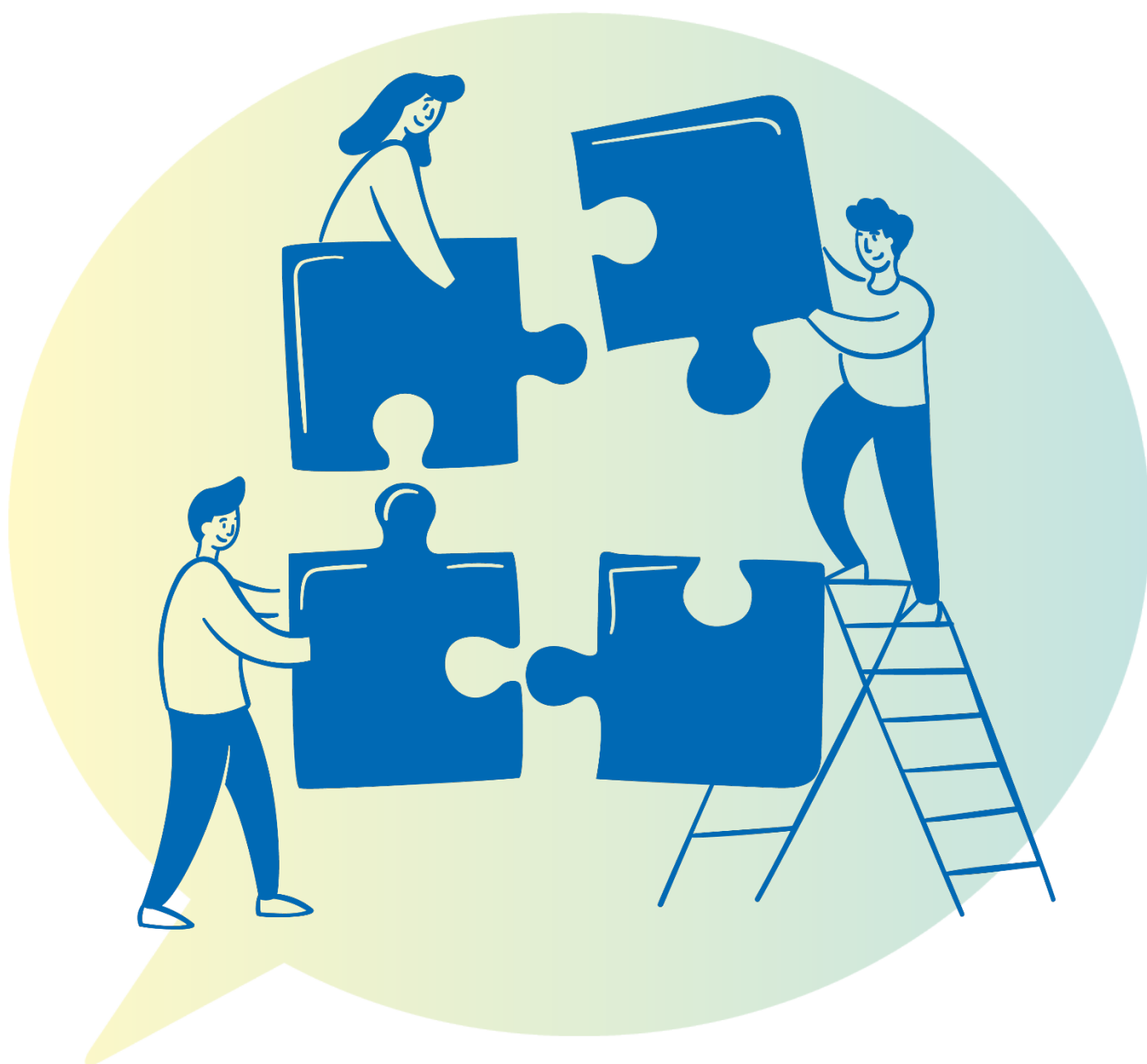


Quality Account 2024/25



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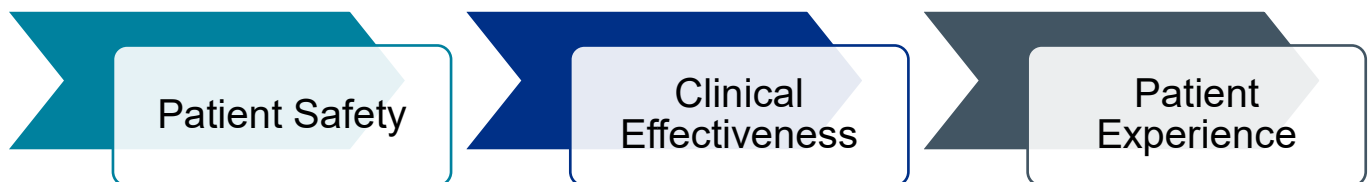
Part One: Introduction and context

1.1 Welcome to the Quality Account and its Purpose

A Quality Account is an annual report describing the quality of services provided by an NHS healthcare organisation. Quality accounts aim to increase public accountability and drive quality improvements in the NHS. All NHS healthcare providers are required to produce an annual Quality Account to provide information on the quality of services they deliver.

This report aims to give a true and fair representation of the quality of our services, including information that is meaningful, relevant and understandable. We hope that the information is useful and demonstrates our commitment and intention to provide high quality and safe services, which is the Trust's highest priority and at the heart of everything we do.

Like all NHS healthcare providers, we focus on three different aspects or domains of quality, patient safety, clinical effectiveness and patient experience.



The structure of this Quality Account is in line with guidance published by the Department of Health and NHS England, and contains the following information:

- Part 1: Introduction and context
- Part 2: Information on how we have improved in the areas of quality we identified as important for 2024/25, our priorities for improvement in 2025/26 and the required statements of assurance from the Board
- Part 3: Further information on how we have performed in 2024/25 against our key quality metrics and national targets and the national quality agenda

We would value your feedback on this document so that we can improve next year's Quality Account. If you have any comments or would like more information, please contact us using the details below:

By email: tewv.communications@nhs.net

By telephone: 0300 200 0010

1.2 Chief executive's statement on quality

Everything we do is about people, and we are committed to providing safe and kind care for the communities we serve.

Reflecting on the last year, we've seen so many examples of positive change, driven by our colleagues, working alongside our partners and involving our patients and carers. These changes have had a real and meaningful impact on the quality and the safety of the care we provide.

You can read more about this throughout this report. However, some of the highlights include the work we've done in our inpatient services, such as culture of care, and work to further reduce restrictive interventions. In the last 12 months we've switched our crisis service over to NHS 111 (select the mental health option) and worked with partners to introduce Right Care, Right Person, which aims to give people in our communities the most appropriate support to meet their needs when in a crisis.

There also continues to be a huge amount of work to support people in our communities. Earlier this year, Hartlepool was mentioned as an example of best practice at a Parliamentary Health Select Committee on community mental health transformation. We're incredibly proud of this partnership work and the positive impact it has had - and there are many other examples of this across our trust.

In February, the Care Quality Commission (CQC) published its report into our mental health crisis services and health-based places of safety. We were rated 'good' which means we retained our previous rating and that the service is performing well and meeting the CQC's expectations.

This was another important step in Our Journey to Change. It demonstrated our continuous improvement and the positive impact that this has had on people's experience of our trust. This service supports some of our most vulnerable patients, so maintaining our 'good' rating is incredibly important.

Looking ahead, there continues to be change across the health and social care sector. And we expect more change. Last year saw the publication of the Darzi Report, and we await the publication of the 10-year plan for the NHS. What we do know is that there will be three key areas of focus - hospital to community care, analogue to digital and from treating sickness to preventing it.

The work we've done during 2024-25 fundamentally supports these shifts. Importantly they are also a key focus of our own future plans, and the next stage of Our Journey to Change. This will ensure that we continue to improve the services we provide – with an unwavering commitment to safe and kind care.

Underpinning all of this, is the hard work and dedication of our colleagues, our partners, and the patients and families that we work with to co-create these continued improvements. Thank you to everyone involved.



Beverley Murphy
Acting Interim Chief Executive

1.3 About our Trust and the services we provide

We are the Mental Health, Learning Disability and Autism NHS Foundation Trust for County Durham and Darlington, Teesside, North Yorkshire, York and Selby.

From education and prevention, to crisis and specialist care - our talented and compassionate teams work in partnership with our patients, communities and partners to help the people of our region feel safe, understood, believed in and cared for.

TEWV was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust. In 2008 our Trust became the first mental health Foundation Trust in the North and since then, it has expanded both geographically and in the number and type of services provided. Our Trust now has around 8,100 staff, who work out of more than 90 sites, and an annual income of over £500 million.

We operate across two care group boards – one covering Durham, Tees Valley and Forensic services and one for North Yorkshire, York and Selby.

Across our care group boards, we deliver care under six clinical directorates:

- Adult mental health services
- Mental health services for older people
- Children and young people's mental health services
- Learning disabilities
- Health and justice
- Secure inpatient services

As a Foundation Trust we are accountable to local people through our Council of Governors and are regulated by NHS England and the Care Quality Commission



Figure 1: Map of the Trust footprint

1.4 Our Journey to Change

In August 2020 we launched **Our Big Conversation** - the biggest listening exercise in the history of our Trust. Over 2,100 people shared 35,800 ideas, comments, and votes, exploring what could be possible if we got everything right and what we must do to achieve this. From the rich conversations and feedback we received from Our Big Conversation, we developed big ideas for change and a new strategic direction called Our Journey to Change.



It sets out why we do what we do, the kind of organisation we want to be and how we will get there by delivering our three goals and living our new values of respect, compassion, and responsibility all the time.

The big goals we have committed to deliver over the next five years are:

- to co-create a great experience for patients, carers, and their families
- to co-create a great experience for our colleagues
- to be a great partner

Our Journey to Change is at the forefront of everything we do.

There has been a huge amount of work since the launch of Our Journey to Change - we're a very different organisation. We continue to make significant progress, with a focus on providing safe and kind care and improving people's experience of our Trust. This was acknowledged in our latest Care Quality Commission (CQC) well led report.

Since the launch of Our Journey to Change 2021, we've seen the positive impact that it's had on people's experience of our Trust. Whilst we know there is more work to do, we are continuing to build on our progress and make further improvements to make sure the communities we serve get the mental health and learning disability services they need and deserve.

Our Journey to Change: The Next Chapter

In July 2024, we once again held Our Big Conversation where we asked four key questions based on:

- Our journey so far
 - **What are the things we've done well over the last few years to improve the experience we provide to people in our care, families and carers, our colleagues and our partners?**
- Improving the experience of people in our care and their families and carers
 - **What big things should we start, stop or change to deliver an exceptional experience to people in our care, their families and carers?**
- Improving the experience of our colleagues
 - **What big things should we start, stop or change to deliver an exceptional experience to our colleagues?**
- Improving the experience of our partners
 - **What big things should we start, stop or change to be a great partner?**

Our Big Conversation 2024 closed on Friday 9th August 2024 and aimed to strengthen existing intelligence about the impact work has had since the Trust's strategic framework was approved back in January 2021.

990 people took part in this, including 752 Trust staff, 143 people with lived experience (service users / ex-service users and family members), and 95 people in partner organisations. The Board also held a strategy focussed board workshop on 14 September 2024 which considered the feedback from the Big Conversation and changes in our strategic and operational environment such as the Darzi Report (see part 3.3 of this Quality Account document for further information).

Since that September 2024 workshop, an iterative process to develop a revised set of words for Our Journey to Change has taken place. This has included a further Board workshop discussion, reports to the Council of Governors, continued engagement with the lived experience reference group, discussions with the Trust's leadership and management network members and a 'check and challenge' internal and external stakeholder survey.

This process produced *Our Journey to Change: The Next Chapter*.

The main differences between the Board's **next chapter** and the 2021 Our Journey to Change are:

- Much shorter, more memorable vision statement which does not duplicate other parts of OJTC.
- Goal 1 now has a broader quality focus, partly due to lived experience reference group feedback that the outcomes of treatment need to be good as well as the experience of being treated by our Trust, and that they expect our staff to be knowledgeable and competent as well as working in line with our values and offering good "customer service".
- In Goal 2, the main change is the inclusion of the objective, "Feel safe to challenge, innovate and celebrate". This reflects both the national agenda (e.g. freedom to speak up) but also a view that after several years of progress it is important to celebrate excellent practice to both support staff morale, aid recruitment, and support share and spread of successes.
- Goal 3's revised objectives recognise the increased national emphasis on neighbourhood-level integration and on reducing health inequalities compared to 2021. We also recognise our role as a major employer or "anchor institution".
- The behaviours attached to the responsibility value place more emphasis on staff doing their duties well and recognise the need for staff to be productive and support innovation and change. The emphasis on openness, accountability and reliability was particularly important to the lived experience reference group (as is the importance of not just listening but acting on what is heard in the compassion value), while productivity is now a national NHS priority.

Delivery and implementation of the Trust's strategy will continue to be via the implementation of Care Group and corporate plans, including transformation programmes.

1.5 Co-creation



We are embracing patient and carer experience and using their insights to continually improve, working in close partnership with patients, families and carers to provide the best possible experience and outcomes.

We also work together with our partners and regulators to ensure we understand what good looks like, so we bring meaningful change to the care we provide. We refer to this partnership-style of working as co-creation. It is at the heart of Our Journey to Change and is fundamental to how we improve the care we provide to the communities we serve.

We want co-creation to run through everything we do, so that it becomes the normal way of doing things.

Including:

- Care plans written in partnership, where patients and families have choice about their care and make shared decisions with their clinician.
- A thriving and diverse involvement community that supports co-creation across all areas of our Trust, such as policy, research, recruitment, and quality improvement.
- A growing and diverse peer workforce across all services, underpinned by peer values and driven by peer leadership.
- Innovative and diverse methods to really hear the experience of all patients and families and understand the relationship between patient experience, complaints and serious incidents.
- Lived experience leadership roles supporting transformation and culture change. By lived experience we mean people who have experience of mental illness as a patient or carer and who are using their experiences and insights to help others.

We have made sustained progress in this area and we have two Lived Experience Directors who joined the organisation in 2022. Throughout 2024/25 they have established themselves across both of our Care Boards, offering a lived experience lens, insight and challenge across strategic decision making in our trust. We are now the first Trust in the country to have a strategic lived experience leadership team, including four strategic lived experience roles working across peer support, co-creation and our two Lived Experience Directors.

The strategic lived experience leadership team have broadened the lived experience input across the organisation, by establishing two Co-creation Boards that work closely with our Care Boards and are shaping how we deliver services - putting patient and carer voice at its heart. As well as leading on big transformational pieces of work across the Trust, including the transition from the Care Programme Approach to Personalised Care Planning, Culture of Care Programme and Patient Safety Partner development, in line with our updated Patient Safety Incident Response Framework (PSIRF).

This year, we have also launched our Co-creation Framework, which has been co-developed over several months with the aim of giving clear definitions, co-creation values and types of co-creation that we can use across the Trust and with our partners.

We also employ Peer Support Workers, who have lived experience of mental illness either themselves or as a carer and these roles are continuing to grow. The quality of our peer work implementation has been recognised as a national example of positive practice. The service has demonstrated that it has the experience and expertise to implement into new service areas across the Trust.

Examples of co-creation and lived experience in action:

- The launch of our Co-creation Framework and next steps.
- The co-creation and co-delivery of training to staff and students by patients at Ridgeway.
- Co-designing and developing our approach to patient safety partners under the Patient Safety Incident Response Framework.
- Launching our staff Lived Experience Network.
- A number of co-creation groups have been established and are working with staff on major transformation projects across the Trust, including Community Transformation in Adult Mental Health Services and the Personalised Care Planning approach.
- Service users and carers have joined our Patient-led Assessments of the Care Environment (PLACE) inspections of our wards to offer a lived experience perspective of the wards.
- Service users and carers are involved in the recruitment of staff across the Trust from Board level to community-based teams.

1.6 Patient stories



Anem

A 19-year-old with a passion for advocating children's mental health is committed to using her own lived experience to make "a real difference" to the lives of others. Anem Sharif, an involvement member with the Trust, is determined to play her part in shaping the future of mental health care across the North East.

"I'm confident in my ability to stand up for what's important, ensuring that children's voices are heard, and their mental health is treated as a priority,"

"My goal is to build a career in a child mental health setting, where I can actively contribute to improving services and creating a more supportive environment for young people."

"I aim to inspire young people to overcome challenges, embrace their strengths, and navigate life with resilience and hope."

Anem, from Middlesbrough, first became involved with Child and Adolescent Mental Health Services (CAMHS) at the age of 15. At the time she was used to bottling up her feelings but, after working with "an amazing psychologist", she learned that talking and writing about your feelings really helped.

"My biggest challenge I faced was accepting how I felt – mainly because I was always made to seem like I was dramatic or overthinking," said Anem.

"But the dialectic behaviour therapy (DBT) programme I took part in really helped me to process how I felt – and understand how I felt was valid and totally acceptable."

"As a young person, I know this skill made me more confident within myself, as well as being able to provide reassurance to others when facing difficult times."

"I would definitely encourage other young people to participate in DBT, as it can help shape life in a positive and rewarding way, as well as impacting life in a hopeful way."

Anem's experience with CAMHS has given her great insight into the importance of building resilience – and the need to get back up when you have fallen down.

She said: *"A relapse does not have to mean the end of the journey – when there's someone in recovery there is bound to be urges which may end up leading to a relapse."*

"However, just because there was a relapse doesn't mean it is a reason to give up on yourself and how far you have come. Try and try till you reach your full potential and recover."

"Acknowledge your progress, acknowledge what is going right and acknowledge your strengths."

Anem has collected many hints and tips on her own mental health journey as to how young people can help support each other, which she is keen to share – including:

- Validate each other's feelings
- Be by each other's sides during the difficult times as well as the easier times
- Accept how someone is feeling, even if you cannot understand why that is. By doing so you are encouraging others to process feelings as well as experience emotions and learn how to face them without the fear of judgment.
- Understand that your feelings are valid – but that so are the feelings of others, even if the overall opinion on the topic is different.

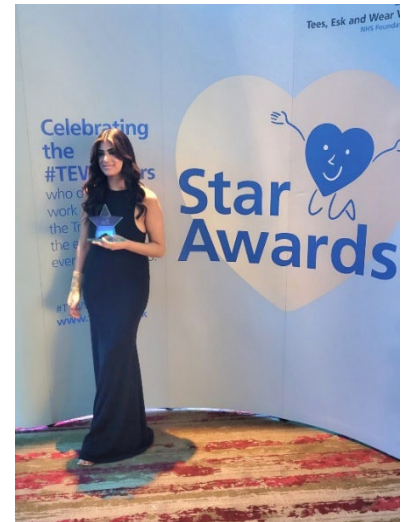
Anem said: “My goal is to heal young people. I acknowledge it is never easy, but being in that patient setting and having that lived experience I feel makes me stronger for the role.

“I want to empower and guide young people to realise their full potential and view life through a positive lens.”

“By offering support, encouragement, and practical tools for personal growth, I want to help create a generation that not only believes in their worth but also uses that belief to create meaningful, impactful lives.”

“Ultimately, my goal is to be a source of light, helping young people transform their mindset and approach to the world, paving the way for them to succeed and thrive.”

Anem won the Involvement Member of the Year award at our Star Awards last year, for her work with CAMHS to develop a Dialectical Behavioural Therapy Group for young people.



Niki

An inspirational Redcar mum who felt “on the scrap heap” after struggling with her mental health is now looking forward to a brighter future – thanks to the support of Trust staff.

Niki Wass was in “a dark place filled with pain” when she was admitted to Roseberry Park Hospital in Middlesbrough in 2022, after attempting to take her own life.

“I was convinced my family would be better off without me,” she recalls. “But somehow, I survived, and being in hospital gave me the pause in life I needed to reflect on things.”

Niki, 45, suffered from bouts of depression as an adult, but managed to balance running her own care business with her role as a mum-of-three – until a difficult breakup in 2019.

Just a year later she was diagnosed with fibromyalgia and IBS and, as she grappled with family issues, so her anxiety and depression grew progressively worse.

Eventually, she had to step back from her business and was signed off work. Then, COVID-19 hit. As the lockdowns began, so Niki’s mental and physical health spiralled downwards.

“I felt worthless, lost all my self-respect, felt lost without a job to be proud of and was in a lot of physical pain too,” she said. “It was a very dark time in my life.”

“My admission to hospital brought the support I needed. But, as time went on, I realised that getting up and doing something would be the key to my recovery – I wanted to help others.”

Just three months after her discharge, Niki was back on the wards of Roseberry Park – this time as a volunteer. Her dream of helping others was starting to come true.

