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services it provides and provide assurance to the Board through its sub-committee structure. The measures for the new IPD had been identified by the relevant Board Sub Committees and agreed by the Board. All measures had been aligned to one of the Trust's three strategic goals.
- It was hoped that the first new IPD would go to the June 2022 Board meeting.

22/28 FUTURE PLANS FOR GOVERNOR ENGAGEMENT

Governors received a report that aimed to generate discussions on how to improve Governor engagement. Governors were asked to consider what had worked, or not worked, historically (pre-COVID) and to give some thought as to what future arrangements might look like.

In introducing the report, Mrs. Bridges advised that:

- From 1st April 2022 governance, regulation and compliance remained the responsibility of the Company Secretary's Department in relation to Governors whilst Governor engagement, support and training had moved to her Directorate.
- A good working relationship between the Governors and the Trust was essential and she welcomed any suggestions on how to improve that.
- At the last Governor Development Day, held on 7th December 2021, discussions were held regarding what engagement should look like, what the key issues were and the importance of holding locality meetings between Directors of Operations and Governors.
- Governors had expressed disappointment in not seeing 'good news' stories about the Trust very often however, work had been underway since then to improve that.
- Some Governors had not had the opportunity to meet face to face with each other due to the COVID-19 pandemic. A 'buddying system' had been one of the suggested ways to improve the support available to newer Governors.
- Hearing different voices, such as personal stories from service users and carers, had been considered beneficial. This had now been incorporated into Board meetings.
- Coffee mornings and/or informal meetings had been suggested as ways for Governors to meet face to face, as well as providing opportunities to meet with Board members and staff. Board visits to services also provided opportunities for Governors to meet with members of the Board, however there was now a need to review that process.
- Increased opportunities to hold the Board to account were welcomed.
- There was a requirement to review Governor training and development and also to focus on training outside of those sessions that were mandatory.

Suggestions included training/briefings on Trauma Informed Care, people under stress and suicide prevention. An annual plan for Governor training was required.

- With regards to questions from Governors about staff intranet access, the aim would be to attach documents rather than have links to the intranet for Governors to access.
- She hoped that Governors now felt better briefed, following the regular circulation of a Governor newsletter.
- A new Governor email address had been set up tewv.governors@nhs.net and she encouraged Governors to use this email address to express their views and submit any questions they may have, at any time.

Following discussions, it was noted that:

- Mrs. Griffiths had attended a three-day Governance Conference, organised by NHS Providers, which she had enjoyed. She advised that the conference had provided updates on a number of topics, including discussions around a proposed new Code of Governance for NHS Trusts and Foundation Trusts. She had provided feedback from events she had attended and would continue to do so for any future events as she felt that sharing information with Governors was important. She also requested that reports from Directors' visits to services be shared with Governors after every visit. The Chair concurred with Mrs. Griffiths, stating that a mechanism for information sharing and feedback was required.

Action – Mrs Bridges

Mrs. Reilly concurred with Mrs. Griffiths that feedback from Board visits should be circulated to Governors. The report had routinely been sent to the Leadership Team and discussed at Board of Directors' meetings so it could be shared. Although it was a small report, it provided an overview of the visit and was helpful.

- Cllr. McCoy stated that a fellow Governor, Mr Marsden, had advised that he had been unable to access the chat function on MS Teams when accessing meetings as a 'guest'. She requested that this issue be explored with the Trust's Information Department to see what could be done to allow guests to access the chat.

Action – Mrs. Bridges

Mr. Marsden stated that, although his chat function had now appeared to be working, he was aware of other service users and carers who had joined Teams meetings with the Trust as 'guests' and had been unable to use the chat function. However, he had already raised this with Mrs. Bridges.

- Mrs. Kirkbride advised that, in 2019, discussions had been held with Governors on how best to communicate with them and a document had been produced, outlining those discussions. She agreed to send the document through for information but confirmed that she could not recall whether there had been an outcome. She advised that Governors had been concerned at that time about not knowing what was going on in the Trust in their local area.

She recalled someone mentioning a database, held by the Trust, of organisations and groups in different areas which would have been helpful to Governors.

- Mr. Carter wished to thank the Trust for offering £50 Love to Shop vouchers to involvement members as a thank you to them for their involvement during the pandemic.

