

SPECIAL COUNCIL OF GOVERNORS
Thursday 13 October 2022
at 2.00 pm

The meeting will be held via MS Teams (a meeting link has been circulated)

AGENDA

1	Apologies	David Jennings Chair	Verbal
2	Welcome and Introduction	David Jennings Chair	Verbal
3	To receive any declarations of interest	David Jennings Chair	Verbal
4	To approve the minutes of the special meeting held on 22 nd September 2022	David Jennings Chair	Draft Minutes
5	To review the public action log	David Jennings Chair	Report
6	<p>Matters arising</p> <p>To receive an update on:</p> <p>(a) 22/05 Progress made on the implementation of pilot schemes for schools.</p> <p>(b) 22/25 Governors accessing Trust information on the staff intranet.</p> <p>(c) 22/26 CAMHS Transitions.</p> <p>(d) 22/39 The response to a Governor question regarding the Trust's Safe and Wellbeing Reviews.</p> <p>(e) 22/40 Suggestions on future approaches to Governor engagement noted at stakeholder event held for appointment of the new Chair.</p>	David Jennings Chair	<p>Report</p> <p>Updates Attached</p> <p style="text-align: center;">Report</p> <p style="text-align: center;">Verbal</p> <p style="text-align: center;">Verbal</p> <p style="text-align: center;">Verbal</p> <p style="text-align: center;">Report</p>
7	To receive an update from the Chair	David Jennings Chair	Verbal
8	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
9	<p>Governor questions and feedback –</p> <p>(a) Governor questions and answers session</p> <p>(b) Governor feedback from events, including local issues, concerns and good news</p> <p><i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate at least 48 hours before the meeting)</i></p>	David Jennings Chair	<p>A schedule of Governor questions, responses and feedback to be circulated</p>

10	To receive the Trust's Integrated Performance Report as at 30 th June 2022	Mike Brierley Assistant Chief Executive	Report
11	Date of next meeting (A schedule of dates has been circulated)		
12	<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> <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> 		

David Jennings
Chair
 5th October 2022

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

**MINUTES OF THE SPECIAL COUNCIL OF GOVERNORS' PUBLIC MEETING
HELD ON 22ND SEPTEMBER 2022 AT 10.30AM, VIA MS TEAMS**

PRESENT:

David Jennings - Chair
Lynne Ackland - Public Governor, Durham
Joan Aynsley - Public Governor, Durham
Gemma Birchwood - Public Governor, Selby
Sarah Blackamore - Staff Governor, North Yorkshire, York and Selby Care Group
Mary Booth - Public Governor, Middlesbrough
Emmanuel Chan - Staff Governor, Durham, Tees Valley and Forensics Care Group
Dr Martin Combs - Public Governor, York
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Joan Kirkbride - Public Governor, Darlington
Paul Leake - Public Governor, Durham
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Jacci McNulty - Public Governor, Durham
Jean Rayment - Public Governor, Hartlepool
Zoe Sherry - Public Governor, Hartlepool
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
Roger Tuckett - Public Governor, Hambleton and Richmondshire
Jill Wardle - Public Governor, Durham
Judith Webster - Public Governor, Scarborough and Ryedale

IN ATTENDANCE:

Roberta Barker - Associate Non-Executive Director
Phil Bellas - Company Secretary
Ann Bridges - Director of Corporate Affairs and Involvement
Karen Christon – Deputy Company Secretary
Angela Grant - Corporate Governance Officer (CoG and Membership)
Wendy Johnson – Team Secretary
John Maddison - Non-Executive Director
Beverley Reilly - Non-Executive Director

22/46 APOLOGIES

Apologies for absence were received from:

Tes Ahmed - Staff Governor, Corporate Directorates
Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Sue Brent - Appointed Governor, Sunderland University
Susan Croft - Public Governor, York
Dr Andrew Fairbairn - Appointed Governor, Newcastle University
Dominic Haney - Public Governor, Durham
Megan Harrison - Public Governor, Stockton-on-Tees
Dr Judy Hurst - Public Governor, Stockton-on-Tees

Audrey Lax - Public Governor, Darlington
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Keith Marsden - Public Governor, Scarborough and Ryedale
Christine Hodgson - Public Governor, York
Lisa Holden - Public Governor, Scarborough and Ryedale
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Rachel Morris - Appointed Governor, Teesside University
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham
Erik Scollay - Appointed Governor, Middlesbrough Council
Kirsten Scothon - Public Governor, Durham
Cllr Angus Thompson – Appointed Governor, North Yorkshire County Council
John Venable - Public Governor, Selby
Cllr Derek Wann - Appointed Governor, City of York Council
Alan Williams - Public Governor, Redcar and Cleveland
Cllr Mike Young - Appointed Governor, Hartlepool Borough Council