Then, when the Trust's Involvement and Engagement (I&E) Team reached out to volunteer services for some administrative support, Niki offered to help – a move which "changed her life".

"Volunteering with the involvement staff gave me a lot of confidence and helped me regain my self-worth," she said. "I realised I still had something to offer within the workplace."

After several months of volunteering, involvement staff – including Dawn Teeley and Jess Wilkinson, Niki was encouraged to study for specialist administrative courses and apply for paid jobs.

Within weeks she was offered two posts, and now works as an Outreach Support Co-ordinator with a mental health team – helping others as she has always hoped to do.

"I firmly believe the support I received from the involvement team and volunteer service has been essential to my recovery, and that it's the reason I now have my dream job," she said.

Ann Bridges, Executive Director of Corporate Affairs and Involvement at the Trust, said: *"Niki's inspiring story shows the power of co-creation in supporting the wellbeing of people. By working together with staff, partners and patients, we can really help make a difference to people's lives as part of their recovery, giving them the confidence to take that next step."*

1.7 Our CQC ratings

The CQC's current ratings for our Trust overall and for each key domain is as follows:

Safe: Requires Improvement

Effective: Good

Caring: Good

Responsive: Requires Improvement

Well-led: Requires Improvement

Overall, our current CQC rating is **Requires Improvement**

Further information is provided within section 2.13: What the Care Quality Commission (CQC) says about us.



Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Requires improvement
Well-led?	Requires improvement

1.8 What we have achieved in 2024/25

We're making progress on our goals and working together to co-create a great experience for patients, carers and families, for colleagues and to be a great partner.

How we're co-creating a great experience for patients, carers and families

- CQC rated our Mental Health Crisis Services, Health Based Places of Safety and Liaison Services as good following an inspection in June 2024.
- NICHE undertook a Phase 2 Assurance Review of Practice and Governance which focused on patient safety incidents, complaints and safeguarding events. NICHE found that our CAMHS services had implemented and sustained the recommended improvements in practice.
- Hospitality Assured rated the Trust as 'world class' hospitality – the highest standard of customer service quality standard accreditation that can be achieved.
- Teesside Crisis Assessment Suite (CAS) is shortlisted in the Seni Lewis Award category of the Health Service Journal (HSJ) Patient Safety Awards.
- Services have implemented the national OPEL (Operational Pressures Escalation Levels) Framework, which has improved bed occupancy, sustainability of reduced out of area placements and internal governance of patient flow.
- Implemented NHS 111 (select mental health option 2) service, which has improved response times for people needing to access services.
- Introduced York and North Yorkshire Mental Health Treatment Requirement (MHTR) Team to support people sentenced to a community order and who have a mental health need.
- Implemented the Durham Community Reorganisation Plan for MHSOP (mental health services for older people) with significant benefits such as reduced waiting times and enhanced the quality of care.
- Actively engaged with the Culture of Care Programme, backed by NHS England, to help improve the experience of those in our care.
- Delivered trust-wide workshops with clinical and operational colleagues to explore moving from a risk-based culture to one that focuses on therapeutic benefits and outcomes - implementing the GIRFT (Getting it Right First Time) principles across our services.
- Worked with the family of a patient who sadly died in our care to create the Chris's Voice Campaign, which aims to help improve involvement of patients and families in our care delivery.
- The Personalised Care Planning Policy has been developed, ratified and is moving into implementation.
- 600 patients have been supported with their paid employment aspirations and achieved 300 paid employment outcomes.
- 849 concerns have been managed locally at ward or team level (local issue resolution). Complaints were managed as an early resolution complaint (385 in total) and 116 were managed as a formal complaint, ensuring concerns are addressed promptly.
- Increased the number of complaints responded to within our originally agreed timeframes by 15%.
- Secure Inpatient Services held an equality inclusion event at Ridgeway with awareness sessions and the launch of AQA (Assessment and Qualifications Alliance) training for patients to gain a qualification in EDI (equality, diversity and inclusion) and race.
- Launched a dedicated CAMHS (child and adolescent mental health services) web section on our trust website – this was co-created by children and young people, their parents and carers, and staff, and is a fantastic resource for everyone.
- 420 patients participated in research approved by a Research Ethics Committee across 29 NIHR (National Institute for Health Research) portfolio research studies (patients receiving relevant health service provided or sub-contracted by our Trust in 2024/2025 that were recruited during that period).

- Successfully contributed to several successful NIHR applications, including a £1.8m NIHR Work and Health Programme Award.
- Promoted PRES (Patient Research Experience Survey) and helped secure hundreds of new sign-ups to Join Dementia Research.
- The Trust were joint fourth place nationally for the number of recruiting 'interventional' mental health research studies.
- The peer workforce increased by 24% meaning more people with lived experience of mental health difficulties are using their experiences and specialist training to support patients, carers and families.
- Launched a 360-degree virtual tour of the Dalesway Unit, Roseberry Park Hospital, to relieve anxiety for first time visitors to the service.
- Significantly reduced our use of IS (independent sector) beds.
- Wellbeing in Mind (North Yorkshire school support service) now supports 64 schools within Hambleton and Richmond, Selby, Scarborough and Ryedale, and Harrogate and York.
- A new six-week course co-designed by veterans for veterans was launched by the ARCH Recovery College.
- Delivered c£2m life cycle expenditure to improve and maintain the Trust's property portfolio to a high standard, aligned with CQC Quality Standards.
- There have been improvements and new facilities at Lanchester Road Hospital, Roseberry Park Hospital and Worsley Court.
- Refurbishment works have started at the One Life Centre in Hartlepool (to be completed by June 2025), providing a much-improved environment for those accessing our services currently at Stewart House.
- Works have started on Jesmond House to provide a multi-speciality hub for the teams in Harrogate and an increased capacity for clinical appointments.
- The agreement for lease has been signed for the new Combined Care Centre at Catterick, providing purpose designed accommodation for community teams, currently based in Colburn, with an increased capacity for clinic appointments.
- A new, co-produced three year positive and safe strategy has been launched which will impact on reducing restrictive interventions.
- Successful bids against national sustainability funds have been achieved for LED lighting, solar panels, and BMS (building management systems).
- Awarded new solar panel funding, saving of £157,000 a year which is supporting investment into patient care.

How we're co-creating a great experience for colleagues

- Achieved the Better Health at Work Award Gold status and are now working towards 'continuing excellence' in 2025.
- A Leadership and Management Academy has been rolled out across the trust to strengthen the skills of current and future leaders and empower colleagues to be the best they can be.
- Over 550 colleagues have been helped by the Reasonable Adjustments Team and have reclaimed £65,452.32 from Access to Work.
- There were 492 nominations received for our annual staff awards (Star Awards), celebrating colleagues who do amazing work and go the extra mile.
- Launched our new staff lived experience network and established co-creation groups to work with staff on major transformation projects across the trust.
- Employed a peer lead for Culture of Care in inpatient services to provide leadership to inpatient peer support workers and support the trust's drive to implement Culture of Care standards.

- Co-created a Co-creation Policy, which includes a clear and robust processes. We have also established 27 Co-creation Champions trained and inducted so far with expansion planned.
- Confirmed funding to establish Peer Worker roles across DTVF (Durham Tees Valley Forensic) Crisis Teams.
- Increased volunteers by 17% (moving from 237 in 2023 to 277 in 2024).
- 59 people attended the Step Towards Employment Programme in 2024, with an average rating for usefulness of the course of 4.6 (out of 5).
- There have been measurable improvements in January 2025 from the NQPS (National Quarterly Pulse Survey), which helps us understand employee experience and support decision making and actions for improvement.
- A full review of mandatory and statutory training has been undertaken aligned to national priorities.
- Personalised care planning training has been implemented and is a mandatory in-person training model with top-ups every three years. We have also recruited to three involvement members to support communication, training, and policy implementation.
- Five positive and safe care trainers have successfully completed a moving and handling train the trainer course to increase the team capacity – work is ongoing to increase the number of trainers who can also train colleagues in Resuscitation.
- Improved clinical supervision recording continues following embedding of the TEWVision system.
- In-person events have resumed for our trust's welcome inductions, delivering two per month.
- Demonstrated a reduction in vacancies, which has had a positive impact on care delivery.
- Reduced use of agency staff within inpatient and community services from 32% (April 2024) to 10% (March 2025).
- Introduced a three-week Ridgeway Welcome Programme at Roseberry Park Hospital for all new Ridgeway staff and increased the staff retention rate to 88%.
- Outsourcing timeframes have reduced to ensure that shifts remain with the bank giving bank workers increased opportunities to fill shifts. Successfully recruited to the bank, via recruitment campaigns, which increased the bank fill rate from 48% to 72%.
- Pre-employment checks moved back in-house (from NHS Business Services Authority) and improved completion time from an average of 59 days to 24 days.
- There has been an extensive review of our Managing Concerns Procedure in collaboration with Staffside (union representatives), further embedding our Just and Learning Culture.
- The first TEWV 10K run took place at York Racecourse in April 2024 with another planned for 2025.
- The first TEWV 5K run took place in and around HMP Kirklevington Grange in March 2025.
- The staff-led Health and Wellbeing Council received 91 bids for charitable funding and approved 42 of them, with services and teams awarded £99,000 for local initiatives.
- Increased health and wellbeing champions from 304 to 349 (+14.8%).
- Launched sexual safety in the workplace toolkit and domestic abuse toolkit to guide managers and colleagues.
- A new Medical Strategy has been developed, following stakeholder involvement, as part of Our Journey to Change, which focused on training the future generation, optimising recruitment of medical staff, being an attractive place to work and having a strong engaged workforce.
- There has also been a new TEWV Charter for the Medical Workforce to ensure high standards of support and professional development for colleagues.
- A Medical Directorate Equality Group has been established to consider issues affecting the experiences of medical students and doctors within our trust including gender, race, LGBTQ+, disability and religious practice and expression.
- The Faculty of Medical Education hosted its annual, internal educational audit visit to enhance quality monitoring and assurance for all postgraduate and undergraduate activity within the trust.

- Team and service-level Workforce Plans have been developed to support services to plan for the future workforce that they need, with support put in place for leadership teams including online training modules, guidance and templates and a Community of Practice (a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfil both individual and group goals).
- Introduced recruitment for 16 and 17-year-olds through apprenticeships, T-levels, volunteering and work experience placements across a variety of roles and specialties.
- Received 50 requests for work experience placements and sourced placements for 36 (73% success rate).
- 184 staff started an apprenticeship and 130 staff completed an apprenticeship.
- Gained a new contract for Liaison and Diversion Services for Durham and Cleveland Police Force areas.
- Gained CQC Registration and established the mental health services for the new HMP Millsike.
- The Lived Experience Manager for Learning Disability and Neurodiversity has been honoured with the Outstanding Contribution to Positive Behaviour Support Award by the British Institute of Learning Disabilities (BILD).
- The Trust has won a total of five awards and several highly commended accolades at the National Positive Practice in Mental Health Awards (PPiMH) 2024.
- Nurses, Sue Sargeant and Claire Donnelly, were awarded Learning Disability Nurses of the Year at British Journal of Nursing (BJN) Awards in London following national recognition for their work to stop the over medication of people (STOMP) with a learning disability, autism or both.
- Dr Jennifer Gilligan won Specialty Doctor / Associate Specialist of the Year at the Royal College of Psychiatry (RCPsych) Awards.
- The Volunteer Service Co-ordinator, Kelly Conway, and her therapy dog Ruby, won the animal award at the BBC Make a Difference Awards.
- The NEPACS (North East Prison and Criminal Justice Network) award was won by a member of our SOTT (secure outreach transitions team) and a certificate of excellence was awarded to another STOTT colleague.
- The Health and Justice Mental Health Treatment and Review Team were recognised with a certificate of excellence at NEPACS. The Ruth Cranfield Awards also celebrated exceptional work for rehabilitating prisoners into society and helping cut the risk of re-offending.

How we're working with our partners

- Systemwide, Peer Support Worker Networks have been established in County Durham and York in collaboration with local VCSE (voluntary, community and social enterprise).
- The Co-creation Framework, which has been co-developed over several years has been launched and aims to give clear definitions, co-creation values and types of co-creation that we can use across the trust and with our partners.
- The Trust joined the Yorkshire and Humber Perinatal Mental Health Provider Collaborative, working with seven other providers in Yorkshire and Humber to improve perinatal mental health care.
- The Distress Brief Intervention (DBI) service has been expanded across County Durham, along with partners at Everyturn, following the success of the initial programme in Derwentside.
- Enhanced Health in Care Homes Service, working in partnership with primary care colleagues and carers was awarded Highly Commended at the Yorkshire and Humberside Great British Care Awards 2024.
- We are transforming our services. Personalised care planning, working with partners across the public and voluntary community and social enterprise sector, is transforming the way people with mental illnesses are supported within their local community.

- We have worked with partners to open a new Wellbeing Hub, in Wellington Square, Stockton to support the wellbeing of local people and the Tees Valley Community Mental Health Transformation Programme.
- Forums for learning disabilities have been established, working with North Yorkshire York and Selby Improving Together and Durham Tees Valley and Forensics Group, People with Power to make changes for people with learning disabilities.
- A transitions pilot is being developed with three VCSEs organisations, in partnership with urgent care and peer leaders in our trust – this is a one year pilot to support 18 to 25-year-olds admitted to our wards with intentional lived experience roles.
- We have commenced conversations with CNTW (Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust) to share good practice in the learning and development contract.
- Over 200 people attended our trust's AGM (annual general meeting) in Darlington, which this year showcased our collaborative approach with valued partners to improve the lives of people in our local communities.

Living our values

Our Journey to Change sets out why we do what we do and the kind of organisation we want to become. It also sets out how we'll get there by living our values, respect, compassion and responsibility – all of the time.

It's important that we recognise and celebrate when we're truly living our values, and we encourage people to share examples of this. Each month we hold a living our values award, recognising colleagues who are living our values and the positive impact it has on the experience for people in our care, families and carers, colleagues and our partners. In 2024/25, there was an increase in nominations from patients, carers, partners and colleagues.

1.9 National awards – won and shortlisted

In addition to our Trust achievements listed above, external bodies have recognised the work of individuals or teams through the award shortlisting, or award wins listed in the table below.

Award	Awarding status	Name / category of award	Team / individual
Skills for Health Awards	Winner	Best Healthcare Workforce Collaboration	Reconnect team
Teesside Healthwatch Star Awards	Winner	Excelling in support to others Award	Sue Sargeant
Positive Practice in Mental Health Awards	Winner	Forensic Mental Health Services (including criminal justice, inpatient, liaison & diversion and prison mental healthcare)	Integrated Support Unit, HMP Durham
Positive Practice in Mental Health Awards	Winner	Outstanding Leadership for Band 7 and 8 staff – Individual Award	Richard Hand
Positive Practice in Mental Health Awards	Winner	All Age Eating disorders Services for Adults or Children and Young People	Teesside Children and Young People Community Eating Disorder Service
Positive Practice in Mental Health Awards	Winner	Older adult functional mental health services and/or dementia care	County Durham and Darlington Care Home Liaison Hub
Positive Practice in Mental Health Awards	Winner	Addressing mental health inequalities	The REACH team, Scarborough
Positive Practice in Mental Health Awards	Highly Commended	Innovation in Community Mental Health (including Primary Mental Health Care)	The REACH team – Scarborough
Positive Practice in Mental Health Awards	Highly Commended	Perinatal and maternal mental health	North Yorkshire and York perinatal team
Positive Practice in Mental Health Awards	Highly Commended	Suicide prevention services with a focus on initiatives which encourage multiagency working (LA / PH / NHS / Police / Third sector)	Familiar Faces
Positive Practice in Mental Health Awards	Highly Commended	Outstanding Leadership for Band 7 and 8 staff – INDIVIDUAL AWARD	Karla Shariff
Positive Practice in Mental Health Awards	Highly Commended	Mental Wellbeing of the Workforce	Kestrel Kite ward
Positive Practice in Mental Health Awards	Highly Commended	Mental Wellbeing of the Workforce	Employee Support Service
Positive Practice in Mental Health Awards	Highly Commended	Innovation in Digital Mental Health Care	Recovery College Online

Positive Practice in Mental Health Awards	Highly Commended	Non-Clinical Team of the Year (inc. admin, facilities, finance, housekeeping etc.)	Employee support services
Positive Practice in Mental Health Awards	Highly Commended	Complex mental health needs, including services working with people with a diagnosis of personality disorder	Wellbeing Unit: Regional Enhanced Mental Health Unit – HMP Hull
Positive Practice in Mental Health Awards	Highly Commended	Specialist Services (including, Veterans, Substance Misuse, Addictions, Housing, Education and Employment)	Individual Placement and Support (IPS) team
British Institute of Learning Disabilities International Positive Behavioural Support conference	Awarded	Outstanding Contribution to Positive Behaviour Support	Debbie Austin
Teesside University: Student Nursing Associate Awards	Winner	Champion for patient/service user care	Danielle Calvert
Teesside University: Student Nursing Associate Awards	Winner	Outstanding care and compassion in patient/service user care	Martin Young
The Learning Disabilities and Autism Awards	Highly Commended	Learning Disability Nurse of the year	Sue Sargeant and Claire Donnelly
Healthcare Financial Management Association (HFMA)	Winner	Unsung Hero of the Year	Emma Cruttenden
Healthcare Financial Management Association (HFMA)	Winner	Finance team of the year	Finance team
Healthcare Financial Management Association (HFMA)	Winner	Lifetime Achievement Award	Drew Kendall
Cavell Star Awards	Winner	Awarded	Hayley Hawksby
NEPACS Ruth Cranfield Award	Winner	Awarded	Stephen Harding
HSJ Patient Safety Awards	Winner	Staff Wellbeing Initiative of the Year	Humber and North Yorkshire Resilience Hub
BBC Radio Tees Make a Difference Awards	Winner	The Animal Award	Kelly Conway and Ruby
RC Psyche Awards 2024	Winner	Specialty Doctor/Associate Specialist of the Year	Jennifer Gilligan
Great British Care Awards	Highly Commended	Social care nurse of the year	Enhanced Health in care Homes service
Bright Ideas in Health Awards 2024	Winner	Research for Local Health Needs	Increasing Access to Healthy, Affordable Food for Adults

			Living with Severe Mental Illness in Teesside – Teesside University
Cavell Star Awards	Winner	Awarded	Shelley Glover
Woman Achieving Greatness in Social Care awards	Winner	Outstanding Partner Award	Claire Donnelly & Sue Sargeant, Primary Care Liaison Nurse & Advanced Nurse Practitioner, Tees, Esk & Wear Valleys NHS Foundation Trust
Better Health at Work Award	Awarded	Gold Award	Trustwide wellbeing service
British Journal of Nursing (BJN) Awards	Winner	Learning Disability Nurses of the Year	Sue Sargeant and Claire Donnelly

Part Two: Quality priorities for 2024/25 and required statements of assurance from the Board

2.1 Introduction – purpose of this section

In part two of our Quality Account, we outline our planned quality improvement priorities for 2024/25 and provide a series of statements of assurance from the Board on mandated items as required by NHS England.

In this section, we also review the progress we have made in relation to the quality priorities we set ourselves.

