

**COUNCIL OF GOVERNORS**  
**WEDNESDAY 26<sup>TH</sup> MARCH 2025 AT 2.00PM**

**VENUE: THE WORK PLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON  
 AYCLIFFE, DL5 6AH AND ON MS TEAMS**

**AGENDA**

<b>1.</b>	Apologies for absence	David Jennings Chair	Verbal
<b>2.</b>	Welcome and Introduction	David Jennings Chair	Verbal
<b>3.</b>	To approve the minutes of the meeting held on 15 <sup>th</sup> January 2025	David Jennings Chair	Draft Minutes
<b>4.</b>	To receive any declarations of interest	David Jennings Chair	Verbal
<b>5.</b>	To review the Public Action Log	David Jennings Chair	Report
<b>6.</b>	To receive an update from the Chair	David Jennings Chair	Verbal
<b>7.</b>	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
<b>8.</b>	<p>Governor questions and feedback –</p> <ul style="list-style-type: none"> <li>a) Governor questions and answers session</li> <li>b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template).</li> </ul> <p><i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate by Friday 21<sup>st</sup> March 2025. Please send them to <a href="mailto:tewv.governors@nhs.net">tewv.governors@nhs.net</a>).</i></p>	David Jennings Chair	Schedule of Governor questions, responses and feedback to be circulated

9.	<p>To receive an update from the Board of Directors' Quality Assurance Committee (QAC)</p> <p>Background Information on the business transacted by the Board of Directors in recent public meetings can be found on our Trust's website –</p> <p><a href="https://www.tewv.nhs.uk/about/board/papers-previous-board-meetings/">https://www.tewv.nhs.uk/about/board/papers-previous-board-meetings/</a></p>	<p><b>Bev Reilly</b> Non-Executive Director / Deputy Chair/Chair of QAC</p>	Verbal
10.	<p>To receive a progress update on the Trust's Operational Services and Crisis Line position:</p> <p>a) Durham, Tees Valley and Forensics Care Group</p> <p>b) North Yorkshire York and Selby Care Group</p>	<p><b>Naomi Lonergan</b> Interim Managing Director for DTV&amp;F Care Group</p> <p><b>Helen Day</b> Director of Nursing and Quality</p>	<p>Report</p> <p>Report</p>
11.	To consider a report on the Trust's Strategic Framework (Our Journey to Change)	<p><b>Chris Lanigan</b> Associate Director of Strategic Planning and Programmes</p>	Report
12.	To receive a report on CITO, the Trust's Patient Record System	<p><b>Nick Black</b> Chief Information Officer</p>	Report
13.	<p>Date and time of meetings in 2025/26:</p> <ul style="list-style-type: none"> <li>Monday 14<sup>th</sup> July 2025 at 2pm</li> <li>Wednesday 15<sup>th</sup> October 2025 at 2pm</li> <li>Wednesday 18<sup>th</sup> February 2026 at 2pm</li> </ul>	<p><b>David Jennings</b> Chair</p>	Verbal
14.	<p>Exclusion of the public</p> <p>The Chair to move:</p> <p><i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust's forward plans</i></p>	<p><b>David Jennings</b> Chair</p>	Verbal

	<p><i>prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <p>(a) <i>the free and frank provision of advice, or</i></p> <p>(b) <i>the free and frank exchange of views for the purposes of deliberation, or</i></p> <p>(c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs”.</i></p>		
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*Note: The meeting will adjourn for 15 minutes.*

**David Jennings**  
**Chair**  
 18<sup>th</sup> March 2025

**Contact:** Phil Bellas, Company Secretary, Tel: 01325 552001, Email: [p.bellas@nhs.net](mailto:p.bellas@nhs.net)

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## **MINUTES OF THE PUBLIC SESSION OF THE COUNCIL OF GOVERNORS' MEETING HELD ON 15<sup>TH</sup> JANUARY 2025 AT 2.00PM AT THE WORKPLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND ON MICROSOFT TEAMS**

### **PRESENT:**

David Jennings - Chair  
Joan Aynsley - Public Governor, Durham (MS Teams)  
Cllr. Pauline Beall - Appointed Governor, Stockton-on-Tees Borough Council (MS Teams)  
Gemma Birchwood - Public Governor, North Yorkshire  
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council  
Mary Booth - Public Governor, Middlesbrough  
Cllr Claire Douglas - Appointed Governor, City of York Council (MS Teams)  
Gary Emerson - Public Governor, Stockton-on-Tees (MS Teams)  
Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group  
Hazel Griffiths - Public Governor, North Yorkshire (MS Teams in-part)  
Joan Kirkbride - Public Governor, Darlington  
Catherine Lee-Cowan - Appointed Governor, Sunderland University (MS Teams)  
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)  
Alicia Painter - Public Governor, Middlesbrough  
Gillian Restall - Public Governor, Stockton-on-Tees  
Graham Robinson - Public Governor, Durham (MS Teams)  
Zoe Sherry - Public Governor, Hartlepool  
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)  
Judith Webster - Public Governor, North Yorkshire (MS Teams)

### **IN ATTENDANCE:**

Phil Bellas - Company Secretary  
Ann Bridges - Executive Director of Corporate Affairs and Involvement (MS Teams)  
James Burman - Stakeholder and Engagement Lead (MS Teams)  
Dr Charlotte Carpenter - Non-Executive Director (MS Teams)  
Karen Christon – Deputy Company Secretary  
Dr Hannah Crawford - Executive Director of Therapies  
Dr Sarah Dexter-Smith - Joint Executive Director for People and Culture  
Angela Grant - Corporate Governance Officer (CoG and Membership)  
Wendy Johnson – Legal Services Officer  
Dr Kedar Kale - Executive Medical Director  
Brent Kilmurray - Chief Executive  
Dr Chris Lanigan – Associate Director of Strategic Planning and Programmes  
Martin Liebenberg – Care Group Director of Therapies (MS Teams)  
Naomi Lonergan – Interim Managing Director for Durham, Tees Valley & Forensics Care Group/Deputy  
John Maddison - Non-Executive Director  
Jules Preston - Non-Executive Director  
Beverley Reilly - Deputy Chair / Non-Executive Director  
Jane Robinson – Non-Executive Director  
Liz Romaniak - Executive Director of Finance, Estates and Facilities  
Patrick Scott – Deputy Chief Executive  
Dr Elspeth Webb – Consultant Clinical Psychologist  
Rachel Weddle – Deputy Chief Nurse

Kirsten White – Service Manager of Trustwide Autism  
Catherine Wood – Non-Executive Director

## **24-25/57 APOLOGIES**

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council  
Rob Allison - Appointed Governor, University of York  
David Coombs - Public Governor, Durham  
Pamela Coombs - Public Governor, Durham  
Ashley Douglass - Staff Governor, Durham, Tees Valley and Forensics Care Group  
John Green - Public Governor, North Yorkshire  
Cheryl Ing - Staff Governor, Corporate Directorates  
Kevin Kelly - Appointed Governor, Darlington Borough Council  
Jacci McNulty - Public Governor, Durham  
Jean Rayment - Public Governor, Hartlepool  
Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council  
Jill Wardle - Public Governor, Durham

Roberta Barker - Non-Executive Director  
Zoe Campbell - Executive Managing Director for North Yorkshire, York and Selby Care Group  
Beverley Murphy - Executive Chief Nurse  
Kate North – Joint Executive Director for People and Culture

## **24-25/58 WELCOME**

The Chair welcomed attendees to the meeting.

## **24-25/59 MINUTES OF PREVIOUS MEETINGS**

With regard to minute 24-25/28 (16/10/2025), J. Kirkbride acknowledged the presentation on the Community Mental Health Transformation Programme, delivered at the Trust's Annual General and Members' Meeting, and how waiting times for patients had reduced. It had been noted as a key success for the Trust, however, reduced waiting times were not evident across the Trust.

B. Kilmurray advised that the presentation had specifically focused on Community Mental Health Transformation Programme work and how waiting times for adult and older people's services had reduced which had been a key success for the Trust.

***Agreed – That the minutes of the Annual General and Members' Meeting held on 16<sup>th</sup> October 2024, and the minutes of the public Council of Governors' meeting held on 24<sup>th</sup> October 2024. be approved as a correct record and signed by the Chair.***

## **24-25/60 DECLARATIONS OF INTEREST**

None received.

## **24-25/61 PUBLIC ACTION LOG**

Consideration was given to the Council of Governors' Public Action Log.

It was noted that:

- With regard to Action 24-25/43 (24/10/24) and the Trustwide Review of Autistic Patients with a diagnosis of a Personality Disorder, A. Painter suggested that a review limited to Autistic people with a personality disorder, as opposed to reviewing all people with a diagnosis of a personality disorder regardless of whether they are Autistic, could lead to people feeling dismissed. Something she had experienced herself.

The Chair confirmed that a question had been received from A. Painter on diagnostic overshadowing and how the mental health needs of Autistic people were dismissed. Due to its late submission, a response to the questions would be provided outside the meeting.

E. Webb confirmed that prior to the meeting, Governors had been sent a briefing on the Trust wide Review of Autistic Patients with a Diagnosis of a Personality Disorder. She advised she would return to a future Council of Governors' meeting to update on the review's findings.

J. Kirkbride advised that initial concerns she had raised at previous Council of Governors' meetings, regarding people misdiagnosed with a personality disorder, had related to a specific case which had involved a locum GP who had diagnosed someone with a personality disorder after a thirty minute appointment and had not read their medical notes. Although the diagnosis was overturned, it had greatly affected the individual.

E. Webb confirmed that the circumstances of that case would be considered as part of a deep dive, to recognise possible patterns.

The Chair suggested J. Kirkbride share specific details of that case with E. Webb outside of the meeting.

- With regard to Action 24-25/41 (24/10/24), A. Bridges confirmed she had invited Integrated Care Board colleagues to the Council of Governors' meeting in March 2025.
- With regard to Action 24-25/22 (22/08/24), S. Dexter-Smith advised that it had not been considered appropriate to ask BAME colleagues to attend Council of Governors' meetings and she and K. North would welcome the involvement of a small group of Governors in planning anti-racism work in the Trust for the coming year.
- With regard to her question on the number of Trust psychiatrists who had accessed the National Autism Training Programme for Psychiatrists [minute 24-25/46 (24/10/24) refers], H. Griffiths asked whether those figures had become available.

K. Kale advised that the Trust had contacted the Royal College of Psychiatrists to enquire whether such information could be obtained. Confirmation was received that the information would not be made available to the Trust. Consideration had also been given to whether the Trust's Finance Department might hold details on the number of psychiatrists who had undertaken the training as part of their professional development.

L. Romainak advised that it was most unlikely.

## **24-25/62 CHAIR'S UPDATE**

The Chair provided a verbal report on his activities in the Trust since the last meeting of the Council of Governors. He advised that:

- He was focused on the future direction of the NHS as part of the Government's 10-Year Health Plan, particularly in relation to learning disability, mental health and Autism services.
- The Government had proposed changes to the roles of NHS England and the Integrated Care Boards. He and the Chief Executive had been invited to regional meetings, which aimed to seek the views of NHS trusts on this and other aspects such as the role of NHS trust Chairs. Conversations had also been held with Integrated Care Boards on the role of Non-Executive and aspiring Non-Executive Directors, Governors and Executive Directors.
- The revision of the Trust's Our Journey to Change would be discussed later in the meeting.

## **24-25/63 CHIEF EXECUTIVE'S UPDATE**

Governors received a verbal report from the Chief Executive on important topical issues.

B. Kilmurray advised that:

- The Government sought feedback on the 10-year Health Plan and a number of regional roadshows had also been held in the Autumn, supported by the Secretary of State and the Chief Executive of NHS England. The roadshows had been attended by TEWV colleagues and the Trust had submitted its contribution to the consultation. The Government's official position on the 10-Year Health Plan was expected to be published in May 2025 or early Summer. He advised that a comprehensive spending review had begun and a number of themes had been identified during the consultation, including:
  - Regulation on vaping and tobacco control
  - Weight Management
  - The Health of the Nation
  - Access to services
  - Financial sustainability
  - Skill mix
  - Benefits of technology

The Board had been reassured that the Trust could continue to follow its current plan in the interim.

- The Government had considered the regulation of NHS managers following the case of Lucy Letby, where the role played by certain leaders in decisions made had led to tragic outcomes in that particular case. The Government planned to hold a consultation on regulatory bodies, member organisations and statutory barring. There was a need to understand the impact on public confidence and standards following the case, and to ensure people acting inappropriately would be dealt with effectively. The Trust had launched its Leadership Academy and new standards were expected. There would also be cost implications to consider.