Mike Brierley - Assistant Chief Executive
Dr Charlotte Carpenter - Non-Executive Director
Dr Hannah Crawford - Director of Therapies
Dr Sarah Dexter-Smith - Director for People and Culture
Jill Haley - Non-Executive Director
Prof. Pali Hungin - Non-Executive Director
Dr Kader Kale - Medical Director
Brent Kilmurray - Chief Executive
Elizabeth Moody - Deputy Chief Executive / Director of Nursing and Governance
Jules Preston - Associate Non-Executive Director
Liz Romaniak - Director of Finance, Information and Estates/Facilities
Patrick Scott - Managing Director for Durham, Tees Valley and Forensics Care Group
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group

22/46 WELCOME

The Chair welcomed all attendees to the meeting. He advised that it had been a pleasure to attend the meeting and, following a lengthy and scrutinous appointment process, had been very grateful to have been chosen as the new Chair for the Trust.

He advised that, following the death of Her Majesty the Queen and the subsequent postponement of the Council of Governors' scheduled meeting on 15th September 2022, this special meeting had been required to discuss urgent items which could not wait until the next ordinary meeting was due to be held on 17th November 2022. To ensure all agenda items from the postponed meeting would be addressed, another special meeting of the Council of Governors had been planned for 13th October 2022.

Following a request from the Lead Governor, the Council of Governors observed one minute's silence as a mark of respect to acknowledge the death of Her Majesty the Queen.

With regards to the format of future meetings he confirmed that they would continue to be held on a rotational basis, face to face and online, to be sympathetic and flexible towards Governor preferences. However, the Trust would continue to look for suitable venues where both face to face and online attendance would be possible.

22/47 MINUTES OF PREVIOUS MEETINGS

Agreed – That the public minutes of the last special meeting, held on 14th July 2022, be approved as a correct record and signed by the Chair.

22/48 DECLARATIONS OF INTEREST

There were no declarations of interest, however, Non-Executive Directors withdrew from any matters concerning their appointments.

22/49 APPOINTMENT OF MEMBERS OF THE COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE

Governors considered a report on the appointment of members of the Council of Governors' Nomination and Remuneration Committee.

Mr. Bellas advised that:

- One vacancy had existed since a Governor had retired from the Council of Governors in June 2022 and the other two vacancies would occur in September and November 2022 when existing members, Graham Robinson and Mary Booth, had their terms coming to an end.
- Jill Wardle would remain as a member of the Committee until November 2024.
- Nominations had been sought from Governors and three had been received.
- All nominees had the relevant experience to be members of the Committee and statements supporting their nomination could be found at Annex 1 to the report.
- Governors were asked to support the recommendation that Mary Booth, Paul Leake and Graham Robinson be appointed as members of the Committee.

Agreed – that the following Governors be appointed as members of the Council of Governors' Nomination and Remuneration Committee:

- ***Mary Booth (to November 2025)***
- ***Paul Leake (to September 2025)***
- ***Graham Robinson (to September 2025)***

22/50 DATE OF NEXT MEETING

The next special meeting of the Council of Governors would be held virtually on 13th October 2022, via MS Teams, at 2pm.

The next ordinary meeting of the Council of Governors would be held face to face on 17th November 2022 at 2pm. The venue was yet to be confirmed.

The Trust's Annual General and Members' Meeting 2022 would be held face to face on Friday 25th November at Mowden Park Rugby Club, The Northern Echo Arena, Neasham Road, Darlington, DL2 1DL. The time of the event was yet to be confirmed.

22/51 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 public session of the meeting closed at 10.49am