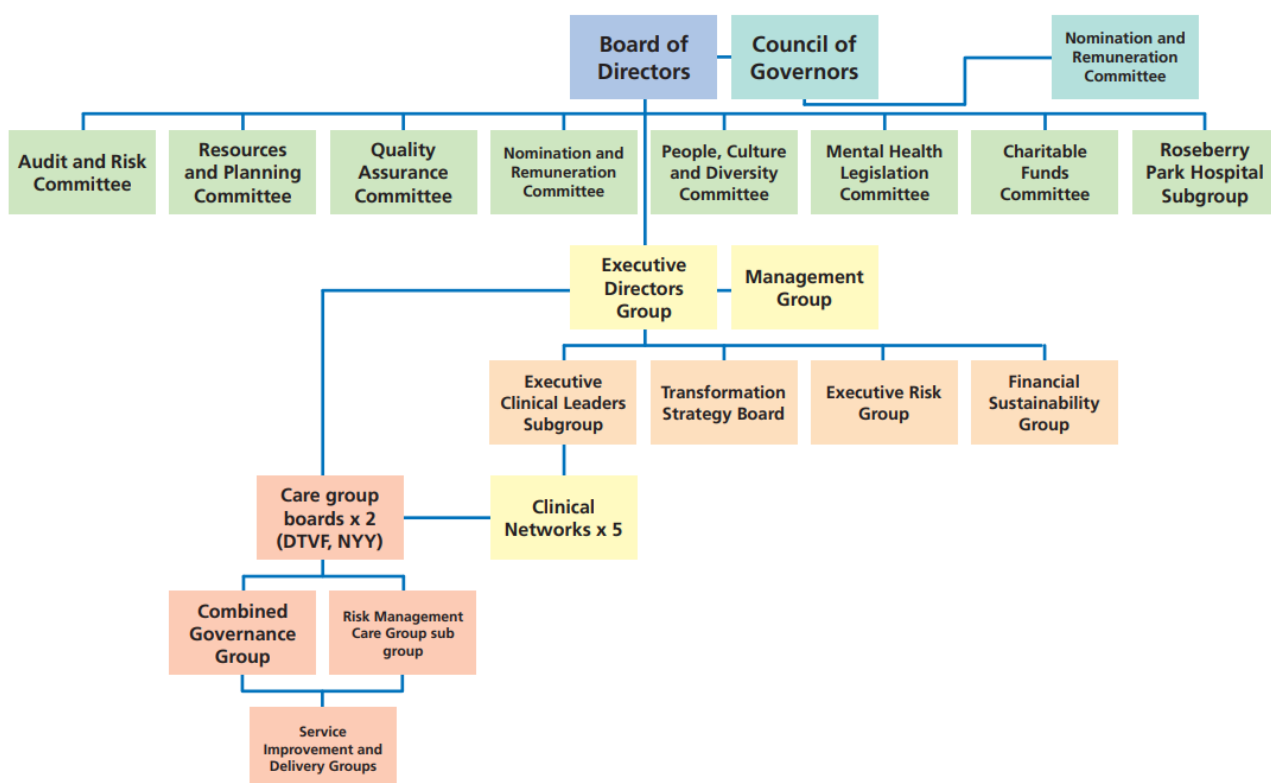
2.2 Our approach to quality governance and improvement

Our Trust has a robust governance infrastructure. Our governance structure is focused on clear oversight and accountability and is supported by the Trust's Accountability Framework.

The governance structure supports the delivery of Our Journey to Change by making sure that we are:

- Clinically led and operationally enabled.
- Better able to align around the regional changes in the form of the two Integrated Care Systems in which we provide services.
- Able to deliver on individual and collective system wide accountability effectively and consistently, by making all roles clearer and manageable for post holders.
- Organised in a more simple, less complex way formally incorporating patient leadership into our structures.

The governance structure in place during 2024/25 is shown in the figure below:



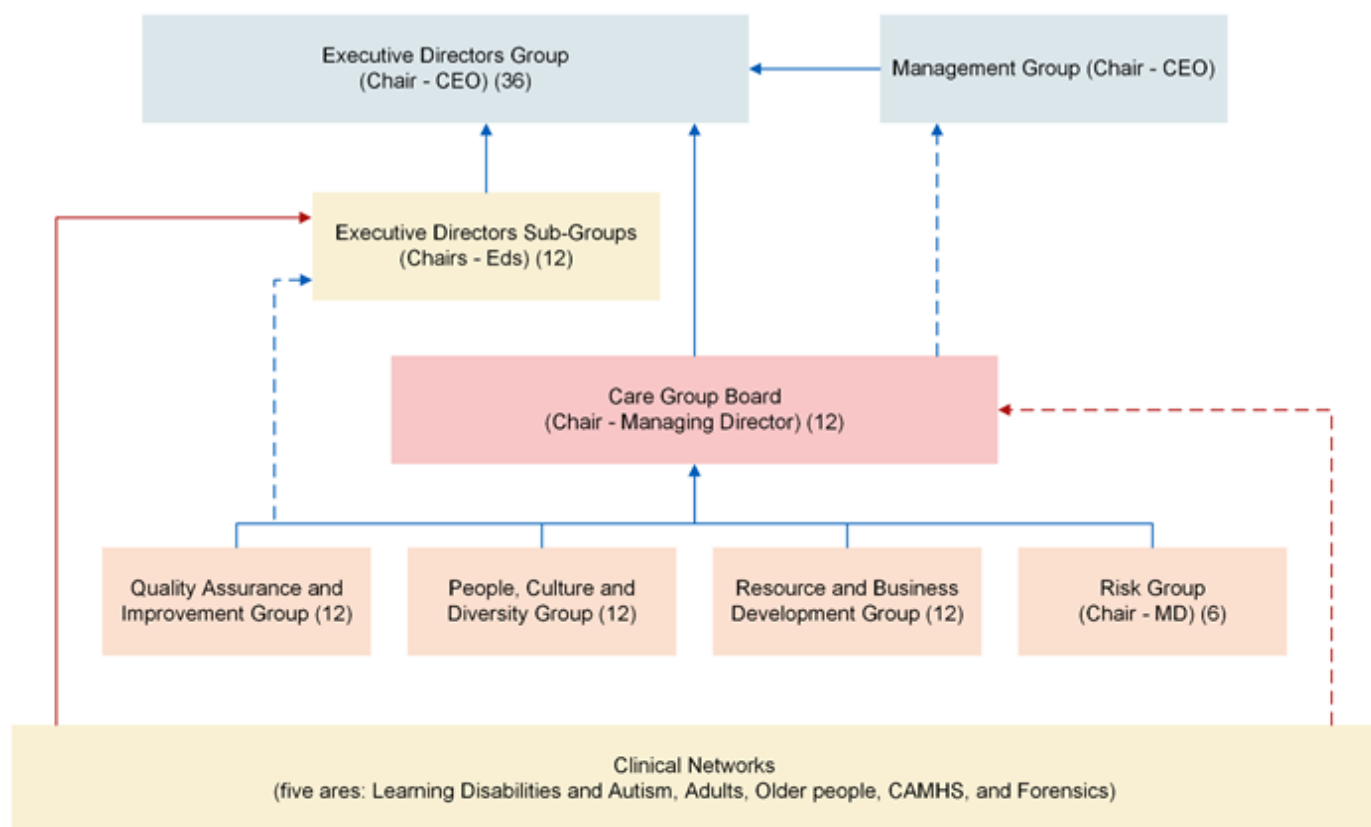
Our Trust Board ensures robust quality governance through the Quality Assurance Committee, a Committee of the Board.

The Quality Assurance Committee is chaired by a Non-Executive Director. Its strategic purpose is to provide assurance to the Board on the quality, safety and effectiveness of clinical and operational services through effective systems, structures and processes.

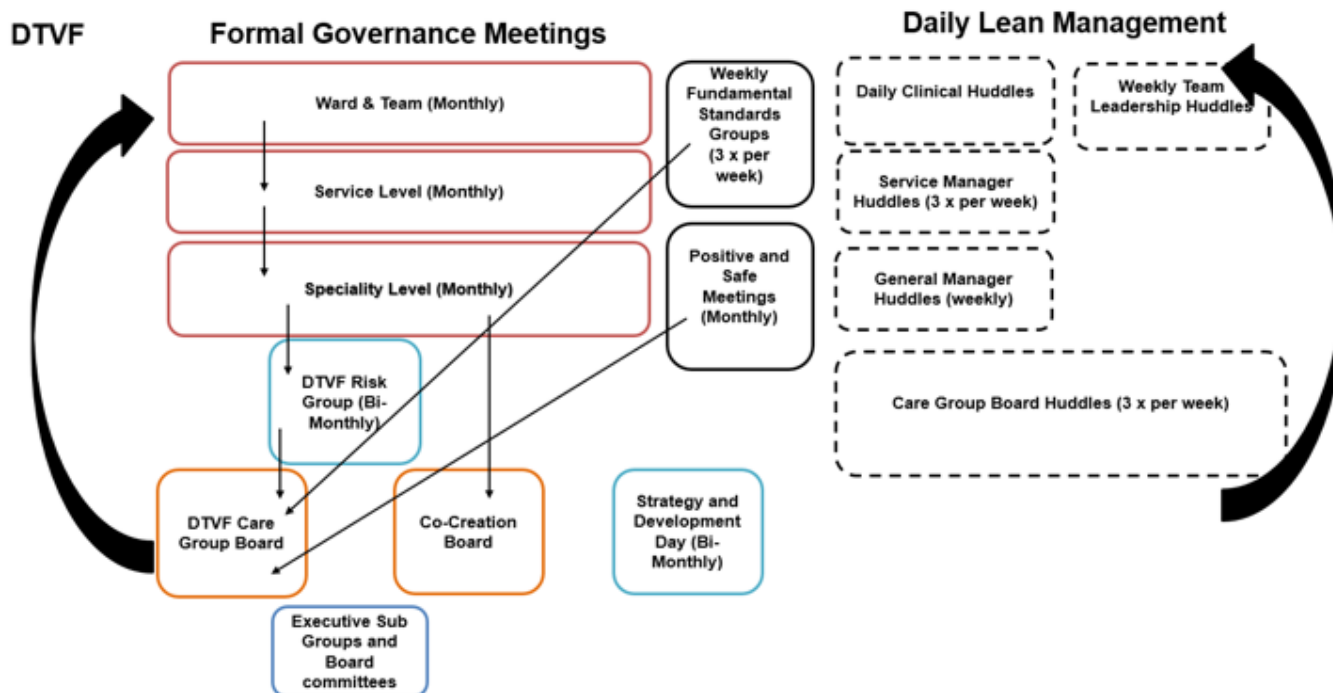
Care Groups:

Each Care Group has quality governance arrangements to address the key elements of quality and safety. These are outlined in the figure below. Each Care Group reports directly to the Executive Directors Group monthly, on quality performance issues that require executive oversight and/or escalation. Each Care Group is also required to provide assurance to the quality assurance committee regarding how it is improving the quality of services.

Care Group (x2)

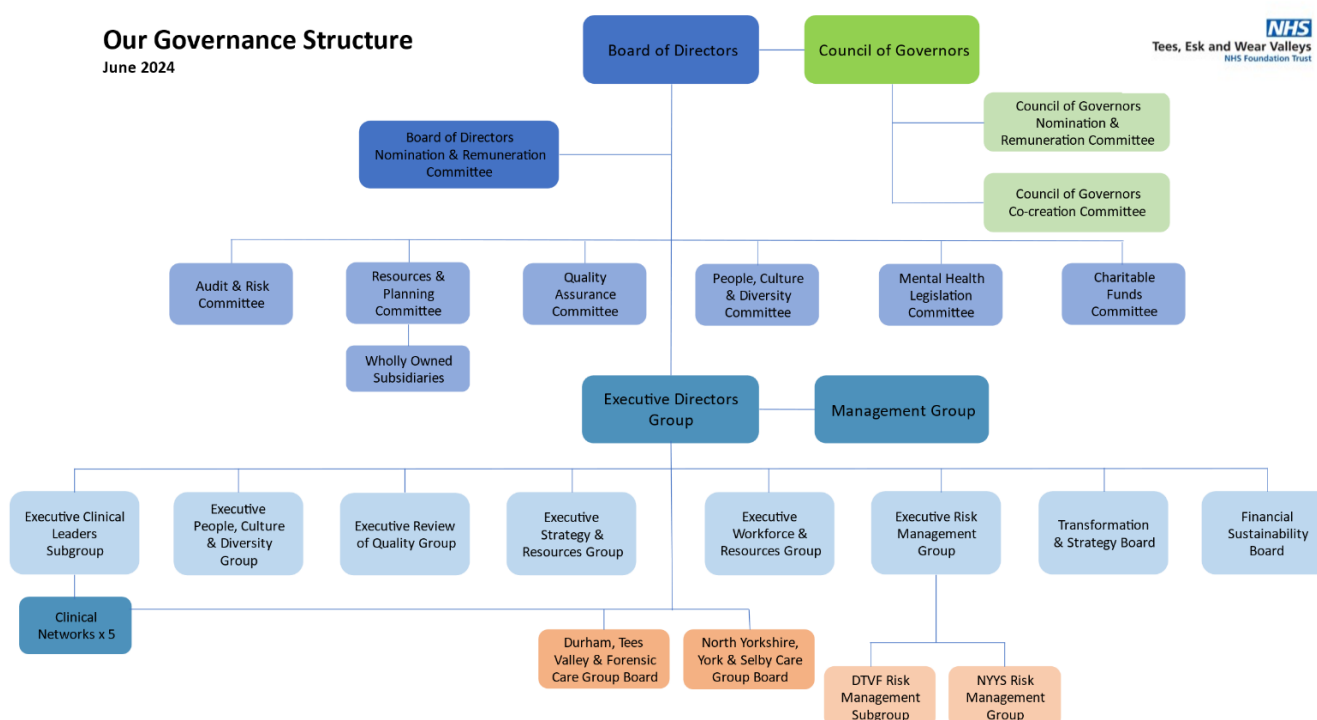


Durham Tees Valley and Forensic Care Group:



North Yorkshire, York and Selby Care Group:

Our Governance Structure June 2024



Quality Assurance and Improvement

Our well established and embedded Quality Assurance and Improvement Programme continues to be used as a system to help us focus on key quality and safety issues. It has supported us to make improvements including to patient care documentation, recognising that high quality documentation is an enabler of high-quality patient care.

The programme comprises of a range of quality assurance tools that are used to gain a holistic assessment of the quality of patient care. These tools have been reviewed during 2024/25 and continue to be updated to ensure that they are informed by current areas of risk, where further assurance is required. The Programme includes Quality Reviews, Peer Reviews and Leadership Walkabouts.

The Quality Assurance and Improvement Programme is an effective method of monitoring compliance against key standards of care related to patient safety, clinical effectiveness and patient experience. It has facilitated significant sustained practice improvements and provides the organisation with both quantitative and qualitative assurance evidence. To further strengthen and streamline clinical audit processes including data collection and oversight of key quality and risk areas reviewed, the Trust has started to integrate some of the Quality Assurance tools into the new InPhase Applications. This will be further developed and expanded into 2025/26, using bespoke dashboards within the InPhase App.

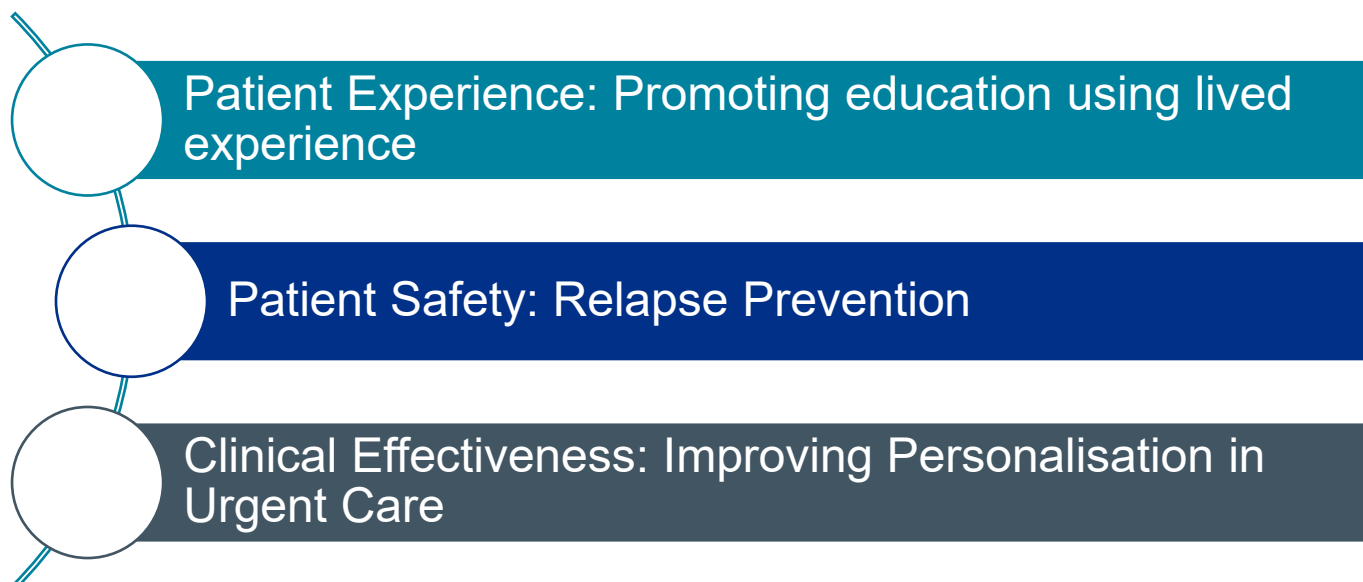
The Quality Assurance and Improvement Programme continues to be reported into the Trust governance structure via the Executive Director's Group and the Quality Assurance Committee.

2.3 Our progress on implementing our 2024/25 quality improvement priorities

As part of the Trust's ongoing commitment to co-creation, it was agreed that from 2024/25, development of the Quality Account Quality Priorities would be led by people with lived experience (and those currently working with Involvement Networks and other community organisations). This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

The Strategic Fundamental Standards Group have supported the new approach adopted for the development of the 2024/25, co-created priorities and have reviewed proposed measures that align to the priorities.

The Co-Creation Boards have developed the quality priorities for 2024/25 and these were endorsed by the Quality Assurance Committee 4 April 2024:



The following progress can be observed for each of these Quality Priorities:

Priority 1: Patient Experience: Promoting education using lived experience

Why it is important:

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories will establish a cycle of learning, which will be shared with key Partners.

What we said we would do and what we did for this Quality Priority:

Our Lived Experience Directors and Involvement Team have experience of developing training sessions for clinical and non-clinical colleagues. The sessions include people with lived experience sharing their experience to support others learning from a lived experience perspective.

The Lived Experience Focus Group and Co-creation Boards told us that it was particularly important for clinical staff in Urgent Care services (including Accident and Emergency, and Primary Care) to understand what is important to patients who present at these services and how they can help to improve patient experience.

The following measures were developed to help us deliver this Quality Priority:

- *We will develop a programme of training that could be offered. This will include facilitating training sessions as well as some formal workshops, in addition to referring to online resources accessible via the Trust Intranet page and other associated communications. We will ensure that the personalised care training is delivered both internally and externally.*
 - **A Training Lead has been recruited to the Involvement and Engagement Team and commenced in post October 2024. Their role is focused on consolidating existing training packages that the Trust currently use about lived experience and coproduction. This review will incorporate training on personalised care planning. Another function of the Training Lead role is supporting the training roll out across the Trust.**
 - **The Trust Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people will be collated and used in Safeguarding Training and other key work in relation to the impact of parental mental health on children to increase awareness and support early identification of needs for families.**
- *We will deliver the identified training programme throughout Quarter 3 and Quarter 4 to internal and external colleagues and Partners (considering voluntary services)*
 - **Training and development sessions have now been co-created on the new 'Co-creation Framework' and are available to all teams.**
 - **The induction and training programme for Involvement and Engagement members has been re-designed and rolled out. Work continues into the new year to co-create a development programme for Involvement and Engagement members.**
 - **Partnerships with local acute Trusts have been strengthened and a range of training opportunities have been made available to enhance care for patients. Health and Justice also continue to deliver training to HMPs and Partner organisations.**

Priority Two: Patient Safety: Relapse Prevention

Why it is important:

This priority is focused on timely and proactive access to support for patients who experience relapse in order to minimise harm, particularly through the effective use of patient's safety and care plans.

What we said we would do and what we did for this Quality Priority:

- *We will review how patient's safety and care plans are used for people in community services, and establish best practice standards for these plans*
 - **A review of safety and care plans has been undertaken and further work continues on best practice examples for people using community services.**
 - **Relapse prevention has been further supported through the implementation of the new Personalised Care Planning Policy which was fully revised following an extensive consultation period and was published January 2025. A communication and engagement campaign has been initiated to embed the new Policy. This policy works interdependently with the new Safety and Risk Management (previously Harm Minimisation) Policy which was published in October 2024.**
 - **Outline guidance for the content of patient's safety and care plans is also available for all staff via the 'Ask Cito' robot along with gold standard examples.**
- *We will co-create an audit tool to review the plans*
 - **The Quality Assurance and Improvement Programme tools include regular review of patient's safety plan and its co-production with the patient (or significant person involved in their care where they are unable to). This is where wellbeing and relapse prevention needs are documented on the electronic patient record.**
 - **Over 2024/25, the Quality Assurance and Improvement Programme has demonstrated:**
 - **For Inpatient Services – improvement in 6 of the 7 relevant metrics, including the metric on co-production, with one metric remaining consistent.**
 - **For Community Services – improvement in 5 of the 6 relevant metrics, including the metric on co-production, with one reducing by one percentage point (with good standards of practice still noted)**
 - **Robust oversight is maintained through our Trust's governance structures.**

Priority Three: Clinical Effectiveness: Improving Personalisation in Urgent Care

Why it is important:

This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.

