

**COUNCIL OF GOVERNORS
MONDAY 14TH JULY 2025 AT 2.00PM**

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

AGENDA

1.	Apologies for absence	Bev Reilly Interim Chair	Verbal
2.	Welcome and Introduction	Bev Reilly Interim Chair	Verbal
3.	To approve the minutes of the meeting held on 26 th March 2025	Bev Reilly Interim Chair	Draft Minutes
4.	To receive any declarations of interest	Bev Reilly Interim Chair	Verbal
5.	To review the Public Action Log	Bev Reilly Interim Chair	Report
6.	To receive an update from the Interim Chair	Bev Reilly Interim Chair	Verbal
7.	To receive an update from the Interim Chief Executive	Patrick Scott Interim Chief Executive	Verbal
8.	<p>Governor questions and feedback –</p> <p>a) Governor questions and answers session</p> <p>b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template).</p> <p><i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate by Wednesday 9th July 2025. Please send them to tevv.governors@nhs.net).</i></p>	Bev Reilly Interim Chair	Schedule of Governor questions, responses and feedback to be circulated
9.	<p>To receive updates from the Board of Directors' Committees:</p> <p>a. People, Culture and Diversity Committee (PCDC)</p> <p>b. Mental Health Legislation Committee (MHLC)</p>	<p>Roberta Barker Non-Executive Director / Chair of PCDC</p> <p>Jules Preston Non-Executive Director / Senior Independent Director</p>	<p>Verbal</p> <p>Verbal</p>

	c. Resources and Planning Committee (RPC)	John Maddison Non-Executive Director	Verbal
	d. Quality Assurance Committee (QAC)	John Maddison Non-Executive Director	Verbal
	Background Information on the business transacted by the Board of Directors in recent public meetings can be found on our Trust's website – https://www.tevv.nhs.uk/about/board/papers-previous-board-meetings/		
10.	To receive a progress update on the Trust's Operational Services:		
	a) Durham, Tees Valley and Forensics Care Group	Naomi Lonergan Interim Managing Director for DTV&F Care Group	To Follow
	b) North Yorkshire York and Selby Care Group	Zoe Campbell Managing Director for NYY&S Care Group	To Follow
11.	Governor Election Update	Phil Bellas Company Secretary	Report
12.	To consider the appointment of a member of the Council of Governors' Nomination and Remuneration Committee	Phil Bellas Company Secretary	Verbal
13.	To receive a report from the Council of Governors' Membership Task and Finish Group	James Burman Corporate Affairs and Stakeholder Engagement Lead Gary Emerson Chair of the CoG Membership Task and Finish Group / Lead Governor	To Follow
14.	To receive a report on the Trust's Communications Strategy	Sarah Paxton Head of Communications	To Follow
15.	To receive an update on:		
	a) Autism and Attention Deficit Hyperactivity Disorder pathways work taking place within North East and North Cumbria Integrated Care Board	Dr Kedar Kale Executive Medical Director	Verbal
	b) Progress of the recommendations made by the Council of Governors' Autism Task and Finish Group	Dr Elspeth Webb Trustwide Autism Clinical Lead	Report

16.	Date and time of meetings in 2025/26: <ul style="list-style-type: none"> • Wednesday 15th October 2025 at 2pm • Wednesday 18th February 2026 at 2pm 	Bev Reilly Interim Chair	Verbal
17.	Exclusion of the public The Chair to move: <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> <i>Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i> <i>Information which, if published would, or be likely to, inhibit -</i> <i>(a) the free and frank provision of advice, or</i> <i>(b) the free and frank exchange of views for the purposes of deliberation, or</i> <i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs”.</i>	Bev Reilly Interim Chair	Verbal

Bev Reilly
Interim Chair
 4th July 2025

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

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MINUTES OF THE PUBLIC SESSION OF THE COUNCIL OF GOVERNORS' MEETING HELD ON 26TH MARCH 2025 AT 2.00PM AT THE WORKPLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND ON MICROSOFT TEAMS

PRESENT:

David Jennings - Chair
 Lee Alexander - Appointed Governor, Durham County 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
 Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group
 Hazel Griffiths - Public Governor, North Yorkshire (MS Teams)
 Cheryl Ing - Staff Governor, Corporate Directorates
 Joan Kirkbride - Public Governor, Darlington
 Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
 Jacci McNulty - Public Governor, Durham (MS Teams)
 Alicia Painter - Public Governor, Middlesbrough
 Jean Rayment - Public Governor, Hartlepool
 Gillian Restall - Public Governor, Stockton-on-Tees
 Graham Robinson - Public Governor, Durham
 Zoe Sherry - Public Governor, Hartlepool (MS Teams)
 Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)
 Jill Wardle - Public Governor, Durham (MS Teams)
 Judith Webster - Public Governor, North Yorkshire (MS Teams)

IN ATTENDANCE:

Phil Bellas - Company Secretary
 Nick Black – Chief Information Officer
 Ann Bridges - Executive Director of Corporate Affairs and Involvement
 James Burman - Stakeholder and Engagement Lead (MS Teams)
 Karen Christon – Deputy Company Secretary
 Dr Hannah Crawford - Executive Director of Therapies
 Angela Grant - Corporate Governance Officer (CoG and Membership)
 Lesley Hodge – Acting Deputy Director of People and Culture
 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, Durham, Tees Valley & Forensics Care Group
 Deborah Longton-Worley – Corporate Governance Officer
 Jules Preston - Non-Executive Director
 Beverley Reilly - Deputy Chair / Non-Executive Director
 Jane Robinson – Non-Executive Director
 Dr Rajeet Shah – Group Medical Director, Durham, Tees Valley and Forensics Care Group
 Catherine Wood – Non-Executive Director

24-25/72 **APOLOGIES**

Apologies for absence were received from:

Rob Allison - Appointed Governor, University of York
 Joan Aynsley - Public Governor, Durham
 Cllr. Pauline Beall - Appointed Governor, Stockton-on-Tees Borough Council
 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
 Kevin Kelly - Appointed Governor, Darlington Borough Council
 Catherine Lee-Cowan - Appointed Governor, Sunderland University
 Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council

Roberta Barker - Non-Executive Director
 Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group
 Dr Charlotte Carpenter - Non-Executive Director
 Dr Sarah Dexter-Smith - Joint Executive Director for People and Culture
 Dr Kedar Kale - Executive Medical Director
 John Maddison - Non-Executive Director
 Beverley Murphy - Chief Nurse
 Kate North – Joint Executive Director for People and Culture
 Liz Romaniak - Executive Director of Finance, Estates and Facilities
 Patrick Scott – Deputy Chief Executive

24-25/73 **WELCOME**

The Chair welcomed attendees to the meeting.

24-25/74 **MINUTES OF PREVIOUS MEETINGS**

Agreed – That the minutes of the public Council of Governors’ meeting held on 15th January 2025 be approved as a correct record and signed by the Chair.

24-25/75 **DECLARATIONS OF INTEREST**

None received.

24-25/76 **PUBLIC ACTION LOG**

Consideration was given to the Council of Governors’ Public Action Log.
 Action 24-25/66 (15/01/25), item on CITO, was to be discussed on the agenda at Item 12. All other actions had been completed.

24-25/77 **CHAIR’S UPDATE**

The Chair provided a verbal report and advised that:

- Announcements had been made regarding changes to NHS England, Integrated Care Boards and reductions in corporate growth in NHS organisations. As a result, significant changes were expected.

- The Board had met recently to discuss the next iteration of Our Journey to Change, which was built on the current vision, objectives and strategy and he thanked the Council of Governors for their continued support.
- Recruitment was underway for a new Chief Executive. A microsite had been created for candidates and all staff had been asked to select five key words to reflect what qualities they hoped for in a new Chief Executive. This information would help to choose a long and short list of candidates. Governors would be involved in the recruitment process and in final interviews.

It was noted that:

- In their pre-meeting with the Lead Governor, Governors had raised concerns in relation to negative publicity about the Trust. Whilst some criticism had been fair, some had been unacceptable and had been challenged by the Trust. The Lead Governor asked that the Trust's Communications Strategy be shared with Governors to understand what reassurance had been offered to service users and carers about good work and positive outcomes in the Trust.