David Jennings
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)	Oct-22	Item 6a
08/03/22	22/06	Programme of Directors' visits to be worked up	DoCA&I	Nov-22	Open
08/03/22	22/09	Appointment of Governor Veterans/Armed Forces Champion (Note: No nominations received which met criteria. Further expressions of interest to be sought following Governor elections)	Co Sec	Nov-22	Open
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	-	Superseded
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	-	Closed
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	Oct-22	Item 6b
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	Oct-22	Item 6c
12/05/22	22/28	Mechanism for information sharing and feedback from Governors to be established.	DoCA&I	Nov-22	Position to be monitored
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
14/07/22	22/37	Wreath to be laid on every Remembrance Day	Chair	Nov-22	Open
14/07/22	22/39	Response required to Mrs. Wardle's questions in relation to a pilot 'drop-in' session for staff at West Park Hospital, Darlington	CE	-	Email sent to Dr E Webb and contact made with Mrs. Wardle
14/07/22	22/39	A response to Mrs. Griffiths' question, regarding information on the Trust's Safe and Wellbeing Reviews, to be circulated to Governors	DoCA&I	Oct-22	Item 6d
14/07/22	22/40	Annual Schedule of Governor meetings, training and Directors' visits to be provided to Governors	DoCA&I	Nov-22	Open
14/07/22	22/40	To re-establish quarterly locality meetings for Governors	DoCA&I	-	Meeting dates circulated to Governors by email on 31/08/22
14/07/22	22/40	Email to be sent to Governors confirming when the Involvement and Engagement Committee meetings will start again and advising of confirmed Governor Development Day	DoCA&I	-	Meeting dates circulated to Governors by email on 31/08/22
14/07/22	22/40	Provide Mr. Tuckett with suggestions on future approaches to Governor engagement, mentioned at the stakeholder event for the appointment of the new Trust Chair	D Keeping	Oct-22	Item 6e
14/07/22	22/43	Ask Governors for expressions of interest in vacancies arising on the CoG N&R Committee membership	Co Sec	-	Email sent to Governors 23/08/22 asking for expressions of interest. Appointments made at special CoG meeting held on 22/09/22.

Mental Health Support Teams for Schools (MHST)

Council of Governors update Sep 2022

Background

- **Part of the NHS Long Term Plan:**
- **MHSTs will meet the (mild-moderate) mental health and emotional well-being needs of school-age children (5-18)**
- **Teams provide evidence-based therapeutic interventions as well as supporting schools with their ‘whole school approach’ to prevention and early help**
 - Facilitate effective ‘step-up’ into CAMHS for those young people requiring specialist services
- **MHSTs started mobilising in 2019 and by 2024 around 50% of schools across County Durham and the Tees Valley will have this support in place**
- **MHSTs in County Durham and Darlington are provided by TEWV**
- **MHSTs in North Tees are provided by Alliance Psychological services**
- **MHSTs in South Tees are provided by a consortium of providers led by The Link**
 - TEWV is a key partner to Alliance and The Link, providing supervision, training and other elements of partnership working to meet the aims of the MHSTs and NHS Long Term Plan

The storey so far

The Alliance-provided teams in North Tees were part of the first wave of the national roll out and have since been evaluated by Teesside University.

Key findings include:

Over 12 months:

- **665 children and young people received direct support either through 1:1 or group intervention**
 - The majority of these children, young people and families reported improvements
- **The schools reported better links with services, including TEWV-CAMHS, facilitated via their MHST**
- **School staff, pupils and families reported improved communication and awareness within their school regarding mental health and emotional well-being**
- **Schools, families and children reported improved and easier access to the right support**

The storey so far

The TEWV-provided teams in County Durham (known as 'Piece of Mind') support 86 education settings, recent data shows:

- Average 14 day wait for assessment on new referrals
- 158 child-specific consultations provided to schools between Jan-Mar 2022
- 189 children accepted for 1:1 intervention between Jan-Mar 2022
- 752 children received support via 'whole school' approaches (e.g. assemblies, class room work, workshops) between Jan-Mar 2022

Teesside University have just been commissioned to formally review the County Durham MHSTs

Next steps

- **Additional teams are currently mobilising in Middlesbrough and Redcar. Next year additional teams start to mobilise in Durham and Stockton.**
- **Once these teams are fully mobilised (by Sep 2024) County Durham and the Tees Valley will have approximately 50% coverage. With an even distribution across the 6 local authority areas.**
- **Our senior leads work closely with commissioners, and regional and national forums as we plan for further roll out beyond 2024 and work towards 100% coverage.**
- **Work with partners across the full health, social and education system to ensure there is an offer, links and support for non-MHST schools while the roll out progresses.**

22/25 Governors Accessing Trust Information on the Staff Intranet

The intranet is for TEWV employees, and Governors unfortunately do not have access to information contained on our staff intranet. Governors who happen to be employees do have access to the staff intranet, but unfortunately Governors do not. If any Governors have an NHS email, they will receive all staff emails, which may contain links to the staff intranet – however, this information is targeted to staff with staff related information.