What we said we would do and what we did for this Quality Priority:

The following measures have been developed to help us deliver this Quality Priority:

- *The 'My Story Once' principles will be incorporated into the new Personalising Care Planning Policy. This will be circulated for consultation*
 - **The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.**
 - **The Policy was circulated for Trust wide and external consultation and was formally launched January 2025 (supported by communication and training campaigns).**
- *We will review and update the associated online training pack which is currently named 'CPA (Care Programme Approach) Module' (which will include the 'My Story Once' approach)*
 - **The Personalised Care Planning training package has been reviewed and updated.**
- *Staff will have undertaken the online training module on personalising care planning*
 - **Planning of the training programme has commenced including a face-to-face training day. This is instead of the online training module on personalising Care Planning previously delivered. The new face-to-face training will reflect the interdependency of the policies mentioned previously and will include training on the new Safety and Risk Management Policy, Personalising Care Planning Policy and Working with People being in distress.**
 - **Roll out of the training programme will continue into 2025/26 for all applicable staff.**

2.4 Our quality journey

We have continued to focus on five areas to support Our Journey to Change strategy and have worked with patients, carers, partners and colleagues to create our strategy made up of five journeys:

The five journeys are:

- **Clinical** – how we will provide high quality, safe, kind, effective and personalised clinical care to the people we support.
- **Quality and Safety** – how we will make our services safer and improve patient experience through evidence-based care.
- **Co-creation** – how we will seek out and act upon the voices of the people we work with to improve care.
- **Infrastructure** – how the places we work, such as our hospitals and offices, the equipment we use, the information we gather and the systems and processes we put in place will support excellent patient care.
- **People** – how we will ensure everyone who works and volunteers with us has a great experience, whether they're permanent employees, people working as bank staff or through an agency, students or volunteers.

These journeys have set out specific ambitions and principles that support the mission, values and goals of Our Journey to Change and have been progressed alongside a programme of works as part of the 2024/25 delivery plan.

It is our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in our quality journey, through continuous learning and improvement using a range of tools and enablers. This journey has been shaped by our other journeys; clinical, co-creation, people and infrastructure.

In relation to our **Quality and Safety Journey**, the following progress has been made (as presented to the April 2025 Management Group):

- Personalised Care Planning: There are 7 key deliverables within this piece of work and currently the following 5 have been achieved:
- We have developed and implemented a strategy to increase access to evidence based psychological therapies.
- The Trust Policy for Personalised Care Planning has been ratified and published.
- We have rolled out DIALOG to enhance co-produced care planning following the launch of Cito.
- We have established a Workforce Development Group to support the delivery of transformation.
- We have ensured that there is a comprehensive communications plan in place so that all stakeholders are aware of developments and the related implications
- There are 2 deliverables in progress which relate to continuing to work with ICBs to establish effective interoperability between systems and this work will progress as business as usual into 2025/26.
- Physical Health: There are 4 deliverables within this piece of work and currently 3 are complete:
- We have scoped recommendations to inform our Clinical Advisory Groups with overarching plans in place.
- We have established the Clinical Advisory Group priorities, workplan and targets with oversight via our Trust Physical Health Group.
- The approach to physical health for people using our services was presented and endorsed by our Executive Directors and Quality Assurance Committee

- The one area which remains in progress relates to the communication plan being developed with subsequent engagement. This work has been completed on our Trust Intranet and empathy mapping took place during January 2025, however further planning is being undertaken as part of a wider internal communications campaign throughout 2025/26 therefore this will continue to the next year as business as usual activities.
- Improved patient safety: There are 5 deliverables within this piece of work and currently the following 4 are complete:
- We have fully implemented PSIRF and introduced meetings including the Organisational Learning Group (OLG).
- We have integrated Suicide Prevention Leads to patient safety
- The Trust Positive and Safe Leads have commenced within both Care Groups
- We have reviewed priorities and agreed further key patient safety milestones
- The one remaining deliverable remains on track which involves implementing further InPhase Modules and this will be completed by the end of June 2025.

2.5 Our priorities for 2025/26

The quality priorities outlined in this document will be sustained and carried forward over a three-year timeline to ensure sustained continuous improvement and a steadfast commitment to delivering of high quality care. These are some of the most important priorities for people who use our services and we are therefore committed to supporting a strategic approach that aims to embed these priorities over the next 3 years, within our operational framework.

Key areas which we will continue to improve upon to support the Quality Priorities include:

- Assessing the embeddedness and quality of patient's Safety and Care Plans. This includes reviewing the findings from the established Peer Quality Reviews which are undertaken throughout the year and includes measures for the plans in place and their quality.
- Extensive roll out of new training requirements related to Safety and Risk Management, Personalising Care Planning, as well as training in Being with Distress.
- Assessment of the training to review the impact of improvements in personalisation in urgent care, including evaluating the quality of patient experience feedback.

2.6 Statement of assurances from the Trust

In this section of the Quality Account, our Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Review of services provided by or contracted our Trust
- Our 2024 Community Mental Health Survey results
- Our 2024 National NHS Staff Survey results
- Clinical Audit: participation in clinical audits and national confidential inquiries
- Participation in Clinical Research
- What the Care Quality Commission (CQC) says about us
- Information governance
- Freedom to Speak Up
- Community Transformation
- Learning from deaths
- Local Resolution and Complaints
- Data quality
- Mandatory quality indicators

2.7 Review of services provided by or contracted by our Trust

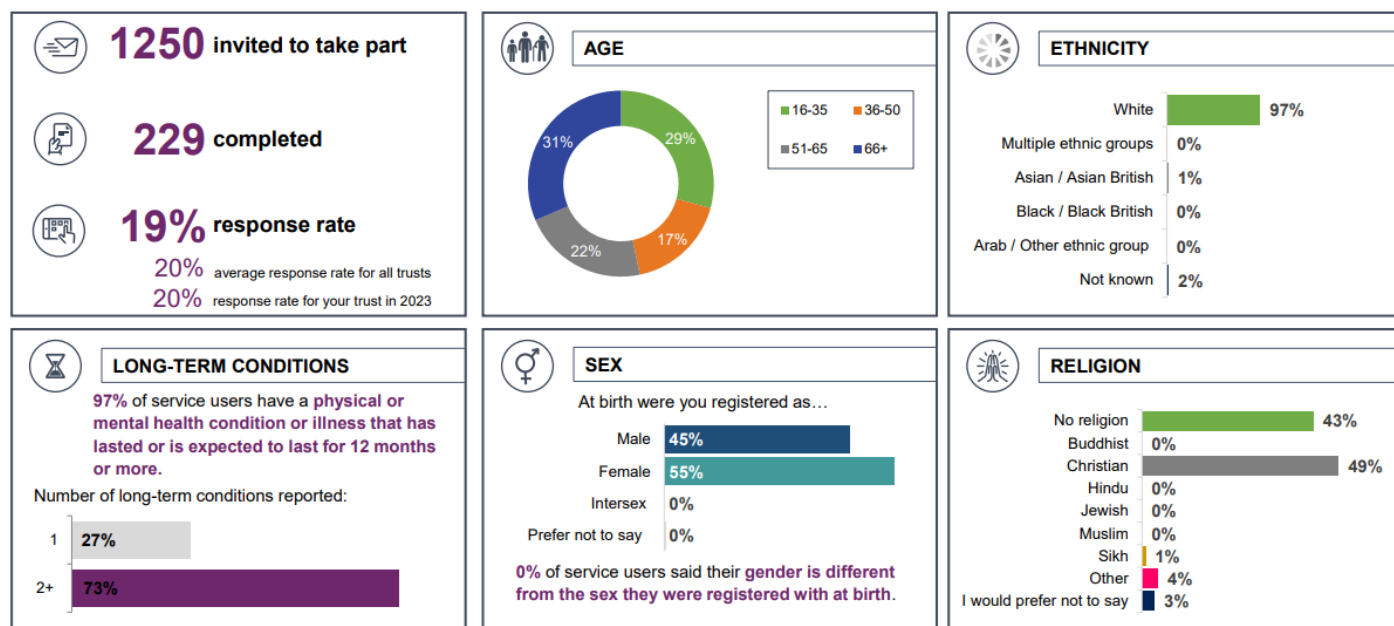
During 2024/25 our Trust provided and/or subcontracted 20 relevant health services. Our Trust reviewed all the data available to us on the quality of care in 20 of these relevant health services.

The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by our Trust for 2024/25.

2.8 Our 2024 Community Mental Health Survey results

Results of the 2024 Community Mental Health Survey were published 04 April 2025. Feedback was shared from people who received treatment for a mental health condition between 01 April and 31 May 2024. Participants 16 years and older were offered the choice of responding online or via a paper-based questionnaire.

There were 229 completed surveys returned within our Trust for the 2024 Community Mental Health Survey, a response rate of 19%. This is within the same range as to the national average response rate (20%). The following image illustrates the population of our patients who took part in the survey.



The following top five and bottom five scores (compared with the national average) are illustrated as follows:

Top five scores (compared with the national average)

Medication

Having had a discussion about the purpose of their medication: 8.6 / out of 10

Medication

Having had a discussion about the side effects of their medication: 6.5 / out of 10

Medication

In the last 12 months being asked by their mental health team how they were getting on with their medication: 8.9 / out of 10

Psychological Therapies

Privacy during therapy

- Feeling they had enough privacy to talk comfortably: 9.0 / out of 10



Bottom five scores (compared with the national average)

Support while waiting

While waiting

- Feeling that they were offered support with their mental health: 5.1 / out of 10

Crisis Care Support

Help received in crisis

- Getting the help they needed when they last contacted crisis care: 5.1 / out of 10

Mental Health Team

Repeating medical history

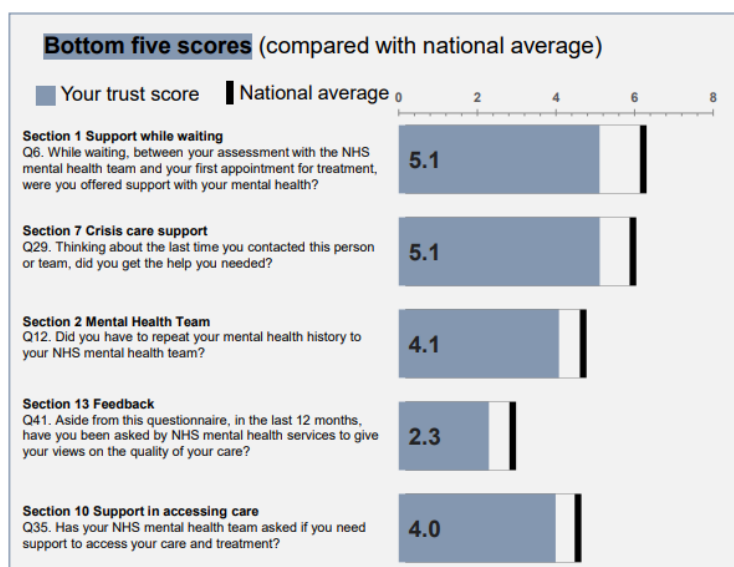
- Having to repeat their mental health history to their NHS mental health team: 4.1 / out of 10

Feedback

- Giving feedback
 - Being asked in the last 12 months to give views on their quality of care: 2.3 / out of 10

Support in accessing care

- Support in accessing care
 - Being asked if they needed support to access their care and treatment: 4.0 / out of 10



Full results of the survey for our Trust can be found on [the CQC's website](#).

2.9 Our 2024 National NHS Staff Survey results

The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. Each autumn NHS staff in England are invited to take part in the survey. It offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements.

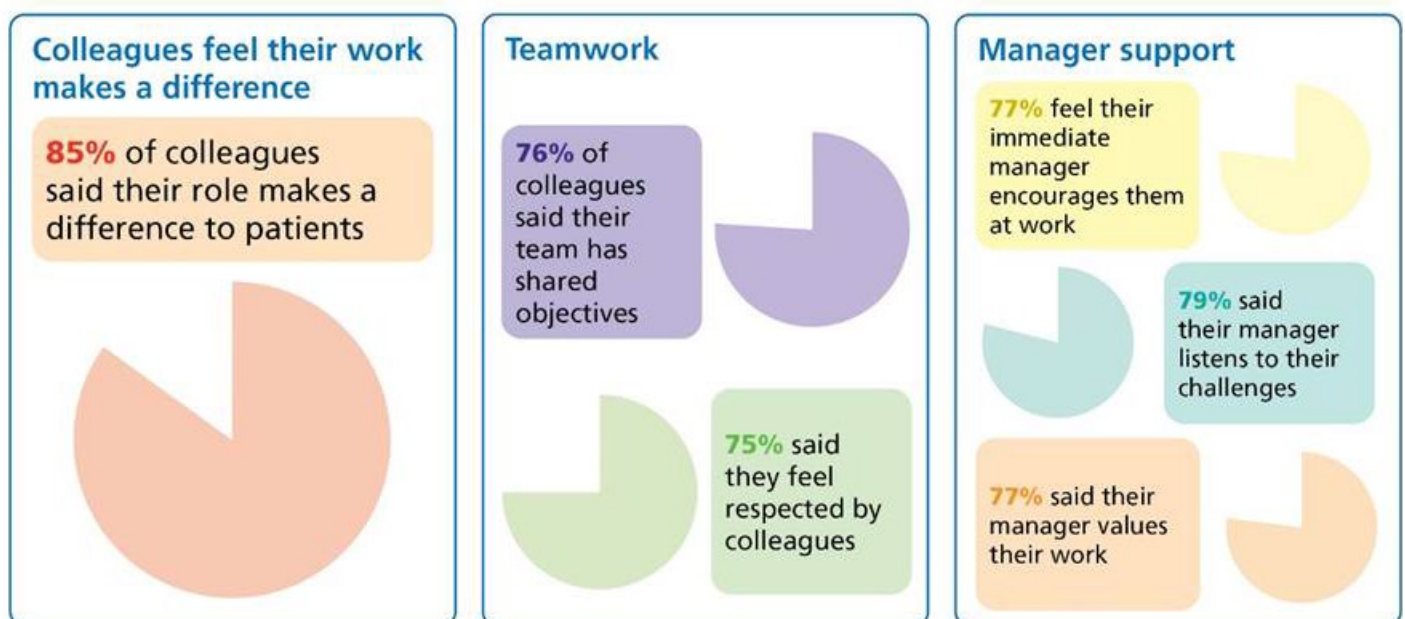
Our results for the 2024 NHS National Staff Survey were published 13 March 2025 and the following highlights were achieved from receiving 3521 responses:

This year's highlights

Patient care: 85% of colleagues feel their work makes a real difference to patients.

Teamwork: 76% of staff say their team has shared objectives and 75% said they feel respected by colleagues.

Manager support: 77% of staff feel encouraged by their managers, 79% believe their managers listen to their challenges, and 77% said their manager values their work.



Where we're most improved

We've made meaningful progress in several important areas compared to last year:

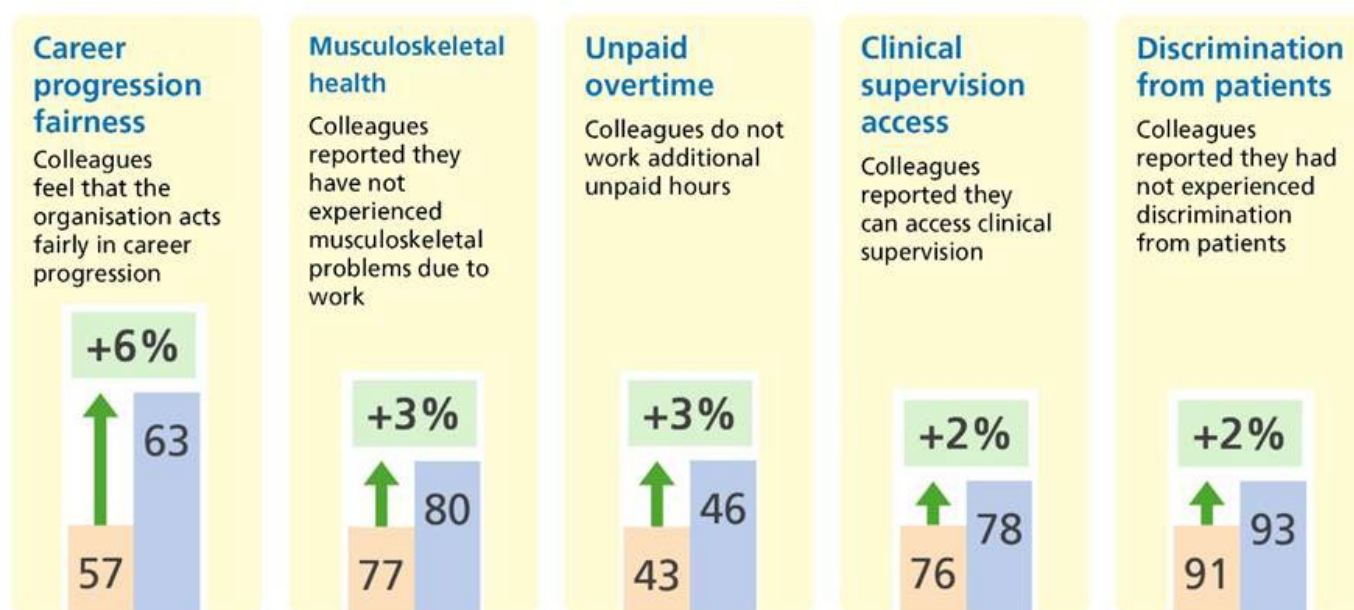
- **Appraisals**
 - 4% raise in percent of colleagues who received an appraisal in the past 12 months (84% vs 88%)
- **Reasonable adjustments**
 - 3% raise in percent of colleagues who reported that the organisation made reasonable adjustments (74% vs 77%)
- **Enough staff to do the job properly**
 - 3% raise in percent saying there are enough colleagues to do the job properly (32% vs 35%)
- **People feel respected**
 - 2% raise in percent of colleagues who feel the organisation respects individual differences (73% vs 75%)
- **Fewer colleagues working unpaid hours**
 - 2% raise (44% vs 46%)



Where we're performing better than the national average

We're proud to be outperforming national averages in key areas:

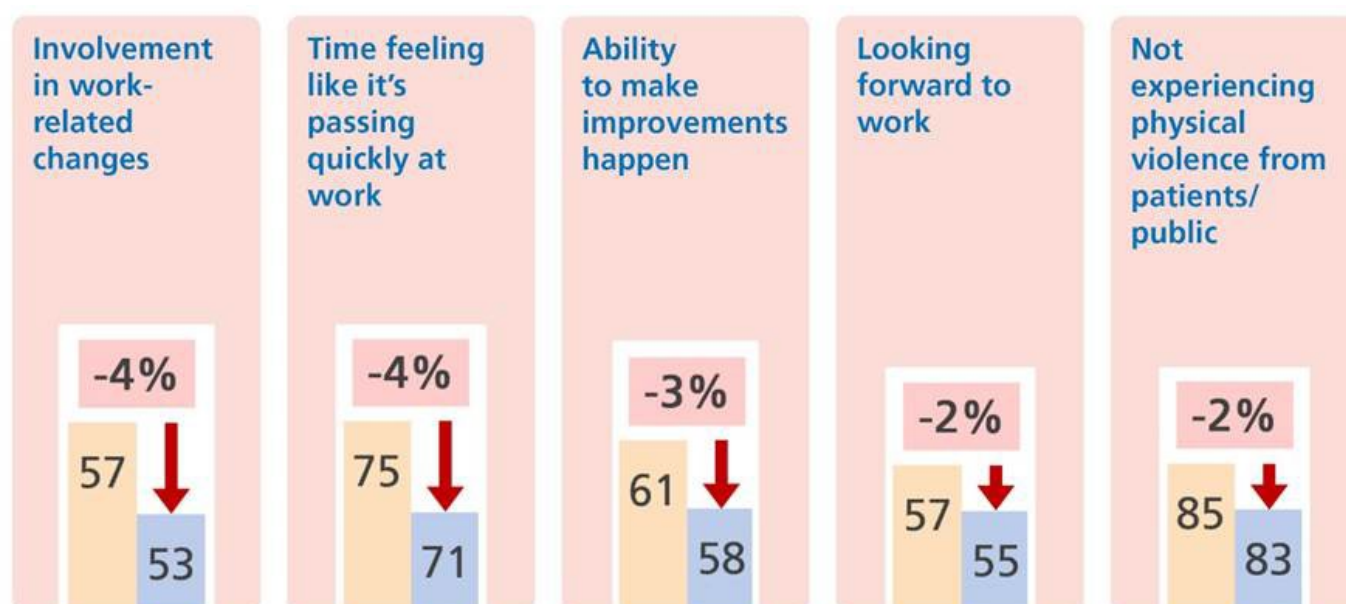
- **Fairness in career progression**
 - 6% above national average (57% vs 63%)
- **Prioritising health and wellbeing with less staff experiencing musculoskeletal issues due to work**
 - 3% above national average (77% vs 80%)
- **Reductions in unpaid overtime**
 - 3% above national average (43% vs 46%)
- **Access to clinical supervision**
 - 2% above national average (76% vs 78%)
- **Fewer people experiencing discrimination from patients**
 - 2% above national average (91% vs 93%)



Where we need more focus

While we're proud of our achievements, we recognise there's still work to do to support you and your team to:

- **Feel involved in work-related changes and able to make improvements happen.**
 - Down 4% (57% vs 53%)
- **Feel like time passes quickly at work and looking forward to coming into work.**
 - Down 4% (75% vs 71%)
- **Ability to make improvements happen**
 - Down 3% (61% vs 58%)
- **Looking forward to work**
 - Down 2% (57% vs 55%)
- **Feel safe as the number of colleagues not experiencing physical violence from patients or the public has reduced slightly.**
 - Down 2% (85% vs 83%)



What we achieved together following the results of last year's survey

We took significant steps to address staff feedback and several projects have made meaningful changes across our Trust. This included:

- **Training reforms:** Streamlining mandatory and statutory training to reduce the load and ensure relevance to your roles.
- **Health and wellbeing:** Achieving Better Health at Work Award Gold status and launching initiatives through a staff-led health and wellbeing council.
- **Support for staff:** Expanding our reasonable adjustments program, benefiting over 550 colleagues, and launching toolkits for sexual safety and domestic abuse.
- **Operational improvements:** Reducing recruitment times by 20 days, enhancing digital processes, and establishing a Leadership and Management Academy.