Mr. Marsden also thanked the Trust for offering the vouchers and agreed that it had been a lovely gesture and appreciated.

- Mrs. Reilly, in reference to the Chief Executive's report earlier in the meeting, had been pleased that the JTVH&CS Committee would be holding its next meeting at Roseberry Park on 8th June and that its members would be visiting staff and patients during their time there. Some staff had faced harrowing situations during their working day and it would be good for the Committee to have the opportunity to hear things from a staff and patient perspective.

In conclusion, Mrs. Bridges thanked Governors for their contribution and stated that she appreciated and valued their feedback. She agreed to plan in future Locality meetings for Governors and to consider the issue raised in relation to the use of the chat function on MS Teams. She appreciated the thanks expressed by Mr Carter and Mr. Marsden with regards to vouchers offered to involvement members as a thank you and stated that she appreciated everything that involvement members did with the Trust. She expected that, as capacity grew within her Directorate, engagement would improve.

22/29 ARMED FORCES / VETERANS CHAMPION

The Chair advised that an Armed Forces / Veterans Champion had not been appointed as only one Governor had expressed an interest but they had not met the criteria set by the Trust's Veterans Steering Group. There were Governor elections currently underway so one option would be to wait and see whether any newly appointed Governors would match the criteria and show interest in the role or whether the Veterans Steering Group would consider changing the criteria. This item would be discussed again at a future meeting.

22/30 DATE OF NEXT MEETING

The Chair advised that the nominations deadline for the current Governor elections for the Trust would be at 5pm on Friday 13th May 2022. New Governors would be appointed in early July and another Council of Governors' meeting would be required in July 2022, however, that date was to be confirmed. The next meeting would most likely be held face to face at Newton Aycliffe, County Durham but this would be confirmed in due course.

At the close of the meeting, and following a query from Mrs. Webster, the Chair agreed to send her details of the new Consultant who had been appointed in Scarborough.

Action - Chair

22/31 CONFIDENTIAL RESOLUTION

Confidential Motion

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

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

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

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

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

The Interim Chair closed the public session of the meeting at 3.05pm.

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
08/03/22	22/05	Further update to be provided on the progress with the implementation of pilot schemes for schools	MD (DTVf)	Sep-22	
08/03/22	22/06	Programme of Directors' visits to be worked up	DoCA&I	May-22	Open
08/03/22	22/09	Appointment of Governor Veterans/Armed Forces Champion	Co Sec	Sep-22	
08/03/22	22/09	Consideration to be given to the Trust laying a wreath on Remembrance Sunday each year on a rotating system across the various geographical localities	Chair	-	Open
12/05/22	22/24	Mrs. McNulty to receive an update on the provision, or known limitations to the provision, of disabled facilities at premises based in Shildon, Co. Durham that replaced Primrose Lodge.	MD DTV&F Care Group	-	Open
12/05/22	22/25	Update in response to a Governor's question on Governors accessing Trust information stored on the staff intranet.	DoCA&I	-	Open
12/05/22	22/25	Senior medical member of staff to speak to Mrs. Kirkbride as a follow up her specific concerns relating to the misdiagnosis of Emotionally Unstable Personality Disorder (EUPD).	DoN&G	-	Open
12/05/22	22/26	Update on CAMHS transistions	MD DTV&F Care Group	Jul-22	Open
12/05/22	22/28	Mechanism for information sharing and feedback from Governors to be established.	DoCA&I	Jul-22	Agenda Item 8
12/05/22	22/28	Consult with Trust's Information Department regarding difficulty in 'guests' accessing the chat function on MS Teams.	DoCA&I	-	Open

Date	Minute No.	Action	Owner(s)	Timescale	Status
12/05/22	22/30	Details of the new Consultant appointed in Scarborough, NY to be provided to Mrs. Webster	Chair	-	Closed

Potential Governor Development Day Topics

- Role of the Lead Governor
- Role of Non-Executive Directors (NEDs) and Associate NEDs
- Integrated Care System
- System changes and the role of Governors
- Systems update and equity of service delivery (what is provided where, and why)
- Code of Governance
- Buddying System
- Care Quality Commission (CQC) Update
- Role of the TEWV Chaplaincy Service

Board Integrated Performance Dashboard (IPD)

As 30th April 2022

Background and Context

As part of the continuous improvement of the Trust's Performance Management Framework, we have developed a more integrated approach to quality and performance assurance and improvement across the Trust. This enables us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide.