- With regard to the NHS operating model, TEWV colleagues would attend an event to consider oversight of the NHS system. This would include work related to the cost improvement process the NHS had undertaken. NHS England had lost 40% of its staff and the Integrated Care Boards had also lost staff. It had been suggested that the Integrated Care Boards might perform routine oversight whilst NHS England would oversee performance management. Relationships with NHS trusts could be affected and more information on this would be brought to the Council of Governors in the future.
- The report and governance report had been published by Niche on the day of the meeting. Niche had previously made 120 recommendations to the Trust and they had returned to gain assurance on progress made. The report reflected that the Trust had taken the recommendations seriously and would be considered by the Board's Quality Assurance Committee in due course and he thanked everyone who had contributed to the process.
- With regard to the NHS Oversight Framework, the Trust had remained in segment 3 since 2021 and aspired to move into segment 2 and then segment 1. A letter had been received from Robert Cornall at NHS England with details of the process for moving to a rating of 2. The Trust would meet with the Quality Board on 28<sup>th</sup> January 2025 and an update would be provided to Governors.

The Chair asked that a link to the published Niche report and the Trust's response to the Government's consultation on the 10-Year Health Plan be sent to Governors.

**Action – B. Kilmurray and C. Lanigan**

*[Note: A link to the Niche Assurance Review of Practice and Governance and Lessons Learned Bulletin was emailed to Governors prior to the meeting.]*

It was noted that:

- M. Boddy advised that 31-32% of the population of Hartlepool were functionally illiterate and this had created barriers for people accessing and understanding information. He was concerned that the Government's consultation on the 10-Year Health Plan had relied too heavily on responses via electronic means. He questioned how people in areas of deprivation, as well as Autistic people and those with a learning disability, would access information and be meaningfully involved in consultations. He appealed to the Chief Executive to raise such issues at meetings he attended.

B. Kilmurray advised that concerns had been raised about a lack of diversity in the feedback process and it was important to encourage the Government to capture lived experience. Although technology could not be ignored, assumptions should not be made about a person's ability to access certain feedback mechanisms and a number of options were required.

The Chair confirmed he had also heard similar points raised at meetings and barriers to understanding information and contributing to feedback were often felt acutely by those experiencing health inequalities.

M. Booth suggested that methods used to gather feedback to consultations in the past, prior to digital options, could possibly be used in the future.

The Chair suggested that a strong, vibrant and connected Council of Governors would provide a link with the community and work with partners. He also noted that the Trust's Non-Executive Directors also had experience of working in other sectors outside of the NHS.

G. Birchwood queried whether there were opportunities to learn from research.

J. Robinson confirmed that in her previous role with a local authority, she had been aware of discussions on the issues raised by M. Boddy and consideration had been given to working with public health colleagues to address them. Information and learning from work previously undertaken could be shared with partners.

M. Boddy advised that, following the riots in August 2024, the Government had produced a recovery initiative for local government bodies. The local authorities had been given £600,000 in funding for short-term recovery. Hartlepool Borough Council had initiated its own recovery and social cohesion had been at the core. In the future, all local authorities would be asked to produce a social cohesion strategy and it was important that all key partners were involved. He suggested TEWV consider how it would be involved.

B. Kilmurray thanked M. Boddy for the helpful information.

J. Preston advised that he was the Chair of a voluntary organisation, the Boroughbridge Community Charity, and was aware of the technological barriers and challenges faced by rural communities.

- K. Evenden-Prest asked whether old and disused laptops in the Trust could be used to help patients.

B. Kilmurray advised that there had been a recent refurbishment of laptops in the Trust but re-using old and disused laptops and IT equipment had limitations linked to data protection.

L. Romaniak confirmed there would be information governance issues to consider and she had spoken to the Chief Information Officer who would consider whether old IT equipment could be used safely.

B. Kilmurray urged staff to contact the Trust's Information Department if they were aware of any IT equipment or telephones in the Trust that were no longer in use.

## **24-25/64 GOVERNOR QUESTIONS**

Consideration was given to a report on questions submitted by Governors and responses provided by the Trust. It was noted that:

- As mentioned earlier in the meeting, A. Painter would be provided with a response to her question on diagnostic overshadowing, outside of the meeting.
- In relation to a question from K. Evenden-Prest about CPR training, S. Dexter-Smith advised that all Trust staff would be given CPR training in the future.

## **24-25/65 GOVERNOR FEEDBACK**

No Governor feedback received.

## 24-25/66      **BOARD OF DIRECTORS' COMMITTEES**

Consideration was given to verbal updates from the Chairs of the Board's committees on key issues considered at their meetings and reported to the Board. The purpose of the updates was to provide assurance to Governors that the Board was sighted on key issues and areas of concern in the Trust.

### People and Culture Committee (PCDC)

At its last meeting on 11<sup>th</sup> December 2024, J. Preston advised that the Committee had discussed:

- Standard items including the Risk Register and Board Assurance Framework.
- An increase in the Trust's compliance on staff appraisals and supervision.
- The Trust's Anti-Racism Charter and how the Trust had signed up to the Show Racism the Red Card campaign
- Staff networks available in the Trust:
  - Black, Asian, Minority, Ethnic (BAME) Network
  - Rainbow Network
  - Armed Forces Network
  - Neurodivergent Network
  - Long Term Health Conditions (LTHC) Network
  - Working Carers Network
  - Staff Lived Experience Network
  - Menopause Matters Café
- How agency costs had reduced to a position that was better than the Trust's target.
- The help available for staff who were absent due to their caring responsibilities.
- The Trust had met its Equality Delivery System 2022 obligations and its overall score of 24, which had resulted in it being in the Achieving Activity category.
- The establishment of a Duty Nurse Co-ordinator which had been evaluated as a Band 7.
- Violence and aggression prevention and reduction and how the staff survey had showed that 39% of staff had experienced or witnessed violence. There were plans to carry out work to assist with anticipating where, and understanding why, violence occurred.
- A report from the Freedom to Speak Up Guardian. It was noted that R. Barker had stepped down as the Freedom to Speak Up Non-Executive Director Champion and J. Preston had taken on the role. It was also noted that there were a number of Freedom to Speak Up Ambassadors in the Trust.
- The success of modern apprenticeships, with 471 in place in the Trust.
- The Safer Staffing Group, chaired by the Trust's Chief Nurse, where it was noted that all wards had safe staffing dashboards.
- There were no new risks to escalate to the Board.

### Resources and Planning Committee (R&PC)

C. Carpenter advised that the last meeting of the Committee had been held on 27<sup>th</sup> November 2024. At the meeting the Committee:

- Considered the finance report for month six and the challenging financial circumstances the Trust operated in.

- Discussed the Digital Baseline Assessment with the Chief Information Officer, N. Black. The Committee was reassured that the Trust was ahead of other trusts in terms of security and that issues with Wi-Fi availability had been addressed.
- Had noted its contribution to the review of the Trust's strategic framework, Our Journey to Change.
- Had received good assurance relating to audit, payroll and finance matters.
- Considered the significant progress made with the Trust's Green Plan.
- Considered the results from statutory national returns.
- Noted that some standards had fallen in relation to premises and the estates infrastructure. This had included issues with cleanliness and food, where there had been challenges linked to supplies and the Committee was reassured that those issues would be addressed.
- Received good assurance on the Board Assurance Framework strategic risks and reasonable assurance on the Corporate Risk Register. Although, whilst it was noted the Trust was effective in assessing risks, some deadlines for actions had not been achieved.

L. Romaniak advised that, as at month eight:

- The Trust had increased its deficit slightly as a result of the implications of pay awards and other factors, which included those related to junior doctors. This had been expected but not planned. The most significant pay award would be £23 million and a £4 million recruitment funding shortfall was expected. It would be a challenge for the Trust to recover it.
- The position was better than expected and the Trust was £1.4 million ahead of plan.
- There had been improvements in relation to the number of beds available and a continuation in the reduction of agency expenditure and premia rates.
- In 2024/25 the Trust had its breakeven plan set at £28 million, with Cash Release Efficiency Savings, and this was expected to be achieved.

The Chair advised many NHS trusts were not in as good a financial position as the Trust.

It was noted that:

- G. Emerson referred to a report in the press that independent sector bed providers had taken advantage of the lack of beds in the NHS by increasing their charges. He asked whether that had happened to the Trust.

L. Romaniak advised that the Trust's own beds had been under pressure, particularly in adult and older people's services. The Trust was commissioned at 85% capacity and had experienced over 100% occupancy.

The Chair asked whether costs for independent beds had risen when bed availability in the Trust had reduced.

L. Romaniak advised that independent sector beds were more expensive and the Trust aimed to eliminate their use by the end of the year. Independent sector bed providers had tried to recover the full cost of inflation in their prices.

B. Kilmurray advised there was no evidence the private sector was manipulating the Trust's position regarding its bed availability.

- G. Emerson asked how the Trust planned to make up the £4 million funding shortfall.

L. Romaniak advised that pay awards funding was calculated nationally but with funding allocated to providers using a fixed percentage uplift applied to contract values. The uplift to tariff reflected the national average pay cost weight, or proportion of expenditure expended as pay. Nationally this had been between 65% to 70% of costs. Acute providers typically had more non-pay [drugs and equipment], and as there were more of them, this had driven a lower national pay cost weight. The Trust's pay cost weight was around 80%, which meant when pay inflation was higher than non-pay inflation, the pay cost differential [at least 10%] was not fully funded. It was understood that the increase in Employer's National insurance contributions would also be funded using a tariff uplift. For the same reasons this would under fund the Trust's cost pressure.

G. Emerson advised that the government had suggested public sector pay awards would be fully funded by them, however, that did not appear to be the case for TEWV and it seemed unfair that the Trust would need to find £4 million. He asked whether this had been made clear to MPs.

L. Romaniak advised that, at macro level, that was likely to be the case. The tariff had reflected the national average cost weightings. Conversations had been held with national bodies including Healthcare Financial Management Association and NHS Providers, as well as being escalated with NHS England.

B. Kilmurray advised that the Trust had not asked for a response from MPs. He added that L. Romaniak had spoken to her team about funding costs and pressures.

L. Romaniak advised that some providers had contracts with local authorities. As they were not part of the NHS, funding would not usually be allocated to them for provider contracts. This had caused public health grant funded providers significant pressures in the past.

She advised that the North East and North Cumbria Integrated Care Board had previously contributed funding to mitigate some non-acute provider pay funding pressures. As a member of the Resource Allocation Group, so was able to influence discussions on allocation of resources.

The Chair advised that many Chairs had been concerned about shortfalls in funding and the Trust would continue to raise awareness with Integrated Care Boards and nationally.

- G. Emerson asked what the position was regarding the legal process related to Roseberry Park Hospital in Middlesbrough.

L. Romaniak advised that the Trust had pursued two legal claims. The first related to Blocks 1-14 at Roseberry Park and was against the independent tester responsible for checking the quality of the work, where it had been evident that defects in the blocks should have been detected. Progress had been made and there was a willingness to reach a settlement with the Trust. The second claim related to Block 15 and was against Lang O'Rourke who constructed the block. It was hoped that an agreement could be reached on the first claim by April 2025 and the second by Spring/Summer 2025.

- M. Booth welcomed the progress made on Roseberry Park Hospital legal claims. She asked what the plan was for rectifying the defects and whether compensation would be used for this.

B. Kilmurray suggested this be discussed in more detail in the private session of the meeting.

#### Quality Assurance Committee (QAC)

B. Reilly advised that:

- The Committee had held three meetings since the Council of Governors' meeting in October 2024.
- With regard to the Niche review, the Committee had held an extraordinary meeting on 25<sup>th</sup> November 2024, to review and comment on the system wide review. Niche colleagues had also joined the meeting, which had been positive, and had acknowledged substantial changes made by the Trust. The Trust had provided evidence of improvements and the Committee had received good assurance. She hoped Governors were proud of this achievement.

R. Weddle thanked everyone involved in achieving the substantial and positive changes made in clinical care and practices.

- The Committee had considered patient waiting times and had a good understanding of the Trust's position and a lack of consistent improvement with the safety standard in relation to the agreement of Section 17 leave. It did not understand the full quality impact on care in relation to Section 17 leave. Progress had been made, with more work to be done, and the Trust had provided appropriate information to the Care Quality Commission.
- The Committee had considered CITO and concerns relating to data. The Chief Information Officer was asked to undertake assurance work regarding this. The Living the Values Award had been awarded to the CITO Team for their commitment to helping staff navigate the system. B. Reilly advised that she was very proud of the team.

It was noted that:

- K. Evenden-Prest advised that the Improving Access to Psychological Therapies Team used a system called IAPTUS, rather than CITO. He did not have access to CITO but had considered how his team could link to it.

B. Kilmurray confirmed that, following feedback from the Improving Access to Psychological Therapies Team, IAPTUS was the chosen system rather than CITO. In addition, he advised that H. Crawford was the Senior Responsible Officer for CITO.

H. Crawford advised that the Trust was sighted on teams using alternative reporting systems and this was work in progress.

The Chair suggested that there should be an item on CITO at a future Council of Governors' meeting.

**Action – N. Black**



- A. Painter asked whether there were plans to address issues associated with Section 17 leave.