A. Bridges advised that Governors had received an update on the Communications Strategy at their development session held on 20th March 2025. Data on Trust communications had also been shared. Whilst some media coverage had been disappointing and unbalanced, of 60 articles, 85% had been positive in sentiment. Updates would continue to be provided to Governors and they would also continue to receive a monthly communications performance report.

B. Kilmurray acknowledged that many of the negative stories were about the same topic and the Trust's response to such coverage remained values driven.

G. Robinson advised that he had been a member of the press for many years and had first-hand experience of an Editor telling journalists that good news stories were not wanted. It was a difficult environment to navigate, and it was hard for the Trust to bring balance to how the media approached and conducted its reporting.

The Chair confirmed that the Communications Strategy should be shared with Governors and should remain on the Council of Governors' agenda. He also asked that an item on the Trust's Communications Strategy be included on the agenda for the next meeting of the Council of Governors.

Action – A. Bridges

- P. Bellas advised that the annual Governor election would start in April 2025. Details would be found on the Trust's website and A. Grant would contact Governors with terms of office coming to an end, to let them know whether they could re-nominate themselves as candidates.

24-25/78 CHIEF EXECUTIVE'S UPDATE

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

B. Kilmurray advised that:

- The executive team at NHS England had significantly changed and a transitional executive team would be established. The government had confirmed NHS England

would be abolished and its core statutory functions were to be subsumed by the Department of Health. NHS providers also had to consider significant reductions in corporate growth and announcements were expected from the government in terms of corporate services affected by the cost reductions, planning and budget guidance. It was hoped the government's 10-year plan would provide more detailed information.

- Integrated Care Boards would have a different role in the future, and clarity on what that entailed was awaited. The Trust would work with Integrated Care Board colleagues to reduce costs and deliver the large transformation agenda.
- National model severance and redundancy schemes were expected to be announced but information on that was not yet available.
- In terms of financial performance, the Trust expected to deliver its breakeven plan for 2024/25. Financial planning for 2025/26 was underway and the Trust aimed for a breakeven position, however, significant risks had been identified and oversight was expected to be applied nationally. Governors would be kept informed.
- The Secretary of State had met with families in February 2025 and confirmed he would respond to their request for a public inquiry into the Trust, by the end of March 2025. The Trust had submitted briefings and comments in response to this request and Governors would be kept informed on this matter.
- A select committee had met in the House of Commons the previous week and two witnesses had cited TEWV as leading the way regarding the transformation agenda. Hartlepool transformation had been recognised as exemplar and Dr R. Shah had led on this. The Trust was very proud of this work, as a specialist provider of services for people with complex needs.
- He planned to leave the Trust on 11th April 2025. P. Scott would take on the role of Interim Chief Executive and an Interim Deputy Chief Executive would be appointed. He thanked Governors for their years of support and challenge and wished them well for the future.

It was noted that:

- G. Emerson expressed disappointment that the government had seemed to focus on saving money and restructuring, rather than investing in the NHS. He asked whether information was available on the plans for emergency and community services.

B. Kilmurray suggested it might be worth writing to a local MP about his concerns. He was unsure of the plans for primary care and advised that mental health community transformation would continue to focus on a move away from hospital care and towards delivering care in a community setting.

- On behalf of the Governors, G. Emerson wished B. Kilmurray a fond farewell. He commented on significant pressures on senior staff and Board members at TEWV during some difficult times and welcomed the professionalism that B. Kilmurray and others had shown in the face of some unjustified and vitriolic attacks. He wished him well for the future.
- G. Restall asked where B. Kilmurray's new place of employment was.

B. Kilmurray advised that his new role would be the Chief Executive of Mid-Yorkshire NHS Trust.

24-25/79 GOVERNOR QUESTIONS

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

- At their pre-meeting, Governors had expressed concern regarding the number of families seeking private autism assessments as a result of long waiting lists. It was suggested that people with physical health issues were assessed and treated far earlier in comparison to those who waited for an Autism assessment. G. Emerson welcomed a review on progress made with the Autism Strategy and highlighted that many of the questions asked by Governors had been linked to Autism and connected challenges.

B. Kilmurray proposed there were two elements to consider. One was Autism diagnostics and the other was exceptionally long and unacceptable waiting lists and a person's right to choose. In terms of the diagnostic process, an agreed approach to Autism diagnosis was being considered, linked to a needs led model with intervention support. Basic information was being collected and it was hoped that K. Kale, who was the lead on this work, would be in a position to speak to the Council of Governors about it at their next meeting.