A new Integrated Performance Dashboard (IPD) has been developed, incorporating a set of measures aligned to our three strategic goals. Each month we provide the IPD to Board of Directors and on a quarterly basis this will be expanded into the wider Integrated Performance Report (IPR), which will incorporate reports from the Board Sub Committees, any other key information issues and risks the sub committees wish to escalate to Board and progress against the System Oversight Framework and any other key National Standards.

First Board Integrated Performance Dashboard

In May the first report was shared with the Trust Care Group Boards and Corporate Directorates and we asked them to focus on:

- Understanding the measures (some of which are new)
- Understanding what the data is showing for the Care Group/Corporate Directorate as a whole and at the next level (i.e. speciality)
- Starting to think how they will use information this to improve the quality of services being provided.

At this stage we are unable to provide assurance; however we expect this and the triangulation of information, to increase and improve in the coming months as the new approach is embedded.

“Standards” have not yet been identified; this work will be undertaken during quarter 1 and will be taken to the Board of Directors for discussion and approval in August 2022.

The key areas of concern identified from the Integrated Performance Dashboard (IPD), with triangulation of any other relevant information

Our Quality

- Our adult and older adult patients are not demonstrating the improvement in patient outcomes that we would aspire to. For the 3 months ending April, **1912** patients were discharged with a patient rated paired outcome score; **892 (46.65%)** made a measurable improvement. Over the same period **3188** were discharged with a clinician rated paired outcome score; **695 (21.80%)** made a measurable improvement.
- Our children and young people are not demonstrating the improvement in patient outcomes that we would aspire to. For the 3 months ending April, **780** patients were discharged with a clinician rated paired outcome score; **350 (44.87%)** made a measurable improvement.
- Our inpatient services are under increasing pressures with bed occupancy during April at **100.24%**; **877** days were spent by patients in beds away from their closest hospital during the 3 months ending April 2022.
- **546** restrictive intervention incidents took place during April.

Our People

- Our sickness levels continue to be higher than we aspire to with **14,328 (6.60%)** days lost due to sickness during March.
- We have more members of staff without up to date appraisals and/or training than we would like; **1277 (20.43%)** members of staff (out of **6251**) do not have an up to date appraisal, and out of the **112,976** training courses due to be completed by the end of April, only **97,419 (86.23%)** were.

Our Activity & Finance

- Our clinical services are under increasing pressures with extremely high caseloads; **59,419** cases were open as at the end of April, including those waiting to be seen.
- We have delivered a **(£0.9m)** deficit to 30th April in line with forecast expenditure run rates; however, the Trust needs to significantly reduce utilisation of the independent bed capacity being used to mitigate operational bed pressures and agency expenditure.

The areas of positive assurance identified within the IPD

There are no areas of positive assurance identified within the IPD at this point.

Our Quality

Outcome measures

A new set of outcome measures have been developed in collaboration with the clinical services; three of which were shared with the Care Boards in May (work on the remaining one continues).

Work is currently underway to understand the data including variances between the Care Groups, and what further training staff will require. The Associate Director of Performance is also to discuss the future direction for the Outcomes Steering Group with the new Medical Director once in post.

Safety

There are a number of actions underway to understand the Restrictive Intervention Incidents that have occurred. These are closely monitored by the Positive & Safe Group. We know this relates to a small number of highly complex patients within Learning Disabilities Services and significant support continues to be provided to the teams.

Inpatient Pressures

There are a range of actions ongoing, which includes the re-opening of beds on Esk Ward (now fully reopened) and Danby Ward (currently 8 beds open with plans to reopen remaining 5 by September 2022) in North Yorkshire and detailed analysis of current inpatients including identifying whether they are in their “local hospital”, their length of stay and the impact of any delayed discharges.

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

Our People

Appraisals & Mandatory & Statutory training

It is important to recognise the staffing and demand pressures that continue to be experienced throughout the NHS and locally within Trust services, and this is reflected in the latest performance as staff have not been able to complete their training or appraisal. The Performance Team are working with colleagues in the People & Culture Directorate to look at what possible improvement actions will be required.

Staff sickness

Our sickness levels continue to be high across the Trust and whilst all sickness is managed in line with Trust Policy it is closely monitored. There are a number of pieces of work underway in the respective areas to identify the key issues and improvement actions required. Our colleagues in with colleagues in the People & Culture continue to provide focussed support to services.