Governors do receive briefings and various types of information via the TEWV Membership, TEWV Governors and TEWV Enquiries email accounts, and where relevant, hyperlinks will refer Governors to information available on our external website, or resources online. As part of ongoing discussions around Governor engagement, we will explore developing and updating the Governors web pages and are happy to have discussions about the type of information Governors would like to see on those pages. This is separate to Council of Governor meetings and associated papers and information.

Ann Bridges
Director of Corporate Affairs and Involvement

PUBLIC

COUNCIL OF GOVERNORS

DATE:	13/10/22
TITLE:	Response to a Governor question raised at the 14 th July 2022, Council of Governor meeting
Response of:	Donna Keeping, Corporate Governance Manager

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>	✓

Summary:
<p>A response in relation to a question raised at the Council of Governors, at its meeting held on 14th July 2022.</p> <p>(Action 22/40 refers) - “provide Mr Tuckett with suggestions on future approaches to Governor engagement, mentioned at the stakeholder event for the appointment of the new Trust Chair”.</p> <p>Individual Governors expressed the following views on future Governor engagement:</p> <ul style="list-style-type: none"> • Promote a culture of engagement with more timely communication on pressing matters of Trust and Stakeholder business, including current news updates and developments. • Undertake an audit and refresh training requirements for the Governors. • The desire to become re-motivated and reconnected with the Board of Directors. One view expressed was a feeling of being “disenfranchised from the Board of Directors”, particularly since the Covid-19 pandemic and this was something that could be improved. • The wish to strengthen the relationship and visibility of Non-Executive Directors with the Council of Governors. This would support one of the primary roles of Governors holding the Executives to account. <p>It was noted that there would typically be a Non-Executive Director presence at all of the Council of Governor meetings.</p> <ul style="list-style-type: none"> • Encourage more scrutiny and challenge of the Executive Directors. (This is a Non-Executive function).

- That Governor engagement in the local communities is an important element of the role and support should be provided in terms of recompense for mileage undertaken, in line with Trust policy.

Recommendations:

To note the response provided to the action 22/4, raised at the 14th July 2022 Council of Governor meeting.

Board Integrated Performance Dashboard (IPD)

As 30th June 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, enabling us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide, and providing assurance to the Board through our new governance structure.

On a monthly basis the Integrated Performance Report (IPR) will provide oversight and assurance against the agreed key measures in the Integrated Performance Dashboard (IPD), which were identified by the relevant Board Sub Committees and agreed by the Board of Directors. It also includes, by exception, the key ambitions agreed with Commissioners in the Long-Term Plan (LTP) that have not been delivered.

On a quarterly basis the IPR will incorporate reports from the relevant Board Sub Committees, progress against the System Oversight Framework (the regulatory framework), and other key information issues and risks the sub committees wish to escalate to the Board.

This report updates on the first quarterly IPR for the period ending **June 2022** (Q1 2022/23)

Board Integrated Performance Dashboard Summary as at 30th June 2022

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC				91.77%	
2)	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	QAC				70.08%	
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC				59.06%	
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC				25.56%	
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC				46.86%	
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC				44.94%	
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC				21.19%	
8)	Bed Occupancy (AMH & MHSOP/Assessment & Treatment Wards)	S&RC				99.96%	
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC				1,081	
10)	The number of Serious Incidents reported on STEIS	QAC				35	
11)	The number of Service Reviews relating to incidents of moderate harm and near misses	QAC				175	
12)	The number of Restrictive Intervention Incidents	QAC				1,785	
13)	The number of Medication Errors with a severity of moderate harm and above	QAC				0	
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				0	
15)	The number of uses of the Mental Health Act	MHLC				1,064	

Rep Ref	Our People measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
16)	Percentage of staff recommending the Trust as a place to work	PC&D				55.01%	
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				58.76%	
18)	Staff Leaver Rate	PC&D				13.87%	
19)	Percentage Sickness Absence Rate (month behind)	PC&D				6.48%	
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D				86.53%	
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D				79.67%	

Rep Ref	Our Financial and activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
22)	Number of new unique patients referred	S&RC				24,916	
23)	Unique Caseload (snapshot)	S&RC				61,089	

Rep Ref	Our Financial and activity measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - Surplus/Deficit	S&RC	1,303,000	1,296,930
26)	Use of Resources Rating - overall score	S&RC	3	3
27)	CRES Performance - Recurrent	S&RC	1,635,075	1,208,577
28)	CRES Performance - Non-Recurrent	S&RC	347,925	361,173
29)	Capital Expenditure (CDEL)	S&RC	2,424,000	1,230,000
30)	Cash against plan	S&RC	75,786,000	80,206,770

Please Note:

Outstanding measure 25) Underlying Performance - run rate movement – Associate Director of Performance and Deputy Director of Finance to propose the Agency Spending metric within the 2022/23 Oversight Framework as an alternative measure to the September Executive Resources & Strategy Group to seek approval in August and then for Board approval in September 2022.