Action – K. Kale

R. Shah advised that the use of media and electronics would also be explored with regard to Autism diagnosis. He also advised that there had been a reduction in waiting times for attention deficit hyperactivity disorder, although there was still much work to do and the North East and North Cumbria Integrated Care Board sought to mirror any lessons learned regarding this.

[G. Birchwood joined the meeting]

- Z. Sherry advised that an event, with a focus on mental health and wellbeing, had been held in Hartlepool on 24th March 2025. It had been well attended and she thanked TEWV for their involvement in the event, which six of its directors and managers attended.
- K. Evenden-Prest raised a concern about a shortage of attention deficit hyperactivity disorder medication. He also noted he was aware of three patients who had been diagnosed with attention deficit hyperactivity disorder, who had also presented with symptoms of bi-polar disorder and discussed how important it was to make sure patients were not left in limbo whilst waiting for support, particularly when another condition was diagnosed.

N. Lonergan advised that the Trust worked with accredited providers regarding attention deficit hyperactivity disorder assessments and would expect those organisations to raise concerns with the Trust about other possible mental health conditions the patient might have.

- J. Kirkbride asked whether the Trust received copies of assessments done by a private provider.

K. Evenden-Prest advised that an assessment would only be shared with the Trust if the patient had given their permission.

24-25/80 GOVERNOR FEEDBACK

No Governor feedback received.

24-25/81 BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE UPDATE

Consideration was given to a verbal update from the Chair of the Board's Quality Assurance Committee on key issues considered at its meetings and reported to the Board.

Quality Assurance Committee (QAC)

B. Reilly advised that:

- The committee had met twice since January 2025 and reports on matters that had been discussed were available in the board meeting papers on the Trust's website.
- The committee had heard two positive patient stories. One from a patient in Secure Inpatient Services who had achieved a City and Guilds qualification in mathematics and the other from a patient at Bankfields Court who had started college.
- Concerns regarding Oxehealth and Section 17 leave had been highlighted in a report that was taken to the Board.
- A risk relating to demand and high bed occupancy levels, previously raised in October 2024, remained a concern. There were significant challenges related to patients who were clinically ready for discharge, where their discharge was affected by issues such as housing and correct packages of care. In older people's services, there were two wards worth of people awaiting discharge, in addition to those in other services. This situation was not acceptable and the committee was sighted on it.
- The committee was sighted on out of area placements. There were many areas in the Trust with capacity issues and the impact of moving people out of area was significant.
- With regard to people waiting to access Trust services, the committee had a good understanding of the unacceptable position and had limited assurance on the impact on those waiting to access community services. There was also limited assurance regarding the Child and Adolescent Mental Health Services keeping in touch service.
- It was essential the Trust worked with system partners to achieve the community transformation agenda but there were clear differences in how the separate Integrated Care Boards approached this.
- With regard to 'corridor care' experienced by some patients in acute services, the committee had received good assurance that patients in the Trust, waiting to receive care, had not experienced this and were cared for appropriately.
- The Quality Dashboard would be an excellent tool to provide assurance on oversight of data and would be useful for ward managers.
- The committee had received good assurance on the embeddedness of the Care Quality Commission action plan.
- The committee had received a presentation on learning disability services at Bankfields Court.

It was noted that:

- J. Kirkbride had enjoyed a presentation delivered at the Governor development session on 20th March 2025, by the North Yorkshire Liaison in Psychiatry Team. Governors had heard about a system used by the Ambulance Service to notify the team that they were taking a patient to hospital, so that someone from the team

could be there to meet them and the person was not waiting for a long time to be assessed.

- G. Emerson asked whether Governors could be shown examples of patient stories, to hear about good practice and the positive impact the Trust was having on people.

The Chair suggested that Governor locality meetings might be a good place to share such information.

- A. Painter suggested that patients be given the opportunity to anonymously share their stories and feedback, perhaps using a QR code on posters around Trust premises.
- K. Evenden-Prest advised that in the Durham and Darlington service he worked in, sleep webinars had been held to assist people with sleep difficulties and there was interest in building on this to address other conditions. It was helpful to hear from patients about their positive experiences, as well as the negative ones.

