MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 23RD NOVEMBER 2023 AT 3.00PM

VENUE: DARLINGTON ARENA, NEASHAM ROAD, DARLINGTON, DL2 1DL AND MICROSOFT TEAMS LIVE

PRESENT:
David Jennings - Chair
Dr Martin Combs - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council (online)
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Cheryl Ing - Staff Governor, Corporate Directorates
Joan Kirkbride - Public Governor, Darlington
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (online)
Jill Wardle - Public Governor, Durham (online)
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Roberta Barker - Non-Executive Director
Phil Bellas - Company Secretary
Ann Bridges – Executive Director of Corporate Affairs and Involvement
Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby Care Group
Dr Charlotte Carpenter - Non-Executive Director (online)
Karen Christon - Deputy Company Secretary
Dr Hannah Crawford – Executive Director of Therapies
Dr Sarah Dexter-Smith – Executive Director for People and Culture
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Dr Kader Kale – Executive Medical Director
Beverley Reilly – Deputy Chair / Non-Executive Director
Liz Romaniak – Executive Director of Finance, Digital and Estates/Facilities
Patrick Scott – Executive Managing Director for Durham, Tees Valley & Forensics Care Group

Members	233
Non-members	17
Organisations	9

23-24/38 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council

Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Cllr Lisa Belshaw - Appointed Governor, Redcar and Cleveland Borough Council
Gemma Birchwood - Public Governor, Selby
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Gary Emerson - Public Governor, Stockton-on-Tees
John Green - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham
Christine Hodgson - Public Governor, York
Lisa Holden - Public Governor, Scarborough and Ryedale
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Alicia Painter - Public Governor, Middlesbrough
Graham Robinson - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale
Mac Williams JP - Public Governor, Durham

Mike Brierley - Assistant Chief Executive
Prof. Pali Hungin - Non-Executive Director
John Maddison - Non-Executive Director
Beverley Murphy – Executive Chief Nurse
Jules Preston - Non-Executive Director

23-24/39 WELCOME AND INTRODUCTION

The Chair welcomed attendees to the meeting.

He advised that:

- He continued to focus on the following key priority areas:
    - Rebuilding trust internally and externally
    - Evidence of quality and safety
    - Co-production and how to measure it
    - Support to staff
    - Being a good partner

- Improvements had been made to quality and safety in the Trust over the previous 12 months and this had been evident in an inspection report published by the CQC. The independent report had reflected very well on Trust staff and he thanked every member of staff for their contribution and

their continued support. He added that, with the right approach and set of values, the Trust would strive to work through difficult times ahead.

- The Quality Board, NHS England (NHSE) and the Integrated Care Boards (ICBs) had provided oversight of the Trust to ensure progress had been made and internally, the structure of the Trust had been reviewed to ensure the Executive Medical Director, Chief Nurse and Executive Director of Therapies would work together to ensure patient safety was central to the Trust.
- The CQC had been clear that work still needed to be done in relation to the backlog of Serious Incidents (SIs) and progress had been made since then, with the backlog expected to be zero by Christmas 2023.
- Learning and information gathered from the Trust's Our Big Conversation had been incorporated into the Our Journey to Change Delivery Plan which focused on providing a great experience for patients, staff and partners and had made co-production central to the way the Trust operated. The Trust was almost two years into the five year plan and an overview of what had been delivered so far had been provided in his presentation and he reflected on how improving partner relationships would be essential to ensuring services wrapped around individuals.
- With regard to workforce and staffing, 27% more nurses had been recruited than in the previous year and 130 more nurses had been in preceptorship. The focus had been on recruitment and retention of the right staff to provide the best services to the people the Trust served.
- NHSE had commended the Trust on the results of its last staff survey in which improvements had been evident in every category. It had been important for staff to feel valued and that they could contribute to their service and its delivery. He also wanted staff to feel confident in speaking up if they were aware of something going wrong. The CQC had commented on the positive freedom to speak up culture in the Trust. Although this had been good to hear, it had not been taken for granted.
- As a 'requires improvement' Trust, it was important the Board focused on the improvements required but also celebrated improvements achieved.

In conclusion, he suggested the Board had clarity on the improvements required to achieve a higher CQC rating and that Our Journey to Change would provide the Trust with a clear plan on making those improvements.