Alert (by exception) the following key areas of concern

Our Quality

- We are not making measurable improvement in the patient or clinician reported **outcome** measures.
For the 3 months ending June, **709** children & young people were discharged with a patient rated paired outcome score; **176 (24.82%)** made a measurable improvement. Over the same period **774** were discharged with a clinician rated paired outcome score; **345 (44.57%)** made a measurable improvement.
For the 3 months ending June, **1939** patients within our Adults and Older Persons Services were discharged with a patient rated paired outcome score; **907 (46.78%)** made a measurable improvement. Over the same period **3225** were discharged with a clinician rated paired outcome score; **657 (20.37%)** made a measurable improvement.
- Pressures on our inpatient services are continuing; during June we reported an **over-occupancy** of **101.51%** and over the three months ending June, **1081** days were spent by patients in **beds external to the Trust**.

Our People

- Our overall position for **Mandatory and Statutory Training** and **Staff Appraisal** has been static over the last 4 months; **1268 (20.33%)** members of staff (out of **6236**) do not have an up to date appraisal, and out of the **112,922** training courses due to be completed by the end of April, only **97,709 (86.53%)** were.

Our Activity & Finance

- We are continuing to demonstrate significantly high **caseloads**; **61,089** cases were open as at the end of June, including those waiting to be seen.
- Our **Financial plan** continues to be a concern with elevated expenditure run rates throughout quarter one in relation to inpatient pay and agency costs (including significant and largely unfunded costs for individual complex packages of care), independent sector placement utilisation (linked to high bed occupancy and driven by longer lengths of stay) and higher than planned costs for prescribing.

Assurance on the following areas

- Whilst the number of **restrictive intervention incidents** is indicating special cause concern, we feel we have good assurance about the range of actions and pieces of work being undertaken in relation to this.
- We can evidence learning lessons in relation to the **number of unexpected inpatient unnatural deaths**.
- The IPR now includes benchmarking, where available, which is helping us to better understand our position, particularly compared to other organisations.
- We are starting to see the benefit of a new Quality Huddle which involves the Trust subject experts coming together.

Our Quality

Outcome measures

Pre-pandemic we had a strategic process for reviewing clinical outcome compliance where a significant amount of time and effort was dedicated at all levels, from the clinical staff completing the measures to the Executive Leadership Team. The period covered in our report is important as it relates to the pandemic, at which point most services were operationalising business continuity plans and running skeleton services.

We know that one of the biggest impacts on our ability to demonstrate change is the process for collecting the measures at key points in the patient journey (as early as possible from referral to as close as possible to discharge). Analysis has identified that data pre-pandemic showed a significantly higher rate of "timely" data than that post pandemic. This means that a significant proportion of the outcome measurement data that captures two time points (a baseline and a follow-up) are not collected timely to referral and discharge and this position has declined significantly. When data is not timely, we are only able to measure a random portion of the patient journey and cannot capture the full extent of the impact of care. Untimely outcomes mean that the proportion of meaningful change that can be measured is significantly impacted and not a true reflection of the efficacy of care.

We are now progressing the inclusion of contextual measures within our reports to enable this to be monitored in the Care Boards and the Trust Outcomes Group.

Inpatient Pressures

On the 21st June, we reopened a further 2 Adult Mental Health beds on Danby Ward in North Yorkshire. However, occupancy remains a concern.

In June when we combined the occupied bed days in our Trust beds, the independent sector beds that we have purchased at the Priory and our Out of Area Placements we were running at 104% occupancy. This is impacting on the quality of services we are providing, particularly in terms of patient experience, and the impact of the OAP position on our financial plan.

A number of processes have been established within the Care Groups to reduce admissions and lengths of stay and these are progressing. Work has also been led by the Medical Director, with the Care Boards and Trust Bed Management Group, to identify a number of possible future initiatives for discussion/approval with the Executive Team.

Our People

Appraisals & Mandatory & Statutory training

Historically we have focussed on training and appraisals within our clinical services and there are ongoing actions within the Care Groups, with support being given by our People Partners. We have also now undertaken individual 1-1 meetings with Corporate Executive Directors/Deputies to share their data and to explain how they can access this, which we expect will improve their positions in the coming months.