K. Kale advised that quality improvement work had been undertaken with regard to Section 17 leave, including work to understand what information was required on CITO. The form on CITO, for staff to evidence what had been done regarding Section 17 leave, would be updated and would include questions on what discussions had been held with a service user. The Trust aimed to change the culture of how staff viewed Section 17 leave.

#### Mental Health Legislation Committee

J. Preston advised that the Committee had last met on 13<sup>th</sup> January 2025 and had:

- Considered the use of Section 136, police powers and places of safety.
- Considered the use Section 132 and patients' rights and Section 17 leave of absence and the Deprivation of Liberty and how all patients must be assumed to have capacity at the start of their treatment.
- Discussed Mental Health Act inspections by the Care Quality Commission to eight of the Trust's wards, where issues highlighted had included complaints about the quality and quantity of food, Section 17 leave, Wi-Fi connectivity and patients' not having copies of their care plan.
- Noted the discharge of eight patients following tribunal hearings.
- Noted that the use of hospital beds in relation to Section 136 had eased but some were still used inappropriately at times. There had been a concern that people who required Section 136 suites had not been able to access them.

K. Kale advised that, in relation to the use of restrictive practices, the Trust was at a similar point to that of Mersey Care NHS Foundation Trust, which had meant the Trust had improved.

It was noted that:

- A. Painter asked whether care plans could be made available on a digital application to improve accessibility rather than on paper which could be lost.

J. Preston confirmed he would take the suggestion back to the Committee.

- M. Boddy asked what reach the Mental Health Legislation Committee had in the private sector.

K. Kale confirmed that the Trust would only transfer patients to external providers that were accredited by the Care Quality Commission. The Trust was in regular contact with care providers during the transfer process and would always try to move the patient back into the care of the Trust where possible. The use of the Mental Health Act was monitored in all hospitals, both NHS and private, and was overseen by the Ministry of Justice.

B. Kilmurray advised that the Trust had statutory responsibility for its use of the Mental Health Act, however, the Trust had no control over the Act's use by other providers of mental health services.

M. Boddy asked whether the Trust should be more pro-active in monitoring the use of mental health legislation in private mental health facilities where patients may have been transferred there by the Trust.

B. Kilmurray confirmed that TEWV staff would remain in regular contact with a private provider as part of the process of transferring a patient. Integrated Care Boards were responsible for the assessment of private facilities and the local Councils monitored restrictions related to Deprivation of Liberty. However, it was important that safeguarding concerns be raised with the Trust.

The Chair requested a briefing be provided to Governors on system responsibilities regarding the use of mental health legislation, including the Trust's legal and wider duties and those of the Integrated Care Boards and other providers.

**Action – K. Kale**

## **24-25/67      OPERATIONAL SERVICES AND CRISIS LINE**

Governors considered two reports on operational services in the Trust, which had included an update on the Trust's crisis line.

### Durham, Tees Valley and Forensics Care Group

N. Lonergan advised that:

- With regard to the Adult Learning Disability Respite Service, the Integrated Care Board had led on a period of engagement and the Trust expected to receive the initial report on that soon. This included information on the needs of patients and their families. It was hoped that development sessions would begin soon. Support would continue to be provided to the families involved.
- With regard to Neurodevelopmental Child and Adolescent Mental Health Services, over 10,000 children and young people were on the waiting list for an assessment in Durham and Tees Valley and this was a challenging national issue. The Trust continued to work with system partners to make urgent improvements. The leadership team continued to closely monitor activity on a weekly basis. Although the number of children and young people waiting for more than three years for an assessment had been curtailed, there were still critical backlog issues within the system.
- With regard to the Crisis Service, there had been a consistent reduction in call volumes and an improvement in call pick up rates since the implementation of the call screening team. The Durham and Darlington service had been under significant pressure and the recruitment position had improved. There had been sustained performance by the children's crisis service, with an average of 90% of calls answered in Durham and Darlington and an average of 95% answered in the Tees Valley. Next steps would include the development of the call back function so that people who used the service had a good experience. A Trustwide Crisis Line Governance Group had been established to share learning and make positive improvements to the service.
- With regard to the launch of Proud to be Ops, she advised that the Operational Leadership Network would support operational colleagues in problem solving and increasing their skills to support key functions in the Trust, which included planning and business management. This work was led by J. Todd and 120 Trust staff had been invited to attend the launch day on 30<sup>th</sup> January 2025.



- From 1<sup>st</sup> December 2024, D. Gardner, Director of Operations for Adult Mental Health and Mental Health Services for Older People had been seconded to Nottingham Trust for 12 months and the following appointments had also been made:
  - Lisa Taylor - Director of Operations for Health & Justice, Trust wide Autism Services, Adult Learning Disability and Mental Health Services for Older People.
  - Jamie Todd - Director of Operations for Secure Inpatient Services, Child and Adolescent Mental Health Services and Adult Urgent and Adult Mental Health Planned.
- Key areas of focus in the Care Group included:
  - Mandatory and statutory training for all staff.
  - CITO user confidence workshops.
  - Hospital virtual tours planned to go live in early 2025.
  - Future use of the Trust's estate.
  - The restructure of the Durham Adult Mental Health Community Team to improve access and reduce waiting times.
  - A planned clinical models' workshop.
  - A review of the Trust wide Rehabilitation Model.
  - Embedding of clinical outcomes.

It was noted that:

- M. Booth asked whether families of patients had been made aware of the dates associated with the procurement of an Adult Learning Disability Respite Service.

N. Lonergan confirmed that the information had been shared with families in October 2024 and also publicly. The organisations, Skills for People and Inclusion North, had also distributed communications regarding this. The dates had been determined by the Integrated Care Board and not the Trust.

- M. Booth asked how wide the scope of the Integrated Care Board was when considering options for future respite care and whether that only included existing services.

N. Lonergan advised that, although some families had already started to look at options, a service specification was needed to understand requirements and this was the responsibility of the Integrated Care Board. It was hoped that the specification document would be shared in February 2025.

#### North Yorkshire, York and Selby Care Group

M. Liebenberg advised that:

- The celebrations referred to in the report had been a helpful reminder of the effort made by staff to provide good mental health services.
- TEWV continued to be a great partner by working with partners to respond to bed pressures. It continued to report to the Integrated Care Board against the new mental health Operational Pressure Escalation Levels (OPEL) Framework, to help support an improved bed flow position.
- The Care Group continued to face challenges regarding its crisis teams but improvement/recovery plans were in place.

- With regard to Cash Release Efficiency Savings, the September 2024 position had been positive with £1.13 million against a target of £1.08 million and plans for 2025 were to be finalised.
- Details on the workforce of the care group had been provided in the report.
- With regard to co-creation, details had been provided in the report and he highlighted partnership working with Everyturn, including an open forum for service users and carers to get to know the Everyturn team, ask questions and have honest discussions. A further event had been planned for the future.
- Significant challenges to the care group were detailed in the report.

It was noted that:

- H. Griffiths expressed concern regarding the OPEL Framework in relation to people with additional needs. She suggested that the transition needed to be therapeutic, humane and compassionate and a robust plan was needed to support the principle of providing care as close to home as possible.

N. Lonergan advised that the OPEL Framework considered the clinical needs of people in need of a bed and there was a real focus on quality.

B. Kilmurray advised that the OPEL Framework would provide greater rigour to the Trust's bed management so that issues would be escalated and action taken to find a resolution. The framework provided signals to the wider healthcare system on where the Trust might require support, which was positive.

H. Griffiths welcomed more information on the OPEL Framework.

The Chair advised that the Trust was driven by its values and what was best for patients.

## **24-25/68      STRATEGIC FRAMEWORK (OUR JOURNEY TO CHANGE)**

Governors considered a report on the review of the Trust's Strategic Framework (Our Journey to Change).

P. Scott advised that in 2021 the Trust had held its first Our Big Conversation and had heard from people with lived experience, TEWV staff and partner organisations. This had included experience of accessing and working in Trust services. The feedback had been extremely useful in challenging times and much progress had been made. The Trust would develop more transformational plans to link in with the Government's 10-Year Health Plan. It was important to consider what more could be done to address health inequalities. A pause and refresh of the Trust's goals, values and strategy was needed.

C. Lanigan advised that the Board of Directors had discussed the revised strategic framework, Our Journey to Change, document in depth at a Seminar held on 9<sup>th</sup> January 2025. The Board wanted to ensure the revised version was correct before releasing it for consultation. It was hoped that a draft version of the document would be released for a short, focused, piece of check and challenge engagement in February 2025 prior to discussion at the Council of Governors' meeting in March 2025. Feedback from the Lived Experience Strategy Reference Group, of which H. Griffiths was a member, had been taken into account in the version shared with the Board at their Seminar.

The Chair confirmed that the review would refine the existing strategy and make clear what the Trust was trying to achieve.

## **24-25/69      COG AUTISM TASK AND FINISH GROUP RECOMMENDATIONS**

Consideration was given to a report on progress made regarding the recommendations of the Council of Governors' Autism Task and Finish Group.

E. Webb advised that:

- The Trust wanted to provide good care to Autistic people.
- Some new appointments had been made within her team, including a Band 6 lived experience role and two extra Band 7 clinical specialists. There was also another post ready to go out for recruitment in early 2025.
- A summary of the role of the Trust wide Autism Service had been provided in the report. A core role of the Trust wide Autism Team was to provide clinical advice and support across the Trust and that was increasing month on month across all specialities. The team had made significant progress but there was still a long way to go. She had been particularly proud of the delivery of Autism mandatory training for Trust staff. This was a half-day session but full days would be provided to teams if requested. The training programme was on track and it was expected that all staff in the Trust would have received their training within three years. By the end of the financial year, it was expected that 38% of all Trust staff would have received the training. A lack of training rooms available in the North Yorkshire, York and Selby Care Group would be addressed by the team but good feedback had been received about the training and a summary of that feedback had been provided in the report.
- Examples of feedback received from staff had also been included in the report.
- Examples of specific projects overseen by the team had been provided in the report and showed what the Trust had done to support Autistic people.
- Details of the multi-disciplinary team in the Trustwide Autism Service had also been provided in the report.

K. White advised that Autism training had been offered to the Board of Directors.

The Chair confirmed that he and other Board members were aware of the offer and would attend.

It was noted that:

- M. Booth stated that the training would need to be on-going, to ensure all new staff took part.

E. Webb advised that the guidance in the Trust was for all staff to undertake the training every three years. Bespoke training was available to teams and she had already been approached by some to provide that.

K. White advised that after the first three years of training, there would be two types of training, clinical and corporate.

K. Kale thanked the Trust wide Autism Team for a brilliant piece of work.

The Chair thanked the Council of Governors' Autism Task and Finish Group for the initial work they had carried out and for the recommendations the group had made.

## 24-25/70      DATE OF NEXT MEETING

The next meeting of the Council of Governors would be held on Wednesday 26<sup>th</sup> March 2025 at 2pm.

## 24-25/71      CONFIDENTIAL RESOLUTION

### Confidential Motion

Exclusion of the public:

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

*Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.*

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

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

The public session of the meeting closed at 4.59pm

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David Jennings  
Chair  
26<sup>th</sup> March 2025

## Public Action Log

### RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
04/12/23	23-24/59	Regular updates on Crisis Service to be provided to the Council of Governors.	PS/ZC	–	Implemented
04/12/23	23-24/63	Regular progress updates on CQC action plan to be provided to Governors.	BM	–	Implemented
22/08/24	24-25/22	Consideration to be given as to how TEWV BAME colleagues can have direct conversations with the Council of Governors	SDS/KN	–	Closed
24/10/24	24-25/41	ICB Colleagues to be invited to Council of Governors' Meetings	AB	–	Closed
24/10/24	24-25/43	To provide Governors with a summary of work undertaken by the Trust as part of the Personality Disorder Review	BM	–	Closed
24/10/24	24-25/48	Information to be provided to Governors on what assurance the Board has that proper care is being provided to patients who are discharged from the Trust to another provider and that mental health legislation is being used appropriately by those providers in relation to their care.	KK	–	Closed Briefing sent to Governors 28/01/25
15/01/25	24-25/63	To provide Governors with a link to the Niche report, published on 15/01/25, and copy of the Trust's response to the Government's 10-Year Health Plan consultation	BK/CL	–	Closed Link to Niche report emailed to Governors 15/01/25 and Trust's response to consultation emailed to Governors 20/01/25
15/01/25	24-25/66	Item on CITO to be included on the agenda at a future CoG meeting	LR/NB	–	Item 12
15/01/25	24-25/66	A briefing to be provided to Governors on system responsibilities regarding the use of mental health legislation, including the Trust's legal and wider duties and those of the Integrated Care Boards and other providers	KK	–	Closed Briefing sent to Governors 28/01/25