M. Liebenberg confirmed it was important to report good news and positive stories.

A. Bridges advised that the patient and carer experience feedback system was being remodelled and quality improvement work was underway. A new system had been procured, which would be easier to use.

24-25/82 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.

North Yorkshire, York and Selby Care Group

M. Liebenberg advised that:

- There were a number of celebrations in the report and he encouraged people to take part in the York 10k event in April 2025.
- There had been positive movement on the metrics for positive and safe.
- There had been a reduction in falls and in the use of agency staff.
- The care group continued to work closely with system partners.
- Patient and clinical outcomes had deteriorated slightly but actions were in place to address this.
- Patient experience appeared positive.
- Some teams had experienced staffing challenges and had been offered support.
- With regard to workforce metrics, sickness absence had increased but this was within the expected seasonal variation.
- Statutory and mandatory training and appraisal compliance had remained above the target of 85%.
- The results of the staff survey for staff in the North Yorkshire, York and Selby Care Group had been provided in the report.
- A stop and reflect exercise had taken place to review the Co-creation Board.
- With regard to the crisis line, all calls were now directly routed via the NHS 111 platform and staff support had been provided by psychology colleagues. He had been encouraged by the progress made to the service and thanked staff for their support.

It was noted that:

- J. Wardle advised she had been a member of the Council of Governors' Autism Task and Finish group. She requested feedback from both care groups on delivery of Autism training in the Trust as she understood that North Yorkshire had the lowest uptake of the training.
M. Liebenberg advised that there had been issues with finding suitable venues to deliver the training and he would update Governors at a future meeting on the progress made in training delivery.

The Chair suggested an update be provided by both care groups on the uptake of Autism training and also on the progress of the recommendations made by the Council of Governors' Autism Task and Finish Group.

Action – K. Kale

Durham, Tees Valley and Forensics Care Group

N. Lonergan advised that:

- Amongst the care group's celebrations there had been the news that STOMP, a pioneering Durham and Teesside project to stop the over-medication of people with a learning disability or autism, was to be captured on camera to help others. The film, co-created by involvement members, Trust staff, primary care pharmacists and Skills for People would be made available across the NHS once completed. Learning disability nurses had won the Learning Disability Nurses of the Year Award and the Ridgeway Equality, Diversity and Inclusion event held in February 2025 had been really positive.
- Staff survey results for the care group had been included in her report and the related action plan would be brought to the Council of Governors in due course.
- With regard to the Adult Learning Disability Respite Service, the Trust continued to work with the Integrated Care Board and the families involved.
- A more streamlined model for neurodevelopmental assessments had been piloted in Darlington as part of the clinical transformation work and this would be evaluated.
- There had been positive and consistent improvements in call answer rates for the crisis line service and patient flow had been managed with IT support.
- The Optica pilot, for bed management, would be evaluated in the coming months. There had been some technical issues and feedback would be shared with Governors at a later date.
- Urgent care transformation was focused on inpatient pathways and the Lived Experience Directors were involved in that work.
- Key areas of focus in the care group were the financial plan, mandatory and statutory training and the business plan.

It was noted that:

- J. Kirkbride asked whether the national NHS England KPI of 97% was achievable regarding the crisis line.

N. Lonergan advised that she had asked the same question, as no other Trust had achieved this.

- J. Wardle suggested it was important for Governors to receive regular updates about neurodevelopmental work and for the objectives of the Council of Governors' Autism Task and Finish Group to be shared with both care groups.

The Chair confirmed that Governors would receive information from both care groups on progress made.

- A. Painter welcomed the approach of people receiving support, and reasonable adjustments being made, without the need for a diagnosis of Autism.

24-25/83 STRATEGIC FRAMEWORK (OUR JOURNEY TO CHANGE)

Governors considered a report on a review of the Trust's Strategic Framework, Our Journey to Change: The Next Chapter.

C. Lanigan drew attention to the main differences in the revised document and advised that the final draft would be formally considered by the Board on 10th April 2025. If approved, it would need to be incorporated into the Trust's business process, a communications plan would be actioned and the goals, objectives and values would need to be incorporated Trustwide.