To co-create a great experience for our staff, we are continuing to focus on recruitment and have reduced the time to recruit.

We have agreed a targeted approach to incentives and whilst we have high use of flexible staff including agency, an approach is being taken to reduce reliance on premium rate agencies to ensure they are appropriately focused, targeting volume and rate reductions.

Our Activity & Finance

Unique Caseload

This is a new measure developed in collaboration with Digital and Data Colleagues. We shared this data with our Care Boards in May and work is underway to analyse this information in order to facilitate future discussions

Financial Plan: SOCI - Final Accounts - Surplus/Deficit

Whilst the end of April position is broadly on plan, the underlying run rate is of concern. Work is ongoing as part of finalising the Integrated Care Board financial plan and we are developing a number of down-side scenario plans in order to identify appropriate mitigation. Development of Cash-Releasing Efficiency Savings (CRES) schemes, including for plans that commence in July, during Quarter 1 is ongoing.

Areas of positive assurance to highlight to the Board

- As part of the Commissioning for Quality & Innovation (CQUIN) initiative, in 2022/23, there are a number of outcome based clinical quality indicators that will support our internal outcome measures around measurable improvement.
- The organisational restructure and revised governance arrangements continued to be embedded. We have appointed to all Executive Director posts and to all Board vacancies except for the chair which is underway.
- The Trust continues to make good progress against the delivery of the CQC Core Services and Well Led Action Plan.
- The Audit and Risk Committee received a preliminary external audit update on the 2021/22 Annual Accounts at its 10th June meeting. There were no changes identified or proposed, and whilst not final, the majority of field work is now complete.
- Analysis of the letters received in relation to the Quality Account 2021/2022 showed widespread support and no opposition to the 3 proposed improvement priorities. There are also some positive comments about the clarity / transparency of the Quality Account, Our Journey to Change, our commitment to working in partnership, progress made in addressing CQC recommendations, and local service developments such as the mental health support teams that work with schools.

Issues to highlight to the Board

- On 29th May 2022, we received an unannounced CQC Responsive Inspection of Adult Learning Disability Wards at Lanchester Road Hospital, followed by inspections of the remaining Adult Learning Wards in the Trust. A number of concerns were raised and we have taken immediate action to address them and to ensure the quality and safety of patient care within Adult Learning Disability services. We continue to implement extensive and a detailed action plan in collaboration with system partners.
- Within the letters received in relation to the Quality Account 2021/2022, some of our stakeholders were concerned about the continued worse than target rate of restraints per occupied bed day. There were also concerns about waiting times for CYP services, and the lack of progress in implementing improved care planning arrangements.

Finance Update

Council of Governors – July 2022

Item 12

2022/23 Headlines

The Trust delivered an operational deficit of £0.9m for the period ending 30 April 2022, which was in line with forecast expenditure.

- ↑ The month 1 deficit mainly arises because of a few key issues, elevated independent sector bed usage, and agency usage including rates of pay being above cap.
- ↑ CRES schemes are being developed in conjunction with the Care Groups for agency volume and rate reductions, and further exploration of issues including length of stay and delayed discharges is underway, which are factored into planned run rates from Q2.
- ↑ Cash balances were £78.0m as at 30th April 2022, and ahead of plan by £1.1m. This reflects £0.6m lower than planned capital expenditure, supplemented by other movements on working capital for the period including HEE income received in advance to June.

Capital 2022/23

Capital expenditure as at 30th April 2022 was £0.5m and was £0.5m less than planned.

This reflects the timing of the receipt of ECG machines and delayed works at West Park Hospital, which are expected to be caught up by the end of Q1.

Progress against the capital plan is monitored by the Board's Strategy and Resources Committee.

2022/23 Financial Plan

Final operational financial plans were resubmitted on 20th June following the DHSC review and feedback on the 28th April 2022 NHS composite plan. We will report to Trust Board in July on the revised approved £1.16m surplus plan.

The Trust benefited from £3.06m of the £1.5bn additional funding allocated to NHS to support achievement of balanced system plans, but expect delivery to be challenging and are focused on risk management and mitigation.

The Trust's plan submission will form part of a wider North East and North Cumbria Integrated Care System (ICS) submission.