In keeping with the theme of patient safety, attendees at the AGM would hear from a range of Trust staff and other colleagues about the Trust's patient safety journey. This would include information about peer support and its therapeutic value, the National HOPE(S) NHSE Collaborative and other Trustwide plans including financial matters.

23-24/40 PATIENT SAFETY

Our Quality and Safety Journey

Attendees received a presentation from Dawn Jessop, Deputy Chief Nurse, regarding the Trust's journey to safer care.

D. Jessop advised that:

- Co-creating personalised care was fundamental to Our Journey to Change and as part of that the Trust had spent £8 million since 2019 on making wards safer and had appointed two Lived Experience Directors. The number of Peer Support Workers in the Trust had also increased and further information would be provided later in the meeting.
- In her presentation she had provided details to outline the Trusts plans for 2023/24 in relation to its journeys:

    - Clinical
    - Quality and Safety
    - Co-creation
    - People
    - Infrastructure

- From a governance perspective, quality and safety and the involvement of patients, their families and their carers had to be at the heart of everything the Trust did.

    The Trust's Quality and Safety Journey had four patient safety priorities. However, they would only be achieved if the Trust worked in joint partnership with patients, families, carers, system leads, Governors and partners. The priorities were:

    - Suicide prevention and harm reduction
    - Reducing physical restraint and seclusion
    - Promoting harm free care, improving psychological and sexual safety and providing a safe environment
    - Promoting physical health

- Engagement, communication and transparency with staff was essential to ensure good visibility of teams, wards and services for the Trust and staff alike.
- The cross-government strategy on suicide prevention 2023-28 had clear goals to reduce suicide by 50%, reduce self harm and provide support to families bereaved by suicide. The Trust had two suicide prevention leads, had co-created a suicide prevention plan and had co-hosted a Teesside suicide prevention conference which had received positive feedback. Environmental risk surveys had been completed and these had shaped the improvements made to wards. The Trust had also worked with the Samaritans to offer psychological support.
- The Safewards Model had been highlighted by the CQC as good practice and the Trust had seen month-on-month reduction in the use of restraint in Adult Learning Disability (ALD) services and a reduction in rapid tranquilization in Secure Inpatient Services (SIS). Assurance panels were in place to ensure the Trust learned from incidents.
- Harm free care was based on relationships and everyone could contribute to its promotion. Much of the trauma informed care work had been led by the

Trust's Lived Experience Directors and the Trust was now using the new Patient Safety and Incident Response Framework (PSIRF). With regard to the backlog of serious incidents, improvements had been made and learning was captured within one month of an incident occurring.

- The Trust had wanted to use assistive technology to reduce risks, not to replace staff. The roll out of Oxehealth had been challenged by patients and people external to the Trust. Following feedback from an internal review, a co-creation panel led by Lived Experience Directors had been established, to consider the operating procedure for Oxehealth and ensure it was developed in partnership so that the system could be used in the best way to benefit patients. Sensor doors had also been rolled out in the Trust as a direct result of feedback from environmental risk surveys undertaken. In the past, the Trust had piloted body-worn cameras and consideration had been given as to whether cameras could be used in the future. If a decision to use them was made, the Trust would consult with the co-creation panels.
- Clinical refence groups had been established to consider the physical health of patients.
- To outline progress made by the Trust, a slide in her presentation had included the CQCs ratings of the Trust in December 2022 compared with those given in October 2023.
- The PSIRF would provide a proactive and proportionate approach to learning from patient safety incidents and help to reduce incidents in the future. Two family liaison officers, aligned to the Care Groups, had been appointed to work with families when harm occurred and the feedback regarding these posts has been positive. Bev Reilly, Deputy Chair and Non-Executive Director, had also agreed to become a Patient Safety Partner.
- The Patient Safety Team had been aligned to the Care Groups and the inclusion of people with lived experience on assurance panels had ensured the patient voice would be present throughout the Trust's governance structure in relation to learning and harm.
- The incident reporting system, InPhase, would provide the Trust with greater access to data and increased visibility to make wards and patients safer.
- With regard to Martha's Rule, the Trust would listen to patients and ensure it had the right staff, with the right skills in place to provide safe care.

The Chair thanked D. Jessop for her presentation.

<u>Peer Support and Patient Safety</u>

Attendees received a presentation from Mark Allan, Peer Support Lead in the Trust, regarding Patient Safety and what feeling safe meant to patients.