It was noted that:

- J. Kirkbride highlighted that page 51 of the document pack had referred to the reduction in waiting lists for children who needed to access support for mental health or emotional wellbeing. She had visited Rowan Unit in Darlington, and the team had spoken about how Autism waiting lists did not sit within their service. She suggested it be made clear that reduced waiting lists did not include those children waiting for an Autism assessment.

The Chair advised the Board would reflect on that.

- In response to a question, B. Kilmurray confirmed that the Trust had recruited 700 staff, net, since the start of Covid in 2020.
- J. Kirkbride advised that the statement "We're better placed to support members of the Armed Forces since signing the Armed Forces Covenant" did not mean anything to those who were not familiar with it.

The Chair advised that detail did exist, but not in the high level plan. However, C. Lanigan would make a note of her comments.

24-25/84 CITO

Consideration was given to a report on the Trust's electronic patient record system, CITO, which had provided Governors with a good level of assurance on the use of CITO in the Trust and provided information on corrective actions and mitigations taken to address ongoing system issues.

N. Black advised that:

- CITO had gone live in February 2024 and was a system hub that sat alongside PARIS and Civica Prescribing to form three elements of the Trust's Electronic Patient Record. It had been created with clinical staff and an understanding of how the Trust

needed to run services and it was to be expected that a system on this scale would have some issues.

- Staff were able to access broader patient records and the focus was on monitoring and improving patient outcomes.
- Improvements to Wi-Fi access in the Trust had taken place before Christmas 2024 and further improvements were planned to address ongoing issues. There was £451,000 capital available for NHS England to enhance Wi-Fi availability and connectivity within NHS facilities, to improve staff experience, and the Trust needed to ensure system stability to support this.
- With regard to data quality reporting, service managers were able to use quality dashboards for improved visibility on their staff's use of, and compliance with, the system.
- The report highlighted a series of developments and enhancements that were needed to improve CITO. This included moving systems into an IBM cloud so that the workforce can be better informed.

It was noted that:

- G. Emerson had expressed disappointment that in 2025, the NHS was still digitally disconnected and despite billions spent nationally on systems and processes and GPs and ambulance staff still could not access the records of patients in the Trust.

N. Black advised that the Trust, along with other providers, accessed the Great North Care Record and the Yorkshire and Humber Care Record and the next stage would be to consider how the Trust could make its data available to feed into the shared systems.

- The Chair asked whether a GP in North Yorkshire could see the records of a patient of TEWV.

N. Black advised they would have access to information such as discharge letters but not the active patient record.

- H. Crawford advised that N. Black was the technical lead for CITO and she was the clinical lead. Technical barriers did exist, however, access had improved and although GPs could not see patient records in real time, TEWV staff still contacted GPs by telephone and letter.
- J. Kirkbride asked whether staff would prefer to have PARIS back.

H. Crawford advised that CITO had improved and the opinions of teams differed across the Trust as to whether they preferred to use CITO or PARIS. Conversations with Civica, the providers of CITO, continued and user workshops had been held to increase confidence in the system.

- J. Kirkbride asked whether there would be an audit of what had not gone well with CITO.

The Chair advised that this had already taken place.

M. Liebenberg advised that, as a clinician, he used CITO and acknowledged that it was a very different system to PARIS. Although it was tempting to go back to a familiar system, his continued use of CITO had made it easier to navigate.

- K. Evenden-Prest asked whether there were plans to connect IAPTUS with CITO so that the best care could be provided. He also asked whether drop-in sessions could be held to help people use technology.

N. Black advised that connecting the two systems would depend on data flow and what could be made available. In terms of drop-in sessions, one consideration could be for volunteers to help patients in A&E, by talking them through how to access technology.

- M. Booth advised that, in her experience over the years, there were a number of Trust systems that had failed to live up to their original expectations.

A. Painter added that NHS Trusts used different systems and they did not seem to work together.

N. Black confirmed that all systems the Trust used needed to be accepted and useable.

The Chair asked that CITO be kept on the Council of Governors agenda for the rest of the year.

Action – N. Black

G. Emerson advised it was the last meeting for some Governors whose terms of office were coming to an end. Some Governors had provided long service to the Trust and there were concerns regarding representation, as it was hard to recruit new Governors. He thanked the Governors who were leaving and highlighted how all Governors were volunteers who had taken on the role because they wanted to contribute. He thanked his fellow Governors for their contribution.