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## Council of Governors

March 2025

### Governor Questions

Name and location	Question and Response
<p><i>Alicia Painter, Public Governor, Middlesbrough</i></p>	<p><b>Question</b></p> <p>I am deeply concerned that autism is being used to dismiss the mental health needs of autistic people. I know the services are under pressure and I fear that services will use diagnostic overshadowing as an excuse to discharge autistic people without treating them for mental illnesses.</p> <p>I have seen multiple autistic people report this is happening to them and it highlights inequality in mental health services. People are being denied mental health treatment because they're autistic. This is harmful and neglectful.</p> <p>What are you doing to combat this?</p> <p><b>Response</b></p> <p>We know that autistic people have higher rates of mental health need than neurotypical people and we will therefore see a significant number of autistic people within our caseloads.</p> <p>It's so important that we provide an accessible, adjusted, high quality mental health service for all autistic children, young people and adults. People must never be denied access or feel discriminated against on the grounds that they are autistic.</p> <p>The Trustwide Autism Service has been established to improve the offer and experience for autistic children, young people and adults.</p> <p>We include information about diagnostic overshadowing in our mandatory training and within the supervision sessions that we provide to raise awareness of this issue and to encourage staff to adopt different mindsets and approaches.</p> <p>Whilst training and support are our key objectives, we are very aware that embedding these, also requires a cultural shift. We still have some way to go in achieving our aim, but we are very unique in having a service which not only provides supervision and support but also plays a significant role in informing and developing the Trust's overall strategic direction.</p> <p>Staff have previously had access to autism training and the Oliver McGowan autism awareness training. However we've</p>

	<p>more recently introduced our own mandatory face to face training, which every member of staff needs to complete.</p> <p>We predict that by the end of March 2025 we will have delivered 145 training sessions and will have trained 38% of the Trust workforce.</p> <p>With over 8,000 staff working across a large geographical area, it will take time to ensure all staff receive the training, but our courses are booked up months in advance and we are confident that we will continue to see figures rise over the coming months.</p> <p>The feedback that we've received from staff about the training has been very positive with 75-80% commenting that it has helped them to see how they can change their practice.</p> <p>We also offer supervision and consultation sessions to help clinicians to provide the best support they can. This has been very well received indeed and clinicians have commented that they've come away with more knowledge and feeling much better equipped to support people.</p> <p>We know that there's still work to be done but we are confident that we are making good progress, that will ultimately mean a big change for autistic people in our services.</p> <p>If anyone feels a team requires further support, we are always happy to hear more.</p> <p><b>Elspeth Webb</b></p>
<p><i>Karl Evenden-Prest Staff Governor Durham, Tees Valley and Forensics Care Group</i></p>	<p><b>Question</b></p> <p>Do we have any indication of the impact on our patient's mental health from Oxevision being installed on our wards?</p> <p>Has this changed how we currently do 1:1 and checks?</p> <p>This is regarding the following news article I have attached below following a recent campaign started to remove the use of this technology:</p> <p><a href="https://www.bbc.co.uk/news/articles/cq8kqzgel2no">https://www.bbc.co.uk/news/articles/cq8kqzgel2no</a></p> <p><b>Response</b></p> <p>We've made no changes to the staff on duty and how they complete care rounds and other kinds of observation. We're currently thinking about how we can use more of the digital technology capability during the care rounds at night, but this won't change staff numbers.</p> <p>It's possible, according to a patient's preference where they have capacity to consent, that we wouldn't always need to enter</p>



	<p>a person's room at night to check the rise and fall of a chest. We can measure vital signs from outside of a bedroom. However, we're a long way off this – we need to work with people in our care and even if we were able to make a policy change it needs to be based on individual patient preferences.</p> <p>Most of the people in our care pay little attention to the digital technology. However, there are a small number of patients who feel strongly, and some have become distressed that their privacy is being impacted.</p> <p>It's important that we listen to and hear people's views and opinions on this. Our latest policy on Oxehealth has been co-produced with patients and staff with lived experience and representatives from our involvement and engagement programme. We've been able to use their views and opinions to formulate a sensitive approach, which we hope addresses concerns and provides flexibility, whilst also ensuring we take every opportunity to keep people on our wards safe.</p> <p>The new policy gives people a choice in the use of the technology after an initial 72-hour assessment period and once safety has been established. This collaborative approach has been very important in helping us to navigate such a sensitive issue.</p> <p>People who use our services will also be able to contribute to national research that's evaluating service user experience of the technology.</p> <p><b>Beverley Murphy</b></p>
<p><i>Jill Wardle Public Governor, Durham</i></p>	<p><b>Question:</b></p> <ol style="list-style-type: none"> <li>1. What data does the Trust collect on the experiences of autistic patients and their carers accessing Trust services?</li> <li>2. What specific steps is the Trust taking to address any complaints and issues raised, and improve the overall care and experience for autistic individuals? With a particular emphasis on services in York that seem to be attracting complaints?</li> </ol> <p><b>Response:</b></p> <p>The patient experience data we collect is non-identifiable and based on national requirements. We don't therefore ask specific questions around disabilities or diagnosis.</p> <p>We don't therefore routinely collect specific data at this level. However, our Trustwide autism service does liaise with the complaints team to support and address any complaints.</p>

	<p>We have received anecdotal information from carers of autistic people, and this is used to inform our approaches. Within certain areas of the Trust provision has been more positive of late in the feedback we've received.</p> <p>The Trustwide Autism Service aims to ensure that any autistic child, young person and adult who accesses TEWV services receives an autism informed, reasonably adjusted offer. This includes anyone who we suspect is autistic as well to ensure that we are addressing the needs of everyone even if they are waiting for a diagnostic assessment, or maybe (in the case of many of our MHSOP patients) have never had access to a diagnostic assessment in the past.</p> <p>The team offers consultation and supervision to all staff across all specialities in the trust who require additional support to think about the provision of reasonably adjusted care, treatment, and intervention for autistic or suspected autistic people that they work with.</p> <p>They've also developed and are embedding sustainable Mandatory Autism Training in line with NHS England Code of Practice across a 3-year rolling programme for both clinical and corporate colleagues. This is co-developed and co-delivered face to face. This training is regularly reviewed, and feedback gathered at every session.</p> <p>An autism supervision session is about to start for crisis/ liaison services across both care groups to support clinical staff to provide autism informed care. Additionally, the team works alongside our corporate colleagues in complaints and patient safety to provide autism informed lens.</p> <p>Tailored support / continued professional development is also offered to specific teams when required – for example there is a monthly drop in continuous professional development (CPD) session for adult mental health emergency duty staff in North Yorkshire, York and Selby. We are also about to start facilitating an Autism and Psychosis Special Interest Group (Trustwide)</p> <p>Our trust is unique regionally in having a service which not only provides supervision and support but is also invited to be part of the overall strategic direction of the Trust.</p> <p>The team has just been commissioned to provide an enhanced offer model for adult mental health services in North Yorkshire York and Selby. The overall aim is to provide highly specialised training, support, consultation, and supervision for staff in this area who are working with autistic people in both inpatient and community settings. This aims to:</p>
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	<ul style="list-style-type: none"> <li>• Improve the quality of care for autistic adults accessing our trust adult mental health (AMH) services within the North Yorkshire, York, and Selby area.</li> <li>• Enhance the trust's AMH community teams' knowledge, skills, and confidence in working with autistic adults.</li> <li>• Enhance the trust's AMH inpatient services knowledge, skills, and confidence in working with autistic adults.</li> <li>• Support AMH clinicians with autistic patient transitions to and from inpatient settings and across services by promoting coordinated and inter-agency working, person-centered planning and, through support and supervision of trust clinical staff, enhancing knowledge and understanding.</li> <li>• Give support to AMH clinicians providing a crisis response to autistic people</li> <li>• Work towards a reduction in the use of inpatient AMH services and to provide direct support to AMH inpatient staff to enhance discharge planning and timely discharge.</li> <li>• Work alongside trust staff to support the interface with the North Yorkshire, York and Selby community (education) treatment reviews teams within AMH in-patients and community services, and via the North Yorkshire, York and Selby dynamic support register.</li> <li>• Ensure the trust autism service will have, and awareness and an understanding of the autistic adults registered on the DSR who are accessing trust AMH services.</li> <li>• Support trust AMH staff to work with autistic or suspected autistic service users, their carers and other system partners to reduce the use of autism specialist provision.</li> <li>• Support and promote a reduction in the reliance on restrictive practices in our trust's AMH inpatient settings for autistic or suspected autistic patients.</li> </ul> <p><b>Trustwide Clinical Lead</b></p> <p>Alongside providing a clinical role within the Trustwide Autism Service, the Trustwide Clinical Lead provides support across a range of platforms to ensure that autism informed care is embedded with the strategic direction of the Trust. This includes contributing to all the Clinical Networks, Organisational Learning, Executive Clinical Leaders, Physical Health Group, Positive and Safe groups as well as Fundamental Standards and the Trust patient safety practices and systems as well as Care group Boards.</p>
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	<p>A key function of the role is to enable and inform organisational compliance with Autism legislation and statutory guidelines as well as connecting with our partners such as both ICBs, NHS England etc.</p> <p><b>Kirsten White</b></p>
<p><i>Alicia Painter, Public Governor, Middlesbrough</i></p>	<p><b>Question:</b></p> <p>The government has announced cuts to disability benefits. Emotional Support Allowance will be merged into unemployment insurance (which will not be available to anyone under the age of 22). It will be harder to qualify for PIP and face-to-face appointments will be more common, and work capacity will be frequently reassessed.</p> <p>These changes will make it harder for people with mental illnesses and other neurodivergent conditions, such as autism and ADHD, to apply. It will have a direct impact on patients under the care of TEWV.</p> <p>I understand that you cannot change government policy, but I'm wondering if there are any plans in place to support patients who may be adversely impacted by these changes? Do you have links with Job Centres so you can liaise for patients' welfare with them?</p> <p><b>Response:</b></p> <p>As part of personalised care planning, people of working age will be routinely asked about their job situation, whether they are satisfied and if they would like further support in this area (see DIALOG Q 3). This helps us to identify where further support with employment is required. We can then work with partners to support people to access the support they need.</p> <p>Likewise, if people raise an issue around their benefits, as part of our assessments and consultations, we should be able to liaise with partners and help them to access the appropriate support.</p> <p>We also offer our patients access to IPS (individual placement and support) which is an evidence-based approach to support people with mental health problems to find meaningful employment.</p> <p><b>Alison Brabban</b></p>
<p><i>Mary Booth Public Governor, Middlesbrough</i></p>	<p><b>Question:</b></p> <p>I am concerned about the government requiring NHS Trust's to cut corporate costs by 50%. While it's early days, how will this impact on TEWV? Are they staggered over time. Such a massive loss of management must impact on front line services.</p>

	<p>How many of TEWV Staff will this affect? How are we going to cover the work they do and the valuable contribution they make to front line services. What plans for implementation does TEWV have.</p> <p>Further to the above I think it is 50% of corporate growth we must cut. Not 50% of current corporate growth. Am I correct and what will this mean for us?</p> <p><b>Response:</b></p> <p>Thank you for raising this. The 50% of corporate costs was an unfortunate and inaccurate headline and is not one that we have been asked to deliver.</p> <ul style="list-style-type: none"> <li>• We have been asked, through 2025/26 operational planning guidance, to conduct a robust review of any establishment growth and reduce costs of support functions to April 2022 levels.</li> <li>• We have also been asked to review Corporate Benchmarking on a 'comply or explain' basis, to understand where our costs exceed lower quartile benchmarks. We will be comparing against our Mental Health sector peers who have similar cost profiles to us.</li> <li>• We are working through the implications of this, but:             <ul style="list-style-type: none"> <li>○ in terms of staffing numbers, our support Whole Time Equivalents for Corporate and Estates/Facilities Directorates seem to be broadly below April 2022 levels.</li> <li>○ We are separately reviewing the costs as reported in national corporate benchmarking submissions, which cover all pay as well as non pay costs (this covers Corporate Directorates only, excluding Estates and Facilities). Executive Directors are due to share their findings in April.</li> <li>○ We're expecting further guidance in the following couple of weeks</li> <li>○ Should cost reductions be needed our plans will always go through an equality and quality impact assessment and ultimately report up through Executive Director Group, the People Culture and Diversity Committee and into Trust Board, following staffside / joint consultative committee involvement.</li> </ul> </li> </ul> <p>Each Corporate Directorate received a personalised message from their Executive Director on the evening of the national announcements about corporate staffing and NHSE/ICB 50% cuts to provide assurance as we knew the national media would be unsettling for some colleagues. We have also spoken with staff whenever we can e.g. in Brent's Webinar, the people and culture 'working in TEWV' coffee break, and in Brent's blog.</p> <p><b>Sarah Dexter-Smith and Liz Romaniak</b></p>
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## For General Release

**Meeting of:** Council of Governors Meeting  
**Date:** 26<sup>th</sup> March 2025  
**Title:** Durham, Tees Valley and Forensics Care Group Update March 2025  
**Executive Sponsor(s):** Naomi Lonergan, Interim Managing Director, DTVF  
**Author(s):**

<b>Report for:</b>	<b>Assurance</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>
	<b>Consultation</b>	<input type="checkbox"/>	<b>Information</b>	<input checked="" type="checkbox"/>

### Strategic Goal(s) in Our Journey to Change relating to this report:

<b>1: To co-create a great experience for our patients, carers and families</b>	<input checked="" type="checkbox"/>
<b>2: To co-create a great experience for our colleagues</b>	<input checked="" type="checkbox"/>
<b>3: To be a great partner</b>	<input checked="" type="checkbox"/>

### Executive Summary:

**Purpose:** The aim of the slides is to provide information to update the Council of Governors on progress and key priorities from the Durham, Tees Valley and Forensics Care Group.