We have asked all Executive Directors to provide a trajectory of when they will achieve 85% performance.

Our Activity & Finance

Unique Caseload

Although the initial deep dive work has been completed by the Care Groups, we do not have clear actions to improve the position.

Detailed analysis has been undertaken on the measure and shared with the Care Groups; this will be shared at the Care Boards in August and actions will be agreed.

We will also review the measure and explore the potential correlation with staffing information to help inform possible next steps.

Financial Plan: SOCI - Final Accounts - Surplus/Deficit

Several actions have been identified across the Care Boards, Executive leads, Executive People and Culture Group, Bed Oversight Group and following discussion at the July Executive Risk Group and as communicated at the July Executive Strategy & Resources Group. A deep dive on the financial forecast is being scheduled for the end of September Executive Directors' Group. There is residual uncertainty in relation to the impact on the 2022/23 position of recent Pay Review Body announcements, including any funding shortfall.

System Oversight Framework

This is the final assessment under the current framework as a new framework is to be implemented from the 1st July 2022. We remain in segment 3.

There are 30 Mental Health Long Term Plan ambitions and supporting measures monitored as part of the 2021/22 Framework; 4 are monitored at Trust level. Of those, the 2 measures for **Inappropriate adult acute mental health placement out-of-area placement bed days** were not achieved. These will continue to be monitored within the 2022/23 NHS Oversight Framework.

The remaining 26 are monitored at CCG level. Out of a total 64 CCG standards, we have achieved 35 (54.69%); several measures relating to IAPT, Perinatal, CYP Eating Disorders and Individual Placement Support services were not delivered in the quarter. Key issues and actions have been identified by each of the Care Groups and are being monitored by the Executive Directors Meeting.

Alerts highlighted to the Board

- **Levels of agency expenditure** continue to be a concern, with elevated agency utilisation compared to 2021/22 levels and including off-framework agency assignments as well as backfill for sickness and vacancies. Pre-Covid arrangements to scrutinise and reduce agency costs are being reintroduced nationally. High inpatient bed occupancy exacerbates the impact on temporary staffing requirements.
- **Financial Performance** has not improved during quarter 1. Plans for 2022/23 assume nil independent sector placement costs and the management of agency costs; however costs for independent sector beds, agency/pay run rates and prescribing costs all increased during quarter 1 (the Executive Strategy and Resources Group considered deep dives into all 3 areas in July 2022 to inform related action planning). In the context of these pressures, stepped Cash Releasing Efficiency Savings plans to deliver around £0.5m per month additional cost reductions from July 2022 present a significant delivery challenge and focus for Trust-wide attention.
- Levels of **self-harm** continue to be a cause for concern. Care Groups have been reviewing their own data for trends and mitigation of risks with reviews taking place at Foss Park and within Secure Inpatient Services. Additionally, the executive medical and nurse director have reviewed levels of self-harm at individual patient level and are establishing a harm minimisation panel to provide external support and oversight of these complex cases. The highest levels of reported self-harm have occurred within Secure Inpatient Services and Learning Disabilities and it is anticipated that the Hopes model will provide some input and support to approaches for these individuals.
- **Ongoing Regulatory oversight and concerns.** Inspection reports are awaited for factual accuracy checking for Secure Inpatient Services, CAMHS Community and Learning Disability Services. A more detailed update is provided within the Board CQC assurance report

Assurance highlighted to the Board

- We have achieved the Quarter 1 **Commissioning for Quality & Innovation (CQUIN)** threshold for 3 (out of the 5) priorities applicable in the quarter:
 - Routine outcome monitoring for Community MH Services
 - Use of anxiety disorder specific measures in IAPT
 - Biopsychosocial assessment by MH ServicesActions are in place to improve the two that were not achieved.
- In respect of **Equality Diversity & Inclusion** key assurances include:
 - BAME staff are no more likely to enter disciplinarys than white staff and staff with disabilities are no more likely to enter the Trust's formal capability processes than non-disabled staff; this remains a positive continuation from previous year's data.
 - The percentage of staff from a BAME background, those declaring having a disability and LGB staff has increased this year. BAME staff 5.1% compared to 4.7% last year, staff with disabilities 6.6% compared to 5.9% last year, LGB staff 3.9% compared to 3.3% last year.
 - The staff networks continue to grow and members report feeling that these are a positive way to engage with the organisation. An Armed Forces network has been established, which means we have 5 active staff networks