The Chair concurred with G. Emerson.

24-25/85 DATE OF NEXT MEETING

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

24-25/86 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 4.05pm

Bev Reilly
Interim Chair
14th July 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
04/12/2023	23-24/59	Regular updates on Crisis Service to be provided to the Council of Governors.	PS/ZC	–	Implemented
04/12/2023	23-24/63	Regular progress updates on CQC action plan to be provided to Governors.	BM	–	Implemented
15/01/2025	24-25/66	Item on CITO to be included on the agenda at a future CoG meeting	LR/NB	–	Closed
26/03/2025	24-25/77	Trust's Communications Strategy to be shared with Governors and an item to be included on the agenda for the CoG meeting in July 2025	AB	14/07/2025	Item 14 (TEWV Communications Strategy was emailed to Governors 04/06/25)
26/03/2025	24-25/79	K. Kale to update Governors on the Autism and ADHD pathways work taking place within North East & North Cumbria Integrated Care Board	KK	14/07/2025	Item 15a
26/03/2025	24-25/82	Governors to be provided with an update on the progress of the recommendations made by the Council of Governors' Autism Task and Finish Group	KK/EW	14/07/2025	Item 15b
26/03/2025	24-25/84	Regular updates on CITO to be provided at Council of Governors' meetings in 2025/26	NB	14/07/2025	15/10/2025

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Agenda Item 11

For General Release

Meeting of: Council of Governors
Date: 14 July 2025
Title: Elections Report
Sponsor(s): -
Report Author: Phil Bellas, Company Secretary

Report for:	<i>Assurance</i> <i>Consultation</i>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<i>Decision</i> <i>Information</i>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%; text-align: center;">✓</div>
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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> | ✓ |
| <i>2: To co-create a great experience for our colleagues</i> | ✓ |
| <i>3: To be a great partner</i> | ✓ |

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
10	Regulatory Compliance	Under its Provider Licence, the Trust must take all reasonable precautions against the risk of failure to comply with: a. The Conditions of the Licence, b. Any requirements imposed on it under the NHS Acts, and c. The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

Executive Summary:

Purpose: The purpose of this report is to advise the Council of the outcome of the annual elections for 2025.

Proposal: The Council is asked to note the outcome of the 2025 annual elections.

Overview: Elections to the Council are held in accordance with the (NHSE) model election rules as incorporated in the Constitution.

 They are administered and overseen by an independent Returning Officer. For the 2025 elections this was Ciara Hutchinson at Civica Election Services.

 The elections were held between 23 April 2025 (Notice of Election) and 19 June 2025 (close of election). The timetable, which met the requirements of the election rules, was agreed by the (then) Chair of the Trust.

 Information on the results of the elections is provided in the Annex to this report.

In summary, the impact of the elections on the composition of the Council was as follows:

	Pre-election position	Post election position
Public Governors in office	17	25
Public Governor vacancies	12	4
Staff Governors in office	4	5
Staff Governor vacancies	1	0

Prior Consideration and Feedback

Not applicable

Implications:

Risks to the sustainability of the Council are now considered to have been mitigated.

Recommendations:

The Council is asked to receive and note this report.

Tees Esk and Wear Valleys

Annual Elections 2025

Public Constituencies

Constituency	No of Seats	No of Candidates	No of Electors	Turnout	Governors Elected	Remaining Vacancies
City of York & Rest of England	3	2	-	-	Christine Elizabeth Hodgson Oliver Milner	1
Darlington	1	1	-	-	Andrea Goldie	0
Durham	5	10	2,052	4.3%	Joanne Bell Eric Kengne Tatuene Nicola Hutchinson Kevan Gillan Stephen Thomas	0
Middlesbrough	1	4	1,033	3.1%	Tony Morris	0
North Yorkshire	4	3	-	-	John Green Catherine (Cathie) Hague J Venable	1
Redcar and Cleveland	2	1	-	-	William Lambert	1
Stockton on Tees	1	4	1000	3.4%	Judy Williams	0

(Note: William Lambert resigned from the Council of Governors on 2 July 2025. There are now two vacancies on the Council for the Redcar and Cleveland Constituency)