M. Allan advised that:

- As a person with lived experience, peer support had a dramatic positive impact on his life. He had also witnessed the positive effect peer support had on other people's lives which had motivated him to carry out his role as Peer Support Lead and ensure peer support became more accessible.

- He hoped more people with lived experience would be given a platform at events like the AGM to discuss important topics.
- Peer support had significantly contributed to people feeling safe in services however, it was important to remember that service users and carers had varying ideas about what created safety and it was important to include lived experience voices, including individuals in relation to their own personal care, and embrace contrasting views.
- Two common themes fed back by service users from patient safety workshops held by the Trust had been:

    1. The importance of relationships, of developing relational safety and healing relationships.
    2. The importance of creating services where harm is avoided by respecting rights.

- Peer Support Values had been co-created with a reference group made up of peers, service users, carers and other organisations. Those values were:

    - Authenticity - being true to our (best) selves
    - Relationship - the peer relationship is at the heart of our work
    - Validation - validating emotions, experiences, and being strengths based
    - Respect - for every person's experiences and expertise
    - Mutuality - striving to work together as equal partners
    - Empowerment - supporting people to be in the driving seat

- Peer Support Workers offered one to one peer support, facilitated peer support groups and worked within team processes.
- Positive feedback had been received regarding Peer Support Workers in the Trust, with service users rating their experience as 100% satisfied.
- Many Peer Support Workers had taken up their role after a positive experiences themselves with other Peer Support Workers.
- There were 35 Peer Support Workers in the Trust and the team had seen significant growth. Lived experience roles made up less than 0.5% of the workforce and he would welcome a responsible and sustainable increase in that number. Although the role of a Peer Support Worker could be difficult and emotionally challenging, the retention rate of people in those positions was high.
- Peer Support Workers were often recruited in pairs and staff in Trust services briefed appropriately in preparation for welcoming Peer Support Workers into their team. Training was provided to all Peer Support Workers including one to one supervision, provided by a Peer Supervisor. In addition, there were also peer networks in the Trust, daily debriefs and support was available from managers and teams in the services they worked in.
- In the Trust's Co-creation Strategy, a commitment had been made to embed peer workers and access to peer support across a full range of Trust teams and services. He had welcomed this and hoped existing Peer Support Workers would be invested in, with more peer support roles created in the future.

The Chair thanked M. Allan for his powerful and authentic presentation.

23-24/41 GUEST SPEAKERS

Attendees received a joint presentation on the National HOPE(S) NHSE Collaborative Model and its implementation to reduce long-term segregation within adult learning disability and Autism services in TEWV.

The Chair introduced Danny Angus, Associate Director for the National HOPE(S) NHSE Collaborative who had joined the meeting online, Steph Carr, HOPE(S) Specialist Practitioner from Mersey Care NHS Foundation Trust and Karla Sharif, TEWV Associate Nurse Consultant and Trainee Approved Clinician.

D. Angus advised that:

- NHS England had recognised that, to support teams in reducing highly restrictive interventions such as long-term segregation, strong leadership with an underlying person-centred model was critical.
- The Learning Disability and Autism Programme at NHSE had approached Mersey Care NHS FT to commission a national programme to improve quality and change cultural practices. A team of practitioners had worked with providers and people in long-term segregation across a number of clinical settings where learning disability and autism services were provided.
- The HOPE(S) model helped teams understand how to keep people calm, happy and safe and ensured that everyone involved in a person's care, including their family, worked together. A tool called the barriers to change checklist would be used within the model to take into account information from the patient, and the team around them, to help with ideas of how to end their long-term segregation.
- The key priorities of the HOPE(S) Model were:

    - Organisational and Systems Impact
    - Workforce Capability and Development
    - Culture and Practice Change
    - Individual and Family Quality of Life

- In terms of progress made to date:

    - 16 WTE HOPE(S) Practitioners had been appointed across the country with four of those based in the North East and Yorkshire region.
    - The Trust had seconded a member of their staff to support its implementation.
    - 74 people in long-term segregation had been identified as requiring support from the programme.
    - There had been significant improvements made to people's quality of life.
    - 47 people had transitioned out of long-term segregation.
    - 26 NHS commissioned organisations across 42 hospital sites had received support.

  - 2,166 staff had received HOPE(S) training.