Following the results of this 2024 survey, teams have been asked to review their results and complete Team Worksheets in order to identify areas for improvement and celebrate successes.

Our significant area of focus for 2025/26 is a new suite of management training for all managers (corporate and operational) and clinical leaders in line with the national 'expectations of people managers' framework.

2.10 Clinical Audit: Participation in clinical audits and national confidential inquiries

During 2024/25, **6** national clinical audits and **1** national confidential enquiry covered NHS services that Tees, Esk and Wear Valleys NHS Foundation Trust provides.

During that period, Tees, Esk and Wear Valleys NHS Foundation Trust participated in **100%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiry that Tees, Esk and Wear Valleys NHS Foundation Trust was eligible to participate in during 2024/25 are as follows:

- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia (NAD)
- National Clinical Audit of Psychosis (NCAP)
- POMH Topic 16c: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour
- POMH Topic 21b: The use of Melatonin
- POMH Topic 24a: Opioid Medications in Mental Health Services
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that Tees, Esk and Wear Valleys NHS Foundation Trust participated in during 2024/25 are as follows:

- National Audit of Dementia (NAD)
- National Audit of care at the end of life (NACEL)
- National Clinical Audit of Psychosis (NCAP)
- POMH Topic 16c: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour
- POMH Topic 21b: The use of Melatonin
- POMH Topic 24a: Opioid Medications in Mental Health Services
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)

The national clinical audits and national confidential enquires that Tees, Esk and Wear Valleys NHS Foundation Trust participated in, and for which data collection was completed during 2024/25, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

Audit Title	Cases Submitted	% registered cases required
POMH Topic 16c: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour	Sample provided: 43	100%
POMH Topic 21b: The use of Melatonin	Sample provided: 186	100%
POMH Topic 24a: Opioid Medications in Mental Health Services	Sample provided: 85	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	112 questionnaires sent to the Trust with 71 returned	63%

The reports of the **3** national audits were reviewed by the provider in 2024/25 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- The anti-cholinergic medication prescription will be reviewed through the internal webinar.
- The summary of 'Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services' audit findings, along with relevant information and advice to support improved prescribing will be shared via the Medicines Optimisation newsletter.
- A directory has been created on the trust intranet, providing staff with access to relevant palliative care contact details as needed.
- Inpatient nursing staff of Mental Health Services for Older People are being encouraged to complete the online 'End of Life Care' training modules, and this is monitored by the End of Life Care clinical advisory group (CAG) which forms as a working group of the Trust wide Physical Health Group.

The reports of **126** local clinical audits were reviewed by the provider in 2024/25 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- The Trust Procedure for bed rails and bed grab handles was reviewed in light of the findings from clinical audit of bedrails.
- Bespoke MAPPA awareness sessions were delivered to all staff across the Trust. Additionally, a voice over presentation was made available to all staff in the trust intranet page.
- A new mattress audit tool was developed by IPC team for wards to use when self-auditing their patients' mattresses.
- A series of brief online sessions will be delivered to all staff by the Trust Safeguarding team over a six month period, to identify and protect children, vulnerable adults or adults at risk of significant harm.
- The Adult Safeguarding Lead will establish a meeting forum with partner agencies to produce a safeguarding incident reporting flow chart/protocol for prison mental health teams.
- All infection, prevention and control (IPC) audits are continuously monitored by the IPC team and any required actions are rectified collaboratively by the IPC Team and ward staff. Assurance of implementation of actions is monitored by the clinical audit and effectiveness team via the clinical audit action monitoring database. A total of **98** IPC clinical audits were conducted during 2024/25 across inpatient areas, prison teams, and applicable community teams where there are clinic facilities. 66% (65/98) of clinical areas achieved standards between 90-100% compliance. Local clinical audit action plans were implemented in collaboration with the IPC team and the clinical team members to mitigate any areas of noncompliance.

In addition to those local clinical audits reviewed (i.e., those that were reviewed by our quality assurance committee and quality assurance and improvement group), we undertook a further **66** clinical audits in 2024/25 including clinical effectiveness projects by trainee doctors, consultants and other professionals, in addition to those by directorates/specialty groups. These clinical audits were led by the services and individual members of staff to support service improvement and professional development and were reviewed by specialties.

The Clinical Audit and Effectiveness Team is continuing to implement and embed a new electronic application - **InPhase**. This will enhance the efficiency of clinical audits and streamline the process for teams. This platform will allow teams to review their clinical quality information in real time, enabling them to make informed changes to improve practice. Ultimately, this aims to enhance the quality of care and the experience of patients and their families.

We continued to implement an extensive Quality Assurance and Improvement Schedule during 2024/25. This provides ongoing assurance that key quality and risk issues identified are addressed. Significant improvements in practice and patient safety continue to be facilitated through this programme.

2.11 Participation in clinical research

Our Trust participates in research activity to help provide new knowledge with the potential to be valuable in improving care for patients. It is important such research is open to critical examination and open to all that would benefit from it.

The number of patients receiving relevant health service provided or sub-contracted by our Trust in 2024/2025 that were recruited during that period to participate in research approved by a research ethics committee was **420** across **29** National Institute for Health Research (NIHR) Portfolio research studies. The Trust is fourth place nationally for the number of recruiting 'interventional' mental health research studies.

The Trust recently secured external funding to support a wider range of communities in accessing research participation opportunities. Alongside carrying out research studies, our research team have actively promoted the Patient Research Experience Survey (PRES) and helped secure hundreds of new sign-ups to 'Join Dementia Research'.

As well as acting as a research site and participant identification centre for many studies, our Trust sponsors research including NIHR grant-funded studies. As part of this role, our research and development team actively supports a wide range of researchers and completes governance activities such as conducting monitoring visits, distributing monies, and reviewing and reporting on performance.

During 2024/2025, our Trust successfully contributed to several successful NIHR grant applications including a £1.8m NIHR Work and Health Programme award. We have also created a new regular report to celebrate and help disseminate the outcomes of concluded research studies. We concluded several studies, such as the DREAMS START project for instance which evaluated an intervention for sleep difficulties for those with dementia and their carers; initial results of which showed definitive evidence of clinical effectiveness (click here for [the link to the paper](#)).

Alongside this, we have carried out a major overhaul of our research [website](#) to include a much wider range of resources and information to assist both researchers and service users.

We continue to work closely with the NIHR Research Delivery Network North East and North Cumbria to support large scale national portfolio research studies, and to measure patient research experience when taking part in studies with feedback and any actions reported to our research governance group. We continue to collaborate with a wide range of universities and other NHS providers to deliver large multi-site research studies for the benefit of our service users, carers, and staff.

2.12 Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

There were no 2024/25 CQUIN requirements.

2.13 What the Care Quality Commission (CQC) says about us



The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services, and then publishes its findings and ratings to help people make choices about their care.

Tees, Esk and Wear Valleys NHS Foundation Trust is required to register with the CQC and its current registration status is registered without conditions for services being delivered by the Trust. The Trust is therefore licensed to provide services.

The CQC has not taken enforcement action against Tees, Esk and Wear Valleys NHS Foundation Trust during 2024/25.

Tees, Esk and Wear Valleys NHS Foundation Trust is subject to periodic reviews by the CQC and the last review was on 29 March 2023 to 02 June 2023. The CQC's assessment of the Tees, Esk and Wear Valleys NHS Foundation Trust following that review was an overall rating of **requires improvement**.

Our Trust's CQC inspection took place 29 March 2023 to 02 June 2023 and the [results of the latest trust wide inspection](#) were published on 25 October 2023. Details of the improvements made were listed within the previous Quality Account (2023/24).

In addition, the CQC inspected our AMH Crisis, Acute Liaison Services and Health Based Places of Safety (HBPOS) in June 2024. This was a targeted inspection. The outcome of the inspection was subject to the new Single Assessment Framework (SAF) scoring system and the CQC published the [results of this focused inspection](#) on its website 06 February 2025. The service received a rating of Good overall and in 4 of the 5 domains.

The CQC report highlights that staff shared a vision and culture, worked with capable and compassionate leaders and there were sound structures in place for staff to speak up.

- **People were treated as individuals** and offered independence, choice and control.
- There was evidence of a **good learning culture**, and people using the services told the CQC that they **felt safe**.
- **People were safeguarded** by the staff caring for them.
- People had their **needs assessed** and most people said they were involved in the planning of their care and that their **care was regularly reviewed**.
- The CQC saw **staff supporting people** with their mental health needs and the **physical health monitoring**.
- **People received evidenced based care and treatment** and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- **People are included** in their care and treatment choices with **carers being involved** where appropriate.
- **People's preferences** were considered when deciding on appropriate treatment options.
- **Carers were included** at assessment stage and throughout.

- There was a **strong quality improvement culture**, and leaders were encouraged to develop themselves and the services.
- Staff told the CQC that the recent move to the 111 service was having a **positive impact**.

Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following action to address the points made in the CQC's assessment:

- Since the inspection in June 2024, a number of improvement actions have been undertaken and collaborative events were held 14 and 24 April 2025. The events helped to develop the formal Improvement Plan with Care Group colleagues and specialty/ directorate leads focusing on any areas of improvement from the inspection report requiring further action.
- The Trust CQC improvement plan was formally submitted to the CQC on 01 May 2025 after approval by our Executive Chief Nurse.
- Actions were developed following the Crisis Improvement Planning events including exploring the use of the Urgent Care tracking Application to capture wider information about patients and practices with our Section 136 Suites, reviewing the training offer to assist with staff understanding of Patient Rights, and strengthening the processes involved in recording the outcomes following Safeguarding Local Authority referrals.
 - The quality governance team continue to maintain the evidence repository to provide assurance of completion and implementation of improvement actions. Delivery progress for the CQC improvement plan will continue to be formally reported to the Executive Directors Group and Quality Assurance Committee, noting where actions are implemented and embedded.

Tees, Esk and Wear Valleys NHS Foundation Trust has made the following progress by 31st March 2025 in taking such action:

- The Trust has achieved closure of the 2023 CQC Improvement Plan following the Core Service and Well-led inspection.

Tees, Esk and Wear Valleys NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

2.14 Information governance

The NHSE Data Security and Protection Toolkit (DSPT) reporting year runs from 1st July to 30th June each year.

For the DSPT reporting year 2023/24, Tees, Esk and Wear Valleys NHS Foundation Trust achieved **Standards Met**.

ODS	Organisation name	Status	Published
RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	23/24 Standards Met	28/06/2024

2.15 Freedom to Speak Up

There are a number of routes through which staff can raise concerns:

- Through their own management or professional structures.
- Through the Freedom to Speak Up team. This is as confidential as the person asks for it to be. Concerns are addressed in agreement with the person who spoke up. We have recently started directing the request for review to the senior leadership team, where appropriate. This has enhanced the process and increased the sense of service ownership and satisfaction from those who spoke up. However, we still offer an independent review for those who feel speaking outside their service is preferable or want to ensure a level of confidentiality. We also signpost to other services such as employee support services or human resources. Feedback is given to the person on a regular basis, in line with our revised process. As much feedback is given as appropriate although, by the nature of some concerns and investigations, full feedback is not always possible.
- We have a monthly speaking up forum where we share soft intelligence, agree proactive work and agree what information is to be shared with the people and culture committee, the board, and each care group board so that we can triangulate feedback from reviews, service action plans, and share outcomes.
- The online raising concerns form where people could previously complete anonymously has been discontinued.
- Through our safeguarding team or directly to the CQC.
- Through our formal HR processes, the timescales of which vary and are laid out in the relevant policy.
- Through the employee support service who will signpost and provide guidance on how to make best use of the options available.
- Through any trade union of which they are a member.

We have a process for addressing any concerns of detriment or demeaning treatment, in line with national guidance. In addition, concerns are passed to our associate director for operations and resourcing, who share themes with our non-executive director for speaking up on a quarterly basis.

With regard to the medical workforce, the role of Guardian of Safe Working for resident doctors within our Trust sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours. The work of the Guardian is subject to external scrutiny of doctors' working hours by the CQC and by the continued scrutiny of the quality of training by Health Education England.

The Guardian is required to levy a fine against a department(s) if a resident doctor:

- Works on average over 48 hours/week
- Works over 72 hours in seven days
- Misses more than 25% of required rest breaks
- On non-residential on call (NROC) does not have a minimum of continuous rest of five hours between 10pm and 7am
- Does not have the minimum eight hours total rest per 24-hour non-resident on-call (NROC) shift
- Has more than the maximum 13-hour residential shift length
- Does not have the minimum 11 hours rest between resident shifts

The Guardian of Safe Working for resident doctors within our Trust produces quarterly and annual reports to the Board that focus on gaps in medical rotas, exception reports and safety issues.

The Guardian's annual report for 2024/25 was presented to the Board and the main reasons for locum cover out of hours during were due to sickness (short or long term) and vacancies on the rotas. It should be noted that there were periods of industrial action during this period and there were also a few occasions where locum cover was needed due to maternity or paternity leave.

Exception reports received related mostly to claiming additional hours whilst on NROC, having to stay later than normal working hours or shift end time or missing teaching/training due to staff shortages. Discussions on these issues have taken place at the relevant forums and additional staffing put in place where possible.

2.16 Community transformation

The aims of the Community Mental Health Transformation Framework were to redesign and reorganise core community mental health teams which are place based and to create a core mental health service which is aligned with Primary Care Networks, local authority and voluntary care sector organisations.

Key achievements made as part of the ongoing community mental health transformation work in line with the NHS England five-year programme and next steps and key areas of delivery for the next 12 months are detailed as below:

Durham, Tees Valley Care Group Key achievements:

- Our lived experience forums are now in place across Durham and Tees Valley boroughs.
- 22% increase in capacity for psychological therapies within community teams.
- Collaborative upskilling all system partners through VCSE led 'learning together' sessions.
- Hubs established in population centres and pop-up hubs in community facilities in more rural areas.
- Trusted assessment process developed collaboratively with VCSE, Social Care, CMHT and Talking therapies and service users – piloting in Middlesbrough ahead of wider roll out.
- Significant increase in the number of patients receiving at least 2 contacts in a 12-month period.
- 91% improvement in year-on-year changes in caseloads – caseload increase of 1821 in 2022 has reduced to 165 in 2024.
- 59% reduction in patients waiting for assessment, reduced from 3500 in January 2023 to 1428 in March 2025.
- Over 40,000 appointments in primary care (per annum) by TEWV MH Nurse practitioner or Mental Health and Wellbeing Practitioners in 2024 (Additional Roles Reimbursement Scheme); additional appointments in primary care through GP Aligned team (Durham).
- Only 948 (2.5%) of ARRS (Additional Roles Reimbursement Scheme) patients were stepped up to secondary care services; 14.8% of GPA patients stepped up.
- 15%-20% reduction in secondary care referrals, at a time when we expected secondary care MH referrals to increase (Pandemic impact on Mental Health and Wellbeing and impact of increasing Neuro referrals).

Next steps:

- Resolving ongoing commissioning/Service Development Funding and contracting challenges for system (i.e. within and beyond statutory services contract settlements)
- Improve reporting – from TEWV and from the wider system (activity, outcomes etc).
- Shift from mobilising to embedding and supporting local ownership.
- Address identified areas for more work from Healthwatch stocktakes of progress.
- Continue to extend and embed lived experience forums, roles and infrastructure.
- More robust focus on communications – for staff/ organisations and for people needing support/the public (including websites etc).
- Specific focus on increasing evidence-based interventions, utilising outcomes and effective caseload management.
- Complete recruitment to outstanding schemes (e.g. peer support within TEWV, and Procurement of a Tees valley wide peer support service to work at PCN level).
- Mobilising the remaining “physical” mental health hubs, acknowledging the estate challenges in Durham).
- Improving pathways at place for people with concurrent mental health and substance misuse needs.

North Yorkshire, York and Selby Care Group Key Achievements:

- Community Mental Health Hub operational at 30 Clarence Street, York. Phased roll out continues to include self-referrals. Pop-up hubs across City of York aligned to 30 Clarence Street.
- 24/7 Crisis Hub Pilot planned to go live in June 2025 (National Pilot Site). Hub will offer round the clock alternatives to a place of safety and aligned closely with Crisis services, VCS and Social Care Services.
- Further MH Hub planned for the East of the City later this year.
- MH Hubs planned across North Yorkshire with an expectation that they will all become operational by the Spring of 2026.
- Procurement process underway for VCS input into hubs (Coordinated by NYC).
- 18 of the 19 PCNs have 1 or more First Contact Mental Health Practitioners (some want more than 3) providing timely access to MH support (average wait 1-2 weeks).
- Improved relationships and communication between Primary Care and Secondary Care services
- Over 30,000 appointments in primary care (per annum) by TEWV First Contact MH Practitioners cross 19 PCNs in North Yorkshire & York Places.
- Just over half were new referrals.
- 15% referred on to Talking Therapies.
- Between 2% and 3% referred on to Secondary Care Services.
- Only 2% required an additional appointment with their GP.
- 3% referred to Social Prescribers.
- MDT meetings within Primary Care including Community MH Team Practitioners and VCS services.
- Complex Emotional Needs Practitioners in post across NY providing expertise, supervision and support for the VCS, Primary Care and the MH Hubs. Further post agreed to cover York.
- New Hybrid Roles created (2 in post, further 2 planned) working in Harrogate and Ripon, between Primary Care, Secondary Care and the new hubs. These roles are designed to more closely align and integrate Primary Care and Secondary Care and to improve patient flow.
- New Eating Disorder Consultants now in post and looking to establish FREED (First Episode Rapid Intervention for Eating Disorders) Champions across NYY.
- Developing leadership capabilities for the MH workforce is a key priority of the national trauma-informed organisational strategy. These are a key priority in our community transformation offer in North Yorkshire & York.
- Listening Exercises in our CMHT's have been started forming the foundation for an understanding of the transformation & Trauma Informed agenda. Supporting a wider system context & relational Trauma Informed repair where required
- We have started to support our CMHT's & partners to creatively maximise the service users experience through examining current capacity & functioning, whilst visioning & planning for improved efficiencies in future delivery.
- We have started to interweave Trauma Informed practice & leadership training & skill & communication awareness training across our CMHT's & system partners. Thus, developing skills & an emotional awareness for our leaders & staff. Already trained NY Police, NYC, Primary Care, CYC.
- Internally, we have established new Transformation Delivery Groups in each Neighbourhood across NYY. These groups will coproduce the local place-based plans for the transformation of the Trust Specialist Services across NYY. These groups develop and implement these plans covering the new models, estates, finance and workforce implications/opportunities and are aligned to the Care Groups Combined Governance Group and the Trusts Transformation Delivery Group. These groups are also aligned to the new MH, LD & A Partnerships in the York and NY Places and the Local Care Partnerships.