**Proposal:** For the Council of Governors to receive the slides as an update from Durham, Tees Valley and Forensics Care Group.

**Overview:** The update includes information on:

- Celebrations
- ALD Respite
- All Age Neurodevelopmental Services
- Crisis Screening, Triage and Assessment Overview
- OPEL and OPTICA
- Trustwide Autism Service
- Community Transformation
- Urgent Care Transformation
- Key Areas of Focus
- Questions

**Prior Consideration and Feedback:** The DTVF Care Group Board provide a quarterly update to the Council of Governors. The last update was in January 2025.

**Implications:** Implications are noted in each of the focused areas, where relevant.

**Recommendations:** We would recommend that the Council of Governors receives this update from the Durham Tees Valley and Forensics Care Group.

# **Council of Governors**

## **Durham Tees Valley & Forensics (DTVf) Care Group Update**

**Naomi Lonergan**  
Interim Managing Director (DTVf)

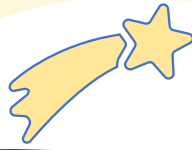
**26<sup>th</sup> March 2025**



# Contents

- **Celebrations**
- **Spotlight on:**
  - ALD Respite
  - All Age Neurodevelopmental Services
  - Crisis Screening, Triage and Assessment Overview
  - OPEL and OPTICA
  - Trustwide Autism Service
  - Community Transformation
  - Urgent Care Transformation
- **Key areas of Focus**
- **Forward look**
- **Questions**

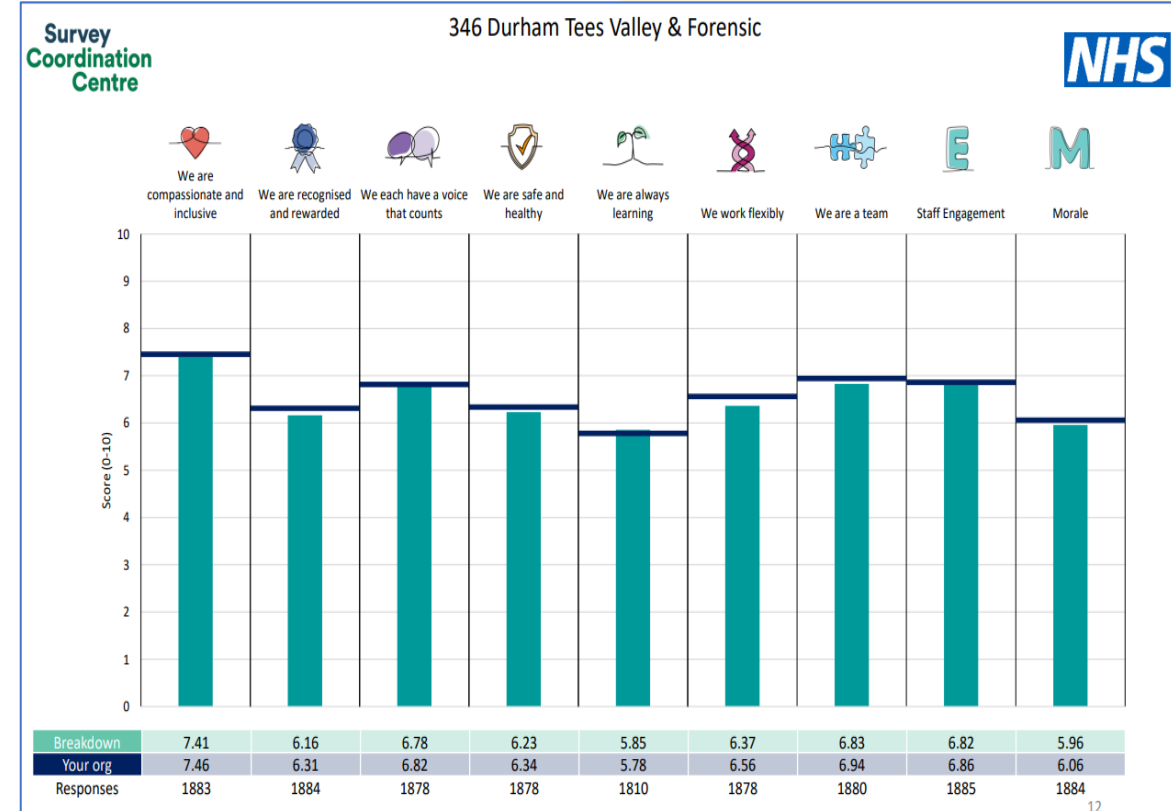
# Celebrations



- The Care Quality Commission (CQC) published the results of our mental health crisis services and health-based places of safety inspection, following their inspection in June 2024, and rated us as good.
- We celebrated Children's Mental Health Week in February, shining a light on our Recovery College Online, focusing on our people and celebrating our co-created web pages.
- A pioneering Durham and Teesside project to stop the over-medication of people with a learning disability or autism – STOMP - is being captured on camera to help others. The film, which has been co-created by involvement members, Trust staff, primary care pharmacists and Skills for People, will be made available across the NHS once completed.
- All Adult Learning Disability services for the amazing way everyone pulled together to support a number of packages of care in crisis in the community to avoid a number of unnecessary admissions – daily MDTs, lots of resource needed to keep these patients safe and reduce risks.
- Positive recruitment across services to some posts which had proved difficult to recruit to in the recent past.



- In February, Ridgeway hosted an Equality, Diversity & Inclusion event to celebrate inclusivity, learning and their pride in their diverse workforce. The event was important in fostering greater understanding, respect, and acceptance across Ridgeway community.
- 2024 NHS National Staff Survey results DTVF:



# ALD Respite Service - update

- Work led by ICB to identify options for future of the service continues.
- We are fully engaged and working closely with the ICB.
- Date agreed in March for a TEWV OT who works in Respite service to visit one potential site and provide a view on suitability.
- ICB are planning to meet with families and wider stakeholders again in May to update on work – date to be agreed.
- Staff are being supported throughout and regular communications provided.



# Neurodevelopmental Update

## AMH

Despite sustained demand pressures for Neuro assessment the service has noted a reduction in patients waiting assessment across both ADHD and Autism pathways;

Patients waiting for an ADHD assessment has reduced from 4999 to 4463 & Patients waiting for an Autism assessment has reduced from 3983 to 3877.

- New way of working established to support effective waiting with new administrative teams supporting patients waiting for a diagnostic assessment. This will give patients consistent contact regarding their wait for an assessment quarterly via a text message negating the need for them to give up their time for a phone or video contact.
- Data validation has been completed for over 7,000 patient records as part of the new initiative, ensuring that those patients who have additional support needs stay on caseload.
- The new contact messages and letters have been co-produced with our lived experience involvement workers.
- By establishing the above process, we are releasing 40 hours of clinical time per week back into the DTV AMH Planned care group.

## CAMHS

- We continue to have over 10,000 children and young people waiting for a neurodevelopmental assessment in Durham Tees Valley, with more than half waiting more than 1 year.
- Recovery plan in place with actions to mitigate the clinical risks.
- The service has developed and implemented a revised clinical protocol for assessments, releasing resource within the services.
- As part of the clinical transformation work, teams are upskilling senior clinicians to increase our capacity for diagnosing both ADHD and Autism. Currently piloting a more streamline model for assessment.
- Consultation call process working well, however the demand for this element of the service remains the same.
- Positive parentship working with ICB and private ADHD assessment organisations to improve entry into CAMHS.

## Future plans

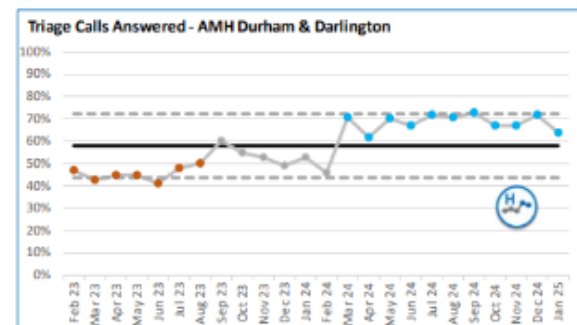
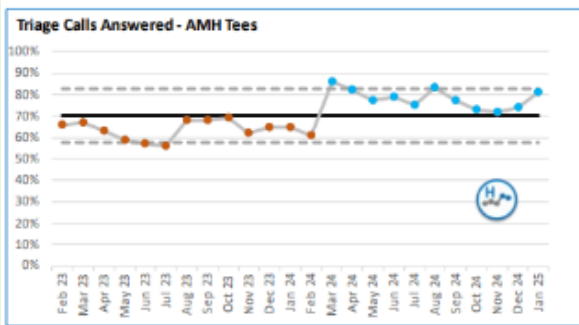
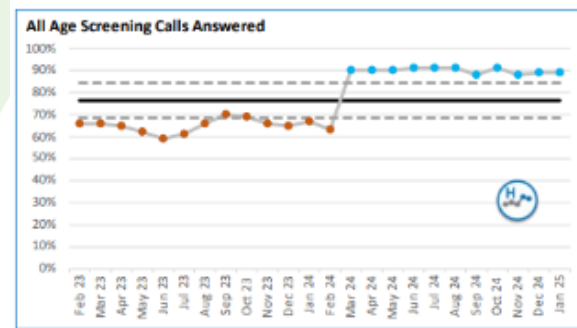
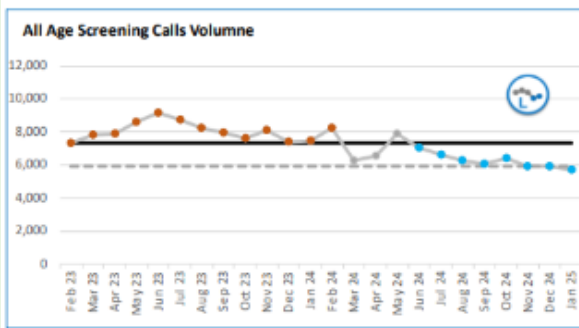
The ADHD, Autism and Neuropsychology services will be merging in Q2 of this year. This will bring greater flexibility in managing those patients who are waiting for both ADHD and Autism assessments meaning that we can assess for both in one assessment slot, negating a dual wait. The team will have an experienced skill mix of Neuro Psychology as well as Consultant Psychiatrist and consultant Psychologist for Autism making for a more robust diagnostic process at the Diagnostic Decision Meetings.

There has been recent ICB investment which is allowing the team to invest in an additional 4 B6 nurses. These staff will provide pre assessment support to patients, gathering childhood history and liaising with GPs for physical history, this process will speed up the diagnostic assessment process overall allowing the service to complete more assessments.

An All-age Neurodevelopment internal governance group, to define a better future state, working through short, medium, long-term solutions to address long waits for assessment and improve future service model and delivery.

# Crisis Screening, Triage and Assessment Overview

## Durham Tees Valley Overview – January 2025



- The service have seen a consistent reduction in call volume since implementation of the screening team. This is believed to be caused by a reduction in “repeat callers” as their calls are answered earlier.
- Consistent special cause improvement in call answer rates, since screening team implementation. On average calls have been answered within 56 seconds (KPI <20).
- Although overall call answer rate has seen a maintained improvement across DTV both at screening and triage within crisis, this is not currently meeting the NHS England KPI of 97%.
- There is an evident reduction in the number of calls reaching crisis services for triage as a direct result of the new screening service (31% conversion rate).
- The all age screening service received a total of 5273 calls in Jan-25 with 89% of calls answered and 10% relating to abandoned calls.
- The adult triage service received a total of 1263 calls in Jan-25 with 73% of calls answered (86% post validated) and 14% relating to abandoned calls.
- The adult professional line received a total of 1992 calls in Jan-25 with 78% of calls answered (84% post validated) and 16% relating to abandoned calls.
- During Jan-25 a total of 363 patient assessments took place.
- Pre-validation of patients seen within 4 hours of a very urgent referral to crisis reported at 78.18% however, post validation reported at 90.90% compliance.
- Pre-validation of patients seen within 24 hours of an urgent referral to crisis reported at 78.18% however, post validation reported at 90.90% compliance.