- There had also been important national outcomes:

  - Clinical guidance had been developed for providers, to support an end to long-term segregation.
  - A family trauma service, RESPOND, had been commissioned to provide trauma intervention for families with loved ones in long-term segregation, who were in receipt of support from the programme.
  - Manchester Metropolitan University had been commissioned as the research evaluation partner to undertake an evaluation of the programme and the initial report would be published in January 2024, with a full report available in January 2025.
  - The national HOPE(S) communities of practice had been launched and families who were interested in joining should contact Steph Carr for more information.
  - The HOPE(S) Model had been endorsed as outstanding practice by the CQC and World Health Organisation (WHO).

- He was aware that performance data had not taken into account the tangible and personal impact the programme had had on people's lives. This had included people having a haircut for the first time in three years, walking on the grass outside, sleeping in a proper bed, hugging a loved one, eating a takeaway, being able to visit a restaurant for their birthday or being able to go home. It had been a privilege to work with amazing people with lived experience at Bankfields Court and he had acknowledged how TEWV had embraced the model of care and how K. Sharif and her colleagues had shown strong practice leadership. He hoped that other services would be as open minded about long-term segregation as the team at Bankfields Court had been.

He then introduced K. Sharif and S. Carr, to share their experiences of implementing the HOPE(S) Model and provide details of future plans.

K. Sharif advised that:

- The Adult Learning Disability Service had been a challenging environment and the CQC had rated the service as inadequate. Nine patients had been nursed in long-term segregation.
- HOPE(S) Practitioners had worked alongside her team to train them in the HOPE(S) Model and they worked as a team to approach challenges.
- There was a change in culture, with people thinking differently and staff reporting that they felt hopeful. Staff had embraced the new ways of working and had felt empowered to make changes.
- The focus had been on a patient's quality of life and ensuring they were provided with opportunities to mix with other patients or be alone if they preferred.

- To date, no patients were in long-term segregation at Bankfields Court and only one patient remained in long-term segregation at Lanchester Road Hospital, however, work was underway to address this.
- Patient and staff feedback had been positive.

S. Carr advised that:

- The Trust's investment in creating an internal HOPE(S) capacity had resulted in people receiving HOPE(S) input from outside of the national programme. 42 people had undertaken two-day HOPE(S) training, which had initially been provided to staff in Secure Inpatient Services (SIS). Training had also been provided to colleagues in the wider healthcare system.
- The North East and Yorkshire had been the highest user nationally of long-term segregation but, with HOPE(S) intervention, 19 people had progressed out of long-term segregation over the past 18 months. It was important to consider how HOPE(S) could be made sustainable for the future.
- She had welcomed the new HOPE(S) Practice Leadership Level 4 and 5 qualification and what it could mean to the service.
- In the future, the development of HOPE(S) champions would be considered and she hoped to see HOPE(S) embedded into key policies such as the Behaviours that Challenge Policy and the Safe Use of Seclusion Policy.
- Building on learning so far, prompts would be added to CITO; the Trust's patient record system, to encourage staff to consider using the barriers to change checklist both when long-term segregation had commenced and proactively. The two-day Barriers to Change Awareness training would be extended into the Trust's Adult Mental Health Services.

K. Sharif read out feedback from the parent of a patient who had recently transitioned out of Bankfields Court, which reflected on both negative and positive experiences and thanked staff for the care they had delivered and their dedication to ensuring there had been a positive outcome for their child.

The Chair thanked all three for their presentations and for the powerful feedback provided by the parent of a patient, which had provided attendees with a real understanding of the impact of the HOPE(S) Model on people's care.

23-24/42 QUESTIONS

The following questions were asked in relation to patient safety:

Question 1

Have hospital staff been consulted on safety issues?

Response

D. Jessop advised that consultations had been held with staff to develop the priorities and vision of the Trust's Quality and Safety Journey to Change and safety

issues had been discussed as part of that process. There had also been other projects, including transformation work, that staff could get involved in.

P. Scott advised that work was underway as part of a national quality transformation of inpatient services. This work would provide staff, service users and people with lived experience a chance to have their voices heard in relation to improving safety and having more responsive services. Over the previous year the Trust had engaged with staff regarding patient environments and improvements that could be made.

As part of the roll out of the PSIRF, conversations had been held with staff in the care groups to consider different tools that could be used and changes that could be made regarding patient safety events. The Patient Safety Team would support teams with regard to those changes and the roll out.