Next steps:

- Looking to resolve ongoing commissioning/Service Development Funding and contracting challenges for system (i.e. within and beyond statutory services contract settlements).
- Improve reporting – from TEWV and from the wider system (activity, outcomes etc) through single information system in MH Hubs.
- Working with Ardens to improve information capture for First Contact Mental Health Practitioners into System One and CITO.
- Continue to progress Commitment Plan developed in partnership with NY Healthwatch across partners in NY.
- Continue to extend and embed lived experience forums, roles and infrastructure
- More robust focus on communications – for staff/ organisations and for people needing support/the public (including websites etc).
- Specific focus on increasing evidence-based interventions, utilising outcomes and effective caseload management.
- Complete recruitment to outstanding schemes (e.g. peer support, Social Prescribing and Carer support within the Mental Health Hubs).
- Continue to Mobilise the remaining “physical” mental health hubs with our partners across NYY and explore potential pop-up and virtual solutions for the rural areas across NYY.
- Improving pathways at place for people with concurrent mental health and substance misuse needs.

2.17 Learning from deaths

During 2024-25, 1,744 deaths were reported to the Trust's incident reporting system, with the majority of these considered to be from natural causes. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
499	574	408	263

Of the 1,744 deaths, in line with the national guidance on learning from deaths, 379 deaths fit the criteria for further review of which 186 were case record reviews. This comprised of the following number of case record reviews and investigations which were completed in each quarter of the reporting period:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
130	102	91	56

In mental health and learning disability services we have a number of older people who are cared for in the community and their needs are such they only require minimal contact with us. Many of these people, who die, do so through natural causes as happens in the wider population. This explains the difference between the total number of deaths (from all causes including natural causes) and the numbers we go on to investigate further. To support staff in their decision making regarding the investigation of deaths, staff have clear policy guidance, setting out criteria for categories and types of review.

During the reporting period there were 0 deaths that were subjected to both a case record review and an investigation.

Of the 1,744 patient deaths during the reporting period 1.31% are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of 14 representing 2.80% of the number of deaths which occurred in the first quarter; 7 representing 1.21% of the number of deaths which occurred in the second quarter; 2 representing 0.49% of the number of deaths which occurred in the third quarter. There were 0 deaths that occurred during quarter 4 which are judged to be more likely than not to have been due to problems in the care provided to the patient.

29 case record reviews and 84 investigations completed after 31/03/2024 related to deaths which took place during the previous reporting period. This meant we undertook a total of 492 case record reviews and investigations. This is a significant decrease on the 601 case record reviews and investigations completed in the 2023/2024 period and reflects the work that was undertaken to close the previous backlog of reviews. Of the 29 case record reviews and 84 investigations completed after 31/03/2024 relating to deaths which took place during the previous reporting period, 13% are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been based on the information contained within Structured Judgement Reviews, After Action Reviews and Patient Safety Incident Investigations carried out under the Learning From Deaths policy and the national Patient Safety Incident Response Framework (PSIRF) which the Trust implemented from 29th January 2024.

During 2024/25 the number of learning points identified from case record reviews and investigations were as follows: 218 in the first quarter, 218 in the second quarter, 190 in the third quarter, and 161 in the fourth quarter.

All learning in the Trust is referred to as actionable learning and supports our approach towards a just and learning culture in line with Our Journey to Change and a systems-based approach to learning as

advocated by PSIRF. All learning from patient safety incident investigations is themed and informs key workstreams to address any identified quality and safety issues.

Actionable learning continues to be monitored against the Trust's 12 current learning themes which were identified during 2022/23 and 2023/24, agreed by the Trust Organisational Learning Group. These are:



Our quality assurance and improvement programme is regularly updated to reflect learning from patient safety incidents. It provides assurance that improvements are being made in relation to risk assessment, risk management, care plans and patient and carer involvement and that these improvements are being sustained in both inpatient and community settings. Ongoing quality assurance processes where specific learning themes have been highlighted have been presented through a monthly system wide quality meeting.

Our Trust continues to strengthen arrangements for organisational learning via the Organisational Learning Group which has had a full review of its membership and terms of reference, resulting in multi-disciplinary and executive level membership. The group's role is:

- Develop and maintain processes to learn and improve after patient safety incidents, complaints, safeguarding, leadership visits, investigations etc.
- To alert the Trust of systemic areas for improvement and / or safety issues.
- To ensure the group escalates or delegates concerns or issues to the appropriate forums / workstreams.
- To ensure the organisation has a structure that supports learning and improvement with strong triangulation and governance through:
- Clear collation of information
- Transparent processes to explore and investigate issues based in the PSIRF principles of Just Culture.
- Work with care groups and clinical networks to identify and theme learning opportunities.
- Ensure governance structure that will implement and monitor any identified changes.
- Disseminate learning and developments through a variety of identified solutions.
- Proactively seek out best practice and provide guidance to fundamental standards, clinical networks and care groups to ensure that safe high-quality care remains at the forefront of service delivery.
- To invite identified work streams to feedback areas of development and positive practice to update and share progress.
- Review and raise awareness of wider system learning from across a range of organisations or publications for discussion.

The Organisational Learning Group now has a 12 month work plan based on the 12 themes identified. Learning and good practice identified from case record reviews and investigations can be discussed within the Organisational Learning Group. Learning will be disseminated via clinical networks, fundamental standards, briefings where appropriate, to ensure that learning feeds into existing improvement work.

During 2024/25, themes explored in this forum included Clinical Effectiveness, Record Keeping, Infrastructure, Legislation and Policy Compliance, Safeguarding, Risk Assessment and Patient, Carer and Family involvement and experience.

38 patient safety briefings have been circulated trust wide during 2024/25 as a result of learning. Examples of these briefings include:

- Raising awareness of risks associated with illicit substances
- Information related to safe practice of manging sharps
- Raising awareness of environmental risks
- Information related to the functionality of CITO (Electronic Care Record system) and recording information
- Raising awareness of risks associated with the use of sanitary bins in unsupervised patient areas
- Recording of third party information within Safety Summary documentation
- Emollients and fire risk

The briefings circulated are specific about any assurance required from services. On receipt of completed actions these are documented in the local safety alert and learning database.

The Environmental Risk Group receives monthly incident reports involving ligatures and other risks where environmental factors may have contributed to harm as well as progression of initiatives to reduce harm. Any urgent learning from this group is disseminated Trust-wide via patient safety briefings. Environmental surveys with multi-professional input from estates, health and safety and clinical services continue to be undertaken.

Suicide Prevention training and Being with Distress workshops, continues, as well as our mandatory harm minimisation training. The training considers completion of documentation/record keeping, patient/carer involvement and the importance of multi-agency working. Bespoke training sessions in hot spot areas are available on request.

The learning from deaths policy has recently been reviewed to align to PSIRF. It is aligned to Our Journey to Change and will ensure carers and families receive compassionate care following the loss of a loved one. We continue to work in line with national frameworks and programmes to facilitate shared learning/good practice and valid comparisons with other trusts.

2.18 Local Resolution and Complaints

All complaints are managed in line with national guidance, and we are committed to providing opportunities for our patients, their carer, or their families to seek advice or information, raise concerns or make a complaint about the services that the trust provides. Our complaints policy outlines how they can do this and to feel confident that they will be listened to, and their issues taken seriously.

The Trust's approach to Complaints Handling ensures that we get the right process for those who use our services that gives them the best possible outcome in the least amount of time. Our approach fulfils the expectations set out by the Parliamentary and Health Service Ombudsman (PHSO) for NHS Complaint Standards (2022).

We are encouraging people to discuss any issues or concerns they have with staff who are directly involved in the patient's care, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint. This process is known as a Local Issue Resolution, and we ask that these are resolved either at the time that they are made or longer than 10 working days. This level of feedback is recorded electronically using InPhase that not only captures the nature of the concerns but also includes the outcome, any actions taken, and any learning identified.

We recognise that we cannot always resolve issues or concerns as they arise and that sometimes people will want to make a complaint. All complaints are managed utilising a pathway approach of either an 'Early Resolution Complaint' or as a 'Formal Complaint' which is locally determined by the Complaints Team. We work on the principle of 'investigate once and investigate well' with the complainant receiving an open and honest written response that outlines any learning to demonstrate how we have listened and taken seriously their complaint.

We recognise that all complaints give a vital and direct insight into the quality of services that we provide. Our Ward and Team Managers have full visibility of all concerns and complaints which they use within their governance discussions for learning purposes. In addition, they are able to triangulate the learning with other sources of intelligence e.g., patient safety incidents etc. Furthermore, all learning is shared with the Trust's Organisational Learning Group.

Our activity in 2024/25 can be summarised as follows:

Financial Year	Local Issue Resolution	PALS	Complaints	Total
2024/25	849	N/A	501	1,350
2023/24	206	1,773	498	2,477
2022/23	N/A	2,446	338	2,784

849 concerns were managed locally at ward or team level whilst the complaints were managed as an Early Resolution Complaint (385 in total) and 116 were managed as a Formal Complaint. This reflects the profile that we had envisaged following our new ways of working and ensures that concerns are addressed timely.

The highest reported themes from those Local Issue Resolutions and Complaints received include aspects of the individuals Care and Treatment, followed by Assessment and Communication Issues. We are unable to compare this data from the previous year following the introduction of the new InPhase system and a change to how we categorise all concerns and complaints.

We have also seen an increase in the number of complaints that have been responded to within our originally agreed timeframes (54% in 2023/24 compared to 69% in 2024/25).

The Complaints Team have received a number of positive feedback following the complaints handling, examples are as follows:

Thank you so much for your support today, I really appreciate having you both there especially going through some not nice things. I am really thankful that I was made to feel at ease and able to get my point across and actually be heard without defensive and trying to shift the blame.
Patient/Carer

Just an email to thank you so much for your continued support in this matter. And to thank you so much for being there for us today. It was a good outcome we thought and hopefully things will start and get better for patients on the ward. Although we can't undo what has happened, we are hopeful this will bring some closure and **** can start and move forward with their life. Family Member

Thank you for listening to **** which they had really appreciated your time and felt that you were passionate about your role. **** felt lucky to have someone like you in their corner and felt they were disregarded by staff, and I was made to feel that my concerns were valid and appreciated. Patient

I've read through your letter this morning and have to congratulate you for a very balanced and considerate document. I'd also like to say thank you for dealing with this as you have in such a sensitive way. Staff Member

It was excellent to meet yesterday – I so appreciate all the time you gave me. You were both professional and empathetic, which helps very much in my situation. Family Member

I have to say **** having seen the complaints I think your response is really impressive, I don't know how you do it. Staff Member

I just want to thank you and compliment you on being excellent at your job. I wonder sometimes about why the excellent people with finely honed skills seem to end up in complaints resolution these days when it might be a better idea to have them training people? Patient

**** had recently made a complaint to yourselves. They reported that they were pleased with the response from this and feels that they were listened to. **** tells me that the ward has provided extra support for them and others, and they have been offered psychological support and use of an alarm should they need this. Patient

2.19 Data quality

The latest published Data Quality Maturity Index (DQMI) score is **94%**. This is for November 2024.

Tees, Esk and Wear Valleys NHS Foundation Trust did not submit records during 2024/25 to the secondary uses service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

Tees, Esk and Wear Valleys NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission. We have had our annual external clinical coding audit for the data security and protection toolkit. The results were 93% correct for primary diagnosis and 85.1% correct for secondary diagnosis.

We stopped making commissioning data sets submissions that go to secondary uses service and HES approximately six years ago as the data was duplicated with the Mental Health Services Data Set. The Mental Health Services Data Set data quality for NHS number and GP practice from the Data Quality Maturity Index publication for November 2024 were 99.7% and 100% respectively.

2.20 Mandatory quality indicators

Since 2012/13, all NHS foundation trusts have been required to report performance against a core set of indicators:

Inpatients that are discharged are followed up within 72 hours

The 72-hour measure is the percentage of people discharged from a CCG-commissioned adult mental health inpatient setting, that were followed up within 72 hours. This includes all people over the age of 18 years.

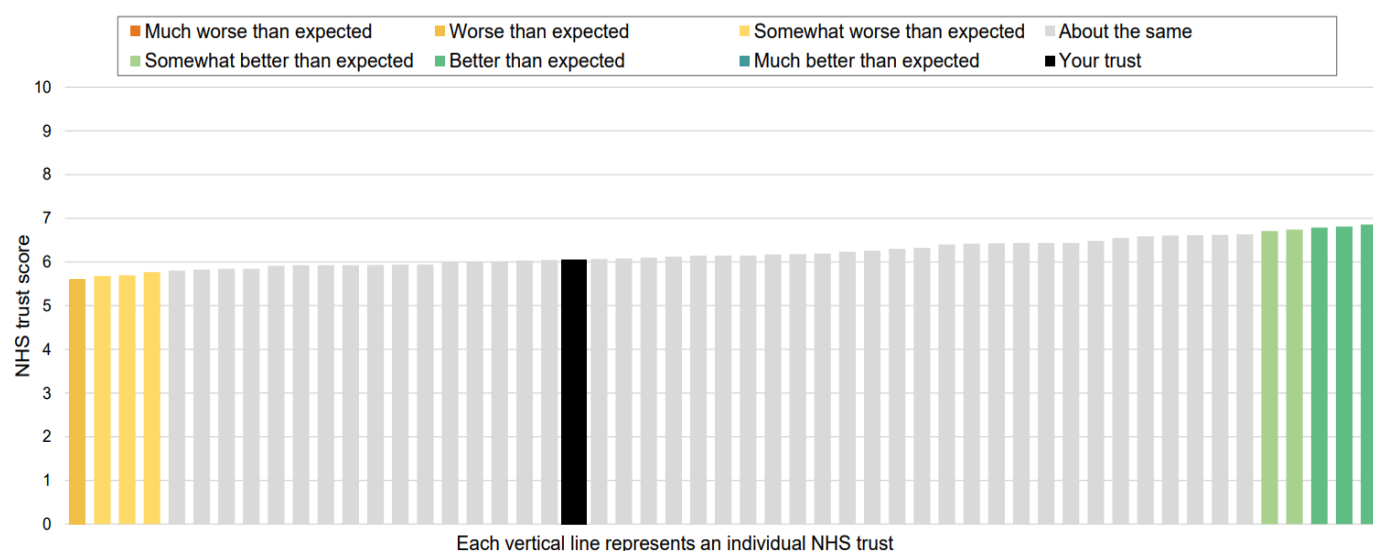
Of our commissioned services, 2975 patients were discharged between 1 April 2024 and 31 March 2025, of those:

- 2562 (86.12%) were followed up
- 413 were not followed up within 72 hours between April 2024 and March 2025.

The introduction of any new Electronic Patient Record has a negative impact on Data Quality. Following the introduction of Cito in February 2024, data quality issues have impacted several patient-based measures across the organisation. To support data quality and to provide oversight that our patients are safe and have been followed up in a timely manner, a thorough, manual validation has been in place through 2024/25. Whilst there are 413 patients **reported** as not receiving a follow up contact within 72 hours; only 154 of these were not actually followed up.

Patients' experience of mental health teams

For 2024, we have reported the mental health section score of the NHS Community Mental Health Survey Benchmark. The Trust has reported a score of 6.1 which is indicated below as 'about the same' compared to all other NHS trusts.



The section score is compiled from the results of the following survey questions below.

Question	TEWV mean score 2024	National average 2024	TEWV mean score 2023	TEWV mean score 2022	TEWV mean score 2021
Were you given enough time to discuss your needs and treatment?	6.7	6.9	6.9	7.7	7.5
Did you feel your NHS mental health team listened to what you had to say?	6.9	7.0	Question updated from 2024	-	-
Did you get the help you needed?	6.0	5.9	6.0	Question updated from 2023	-
Did your NHS mental health team consider how areas of your life impact your mental health?	6.5	6.5	6.7	Question updated from 2023	-
Did you have to repeat your mental health history to your NHS mental health team?	4.1	4.6	4.7	Question updated from 2023	-

National patient safety incident reports

The National Learning from Patient Safety Incidents (LFPSE) system, which the Trust began reporting into at the end of October 2023 is now fully in place and NHS England have developed a reporting dashboard. The 'Reported Data Dashboard' (RDD) draws together all of the nationally reported patient safety incident data and provides a full overview, whether at national, regional or organisational level. Whilst this is now available to organisations within the dataset, this is still being validated prior to being made available on a public website. Local validation has been undertaken to ensure organisational data is accurate to the local system records and this will continue to be undertaken periodically and as any changes are introduced.

Part Three: Further information on how we have performed in 2024/25

3.1 Introduction to part 3

Part 3 of this document contains further information which the legal guidance requires us to include. This includes statutory statements. As with Part 2, this helps to develop an overall picture of quality at our Trust.

3.2 Our performance against our quality metrics

The Quality Account has been prepared in accordance with NHS England's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Quality metrics:

Patient Safety indicators	Target	Whole Trust 24/25	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National benchmark (where available)	Further comments
Percentage of patients who report 'yes, always' or 'yes quite a lot' to the question 'do you feel safe on the ward?'	75.00%	80.66%	78.63%	55.57%	65.30%	64.66%	Not measured nationally	The end of 2024/25 position was 80.66% which relates to 1847 out of 2290 surveyed. This is 5.66% above our standard 75.00%.
Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.073	0.10	0.28	0.17	0.13	The Royal College of Physicians discourage any benchmarking or comparisons due to the high number variables that exist that makes comparison unreliable.	This year's figure equates to 17 Moderate, Severe or Fatal Falls incidents against the 231,992 Occupied Bed Days.
The number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	27.68	29.2	33.27	28.84	20.9	N/A	This year's figure equates to 6422 incidents where restrictive intervention was used, against the 231,992 Occupied Bed Days.
The number of medication errors with a severity of moderate harm and above	2.5	4	11	13	12	7	N/A	There is no official benchmark for this indicator, as the greater the overall reporting, the more open and psychologically safe the culture can be said to be. A decrease in the more severe incidents can be observed to be a positive finding.
The number of Patient Safety Investigation Incidents (PSII) reported on STEIS	-	27	126	144	141	142	N/A	The Trust implemented the National Patient Safety Incident Response Framework (PSIRF) in January 2024 which replaced the National Serious Incident Framework (2015). PSIRF enables organisations to undertake a considered and proportionate response to patient safety incidents. Incidents that would have previously been reported on STEIS and reviewed via the Serious Incident investigation process are reviewed through a multidisciplinary After Action Review (AAR) process. AARs support teams to take a system-based approach to understanding what happened and identifying learning. For those incidents that require further investigation following completion of an AAR, these are reviewed under the Patient Safety Incident Investigation (PSII) process are reported on STEIS. In line with PSIRF, the term Serious Incident is no longer used.

Clinical Effectiveness Indicators	Target	Whole Trust 24/25	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National Benchmark
Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	86.12%	81.93%	88%	<i>Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)</i>		-
Adults with a long length of stay over 60 for adult admissions	N/A	10.02%	12.47%	N/A	12%	N/A	According to the NHS Oversight Framework System Benchmarking as at March 2024, national rank 3 out of 50 mental health providers and are performing within the highest performing quartile (a positive position).
Older adults with a long length of stay over 90 days for older adult admissions	N/A	35.11%	58.04%	35%	N/A	N/A	According to the NHS Oversight Framework System Benchmarking as at March 2024, national rank 6 out of 52 mental health providers and are performing within the highest performing quartile (a positive position).

Patient Experience indicators	Target	Whole Trust 24/25	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	National benchmark
Percentage of patients who reported their overall experience as very good or good	92% ¹	93%	92.17%	92.16%	94.34%	87%
Percentage of patients that report that staff treated them with dignity and respect	94%	87.6%	87.00%	86.69%	84.72%	-
Number of complaints raised	-	501	498	338	257	-

Additional supporting comments on areas for improvement

The number of medication errors with a severity of moderate harm and above:

The Electronic Prescribing Medication Administration (EPMA) has been fully implemented on all wards (with the exception of respite wards), including integration work with CITO allowing discharge prescriptions to populate CITO transfer letters. During the first part of the 24/25 financial year, the EPMA Team scoped the use of EPMA within the community teams; looking at FP10 prescription forms, depot and clozapine processes. A number of enhancements to the system were proposed that would allow future implementation of EPMA to community. For the remaining months of the project, the EPMA Team worked on improving and embedding EPMA processes on the inpatient wards, delivering an update that brought group administration, increased the number of regimens and piloted leave generation on EPMA.

¹ Previous target was 94% changed December 2023 to 92%

3.3 Other external reviews/ publications

Special review of mental health services at Nottinghamshire Healthcare Foundation Trust

Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar, and Barnaby Webber, the Secretary of State for Health and Social Care commissioned the CQC to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under Section 48 of the Health and Social Care Act 2008.

In March 2024, the CQC published the [first part of the review](#) on the findings of their assessment of patient safety and quality of care provided by NHFT, and progress made at Rampton Hospital since their last inspection in July 2023.