### NHS England Mandatory KPI's

Proportion of calls  
abandoned  
NHSE Standard - ≤3%

% Abandoned calls

10%

Average speed to answer  
call  
NHSE Standard - ≤20

Average time to answer (seconds)

54

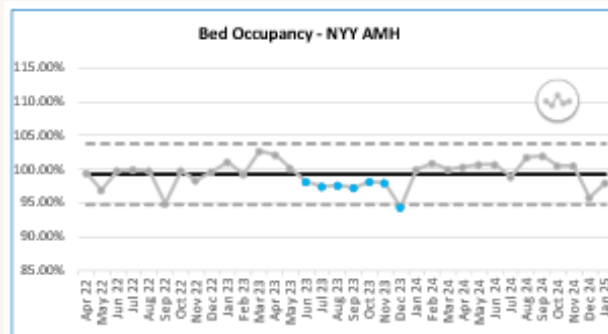
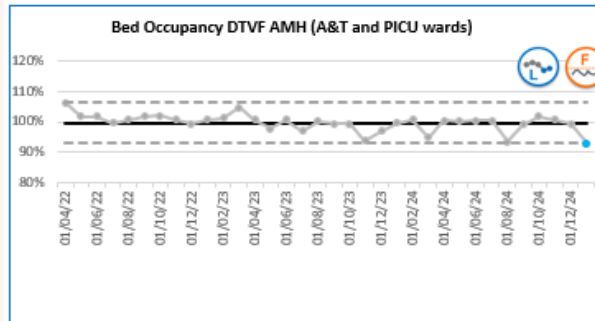
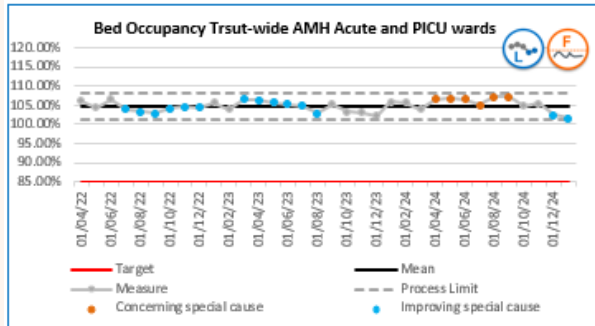
95th centile call answer  
time  
NHSE Standard - ≤120

Time to answer (seconds)

413



# OPEL / OPTICA



## OPEL:

- The [Integrated operational pressures escalation levels \(OPEL\) framework 2024 to 2026](#) is for the management of operational pressures across NHS England's providers, including mental health. It provides the core parameters that Mental Health providers must use to determine their OPEL.
- OPEL is a framework to recognise pressures and enable appropriate consistent action to be taken to maintain quality of care across the Trust and wider system, through a reduction in pressures.
- OPEL measures apply to Inpatient Services across Adult Mental Health and Mental Health Services for Older People.
- The framework gives us a real opportunity to work together to ensure our patients can access acute care at their time of need.
- Following the implementation of the OPEL Framework within the organisation in December 2024, it has strengthened governance and assurance of patient flow and subsequent revision of the day-to-day operational processes that support its delivery.

## OPTICA:

- The new electronic bed management system, OPTICA, is being piloted across 2 AMH and 2 MHSOP acute assessment and treatment wards within DTVF along with a further 2 AMH acute wards within North Yorkshire.
- The system is providing clearer oversight on key patient flow metrics with positive feedback received to date.
- An evaluation of the pilot is due to take place over the coming months with planned wider roll out and implementation to be considered and presented in the form of a business case.

- The Trustwide Autism Service aims to ensure that any autistic child, young person and adult who accesses TEWV services receives an autism informed, reasonably adjusted offer.
- We include anyone who we suspect is autistic as well to ensure that we are addressing the needs of everyone even if they are waiting for a diagnostic assessment or maybe have never had access to a diagnostic assessment in the past.

Guidance for integrated care boards, health organisations and wider system partners' (NHSE 2023):

*'Good mental health care for autistic people can be provided by all mental health services: not just those commissioned specifically for autistic people'.*

- An explicit message that good mental health care for autistic adults should be provided by all mental health services - this guidance reflects the Trust position and OJT



# Autism Mandatory Training- Tier 2

## TEWV AUTISM MANDATORY TRAINING COMPLIANCE (January 2025 )

	NYYS	DTVF	CORPORATE	TOTAL
	No of Registered delegates/ Attendees from NYYS (% of NYYS staff)	No of Registered Delegates/ attendees from DTVF (% of DTVF staff)	No of Registered Delegates/ attendees from Corporate (% of corporate staff)	Total number delegates / attendees within the trust (%)
Total Number of staff January 2024	24% 460/1936)	38% (1869/4861	28% (599/2167)	33% <b>(2928/8970)</b>

## TEWV PROJECTED AUTISM MANDATORY TRAINING COMPLIANCE- for December 2025

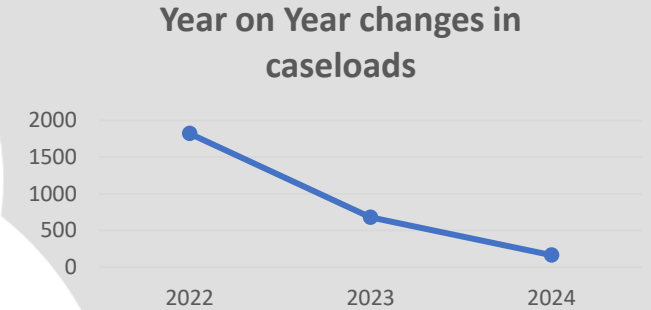
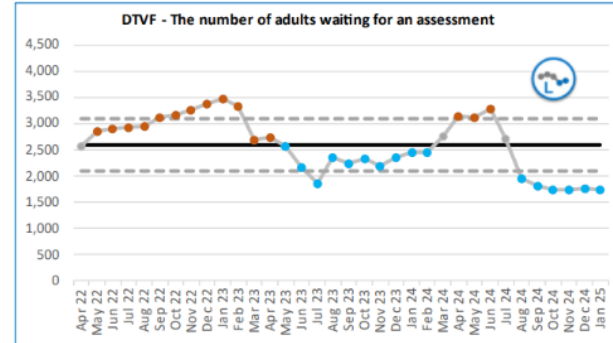
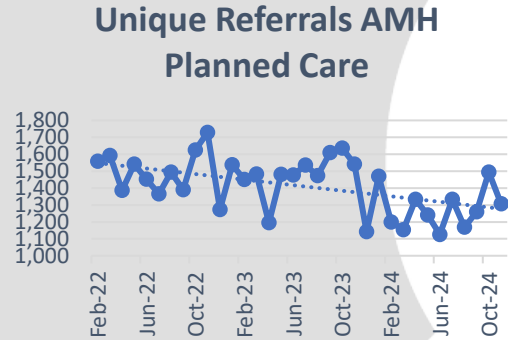
	NYYS	DTVF	Corporate	Total
	No of delegates completed or registered to complete by 31 March 2025 (% of NYYS staff)	No of delegates completed or registered to complete by 31 March 2025 (% of DTVF staff)	No of delegates completed or registered to complete by 31 March 2025 (% of DTVF staff)	Delegates / attendees within the trust (%) who have registered or complete by 31 March 2025 (Numbers/%)
December 2025 Predicted compliance	27% 517	44% 2112 40	38% 818	57% (5156/9024)

# Clinical Advice/Consultation Update

	DTVf	NYYS	Corporate	Total
Autism Consultation/ advice/ Supervision offered. ( January 2025)	491	294	12	707
Continuous Professional development CPD	5	2	0	7
Group Supervisions (Crisis)	60	4	0	64
AMH Inpatient support / advice	125	0 Starting in March 2025	0	125

- Increasing demand month on month, infographic is being shared across all services and visits are being made to teams across both Care Groups.
- Consultation offered in a variety of ways – ad hoc, ongoing, drop in
- Increased demand for attendance at formulations, MDTs, complex case discussions

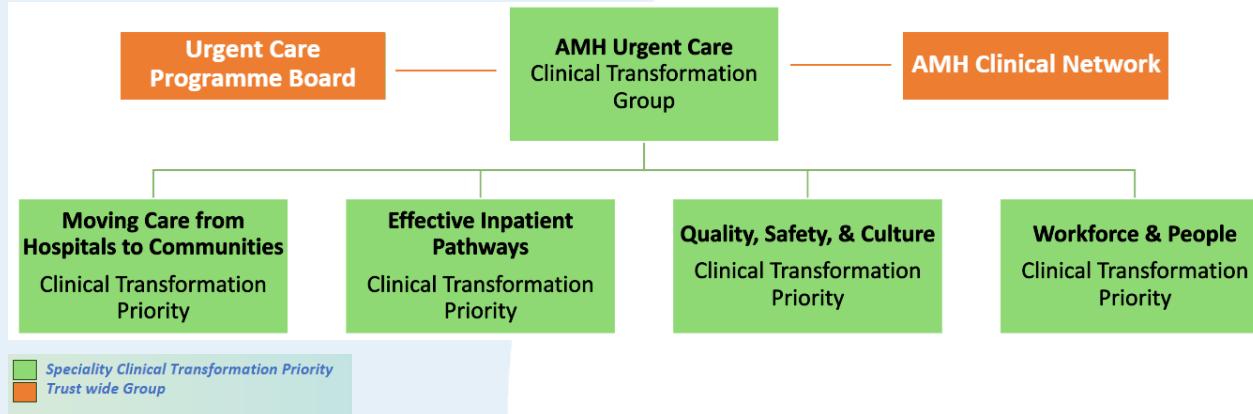
# Community Transformation



- Over 40,000 appointments in primary care by TEWV MH Nurse practitioner or Mental Health and Wellbeing Practitioners in 2024
- Only 948 (2.5%) of those patients were referred into secondary care services
- 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)
- 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 February 2025
- NENC ICB Chief Exec visited Hartlepool Community Hub to see the best practice. Mentioned TEWV and positive impact of Community Transformation work at Select Committee on 12 March 2025.

# Urgent Care Transformation Update

## Urgent Care Clinical Transformation Structure



- The Urgent Care Clinical Transformation Group reports into the Urgent Care Programme Board and AMH Clinical Network

## Urgent Care Clinical Transformation Priorities

We will make sure you can benefit from the assessment, intervention, and treatment that you need, in the least restrictive, safest place, as close to your home community as possible. If you do need to stay in a restrictive setting, we will make sure this is for the shortest time necessary, and as close to your home community as possible.			
<b>Moving Care from Hospitals to Communities</b> Clinical Transformation Priority	<b>Effective Inpatient Pathways</b> Clinical Transformation Priority	<b>Quality, Safety &amp; Culture</b> Clinical Transformation Priority	<b>Workforce &amp; People</b> Clinical Transformation Priority
Working across boundaries to develop seamless and appropriate access to services across Adult Mental Health.	Having the right beds in the right place to facilitate care closer to home.	Culture of Care	Developing and embedding a fully multidisciplinary, skilled & supported workforce across services.
Creating suitable step-up capacity to facilitate care delivery in the community.	Optimising inpatient processes		Development of dashboards and access to data, to drive and inform clinical transformation across services.
Managing the threshold for inpatient assessment and treatment.	Managing the threshold for Discharge "why not home, why not today?"		

- Four Clinical Transformation priorities have been identified within urgent care; Moving Care from Hospitals to Communities, Effective Inpatient Pathways, Quality, Safety & Culture and Workforce & People.
- Within each of the priorities, a total of 9 sub priorities have been allocated to leads across the service for development and monthly reporting into the urgent care transformation group.

# Key areas of focus

- Financial pressures and need to achieve financial balance.
- Medical recruitment continues to be challenging, however we have seen an improvement in recruitment and retention.
- A continued focus on Mand & Stat Training for all staff.
- Finalise business plans and CRES for 2025/2026.
- Naomi Lonergan to remain as Interim Managing Director until December 2025.