Question 2

As the Trust was almost half-way through its Our Journey to Change five year plan, would it be possible to roll out the positive developments and good practice spoken about at the AGM across the Trust, within the remaining time left?

Response

B. Kilmurray advised that he would provide an update on the Trust's Our Journey to Change Delivery Plan later in the meeting and would highlight a number of plans to roll out initiatives and embed positive practices in services and across the Trust. It would be an on-going process and the Trust was committed to delivering these plans.

Question 3

A colleague at Healthwatch County Durham had observed that there had been some positive and encouraging progress made in the Trust, not least the implementation of the lived experience roles, and sought assurance that culture change would continue in the right direction and not slide back in complacency.

Response

The Chair thanked Healthwatch for the helpful feedback and advised that the Board discussed culture and how the right culture was embedded. Our Journey to Change aimed to make fundamental changes to the culture of the organisation, including the role of peer support and lived experience. There was no complacency from the Board regarding culture in the Trust.

B. Kilmurray confirmed that attendees had heard from colleagues during the meeting who had carried out improvement work regarding culture within TEWV and the Trust had been committed to delivering on its Journey to Change and improving services for patients.

23-24/43 LEAD GOVERNOR'S REPORT

Attendees considered a verbal report from the Lead Governor, Cllr Ann McCoy.

She advised that:

- It had been another difficult year for the Trust and she and her fellow Governors had continued to monitor, challenge and assess the progress made by the Trust in making improvements as part of Our Journey to Change. Improvements and progress had been made and Governors had been confident that improvements would continue, however, they would monitor this going forward.
- Training and development had been important to Governors as it gave them confidence to carry out their statutory duties and responsibilities.
- A Task and Finish Group considering the role of a Foundation Trust Governor had been established and as part of that, Governors had considered:
    - The importance of understanding and complying with the highest standards of public office.
    - How best to champion the Trust, whilst also representing those who had voted for them and ensuring they engage with Trust members and the public.
    - Replacing Insight magazine, issued to members prior to 2020, with a more cost-effective publication, to communicate and engage with members.
    - How Governors would hold the Board of Directors to account.
- She encouraged people to become public members of the Trust and members to carefully consider Governor election information sent to them by the Trust as it was important to use their vote to choose who represented them.
- She welcomed the opportunity to hold the meeting in person, which had provided Governors with an opportunity to speak to staff and learn about the Trust's services by visiting the marketplace. Governors wanted staff to know that they supported them and admired their work. She also thanked P. Bellas and A. Bridges for the support provided to Governors by their teams.

The Chair thanked A. McCoy for her presentation and thanked all Governor for their feedback, expertise and challenge throughout the year.

23-24/44 REVIEW OF THE YEAR AND FUTURE PLANS

B. Kilmurray welcomed attendees both present and online and thanked presenters for their insightful and powerful presentations and confirmed that he had enjoyed the marketplace of information and had felt pride and gratitude with regard to the good practice he had heard about and the staff members he had met. He had also been grateful to the people who had organised the event.

He provided a review of the year and details on the Trust's future plans.

He advised that:

- The Trust had made positive progress towards its goals to create a great experience for patients, carers, families, colleagues and partners. A summary of the progress made had been provided in his presentation and had included:

    - 1200 people supported into employment through the Trust's Individual Placement Service (IPS).
    - 223 Volunteers recruited to support teams and communities in the Trust.
    - Over 600 crisis calls responded to per day.
    - 449 patients and carers registered for involvement with the Trust.
    - Working with staff and staff networks to understand their requirements in terms of wellbeing.
    - Patients and carers were being listened.

- In terms of co-creating a great experience for patients and carers:

    - Two Lived Experience Directors had been appointed and they had brought more knowledge, understanding and compassion to the Trust's leadership.
    - There had been investment in Peer Support Workers and he had been grateful for Mark Allan's leadership. It had been clear that patients, carers and colleagues valued their work.
    - With regard to patient safety technology, policies had been reviewed to try to understand how a person's personal choices can be taken into account whilst ensuring they are safe. The Trust would not always get it right but it would continue to look for ways to improve.
    - The Trust had established England's first Neonatal Peer Support Service for patients dealing with the shock and stress of pre-term or seriously unwell babies. The service offered an array of bespoke support for families at a really difficult time.
    - The Trust had been recognised for being veteran aware by the Veterans Covenant Healthcare Alliance.
    - Co-creation Boards had been established by both care groups, to provide a forum through which patients, carers and colleagues could consider how to improve the experiences of service users and ensure they are better informed to make choices.
    - The Co-creation Framework focused on how to put co-creation at the heart of everything the Trust does.
    - The Carers Working Group had led the way and provided guidance on the training and support provided to carers. This had included the Carers Charter, a dedicated Carers Hub on the Trust's website and Carer training provided across the Trust.