Staff Classes

Class	No of Seats	No of Candidates	No of Electors	Turnout	Governors Elected	Remaining Vacancies
North Yorkshire, York and Selby Care Group	1	1	-	-	Sarah Blackamore	0

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TEWV Trustwide Autism Service



Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors Autism Task and Finish Group Recommendations - update

Dr Elspeth Webb

TEWV Trustwide Autism Clinical Lead

14th July 2025



‘Meeting the needs of autistic adults in mental health services: 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 OJTC

Council of Governors Autism Task and Finish Group

- **Themes from the recommendations:**
 - Training for clinical staff
 - (nb: particular topics including diagnostic overshadowing, autistic burnout etc)
 - Co-production
 - Good understanding of the communication needs of autistic people
 - Importance of reasonable adjustments as part of routine practice
 - Working with partners
 - Crisis provision
 - Personality disorder review
 - Importance of data
- **Cultural change**



The role of the Trustwide Autism Service:

- Training (mandatory and specific/bespoke)
- Supervision and consultation for clinical and staff across all specialities
- Support to corporate services
- Support to MDTs
- Sensory / environmental work
- Support for pathway development/reasonable adjustments
- Input into patient safety and risk management processes
- Trust policy development
- Strategic direction
- Links with partners – regionally and nationally



Multi-disciplinary team:

- **Service Manager**
- **Trustwide Clinical Lead**
- **Nurse Consultant**
- **Highly Specialist Clinical Psychology**
- **Higher Assistant Psychology**
- **Clinical specialists**
- **Autism Lived Experience Lead**
- **Dedicated clinical specialists (AMH NYYS)**
- **Team Manager**
- **Administrator**



Mandatory Training



- **Current compliance rate for the mandatory training in June 2025 is 43%, we are on track to meet the trajectory for everyone to be trained over three years**
- **Met the training compliance for Year 1: 38 %**

	%	Numbers
Total June 2025	43	(3885/8932)
DTVF	49	2388/4876
NYYS	38	733/1936
Corporate	35	764/2149



Bespoke Training

Examples

- Impact assessments
- Reasonable adjustment questionnaire
- Autism and eating disorders
- Reasonable adjustments for CBT

How relevant was the bespoke training session to your role?

4.85 / 5 (mean rating)

How helpful was the bespoke training session?

4.80 / 5 (mean rating)

How likely are you to change your practice following this session?

4.75 / 5 (mean rating)



Consultations

May 2025	DTVf	NYYS	Corporate	Total
Consultations	61	72	0	133
CPD	2	1	1	3
Group Supervision	1	0	0	1
Crisis Drop ins	9			
AMH Inpatient	36	26	0	62



Consultation feedback

- *Very helpful discussion and came away from it with more knowledge and better equipped to support my patient and family members.*
- Great to be able to discuss a client I've been struggling with and get some ideas about adapting therapy to make sessions more useful for him....although the consultation was specific to a current client it's helped me reflect on past work and think about how to consider future neuro-divergent clients. Good to know the service is there and will not hesitate to contact again if needed. Thank you!
- *It was really helpful that clinicians explored what I wanted from the consultation and helpfully provided ideas and support rather than just telling me information*
- I learnt so much from this consultation - I have been working in children's mental health for 25 years and was shocked to learn how our approach needs to be so different. What a great service!
- *I felt listened to and validated. I'm a senior doctor in TEWV yet the perspective from the autism team ... was hugely helpful and not something I've had anyone offer for one of my patients before. I am glad this approach means adjustments can be made without formal diagnosis as I believe they will make a positive difference to how he is treated in future. Thank you.*

Some examples of specific projects:

- **Adult inpatient services – including Culture of Care**
 - Ward attendance
 - Training
 - Reasonable adjustments
- **North Yorkshire, York and Selby Adult Mental Health initiative – use of extra funding**
- **Crisis/Intensive Home Treatment Team/Liaison Psychiatry support**
- **MHSOP Dementia Pathway refresh**
- **Talking Therapies – Co Durham**
- **Eating disorder services supervision**
- **Autism and psychosis special interest group + training within our EIP services**
- **Adaptations to governed psychological therapies**
- **Personality disorder and autism Trustwide steering group**
- **Community of Practice**



Any questions?



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