**Thank You**

**Any questions?**

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**For General Release**

**Meeting of:** Council of Governors Public Meeting

**Date:** 26<sup>th</sup> March 2025

**Title:** North Yorkshire Care Group report March 2026

**Executive Sponsor(s):** Zoe Campbell, Managing Director North Yorkshire, York & Selby Care Group

**Author(s):**

<b>Report for:</b>	<i>Assurance</i>	<input type="checkbox"/>	<i>Decision</i>	<input type="checkbox"/>
	<i>Consultation</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>

**Strategic Goal(s) in Our Journey to Change relating to this report:**

- |   |                                     |
|---|-------------------------------------|
| <i>1: To co-create a great experience for our patients, carers and families</i> | <input checked="" type="checkbox"/> |
| <i>2: To co-create a great experience for our colleagues</i>                    | <input checked="" type="checkbox"/> |
| <i>3: To be a great partner</i>   | <input checked="" type="checkbox"/> |

**Strategic Risks relating to this report:**

This reports relates to *all* risks in the BAF *other than*:

**7: Cyber Security.**

- 
- **Executive summary:**
  - **Purpose:** The aim of this report is to provide information to and update the Council of Governors (CoG) on behalf of the North Yorkshire Care Group.
  - **Proposal:** CoG receive the report and associated presentations as an update from the NYYS CG.
  - **Overview:** This update provided by presentation includes:
    - Celebrations
    - Operational, Quality and Safety Update
    - Spotlight on:
      - Workforce including NHS Staff Survey
      - Cocreation
      - Crisis Line

# **Council of Governors**

## **NY&Y Care Group Update**

**Zoe Campbell**  
**Managing Director (North Yorkshire & York)**  
**March 2025**

# Contents

- **Celebrations**
- **Operational, Quality and Safety Update**
- **Spotlight on:**
  - **Workforce**
  - **Cocreation**
  - **Crisis Line**
- **Questions**

# Celebrations

- Care Group Fundamental Standards Awards planned for 28<sup>th</sup> March
- AMH Minster Activities Co-ordinator Carla has been praised by the Trustwide Autism Service for activities available on the wards specifically relevant to autistic patients.
- MHSOP Springwood Very positive thank you card received from a relative commending the team for their high quality, exceptional person-centred care.
- MHSOP York Memory Assessment Service Pilot – Primary Care GPs attending huddle potential to create efficiency.
- CAMHS 4 schools have achieved Healthy Schools Award in SWR for emotional wellbeing through their engagement with well being in mind teams
- CAMHS Events held in all teams for Children's Mental Health Week and events planned for World Book Day with books available for YP to take home and keep. Art Group restarted in Scarborough
- CAMHS well being in mind team case study showcasing OTs in the team submitted as part of a response to an Educational Select Committee review
- TEWW 10k to take place next month in York

# Operational, Quality and Safety Update

- Reduction in the use of restrictive interventions 84-69
- High and improved compliance with 'Safe Wards'
- All specialities now have dedicated physical healthcare leads
- Compliance remains high against Time away from the ward/Section 17 leave
- Zero episodes of 100% agency workers on any ward
- Reduction in Falls in MHSOP wards
- No mixed sex accommodation breacher nor instances of sexual safety
- Reduction in medication errors across wards and community – no significant harm
- Clinically ready for discharge numbers remain high – work ongoing with system partners
- Patient/clinician related outcomes slight deterioration – actions in place

# Operational, Quality and Safety Update

- Positive patient experience feedback from all specialities
- York Early Intervention in Psychosis team out of business continuity
- A number of teams continue to receive additional support largely due to staffing challenges.
- Continuing declining position in number of people waiting for York & Selby Talking Therapies Step 3 interventions
- Vale of York Talking Therapies Virtual Reality intervention trial is due to commence in April
- The Care Group has identified plans to meet required cost savings
- Recent announcements about reductions to the ICB's and NHS England are filtering through the system.
- IT connectivity issues across some sites

# Spotlight on - Workforce

## Risks / Issues

- Monthly sickness absence percentage for February increased from 5.21% January to 5.50%.

## Positive Assurance

- Statutory and Mandatory training remains back above target of 85% up to 86.02% in February (85.15% January).
- Appraisal compliance remains above target of 85%. Increase to 86.23% February, (85.44% January)

- 2024 saw the 22nd annual staff satisfaction survey.
- The final TEWV response rate was 44% compared to 48% in 2023
- Care Group summary on next slide
- Local actions to be developed.



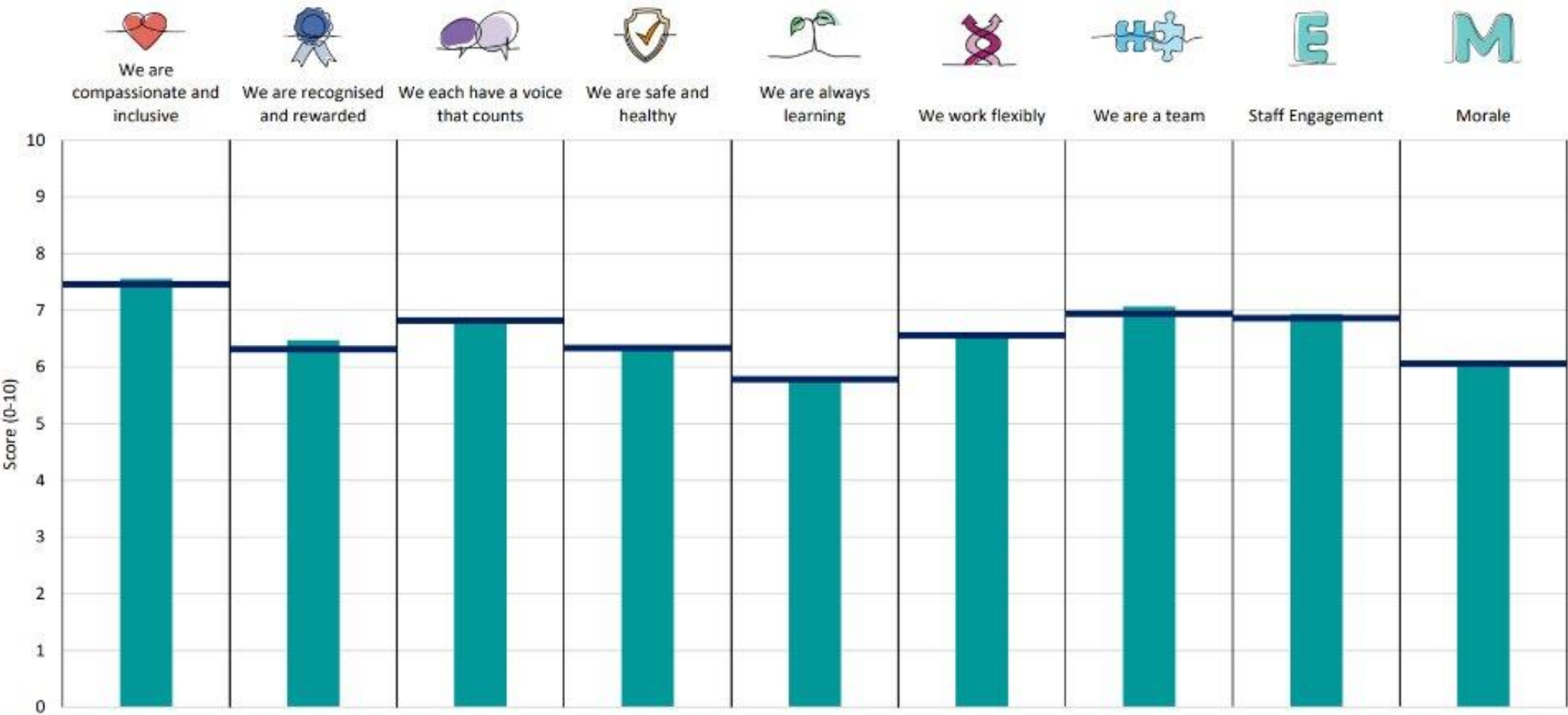
# Spotlight on - Workforce

Survey  
Coordination  
Centre

346 North Yorkshire York & Selby



NHS  
r Valleys  
idation Trust



Breakdown	7.56	6.48	6.84	6.31	5.74	6.59	7.07	6.94	6.08
Your org	7.46	6.31	6.82	6.34	5.78	6.56	6.94	6.86	6.06
Responses	745	745	739	742	715	744	744	745	744

# Spotlight on: CoCreation

- AMH Service users and carers attended AMH showcase event
- AMH Service user visit to Everyturn has been planned for April
- The MHSOP Co-creation group ToR are being reviewed in April
- Following feedback MHSOP Service Manager to attend Co Creation Board
- New ALD members have joined the group over recent months which has injected new ideas and views
- Local Leads in place for all CAMHS teams supporting co-creation
- Recruitment of a Participation Lead going out to advert to support the work
- Good attendance from NYYS at the Feb Event Nothing About Us Without Us. Work commencing with partners on the 50 recommendations made by Young People

# Spotlight on: Crisis Line

- All calls are now directly routed via the NHS 111 Platform (not via the Trust 0800 number)
- Involvement & engagement forum is operational with planned visits from members to Everyturn HQ in April & May
- Established a high intensity user forum looking at callers who 1) call the line and do not progress to the hub 2) call the line and do progress to the hub - this allows a detailed and more individualised plan that supports those in crisis by looking at other services who are involved and working together more closely
- New urgent care referral form in testing phase on CITO
- Team manager post dedicated to the line in the process of being advertised Psychology lead providing regular supervision / reflection space for staff
- Capacity & demand remain a challenge due to AMH crisis vacancies
- CITO challenge due to the internal referral processes
- NHSE KPI's remain challenged
- 100% staffed by AMH clinicians – no input from other specialities
- Line is still used by professionals to make referrals reducing capacity

**Thank You**

**Any questions?**

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Meeting of: **COUNCIL OF GOVERNORS**  
Date: **26 March 2025**  
Title: **Our Journey to Change: The Next Chapter**  
Executive: **Brent Kilmurray, Chief Executive**  
Sponsor(s):  
Author(s): **Chris Lanigan, AD Strategic Planning & Programmes**

Report for: **Assurance** ☒ **Decision** ☐  
**Consultation** ☐ **Information** ☐

**Strategic Goal(s) in Our Journey to Change relating to this report:**

- 1: To co-create a great experience for our patients, carers and families**  
**2: To co-create a great experience for our colleagues**  
**3: To be a great partner**

√
√
√

**Strategic Risks relating to this report:**

BAF ref no.	Risk Title	Context
		Our Journey to Change (OJTC) is our strategic framework and hence relates to all of the risks in the BAF

**Executive Summary:**

**Purpose:** This report gives assurance to governors that the Trust's Board of Directors have followed the agreed process for revising and updating Our Journey to Change prior to the Board giving final consideration to the updated version on 10 April.

**Proposal:** It is proposed that governors note the process followed and the changes that have been made to the original Our Journey to Change as a result.

**Overview:** Our Journey to Change, the Trust's strategic framework was approved by the Board of Directors in January 2021 following extensive engagement with the community, staff and partners during 2020 (including the initial Big Conversation). It was to be in place for 3-5 years.

Since January 2021, successful implementation of Our Journey to Change has included:

**Co-creating a great experience for patients, carers and families**

- Waiting list for children needing to access support for mental health or emotional wellbeing needs down by nearly half
- Carers Charter launched and being embedded in the Trust. It sets out our commitment to working with and supporting carers.
- Co-Creation framework developed, agreed and launched
- Invested in our estates by opening a new community mental health hub in Northallerton and a new centre for young people in York
- We're better placed to support members of the Armed Forces since signing the Armed Forces Covenant

- Increased numbers of people with severe and enduring mental illness have been helped into employment by our Individual Placement Service
- Recruited two lived experience directors and a head of co-creation who are supporting teams to put patient experience at the heart of decision making

### **Co-creating a great experience for colleagues**

- Recruited 700 more staff since start of COVID in 2020
- Introduced large scale recruitment events for Health Care Assistants (HCAs) and nurses, including international recruitment
- Streamlined our processes, reducing the time it takes to hire
- Developed our staff networks to give everyone a voice in our Trust
- Invested in the health and wellbeing of our people
- Introduced a staff awards and recognition scheme

### **Being a great partner**

- More mental health nurses are working in GP surgeries across our region – supporting people to get the right help early on and close to home
- 27 more schools are part of our mental health support programme helping young people and training teachers
- Our innovative and world-class research team is part of a vital COVID-19 vaccine trial along with NHS partners and the University of York
- Together with Hartlepool Borough Council we supported rough sleepers with their mental health
- Our apprenticeship team has developed a strong partnership with Derwentside College to deliver a range of apprenticeship training to colleagues
- Working with City of York local authority and other partners we achieved national pilot status (and investment) for the Acomb mental health hub. We have also made good progress in setting up multi-agency hubs across Tees Valley and County Durham and in Harrogate.

Nevertheless, once the third anniversary of the approval of OJTC had passed, work started to develop a process that would update and refresh it. The Board's initial view was that a refresh not a totally new strategic framework was required, and the appropriate managers were tasked with developing a process to manage this re-fresh.

To inform this, a lived experience strategy and planning reference group was set up and started monthly meetings / discussions. A new big conversation was held in July 2024 to augment existing intelligence about the impact of work since January 2021. The Board also held a strategy focussed board workshop in September which considered changes in our strategic and operational environment such as the Darsi Report and logged its members' views about the amount of progress and impact against each of the 3 goals.



At the Council of Governors meeting of 24 October 2024, governors were briefed on the key messages from the new Big Conversation and the assessment of the Board on progress / impact. CoG agreed with the Board's view that:

- much of the 2021 Our Journey to Change strategic framework was still valid, but there were some elements that could be improved
- This improved version would be iteratively developed during the winter with a check and challenge engagement exercise taking place before the final version was produced

On 15 January 2025 a further update was provided for governors, including the Board's proposals for the check and challenge engagement stage. CoG agreed with a relatively "tight" circulation in recognition of existing work to engage staff, service users and carers.

Since then, a further draft of Our Journey to Change has been considered by the Lived Experience reference group and by respondents to the "check and challenge" survey. The Board of Directors then held a workshop which discussed and agreed the formal draft of *Our Journey to Change: The Next Chapter* which is attached at **Appendix A**.

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

- Much shorter, more memorable vision statement which does not duplicate other parts of OJTC
- Goal 1 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 actual experience of being treated by our Trust
- 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
- Goal 3's 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 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 a national NHS priority.