In August 2024, published [the second part of their review](#). The issues identified in NHFT were noted as not unique to this Trust. The CQC found systemic issues with community mental health care and they made recommendations relevant to all providers. NHS England will commission an independent homicide review; the review may result in further recommendations.

All NHS mental health services were asked to complete a stock take to understand the gaps and risks in their services. The assessment framework can be found here:

<https://www.england.nhs.uk/publication/guidance-on-intensive-and-assertive-community-mental-health-treatment/>

Summaries of both parts of the reviews were considered within the Trust Management Group, Executive Clinical Leaders, Adult Mental Health Clinical Network and the reports were shared with both Care Group Leaders. The Community Mental Health Service Review ICB (Integrated Care Board) Maturity index self-assessment was submitted by each Care Group to the relevant ICBs. The Durham Tees Valley and Forensic (DTV&F) Care Group met with NENC (North East North Cumbria) ICB and developed an action plan based on the outcomes of the self-assessment. The North Yorkshire and York (NYY) Care Group also developed an action plan and shared this with the HNY ICB. There remains ongoing work to develop the capability to easily identify patients that meet the Assertive and Intensive criteria within the electronic patient recording system.

Assurance Review of Practice and Governance

A report was published in January 2025 which followed a review of our services and focused on where we are currently as an organisation, specifically the experiences of young people in our care. Alongside the report a shorter summary document called Lessons Learned Bulletin was also published. The [independent investigation reports page of the NHS England website](#) shows the publications.

This was a rigorous and independent review carried out by Niche Health and Social Care Consulting. It took place last year (2024). The review was commissioned by NHS England to assess whether, and to what extent, the care we provide is compliant with current standards and expectations. It is the final report following the publication in 2023 of a system-wide independent investigation into our CAMHS inpatient provision, and in 2022 reports that reviewed the care of three young women who sadly died in our care.



The findings show that we have made great improvements across our Trust and provides NHS England with good assurance that we are delivering safe and kind care every day to patients. There will be no further independent reviews in relation to the recommendations included in the earlier reports.

In particular the findings show:

- A good level of assurance that clinical practice within CAMHS offered to patients who present with complex cases is now compliant with expected standards.
- A good level of assurance that the governance of quality concerns within these services is now compliant with expected standards.

- A good level of assurance that the overall governance of quality within these services is now compliant with expected standards.

Lord Darzi Independent Investigation of the NHS in England

In July 2024, the Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS.

Lord Darzi's report provides an expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system. Lord Darzi has considered the available data and intelligence to assess:

- patient access to healthcare
- the quality of healthcare being provided
- the overall performance of the health system

In line with the [terms of reference of the investigation](#), Lord Darzi has only considered the state of the NHS in England. UK-wide analysis is occasionally used when making international comparisons.

[The 160-page report](#) concluded that the NHS is in “serious trouble” financially and operationally and how it has failed to deliver on key obligations to the public since 2015, such as tackling health inequalities, record-long waiting times, workforce pressures and budget deficits.

As a result, millions have been deprived of access to quality care and patient satisfaction is at an all-time low. The report also highlighted how the UK health sector has continuously lagged behind other countries in several key areas, including digital transformation, capital investment, workforce capacity and pandemic response.

We have considered the Darzi report as we developed the Trust's Strategic Framework - **Our Journey to Change: The Next Chapter**. After the Darzi report was published in September 2024, it was discussed within the Executive Directors Group, a Board of Directors Workshop and in our Lived Experience Strategy Reference Group so that this was in mind as they developed the revised version of Our Journey to Change.

Following on from the Darzi report there was an opportunity to take part in the “Change NHS” consultation to inform the drafting of the government's NHS 10 year plan. The Trust successfully submitted a response using the “NHS organisations” template on 29 November 2024.

3.4 External audit

Under guidance from NHS England, the Quality Account 2024/25 is not subject to review by external audit.

3.5 Our stakeholders' views

Our Trust recognises the importance of the views of our partners as part of our assessment of the quality of the services we provide and to help us drive change and improvement.

How we involve and listen to what our partners say about us is critical to this process. We continue to listen and learn from the people we support, their carers and families, our colleagues and our partners.

In line with national guidance, we circulated our draft Quality Account for 2024/25 to the following stakeholders:

- NHS England
- North East and North Cumbria Integrated Care Board
- Humber and North Yorkshire Integrated Care Board
- Local Authority Overview and Scrutiny Committees
- Local Authority Health & Wellbeing Boards
- Local Healthwatch organisations

All the comments we have received from our stakeholders are included verbatim in [Appendix 3](#).

Comments received will support the Trust in achievement of its Strategic Goals and will inform delivery of the Trust's Quality Priorities for 2025/26. Stakeholder comments will also inform key learning for the development of the next year Quality Account.

Appendix 1: 2024/25 Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Accounts/Reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Account/Report.

In preparing the Quality Account/Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2024 to March 2025
 - Papers relating to quality reported to the Board over the period April 2024 to March 2025
 - Feedback from the Commissioners (see Appendix 3)
 - Feedback from Overview and Scrutiny Committees (see Appendix 3)
 - Feedback from Health and Wellbeing Boards (see Appendix 3)
 - The Trust's complaints information reported to its Quality Assurance Committee of the Board of Directors, which will be published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The latest community mental health survey published 04 April 2025
 - The latest national staff survey published 13 March 2025
 - CQC inspection report dated 06 February 2025
- The Quality Account/Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Account/Report is reliable and accurate. There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account/Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account/Report.

By order of the Board.



Bev Reilly
Interim Chair
25 June 2025



Beverly Murphy
Acting Interim Chief Executive
25 June 2025

Appendix 2: Glossary

Adult Mental Health (AMH) Services: Services provided for people aged between 18 and 64 – known in some other parts of the country as ‘working-age services’. These services include inpatient and community mental health services. In practice, some patients younger than 64 may be treated in older people’s services if they are physically frail or have Early Onset Dementia. Early Intervention in Psychosis (EIP) teams may treat patients less than 18 years of age as well as patients aged 18-64.

Audit: An official inspection of records; this can be conducted either by an independent body or an internal audit department.

Autism: This describes a range of conditions typically characterised by social deficits, communication difficulties, stereotyped or repetitive behaviours and interests, and in some cases cognitive delays. People with autism are sometimes known as neuro-diverse. Autism cannot be cured, but the mental illnesses which are more common for people with autism can be treated.

Board/Board of Directors: Our Trust is run by a Board of Directors made up of the Chairman, Chief Executive, Executive and Non-Executive Directors. The Board is responsible for ensuring accountability to the public for the services it manages. It is overseen by a Council of Governors and monitored by NHS England. It also:

- Ensure effective dialogue between our Trust and the communities we serve
- Monitor and ensure high quality services
- Is responsible for our financial viability
- Appoints and appraises our executive management team

Business plan: A document produced once a year to outline what we intend to do over the next three years in relation to the services that we provide.

Care Planning/ Care Programme Approach: Refer to Personalised Care Planning definition.

Care Quality Commission (CQC): The independent regulator of health and social care in England. They regulate the quality of care provided in hospitals, care homes and people’s own homes by the NHS, Local Authorities, private companies, and voluntary organisations, including protecting the interests of people whose rights are restricted under the Mental Health Act.

Child and Adolescent Mental Health Services (CAMHS): Mental Health Services for children and young people under the age of 18 years old. This includes community mental health services, inpatient services and learning disability services.

Cito: An information technology system which overlays the Trust’s patient record system (PARIS) which makes it easier to record and view the patient’s records.

Clinical Commissioning Groups (CCGs): NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all GP practices in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs are overseen by NHS England.

Clinical Supervision: a supportive mechanism which involves clinicians meeting regularly to reflect on practice, with the intention of learning, developing practice and providing high quality, safe care to patients.

Commissioners: The organisations that have responsibility for purchasing health services on behalf of the population in the area they work for.

Commissioning for Quality and Innovation (CQUIN): A payment framework where a proportion of NHS providers' income is conditional on quality and innovation.

Community Mental Health Survey: a survey conducted every year by the CQC. It represents the experiences of people who have received specialist care or treatment for a mental health condition in 55 NHS Trusts in England over a specific period during the year.

Confidential Inquiry: A national scheme that interviews clinicians anonymously to find out ways of improving care by gathering information about factors which contributed to the inability of the NHS to prevent each suicide of a patient within its care. National reports and recommendations are then produced.

Co-production/Co-creation: This is an approach where a policy or other initiative/action is designed jointly between our staff and patients, carers, and families.

Council of Governors: Made up of elected public and staff members and includes non-elected members such as the prison service, voluntary sector, acute trusts, universities and local authorities. The Council has an advisory, guardianship and strategic role including developing our Trust's membership, appointments and remuneration of the non-executive directors including Chairman and Deputy Chairman, responding to matters of consultation from the Trust Board, and appointing the Trust's auditors.

Crisis Resolution & Home Treatment (CRHT) Team: Provide intensive support at home for individuals experiencing an acute mental health crisis. They aim to reduce both the number and length of hospital admissions and to ease the pressure on inpatient units.

Dashboard: A report that uses data on a number of measures to help managers build up a picture of operational (day-to-day) performance or long-term strategic outcomes.

Data Protection and Security Toolkit: A national approach that provides a framework and assessment for assuring information quality against national definitions for all information that is entered onto computerised systems whether centrally or locally maintained.

Data Quality Strategy: A strategy which sets out clear direction and outlines what the Trust expects from its staff to work towards our vision of providing excellent quality data. It helps TEWV continue to improve the quality and value of our work, whilst making sure that it remains clinically and financially sustainable.

Department of Health: The government department responsible for health policy.

DIALOG+: A clinical tool that allows for assessment, planning, intervention, and evaluation in one procedure and allows more personalised care planning.

Forensic Adult and Mental Health and Learning Disability Services: Work mainly with people who are mentally unwell or who have a learning disability and have been through the criminal justice system. The majority of people are transferred to a secure hospital from a prison or court, where their needs can be assessed and treated.

Formulation: When clinicians use information obtained from their assessment of a patient to provide an explanation or hypothesis about the cause and nature of the presenting problems. This helps in developing the most suitable treatment approach.

Freedom to Speak Up Guardian: Provides guidance and support to staff to enable them to speak up safely within their own workplace.

Friends and Family Test (FFT): A survey put to service users, carers and staff that asks whether or not they would recommend a hospital/community service to a friend or family member if they need treatment.

Gatekeeper/gatekeeping: Assessing the service user before admission to hospital to consider whether there are alternatives to admission and the involvement in the decision-making processes that result in admission.

General Medical Practice Code: The organisation code of the GP Practice that the patient is registered with. This is used to make sure a patient's GP code is recorded correctly.

Guardian of Safe Working: Provides assurance that rotas and working conditions are safe for doctors and patients.

Harm minimisation: Our way of working to minimise the risks of sometimes multiple and conflicting harm to both service users and other people.

Health and wellbeing boards: The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system (i.e., local authorities and the NHS) would work together to improve the health and wellbeing of their local population and to reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities, and encourage commissioners to work in a more joined-up way.

HealthWatch: Local bodies made up of individuals and community groups, such as faith groups and resident's organisations associations, working together to improve health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people.

Home Treatment Accreditation Scheme (HTAS): Works with teams to assure and improve the quality of crisis resolution and home treatment services for people with acute mental illness and their carers.

Hospital Episode Statistics (HES): The national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals.

Improving Access to Psychological Therapies (IAPT): An NHS initiative to increase the provision of evidence-based treatments for common mental health conditions such as depression and anxiety by primary care organisations.

Integrated Information Centre (IIC): Our system for taking data from the patient record (PARIS) and enabling it to be analysed to aid operational decision making and business planning.

Intranet: This is our Trust's internal website used for staff to access relevant information about the organisation, such as Trustwide policies and procedures.

Learning Disability Services: Services for people with a learning disability and/or mental health needs. We have an Adult Learning Disability (ALD) service in each Care Group and also specific wards for Forensic LD patients. We provide child LD services in Durham, Darlington, Teesside, and York but not in North Yorkshire.

LeDeR: The learning from deaths of people with a Learning Disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a Learning Disability and reduce health inequalities.

Local authority Overview and Scrutiny Committee (OSC): Statutory committees of each local authority which scrutinise the development and progress of strategic and operational plans of multiple agencies within the local authority area. All local authorities have an OSC that focusses on health, although Darlington, Middlesbrough, Stockton, Hartlepool and Redcar and Cleveland councils have a joint Tees Valley Health OSC that performs this function.

Local Issue Resolution (LIR): A recent concern raised that can be explored together with the team or ward in a timely manner

Mental Health Act (1983): The main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. In most cases when people are treated in hospital or in another mental health facility they have agreed or volunteered to be there. However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act and treated without their agreement. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

Mental Health Services for Older People (MHSOP): Services provided for people over 65 years old with a mental health problem. They can be treated for functional illness, such as depression, psychosis, or anxiety, or for organic mental illness (conditions usually associated with memory loss and cognitive impairment) such as dementia. The MHSOP Service sometimes treats people less than 65 years of age with organic conditions such as early-onset dementia.

Mortality Review Process: A process to review deaths, ensuring a consistent and coordinated approach, and promoting the identification of improvements and the sharing of learning.

Multi-Disciplinary: This means that more than one type of professional is involved, for example, psychiatrists, psychologists, occupational therapists, behavioural therapists, nurses, pharmacists all working together in a Multi-Disciplinary Team (MDT).

National Institute for Clinical Excellence (NICE): NHS body that provides guidance sets quality standards and manages a national database to improve people's health and to prevent and treat ill health. NICE works with experts from the NHS, local authorities, and others in the public, private, voluntary and community sectors – as well as patients and carers – to make independent decisions in an open, transparent way, based on the best available evidence and including input from experts and interested parties.

National Institute for Health Research (NIHR): An NHS research body aimed at supporting outstanding individuals working in world class facilities to conduct leading edge research focused on the needs of the patients and the public.

National Reporting and Learning System (NRLS): A central (national) database of patient safety incident reports. All information submitted is analysed to identify hazards, risks, and opportunities to continuously improve the safety of patient care.

NHS England (NHSE): leads the National Health Service in England.

NHS Staff Survey: Annual survey of staff experience of working within NHS trusts.

Non-executive directors (NEDs): Members of the Trust Board who act as a critical friend to hold the Board to account by challenging its decisions and outcomes to ensure they act in the best interests of patients and the public.

North Cumbria and North East Integrated Care System: Consists of four Integrated Care Partnerships – North, South, East, and West (see Integrated Care Partnerships).

PARIS: Our electronic care record, designed with mental health professionals to ensure that the right information is available to those who need it at all times. See Cito definition also.

Patient-led Assessments of the Care Environment (PLACE): Assessments of the hospital environment reviewing how the environment supports the provision of clinical care, assessing such things as privacy and

dignity, food, cleanliness, the general building maintenance and the extent to which the environment is able to support the care of those with dementia or with a disability.

Patient Safety Incident Investigation (PSII): PSII's are one method to extensively review and investigate an incident. These are acts and/or omissions occurring as part of NHS-funded healthcare (including in the community), resulting in one of the following - unexpected or avoidable death of one or more people which includes homicide by a person in receipt of mental health care within the recent past, unexpected or avoidable injury to one or more people that has resulted in serious harm.

Patient Safety Incident Response Framework (PSIRF): sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Peer worker: Someone who is trained and recruited as a paid employee within the Trust in a specifically designed job, to actively use their lived experience (as a patient or carer) to support other patients, in line with the recovery approach.

Personalised Care Planning: describes the flexible, responsive and personalised approach following a high-quality and comprehensive assessment means that the level of planning and co-ordination of care for patients can be tailored and amended, depending on a number of factors. Factors include the complexity of a person's needs and circumstances at any given time, the assessed and identified intervention required to meet personalised needs, what matters to them and the choices they make, the views, needs and circumstances of carers and/or other important people in their life, professional judgment and evidence-based practice. It is called 'an approach' rather than a system because of the way these elements are carried out, which is as important as the tasks themselves.

Prescribing Observatory in Mental Health (POMH): A national agency led by the Royal College of Psychiatrists, which aims to help specialist mental health services improve prescribing practice via clinical audit and quality improvement interventions.

Programme: A coordinated group of projects and/or change management activities designed to achieve outputs and/or changes that will benefit the organisation.

Project: A one-off, time limited piece of work that produces a product (such as a new building, a change in service or a new strategy/policy) that will bring benefits to relevant stakeholders. Within our Trust, projects will go through a scoping phase, and then a business case phase before they are implemented, evaluated, and closed down. All projects will have a project plan and a project manager.

Psychiatric Intensive Care Unit (PICU): A unit (or ward) that is designed to look after people who cannot be managed on an open (unlocked) psychiatric ward due to the level of risk they pose to themselves or others.

Quality Account: A report about the quality of services provided by an NHS healthcare provider, the report is published annually by each provider.

Quality Assurance Committee (QuAC): Sub-committee of the Trust Board responsible for quality and assurance.

Quality Assurance and Improvement Groups (QAIG): Care Group forums within the Trust responsible for quality and assurance.

Quarter one/quarter two/quarter three/quarter four: Specific time points within the financial year (1 April to 31 March). Quarter one is from April to June, quarter two is from July to September, quarter three is October to December and quarter four is January to March.

Reasonable adjustments: A change or adjustment unique to a person's needs that will support them in their daily lives, e.g., at work, attending medical appointments, etc.

Research Ethics Committee: An independent committee of the Health Research Authority, whose task it is to consider the ethics of proposed research projects which will involve human participants, and which will take place, generally, within the NHS.

Royal College of Psychiatrists: The professional body responsible for education and training and setting and raising standards in psychiatry.

Safeguarding: Protecting vulnerable adults or children from abuse or neglect, including ensuring such people are supported to get good access to healthcare and stay well.

Single Oversight Framework: sets out how NHS trusts and NHS foundation trusts are overseen.

Staff Friends and Family Test: A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It helps us identify what is working well, what can be improved and how.

Statistical Process Control (SPC) charts: a graph used to show how a process changes over time and to see whether a situation is improving or deteriorating, whether the system is likely to be capable to meet the standard and whether the process is reliable or variable.

Steering group: Made up of experts who oversee key pieces of work to ensure that protocol is followed and provide advice/troubleshoot where necessary.

Strategic framework: primarily intended as a framework for thinking about the future and a guide to inform the investment and disinvestment decisions by those tasked with future planning.

TEWV: Tees, Esk and Wear Valleys NHS Foundation Trust.

TEWVision: The in-house built application for recording staff clinical supervision, managerial supervision, and appraisals.

Thematic review: A piece of work to identify and evaluate Trustwide practice in relation to a particular theme. This may be to identify where there are problems/concerns or to identify areas of best practice that could be shared Trustwide.

The Trust: Tees, Esk and Wear Valleys NHS Foundation Trust.

Trust Board: See Board/Board of Directors above

Trustwide: The whole geographical area served by our Trust.

Unexpected Death: A death that is not expected due to a terminal medical condition or physical illness.

Urgent Care Services: Crisis, Acute Liaison and Street Triage services across our Trust.

Whistleblowing: this is a term used when a worker highlights a concern about their organisation and/or services to the Freedom to Speak Up Guardian or NHS Regulators. This will normally be regarding something they have witnessed at work.

Year (e.g., 2024/25): These are financial years, which start on the 1 April in the first year and end on the 31 March in the second year.

Appendix 3: Stakeholders' views

Tees Valley Joint Health Scrutiny Committee (Received 19/05/2025)

The Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Account presentation was considered by the Tees Valley Joint Health Scrutiny Committee at its meeting on the 13th March 2025.

The Committee welcomed the content of the presentation in relation to the quality account improvement priorities for 2024/25, in particular –

- Patient experience: Promoting education using lived experience
- Patient Safety: Relapse prevention
- Clinical effectiveness: Improving personalisation in urgent care.

Attention was drawn to Priority 3 (clinical effectiveness), Members noted the improvements being made towards personalisation in urgent care, in particular the training module that had been made available to staff. Members are interested to observe the impact this will have and look forward to the findings of the evaluation. Members also supported the continuing work with services users to identify the priorities for the year ahead.

Members received an overview of the Niche assurance review commissioned by NHS England and its findings and the recent Care Quality Commission (CQC) inspection of the Mental Health Crisis Service and health-based places of safety. Members were pleased that the service had received a rating of 'good'.

Referring to the most recent CQC well-led inspection of October 2023 Committee Members again expressed concern due to the number of service areas, under the 'safe' domain, listed as 'requires improvement'. Members noted the improvement plan and the subsequent audit that was taking place to ensure the effective completion and embeddedness of internal response to CQC recommendations. Attention was drawn to the recording of clinical supervision and assurance was given by the Trust that improvements to staff training and the recording of clinical supervision were being embedded.