- The Trust had reviewed its Complaints and the Patient Advice and Liaison Service (PALS). Since making changes, the CQC had noted in their last report that all complaints in the Trust had been fully investigated and responses had been compassionate.
- Westerdale South at Roseberry Park Hospital in Middlesbrough had created a Namaste package to provide support to stressed patients in one of the older adults' services.
- The Friends and Family Test in March 2023 showed that 91% of patients and 97% of carers had reported that their experience of the Trust had been good or very good. Although delighted with the progress made, the Trust would focus on continued improvement.

- In terms of co-creating a great experience for colleagues:

  - The Board wanted staff to feel pride in their work and a sense of belonging and considered that happy and engaged staff would provide great care. He welcomed the opportunity to hear from staff at the AGM who had been proud and enthusiastic about their services.
  - The Trust had continued to host a number of regular engagement events for staff including the Chief Executive's monthly webinar, coffee break sessions hosted by the People and Culture directorate, learning and equality sessions to talk about sensitive topics, swartz rounds and staff network groups including the Long Term Health Conditions Group and the Rainbow Network for LGBTQ+ colleagues and the Black Asian and Minority Ethnic (BAME) Group.
  - Recruitment challenges still existed, however, more staff had been recruited and there had been a reduction in the number of staff leaving.
  - The Trust had been recognised by a number of award schemes, winning four of the six it had been nominated for at the Positive Practice in Mental Health Awards, a national scheme regarding mental health rehabilitation, recovery, outstanding leadership and forensic mental health. The Trust's Talking Changes Improving Access to Psychological Therapies (IAPT) service in County Durham and Darlington had been awarded for its commitment to promoting healthy lifestyles for its staff. Also, after being awarded Chartered Manger Status by the Chartered Management Institute (CMI) in 2019, offering a range of in-house leadership and management qualifications, the Trust had been through a recent audit and had maintained its registered status, with no actions required.

- In terms of being a great partner:

    - The Specialist Navigator Project had been launched to assist patients and carers with their journey through the mental health system.
    - The Trust's Tees Valley transformation work had been awarded the Leading the Way to Change Award at the Healthwatch South Tees STAR Awards.
    - The office of the Durham Police and Crime Commissioner (PCC) had worked with the Trust to develop new peer roles to support people affected by alcohol or substance misuse and who may also have severe mental illness and complex emotional needs.
    - Through its work as part of the York Mental Health Partnership the Trust had joined with BEAT, the UK's leading eating disorder charity, to increase the support available to people with eating disorders and their families across York and The Vale of York.

- In 2022, the Trust co-created and launched its five journeys to make improvements in key areas. Although a challenging process, the results had been valued because they had reflected the views of stakeholders, people with lived experience, staff and others. The Our Journey to Change Delivery Plan had enabled the Trust to use those journeys to identify its key priorities.
- There had been many changes in the Trust, including a fundamental change to the clinical and operational structures to simplify governance arrangements and the new leadership and governance structure had been implemented on 1st April 2022.
- In 2022/23 the CQC had revisited the Trust's Child and Adolescent Mental Health Services (CAMHS) and inpatient services and had acknowledged the improvements made.

- With regard to challenges:

    - In November 2022, NHSE had published the independent reports into the tragic deaths of three young women in the Trust's care. This had then been followed by an independent report into the Trust's governance arrangements. Work had been undertaken to address the concerns raised by the reports and it had been an incredibly difficult time for everyone involved. He reiterated the heartfelt and profuse apologies that had been offered to the families and friends of Christie, Nadia and Emily and acknowledged that the Trust would continue to focus on providing better and safer care for patients and their families.
    - Communities the Trust served had experienced a cost of living crisis and had faced health inequalities.
    - There had been a significant increase in the demand for mental health services and the complexity of the care required.

  - The NHS had continued to face financial pressures but there had also been new opportunities identified with the re-organisation of the NHS and the introduction of the Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), which would support pro-active conversations with other providers as to how they can work together within a joined up system.