The Board of Directors are formally considering the final draft on 10 April. If they approve *Our Journey to Change: The Next Chapter* then a communications plan will be enacted and Trust

processes that reference the goals, objectives and values will be updated. Delivery and implementation of the Trust's strategy will continue to be via Care Group and corporate plans.

***Prior Consideration and Feedback***

This is set out in the report above, but there have been specific progress reports to CoG in October 2024 and January 2025.

***Implications:***

There are no immediate legal, financial or equalities implications connected with updating Our Journey to Change. However, this strategic framework will shape the Trust's plans and management decisions in the years to come at which point implications will be considered.

***Recommendations:***

**Governors are recommended to note that the agreed development process has been followed and to raise any points they wish the Trust's Board of Directors to consider at their meeting on 10 April.**

## Appendix A: 2021 and 2025 OJTC words compared

	<b>January 2021 OJTC</b>	<b>OJTC The Next Chapter (2025)</b>
<b>Mission</b>	We want people to lead their best possible lives.	We want to support people to lead their best possible lives.
<b>Vision</b>	We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate and responsible.	We provide consistently good healthcare which helps our communities become healthier and safer.
<b>Goal 1</b>	<b>To co-create a great experience for our patients, carers and families so you will experience:</b>	<b>We will co-create high quality care. Therefore, our service users and their carers will experience:</b>
<b>Goal 1 Objectives</b>	<ul style="list-style-type: none"> <li>Outstanding and compassionate care all of the time</li> <li>Access to care that is right for you</li> <li>Support to achieve your goals</li> <li>Choice and control</li> </ul>	<ul style="list-style-type: none"> <li>A timely response with help when you need it</li> <li>Consistently patient-centred care, with positive outcomes</li> <li>Involvement in planning and personalising care and opportunities to help improve services</li> </ul>
<b>Goal 2</b>	<b>To co-create a great experience for our colleagues, so you will be</b>	<b>We will be a great employer. Our colleagues will:</b>
<b>Goal 2 objectives</b>	<ul style="list-style-type: none"> <li>Proud because your work is meaningful</li> <li>Involved in decisions that affect you</li> <li>Well led and managed</li> <li>That your workplace is fit for purpose.</li> </ul>	<ul style="list-style-type: none"> <li>Feel pride in what we do and the impact of our work</li> <li>Be supported and empowered to do our job well</li> <li>Feel safe to challenge, innovate and celebrate</li> </ul>
<b>Goal 3</b>	<b>To be a great partner, so we will</b>	<b>We will be a trusted partner. Our partners will experience us working with them to:</b>
<b>Goal 3 Objective3</b>	<ul style="list-style-type: none"> <li>Have a shared understanding of the needs and struggles of our communities</li> <li>Be working innovatively across organisational boundaries to improve services</li> <li>Be widely recognised for what we achieve together</li> </ul>	<ul style="list-style-type: none"> <li>Deliver integrated services and improve population wellbeing</li> <li>Reduce health inequalities</li> <li>Offer training, job and career opportunities</li> </ul>
<b>Value 1</b>	<b>RESPECT</b>	<b>RESPECT</b>
	<ul style="list-style-type: none"> <li>Listening</li> <li>Inclusive</li> <li>Working in partnership</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive</li> <li>Considerate</li> <li>Open and honest</li> </ul>
<b>Value 2</b>	<b>COMPASSION</b>	<b>COMPASSION</b>
	<ul style="list-style-type: none"> <li>Kind</li> <li>Supportive</li> <li>Recognising and celebrating</li> </ul>	<ul style="list-style-type: none"> <li>Kind</li> <li>Fair</li> <li>Listening and acting</li> </ul>
<b>Value 3</b>	<b>RESPONSIBILITY</b>	<b>RESPONSIBILITY</b>
	<ul style="list-style-type: none"> <li>Honest</li> <li>Learning</li> <li>Ambitious</li> </ul>	<ul style="list-style-type: none"> <li>Accountable</li> <li>Reliable and productive</li> <li>Challenging and improving</li> </ul>

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### For General Release

**Meeting of:** Council of Governors  
**Date:** March 26 2025  
**Title:** CITO Report  
**Executive Sponsor(s):** Nick Black, Chief Information Officer  
**Author(s):** Lorraine Sellers, Head of Digital Delivery

<b>Report for:</b>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Decision</i>	<input type="checkbox"/>
	<i>Consultation</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>

**Strategic Goal(s) in Our Journey to Change relating to this report:**

<i>1: To co-create a great experience for our patients, carers and families</i>	<input checked="" type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input checked="" type="checkbox"/>
<i>3: To be a great partner</i>	<input checked="" type="checkbox"/>

**Strategic Risks relating to this report:**

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
7	Data Security and Protection	There is a risk of data breach or loss of access to systems, caused by successful cyber-attack, inadequate data management, specialist resource gaps, and low levels of digital literacy resulting in compromised patient safety, impacts on business continuity, systems and information integrity, reputational damage, and loss of confidence in the organisation.
5	Digital Improvement	There is a risk of failure to deliver OJTC goals, organisational and clinical safety improvements, caused by the inability to fully deploy, utilise, and adopt digital and data systems

**Executive Summary:**

**Purpose:** This report is submitted to the Council of Governors for assurance and information. It includes information on CITO, the Trusts Electronic Patient Record (EPR), current situation and future developments and enhancements.

**Proposal:** The report provides a good level of assurance in the use of CITO as a major trust system and gives information on corrective actions and mitigations taken to address ongoing system issues as well as future system enhancements.

**Overview:** The report provides:

- A brief explanation of the CITO System
- Information on ongoing developments to the System
- Information on planned system enhancements
- Information on changes to CITO guidance materials
- Information on CITO Embedding work
- An overview of benefits / alignment to Trust strategic aims.

***Prior Consideration and Feedback*** Chief Information Officer, Digital and Data leadership.

***Implications:*** None.

***Recommendations:*** The Council is invited to confirm a good level of assurance in CITO and to note the planned developments and enhancements to the Trusts EPR.

# CI TO report

March 2025

Author - Lorraine Sellers, Head of Digital Delivery

# What is CITO?

- CITO can be described as a system hub, that sits alongside PARIS and Civica Prescribing to form the three elements of the Trusts Electronic Patient Record (EPR).
- CITO was implemented in February 2024 and integrates with other systems such as the Great Northern Care Record and the York and Humber Care Record.
- Cito has been specifically designed by digital and data in conjunction with clinicians to support key clinical agendas and give them the views that they need to do their jobs efficiently and safely.
- Cito is Patient Centric, and clinicians can view patient information held across all these systems from within Cito in an easy to use and powerful interface.
- CITO went live in February 2026 and was designed to use
  - simple language
  - to be intuitive
  - to remove duplication
  - to proactively prompt clinical next actions and steps and
  - to provide real time views enabling digital transformation
- Following the implementation of Cito there were several system performance issues that prevented the system from being adopted as expected and have impacted on the quality of data recorded in the system.





# CITO Development

- As part of the ongoing work to ensure that the full benefits of Cito can be realised, and that our colleagues and partners are working with a quality product that assists them in delivering excellent care, several areas have been identified to ensure that we continue to develop Cito.
- It was noted in the close report for the Cito Implementation project that a further project would be initiated to deliver a series of improvement workstreams for Cito, this would ensure that the product would deliver the benefits and improvements to patient information recording that it was originally designed to introduce.
- A current CITO Stabilisation and Improvement project is currently ongoing to ensure stabilisation of the CITO platform and embedding usage within the Organisation. This project is overseen by the Cito Improvement Group and Digital Programme Board with progress reported each month.
- A comprehensive plan oversees the delivery of these improvements;

## Developments & Future Enhancements

- Development Approach
- Quarterly Updates on TEWW Led Releases
- Oversight of Civica Led Developments

## Support Materials and Guidance

- Review & Development of Guidance Materials
- Topic Specific Guidance
- E-Learning
- Face to Face Offer - Refresher

## Embedding Use of Cito across the Trust

- User Confidence
- Clinical Change
- Community of Practice
- Topic Specific Training
- Intensive Support Approach

## Shared Care Record – Data Sharing

- Requirements
- Agreement of Specification
- Workplan for Integration

The different workstreams ensure that the technical functionality of the system is in line with the organisations requirements, and that the users of Cito are supported to feel confident using the system.

# CITO Development Continued

- **Of note is the following update (as of March 2025):**

- Cito Release 3 (R3) was deployed into the TEWV test environment on 19<sup>th</sup> December and has undergone extensive systems testing out of which various issues have been identified. As a result, fixes are being implemented for re-testing, with a view to testing being completed early April.
- Cito Release 4 (R4) is currently forecast to be deployed for testing early April, with a view to deploying live mid-end May.
- An additional EPMA release was deployed for testing on 23rd January 2025. Testing has completed successfully, and deployment is scheduled for 19th March.
- Work continues in conjunction with IG to understand how patient disclosures and subsequent record amendments are completed.
- Cito Data Migration work within the original project scope is now completed in full. Additional Data Migration items have been identified and will be taken through Clinical Assurance Group for approval.
- Data quality reporting will flow through Cito Improvement Group in March 2025, with dashboards being developed to provide service managers with visibility on their staff' use and compliance with the system.

# CITO Enhancements

A series of developments and enhancements to improve Cito have been identified to be delivered as a priority. These have been identified as a priority for the organisation by Stakeholders and supported by the Clinical Assurance Group (CAG)

Requirements for these improvements are being defined and will then be developed, tested and deployed using the agreed Change Management process in place for Cito

A joint Change Management Board with our system supplier has been put in place to ensure that any changes have also been tested and approved by them before being deployed into the system



A number of improvements to existing functionality have also been highlighted and discussed with the system supplier. The key areas below, with requirement and discovery workshops regarding where development is needed now concluded and the supplier currently developing a roadmap for how and when we can work in partnership with them to improve the experience for users.



# CITO Guidance



The Digital Learning team creates eLearning and digital learning materials and provides face to face learning support for neurodiverse learners.

Post Cito Go Live we undertook a comprehensive review of Cito training based on feedback from 8,524 users, focus groups with Junior Doctors and Audit. This has shaped our comprehensive Digital Learning Offer for EPR.

The improvements include:

- **Live System Alignment:** all eLearning courses, Look-up Learning guides and bitesize materials are now in line with live system changes.
- **Role Specific Learning:** New Just-in-Time Learning profiles (combining Paris, Cito and EPMA training into single “EPR” learning courses) were launched on our existing learning platform. The new learning profiles are tailored to job roles.
- **LMS Migration:** We are preparing to migrate the new EPR eLearning courses to ESR in April – all staff will need to gain a competency in EPR; this will enhance compliance and engagement reporting and improve user experience as all eLearning for employees will move to one platform
- **Planned improvements for 2025:** Interactive Learning: Introduce interactive examples to enhance eLearning.

# CITO Embedding

Feedback from clinical services is that there was a clear need for further support for colleagues. Particularly in relation to their confidence using the system as designed and embedding the changes in clinical process that Cito was designed to support.



Based on the feedback a daylong session to increase user confidence was defined and these sessions launched in January – with over 700 staff now booked to attend. The session delivered so far show an average increase in users' confidence of 32.5% from just attending the session.

The Cito Community of Practice has been established and continues to be developed so that colleagues can work together to get the best out of the system, target areas of clinical change that still need embedding and suggest Topic Specific training that would be well received and share with each other good clinical practice in the user of Cito that can benefit others.

The Clinical change team have developed an intensive support plan for targeted support into identified teams that require it. Currently the release of staff to support the Cito embedding work has so far not identified individuals for secondment. Alternative options for resourcing this are being sought in ongoing discussions with Care Boards and the Chief Nurse.



# CITO Shared Care Records

The current version of Cito that went live includes access to the regional shared care record viewers (GNCR& NY) which enables colleagues to see the information gathered and record by partners.

The next stage to develop is for TEWV to start sharing data from out EPR back into the SCR records. Which at a high level would involve the following steps

**Identify Data  
for Sharing**

**Development  
of Technical  
Specification**

**Agree  
workplan for  
Integration**

**Test  
Integration  
and Data Flow  
with SCRs**

**Begin to Share  
Data**

This will be possible once the current release schedule with Civica has been completed, and some updates to the data have been made. This along with the priority developments identified and improved data quality through improved use of the system will then enable us to begin sharing our data.

# Strategic Aims

The Trust's three strategic aims are supported by CITO in many ways:

- **Co-creating a great experience for patients, carers and families**
  - Time saved in processing initial referrals
  - Increased opportunity to be involved in own care
  - Increase in patient perception of clinician awareness of their treatment history
  - Increase in the quality of patient documentation
  - Reduction in incidents arising from inaccurate electronic records
- **Co-creating a great experience for colleagues**
  - Time savings not searching for key information
  - Time savings creating letters
  - Time savings preparing / travelling for Team Huddles
- **Being a great partner**
  - System Interoperability with partner organisations
  - Accurate and timely information sharing
  - Access and writing back to Shared Care records

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