In relation to future priorities the Committee continues to be concerned about capacity issues identified in relation to the demand on the Child Adolescent Mental Health Services (CAMHS) and those waiting for assessments by neurodevelopmental services. The Committee emphasised the importance of addressing these issues and whilst being assured that ways to manage this were being explored, the Committee would like to receive further information about how this was being achieved.

TEWV continue to co-operate with requests for attendance at Committee meetings to provide information on a range of topics, and Members are grateful for the time and input of Trust Representatives. The 2024-2025 municipal year saw senior officers address the Committee regarding several service areas including changes to the respite care provision and the development of the 111 service for those in need of mental health support.

The Committee was keen to note the improvements and developments to service provision. However, Members also highlighted there was still significant improvements needed and the Committee looks forward to receiving further progress updates.

Councillor Moss Boddy

Chair of Tees Valley Joint Health Scrutiny Committee 2024/25

Darlington Borough Council (Received 21/05/2025)

Members of the Health and Housing Scrutiny Committee welcomed the opportunity to consider the draft Quality Account 2024/2025 for Tees, Esk and Wear Valleys NHS Foundation Trust and had the following comments to make:

The Committee considered that the Quality Account was clearly set out and noted the progress made against the three priorities, 'Patient Experience: Promoting education using lived experience', 'Patient Safety: Relapse Prevention' and 'Clinical Effectiveness: Improving Personalisation in Urgent Care'.

Members were pleased to note the work undertaken to progress the outlined priorities and their clear descriptions provided by the trust's representatives on the day.

Questions were raised including as to whether there is a timeframe for improving CQC ratings for which a detailed response was provided and members were pleased to learn that all points of improvement from the last major inspection (2023) have now been met.

Questions were also asked regarding the governance and recruitment structure of the Trust and members were pleased to learn that those with lived experience were involved in the recent recruitment process for the Trust's new Chief Executive. Members were also pleased to learn that training for staff is occurring in face-to-face settings and that sections of training are provided by those with lived experience.

Members asked who was given opportunity to take part in the Big Conversation and were informed that staff, service users and their friends and families were welcome to take part, members expressed that they would have ideally liked to have seen a greater response with Trust representatives agreeing. However, members accepted that requests for feedback were well-promoted by the Trust.

Discussions were held with regards to recruitment and staffing, particular attention was paid to the presence of agency workers with members expressing that they would like to see permanent Trust employees hired where possible over the use of agency staff, a sentiment which was shared by the Trust's representatives.

A further discussion was held regarding the quality of the Trust's buildings and members were pleased to hear that buildings are generally of a high standard in the vast majority of cases with high quality in-patient facilities and a good standard of food and cleanliness. Members had no specific requests for additions to next year's quality account.

Overall, the Health and Housing Scrutiny Committee welcomed the opportunity to comment on the Trust's Quality Accounts and fully endorsed the proposed priorities. Appreciation was expressed for the clear layout of the Quality Account particularly in respect of the included glossary of terms.

Members universally expressed their thanks to the Trust for the positive work being carried out.

Durham County Council Adults Wellbeing and Health Overview and Scrutiny Committee (received 27/05/2025)

The Adults Wellbeing and Health Overview and Scrutiny Committee welcomes Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's draft Quality Account 2024/25 and the opportunity to provide comment on

it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The Quality Account process provides the Committee with one such mechanism.

The Adults Wellbeing and Health OSC has engaged with the Trust in respect of the Trust's CQC Inspection results and associated Improvement Action Plans as well as performance issues identified when considering the 2023/24 Quality Account. Additional engagement with the Trust has been undertaken by the Council's Children and Young Peoples' OSC in respect of the Trust's involvement and work following the Joint CQC/Ofsted CYO Special Educational Needs and Disabilities (SEND) inspection; Children and Adolescents Mental Health Services (CAMHS) demand for service access, assessments and waiting times together with an evaluation into a pilot for Mental Health support in schools in the Consett area.

It is evident that the Quality Account is clearly set out and that progress made against 2024/25 priorities is clearly identified.

Within Priority One: Patient Experience, the development of training sessions for all employees which include input of people with lived experience of services is welcomed particularly the work in engaging with clinical staff in Accident and Emergency and Primary Care services to raise awareness of challenges when people present with mental health challenges.

Priority Two: Patient Safety references the work done to review safety and care plans within community services alongside the new Personalising Care Planning Policy which aims to prevent relapse and the associated communications plan to embed this policy. Again this work is supported as a major step to reduce relapse and the incidence of mental health crisis episodes. The introduction of an audit tool to performance manage delivery of this work is also supported.

Priority Three: Clinical Effectiveness and the use of the "my story once" approach was supported by the Committee for 2025/26 and it is noted that this approach was incorporated into the Personalising Care Planning Policy launched in January 2025 and the subsequent staff training which will continue into 2025/26 for all appropriate staff.

The Committee notes the extensive demands placed upon the Trust in rolling out the initiatives for the 2024/25 Quality Account priorities and the proposal to carry forward these into 2025/26. There are a number of key areas identified within the report which will support the delivery of the Quality Account priorities. Plans to assess the embeddedness and quality of patient's Safety and Care Plans, including reviewing the findings from the established Peer Quality Reviews which are undertaken throughout the year are welcomed. A commitment to ongoing roll out of an extensive training programme for staff is noted and assessment of how this training delivers improvements in personalisation in urgent care and improved patient feedback should provide some assurance to patients, families and carers and the Committee. This is vital to restore patient, public and system trust in the services provided by TEWV following a number of high profile critical media reports of system failures and inadequacies.

In respect of Trust performance and key achievements there are a number of positive developments to note including the CQC Rating of good for Mental Health Crisis Services and Health Based places of safety and liaison services; the implementation of mental health services into the NHS 111 system; the Durham Community Reorganisation Plan for Mental Health Services for Older People delivering reduced waiting times and enhanced quality of care and the work by the Trust in supporting patients with paid employment aspirations and outcomes.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and to provide assurances in this respect to the residents of County Durham, the Committee would request a progress report on delivery of 2025/26 priorities and performance targets.

County Durham Health and Wellbeing Board (received 28/05/2025)

Thank you for the opportunity to comment on the Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust Quality Account 2024-25. The County Durham Health and Wellbeing Board (HWB) appreciate this transparency and as such would like to provide the following comments on the document.

The HWB note that there continues to be unprecedented demand for mental health services, and acknowledge the challenges this brings for TEWV, supporting people across County Durham, Darlington, Teesside, North Yorkshire, York and Selby.

We note the overall CQC rating for TEWV is 'required improvement', however the CQC inspection in February 2025, rated TEWVs mental health crisis services and health-based places of safety as 'good', which is a maintenance rating from the previous year. It is reassuring to see that the report highlights that staff shared a vision and culture, worked with capable and compassionate leaders and that there are sound structures in place for staff to speak up. The HWB note the actions the Trust intends to take to address the points made by the CQC and acknowledge that some progress has already been made on these.

We also note the examples of positive change documented throughout the quality account, and commend colleagues, partners, patients and carers for their commitment to improve the quality and safety of the care provided by the Trust. It is pleasing that the two lived experience directors are now established across the care boards and are offering their knowledge and insight as well as providing challenge to strategic decisions. It is great to see that in addition to this, you also have four strategic lived experience roles working across the Trust. We are reassured that patient and carer experiences are being considered and used to co-create, where possible across the Trust, using the newly launched co-creation framework.

The patient stories are noted as a great way to share real life experiences, and we are pleased to see the impact the Trust has made on their lives, and their commitment to supporting others and shaping mental health care across the North East.

It's good to see continued progress against your 'Journey to Change', and that changes have been made following feedback from the Big Conversation, including an updated vision statement, changes to the goals and recognising the need for staff to do their duties well and to be productive, and supportive of innovation and change. We note that the Journey to Change approach is at the forefront of everything you do across the Trust.

We note that the Trust will continue to focus on three key areas around improving hospital to community care, moving from analogue systems to digital systems, and changing the approach from treating sickness to preventing it. Particular points to note in regard to achievements during the previous year include:

- Hospitality Assured rated the Trust as 'world class' hospitality – the highest standard of customer service quality standard accreditation that can be achieved.
- The crisis service moving to NHS 111 (mental health option), and the considerable work with partners to ensure the right care, right person approach provides the most appropriate support to those in crisis.
- Implementation of the Durham Community Reorganisation Plan for mental health services for older people, with significant benefits such as reduced waiting times and enhanced quality of care

- Work on the Chris's Voice Campaign, to help improve involvement of patients and families in care delivery
- Support to patients with paid employment aspirations, resulting in 600 patients being supported and 300 paid employment outcomes being achieved.
- Launching the dedicated CAMHS web section on the Trust's website, which was co-created by staff, children and young people, along with their parents and carers
- Launching a 360-degree virtual tour of the Dalesway Unit, Roseberry Park Hospital, to relieve anxiety for first time visitors to the service.
- The vast range of work to co-create a great experience for colleagues
- The improvements around working with partners, including the implementation of systemwide peer support networks.

It would be useful to know a bit more about how the Right Care Right Person implementation has impacted upon TEWV NHS Foundation Trust and the quality of service. We acknowledge that all police forces the Trust works with will have different ways of implementing the initiative. It would be useful for partners if further information in respect of this was included within the Quality Account report.

We acknowledge performance against the following priority areas of improvement for 2024-25:

Priority 1: Patient experience: promoting education using lived experience We are pleased that successful recruitment has taken place to appoint a training lead for the involvement and engagement team, to coordinate training packages and support roll out of these across the Trust. It is important that the voice of children and young people is being sought in relation to feeling safe and that this is used in relevant training.

Priority 2: Patient safety: relapse prevention It is noted that a review of safety and care plans has taken place and that the new personalised care planning policy was revised and published in January 2025 to support and reduce patient relapse. It is reassuring to see that there have been improvements in most of the metrics for inpatient services and community services, as demonstrated in the quality assurance and improvement programme.

Priority 3: Clinical effectiveness: improving personalisation in urgent care It is good to see that work continues on improving 'my story once' approach, and that this is modelled in the training packages and included in the personalised care planning policy.

We note these priorities will be carried forward over a three year period to allow time for sustained continuous improvement, and look forward to receiving progress updates against these over the coming years.

It is important that the TEWV quality account aligns, where appropriate to the County Durham Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28 which has been agreed through the HWB and recognises the importance of good mental health. Improving Mental Health, Resilience and Wellbeing is one of the key priorities of the JLHWS, with a local ambition to reduce the number of people in County Durham who self-reported feeling anxious to 10% or less by 2034.

In line with the HWB work programme we hold focused JLHWS priority meetings quarterly. The HWB meeting in March 2025 focused on Mental Health, Wellbeing and Resilience and Jo Murray, Associate Director, TEWV and Jamie Todd, Director of Operations were in attendance at the meeting and contributed to discussions. Continued active contribution to the HWB at a senior level is valued.

Positive partnership working in County Durham is also evidenced through the Mental Health Strategic Partnership Board and mental health is a key priority across the integrated health and care system. A Mental Health Governance Working Group has been established to review the form and function of current arrangements and map areas of duplication across the system, which includes work through our Suicide Prevention Alliance. This work will bring together all plans and commissioning intentions across the system.

As part of this work, proxy indicators which help us achieve the ambition and span the life course will be developed and key programmes of work will be identified that will be part of achieving the ambition.

Learning from deaths

During 2024-25 there were 1744 deaths reported to the Trust, with the majority of these from natural causes however 379 had further reviews, with 186 having case record reviews. Of the 1,744 deaths 1.31% were judged to be more likely than not to have been due to problems in the care provided to the patient. It is disappointing that this seems to be an increase on the previous year (1322 deaths / 0.007%). We understand that actionable learning will continue to be monitored and that 38 patient safety briefings have been circulated during the period as a result of this learning.

The County Durham HWB look forward to continuing work with TEWV as an important partner to achieve our vision for County Durham to be 'a healthy place, where people live well for longer', and to support the place-based integrated health and social care systems.

Amanda Healy, FFPH Director of Public Health

Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland (Received 30/05/2025)

Healthwatch South Tees is pleased to have the opportunity to comment on the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account. We'd like to acknowledge that you have produced a highly informative document.

Some specific comments:

- We are pleased to see that patient, carer, and staff feedback is being actively utilised to drive forward the Journey to Change. The inclusion of patient stories that describe the effectiveness of the support received is a positive step in demonstrating impact.
- **Pages 19-21:** The list of national awards is impressive. Could any of these recognitions be highlighted further to demonstrate impact?
- **Physical health** – it is good to see the work being undertaken here.
- **Page 36:** The survey results print is difficult to read. Can you comment on the bottom five survey results illustrated?
- **Page 40:** Could participation in clinical audits and national confidential inquiries be combined?
- Good to see the clinical audit taking place similarly with regard to participation in clinical research.
- **Page 45:** There should be a reference here to the statement made on page 14 "Further information is provided within section 2.13: What the Care Quality Commission (CQC) says about us."
- **Page 46:** "The Trust CQC improvement plan was formally submitted to the CQC on 01 May 2025 after approval by our Executive Chief Nurse." Did this result in the closure mentioned further down the page?
- **Pages 60-61:** Comments on the drop in patient experience scores compared to previous years would be helpful.
- **Pages 63-64:** Performance against quality metrics - any comments on those items where the Trust have not met their target? (The comments on medication errors are noted).

I hope you find these comments helpful. We have also included on a separate page queries and suggestions for amendment (e.g. clarification and minor typographical corrections) which I am sure would have been addressed in final proof reading.

Linda Sergeant, HWST Project Lead

Healthwatch Hartlepool (Received 31/05/2025)

Healthwatch Hartlepool would like to make the following points –

- Overall, we were pleased to note areas of significant progress in the previous 12 months, particularly in the manner in which co-production and lived experience continue to be embedded both in strategic and operational aspects of service design and delivery within the trust.
- We were pleased to note that Hartlepool was recognised for the part that it played in the successful early development work in the community transformation process and the significant part this has played in shaping ongoing work in this area across the organisation
- We were pleased to note the progress outlined against the 24/25 quality improvement priorities and noted that developments made will be built upon and enhanced through ongoing areas of work around patient safety and care planning identified in the 25/26 quality priority areas.
- We were pleased to note the emphasis given to staff training and development in the 25/26 quality priority areas, and in particular, a greater emphasis given to face-face training around care planning.
- We were concerned to note ongoing issues with electronic patient records and data quality following the introduction of the CITO system in February 24, and the impact this has had on data quality and planning processes. We hope these issues are resolved in the coming year.
- We were pleased to note the inclusion of patient stories and the insight descriptive insight they give to the Quality Account. However, we felt that overall, language used in the document was not inclusive, and that all too often, there was little or no context to many much of the data and statistical content. This must be addressed if TEWV are to encourage greater co-production and a more inclusive approach to all aspects of organisation and its ongoing development.
- Some context is needed regarding the activity and purpose of the Governing Body and the role individual Governors play. In future, a short statement from the Lead Governor covering key activity in the previous year may be a useful addition.

Humber and North Yorkshire Integrated Care Board (ICB) (Received 02/06/2025)

NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) commission healthcare services for the local population and welcome the opportunity to review the Annual Quality Account for Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) for 2024/2025. As with previously, this year's report is reflective of the Trust's values, vision, and ambitions for the future. We congratulate the Trust and its staff on the many successes detailed in the report and during this reporting period.

The ICB recognise the ongoing commitment and ambitions of the Trust, in strengthening co-production and the voice of lived experience and colleagues; examples of which include the co-creation boards. We acknowledge the significant work in this area, supported by the Trusts overarching strategy as detailed in the 'Our Journey to Change'. We are pleased to see that once again the Trust further demonstrates the importance of the voice of people with lived experience, in informing the improvement priorities for the Trust.

The ICB have recognised the significant work undertaken throughout the year, and the progress made towards achieving the quality priorities set out for 2024/25. We note the programme of both training and

development and work to further strengthen the partnerships with local Trusts. We recognise the role of Clinical Advisory Group, their priorities and associated workplan. Also, the connectivity to the work of Physical Health Group and ambition to further improve outcomes and the experience of patients using health services.

We note the development and implementation of the Personalised Care Planning Policy which will strengthen timely and proactive access, supporting the prevention of the relapse of patients and improve the effective use of the 'my story once' approach.

We note the launch of a dedicated CAMHS resource on the Trust website and the roll out of the Leadership and Management Academy which has seen many positive outcomes including the reduction in vacancies and use of restrictive interventions. Furthermore, we recognise the work of the trust in ensuring the voice of young people is present and informs safeguarding training development.

We congratulate the Trust in achieving full implementation and embedding of the Patient Safety Incident Response Framework (PSIRF), the introduction of the Organisational Learning Group (OLG) and the integration of Suicide Prevention Leads. All of which will support the Trust in providing greater focus on and sharing of the learning from adverse events, both internal and system wide.

We note that the Trust has achieved the implementation of the Opel Framework, improved sustainability and seeing a reduced out of area placements. The commitment of the Trust to work in partnership on large scale change including community mental health transformation is welcomed. This is demonstrated through the continued development of primary mental health workers and hybrid roles to strengthen integration and the interface between primary and secondary care.

The ICB congratulate the Trust in achieving a 'good' rating, following the recent CQC targeted inspection of Mental Health Crisis Service, Health Based Places of Safety and Liaison Services.

The ICB is supportive of the Trusts quality priorities for 2025/2026 and the work of all, in ensuring continuous improvement. As outlined in the account, the Trust remains committed to delivering high quality care; the assessment, evaluation and understanding the impact on the quality of patient experience.

The Humber and North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of the patients served by the Trust in order to improve patient experience and patient outcomes. Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by the Trust and that the data and information contained in the report is accurate.

Deborah Lowe, Director of Nursing, Safety, Quality and Experience

NHS North East and North Cumbria Integrated Care Board (NENC ICB) (Received 02/06/2025)

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Tees, Esk & Wear Valley NHS Foundation Trust. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2024/25 Quality Account.

Overview

North East and North Cumbria ICB would like to thank Tees, Esk & Wear Valley NHS Foundation

Trust for the openness and transparency reflected in this year's Quality Account. Equally we would like to commend your workforce for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard. The ICB would also like to thank the Non-Executive Director for Quality and the Chief Nurse for welcoming the ICB to be a full member of the Trust's quality committee.

Achievements

We would like to congratulate the Trust on the achievements made during this period and recognise the attainments detailed within the quality account, in particular:

- Recognition of the community mental health transformation work in Hartlepool by the Parliamentary Health Select Committee.
- Implementation of the national OPEL (Operational Pressures Escalation Levels) Framework, which has positively impacted on bed occupancy and patient flow.
- Implementation of the NHS 111 service mental health option.
- The work to improve culture both risk-based and the culture of care programme to improve experience of care and improve therapeutic benefits and outcomes.
- The launch of a dedicated CAMHS section on your website, co-created with the community that you serve.
- The 17% increase in volunteers recruited by the Trust and establishment of peer worker roles across the Durham Tees Valley forensics area.
- The ongoing commitment to co creation as part of your framework and the benefits that this approach has already realised.
- The multiple awards that the Trust have received as reflected within the quality account narrative.
- The considerable work undertaken to date to deliver the 2024/2025 quality priorities to enhance safe, effective services and deliver good patient experience.

Areas for Further Development

The ICB recognises the additional work that the Trust is undertaking to further support the ongoing delivery of the 2024/25 quality priorities. In particular, the approach being taken to ensure the voice of service users, relatives and carers is at the heart of any quality improvements and maintain a focus on co-creation.

We also acknowledge the continued focus taking place on the 5 'quality journeys' to support the Trusts 'Our Journey to Change' strategy and recognise the achievements teams have made to improve personalised care planning, physical health and patient safety.

Future Priorities

The ICB is fully supportive of the 2025/2026 quality priorities and the 3 key areas outlined in section 2.5, to support their delivery. We acknowledge that the quality priorities are being carried forward for a 3-year period within the Trusts operational framework to enable sustainability and fully embed the necessary improvements.

The Quality Account is reflective of the Trusts overall CQC rating of 'Requires Improvement' and the ICB has been monitoring the robust improvement initiatives that have been put in place following inspection through attendance at the Trust Quality Assurance Committee and NHSE led quality forums.

The ICB can confirm that to the best of our ability that the information provided within the annual Quality Account is an accurate and fair reflection of Trust performance for 2024/25. It is clearly presented in the required format, contains information that accurately represents the Trust's quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with the Trust to assure the quality of commissioned services in 2025/26.

Kate O'Brien

Director of Nursing, Mental Health, Learning Disabilities, Autism and Complex Care
NHS North East and North Cumbria Integrated Care Board