- Next steps would be to focus on the Our Journey to Change Delivery Plan 2023-24. Improvements were still required but there was much to be proud of and the extensive inspections carried out by the CQC had provided assurance that improvements to services had been made. Seven out of 10 of the Trust's core services had now been rated as good and he thanked everyone involved in making those improvements.
- The Trust's strategy and leadership had been endorsed by the CQC and patients and carers had told them that they had received kind and compassionate care and had been actively involved in their care planning.

In conclusion, he acknowledged that great things happened in the Trust every day and staff should be proud of that. He thanked the Board, Governors, staff, patients, carers, the public and others for supporting the Trust.

23-24/45 ANNUAL ACCOUNTS 2022/23

Prior to providing her update on the Trust's Annual Accounts for 2022/23, L. Romaniak acknowledged the inspirational work and positive feedback that had been described by the presenters during the event.

She advised that:

- The Annual Accounts had reported an unadjusted financial deficit of £8.6m, which had included £9.4m net impairments of building evaluations.
- The adjusted surplus had been £1.2m which had been marginally ahead of the planned £1.16 million surplus. This had been helpful to the Trust for delivering on its plans and to the wider healthcare system.
- It had been a challenging time as the NHS had started to move away from the previous national financial arrangements brought in as a result of the Covid-19 pandemic. That funding had allowed the Trust to focus on patient safety and care during that time but now substantial funding had had to be taken away from services.
- Clinical Commissioning Groups had been replaced by ICBs in July 2022 and the Trust now had significant relationships with North East and North Cumbria ICB and Humber and North Yorkshire ICB.
- In terms of key transactions, the Covid funding had reduced from £14.4 million to £7.7 million and pay costs had increased by £43.9 million in the last financial year including the impacts of 2022/23 national pay agreements:

  - 4.5% pay award for medical colleagues.
  - £1,400 consolidated cash payment and 2% non-consolidated payments to Agenda for Change (AFC) colleagues.
  - Additional non-consolidated AFC “backlog bonus” of at least £1,250.
  - Long-Term Plan investments in Mental Health.

- Purchased healthcare costs had increased by £4.1 million to support bed pressures.
- Depreciation had increased by £3.0m following the NHS adoption of International Financial Reporting Standard 16: Leases from April 2022.
- Intangible assets had been amortised by £1.5m as the Trust had moved some IT systems onto a Cloud based infrastructure.
- Transport costs had increased with some return to pre-pandemic ways of working. This had meant an increase in miles travelled and inflation due to higher fuel costs.
- A small number of adults with Learning Disabilities, with complex needs, had required high cost care packages including temporary staffing.
- The Trust had significantly invested in its infrastructure, estates and information technology and the gross capital expenditure had been £14.5 million.
- The Trust had underspent by £0.4 million against capital resources allocated through the Integrated Care System.
- Cash balances had reduced by £6.6m to £75.2m. This had been £10.6m above the Trust’s £64.6m plan.
- Increased temporary staffing pressures meant agency costs had exceeded forecast levels.
- 93.9% of invoices had been paid within 30 days, against a 95% Better Payment Practice Code target for prompt payments to suppliers. The Trust had been working towards achieving the 95% target during 2023/24.
- The operating income of the Trust for 2022/23 had totalled £484.5 million and helpful graphs had been provided in the presentation at Appendix 1, to show the sources of income and the Trust’s expenditure.
- There would be financial challenges for the Trust in 2023/24. As further covid funding would be reduced, the NHS would see only a 0.1% increase in real terms growth. The Trust would need to consider how to do things differently, whilst providing improved outcomes.
- The Trust had continued to be impacted by the effects of the covid pandemic in terms of demand and capacity. Unlike acute Trusts who had the Elective Recovery Fund, mental health trusts did not have an equivalent to this funding.
- Sickness levels in the Trust had reduced.
- She thanked colleagues and partners for their support over the last year and acknowledged how challenging and difficult times had been. She also advised that, during discussions with the Trust, national leaders from NHS England had expressed their gratitude to staff.

23-24/45 EXTERNAL AUDITOR'S REPORT

G. Barker, Audit Director at Mazars LLP advised that:

- He had enjoyed attending the AGM and learning more about the Trust and its services and listening to speakers.
- The audit had to be completed quickly and that had been made possible by the cooperation of L. Romainak and her team.
- The outcomes of the 2022/23 Audit had included providing an unqualified audit opinion on the financial statements, consolidation schedules consistent with the financial statements and there had been no inconsistencies to report in the Annual Report of Annual Governance Statement. This is had been important as it had demonstrated how the Trust had been accountable with regard to public money.
- The Value for Money (VFM) reporting outcomes for 2022/23 had been published in the Auditor's Annual Report which had been made available on the Trust's website and at the venue for attendees. They had considered three key areas regarding the Trust's arrangements:

    - Financial sustainability
    - Governance
    - Improving economy, efficiency and effectiveness

- Two significant weaknesses had been identified. Both related to specific findings of the CQC and recommendations in relation to those had also been included in the report. However, an audit certificate had been issued on 31st August 2023.

23-24/46 QUESTIONS AND ANSWERS SESSION

The following questions were responded to at the meeting:

Question 1

The Trust was congratulated on progress it had made and a request was made to speak to someone following the meeting about their experience of the care they had received

Response

B. Kilmurray thanked the person for their comments and confirmed that the someone would be able to speak to them after the meeting, to address their concerns and provide help.

Question 2

The opportunity to hear about Trust plans and the focus on staff feeling proud was welcomed.

From a service user perspective, how would the Trust ensure that changes filtered down to GPs, which would usually be a person's first point of contact? It was suggested that service users did not hear about the services referred to at the meeting.

Response

B. Kilmurray thanked the person for their comments and the challenge provided. He confirmed that, although proud of what had been achieved, it was with humility. More improvements would be required to ensure that everyone had the same positive experience. The Trust also needed to ensure it was connected to people in their communities so they could access care and first contact workers had been embedded in GP surgeries, to enable people to access mental health services. However, the Trust covered a large geographical area and suggestions on areas the Trust was missing would be welcomed.

A. McCoy advised that Governors had a role to play, as champions of the Trust. Some Governors had access to organisations who they could provide information to about the good work undertaken by the Trust and what services it provided. Governors had been seeking information at their task and finish group about organisations and which meetings they could attend or observe, to try and raise the profile of the Trust and improve the Trust's reputation.

Question 3

An attendee welcomed the dementia care provided to their parent.

There was a large portion of the Trust's budget spent on external staffing. Do you have plans, or is it possible, to reduce that or bring it in-house?

Response

L. Romaniak advised that the Trust had been aware of the £4 million premia attached to temporary staffing and its link to VFM. The Trust had recruited nurses and sought to attract apprentices and improve the experience of medics so that they would want to remain employed by the Trust. In terms of quality, the Trust wanted to grow, train and develop its workforce.

With regard to reducing staff turnover, S. Dexter-Smith advised that her department had been working to stabilise the Trust's workforce, to reduce temporary staffing. Work undertaken by the Executive Medical Director had resulted in six medical staff employed in the last month. The reduction in sickness rates had also led to a reduction in temporary staffing. A reduction in leavers rates had been very positive. The Trust had also stopped using non-clinical agency staff, other than in its Digital Team. Whilst high quality agency staff had been employed by the Trust, there were challenges that related to those staff not being familiar with teams and patients.

A. McCoy advised that she had taken part in a video, in her role as Cabinet Member for Adult Social Care for Stockton Borough Council, as part of a national drive to

encourage people to work in health and social care and recognise the benefits of doing so. TEWV would be involved in this national campaign, which would be beneficial in the long term.

Question 4

An attendee noted they were a Royal College of Nursing representative in the Trust. They acknowledged it was important to recognise the partnership working that is undertaken and the Trust's commitment to that. Recent discussions about upgrading the partnership agreement have taken place and there is a commitment from the Trust to enable staff-side representatives to work in many areas of the Trust, not just in representing people in disciplinaries and in relation to grievances but in a number of corporate areas including job evaluations, HR policy reviews, organisational change and safety issues.

Response

B. Kilmurray welcomed the comments made and advised that the Board greatly valued partnership working, which was fundamental to cocreation.

23-24/47 MEETING CLOSE

The Chair thanked all attendees for joining the meeting and colleagues for their effort and support throughout the year. He also thanked speakers and colleagues who had provided support in delivering the AGM.

The meeting closed at 5.26pm.

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David Jennings
Chair
19th March 2024