

**COUNCIL OF GOVERNORS  
MONDAY 14<sup>TH</sup> JULY 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  | Bev Reilly<br>Interim Chair  | Verbal  |
| <b>2.</b> | Welcome and Introduction   | Bev Reilly<br>Interim Chair  | Verbal  |
| <b>3.</b> | To approve the minutes of the meeting held on 26 <sup>th</sup> March 2025  | Bev Reilly<br>Interim Chair  | Draft Minutes   |
| <b>4.</b> | To receive any declarations of interest  | Bev Reilly<br>Interim Chair  | Verbal  |
| <b>5.</b> | To review the Public Action Log  | Bev Reilly<br>Interim Chair  | Report  |
| <b>6.</b> | To receive an update from the Interim Chair  | Bev Reilly<br>Interim Chair  | Verbal  |
| <b>7.</b> | To receive an update from the Interim Chief Executive  | Patrick Scott<br>Interim Chief Executive   | Verbal  |
| <b>8.</b> | <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 9<sup>th</sup> July 2025. Please send them to <a href="mailto:tevv.governors@nhs.net">tevv.governors@nhs.net</a>).</i></p> | Bev Reilly<br>Interim Chair  | Schedule of Governor questions, responses and feedback to be circulated |
| <b>9.</b> | <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<br/>Non-Executive Director / Chair of PCDC</p> <p>Jules Preston<br/>Non-Executive Director / Senior Independent Director</p> | <p>Verbal</p> <p>Verbal</p>   |

|     |  |   |        |
|-----|--|---|--------|
|     | c. Resources and Planning Committee (RPC)  | John Maddison<br>Non-Executive<br>Director  | Verbal |
|     | d. Quality Assurance Committee (QAC)   | John Maddison<br>Non-Executive<br>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 –<br><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> |   |        |
| 10. | To receive a progress update on the Trust's Operational Services:  |   |        |
|     | a) Durham, Tees Valley and Forensics Care Group  | Naomi Lonergan<br>Interim Managing<br>Director for DTV&F<br>Care Group  | Report |
|     | b) North Yorkshire York and Selby Care Group   | Zoe Campbell<br>Managing Director for<br>NYY&S Care Group   | Report |
| 11. | Governor Election Update   | Phil Bellas<br>Company Secretary  | Report |
| 12. | To consider the appointment of a member of the Council of Governors' Nomination and Remuneration Committee   | Phil Bellas<br>Company Secretary  | Verbal |
| 13. | To receive a report from the Council of Governors' Membership Task and Finish Group  | James Burman<br>Corporate Affairs and<br>Stakeholder<br>Engagement Lead<br><br>Gary Emerson<br>Chair of the CoG<br>Membership Task and<br>Finish Group / Lead<br>Governor | Report |
| 14. | To receive a report on the Trust's Communications Strategy   | Sarah Paxton<br>Head of<br>Communications   | Report |
| 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<br>Executive Medical<br>Director  | Verbal |
|     | b) Progress of the recommendations made by the Council of Governors' Autism Task and Finish Group  | Dr Elspeth Webb<br>Trustwide Autism<br>Clinical Lead  | Report |

|     |   |                             |        |
|-----|---|-----------------------------|--------|
| 16. | <p>Date and time of meetings in 2025/26:</p> <ul style="list-style-type: none"> <li>Wednesday 15<sup>th</sup> October 2025 at 2pm</li> <li>Wednesday 18<sup>th</sup> February 2026 at 2pm</li> </ul>  | Bev Reilly<br>Interim Chair | Verbal |
| 17. | <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 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> | Bev Reilly<br>Interim Chair | Verbal |

**Bev Reilly**  
**Interim Chair**  
4<sup>th</sup> July 2025

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

This page is intentionally blank

---

**MINUTES OF THE PUBLIC SESSION OF THE COUNCIL OF GOVERNORS' MEETING  
HELD ON 26<sup>TH</sup> 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 15<sup>th</sup> 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 20<sup>th</sup> 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 11<sup>th</sup> 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 24<sup>th</sup> 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 20<sup>th</sup> 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 10<sup>th</sup> 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 26<sup>th</sup> 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  
14<sup>th</sup> 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<br>(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  |

This page is intentionally blank



### For General Release

**Meeting of:** Council of Governors  
**Date:** 14 July 2025  
**Title:** Durham, Tees Valley and Forensics Care Group Update July 2025  
**Executive Sponsor(s):** Naomi Lonergan, Interim Managing Director, DTVF  
**Author(s):**

|                    |                     |  |                    |   |
|--------------------|---------------------|--|--------------------|---|
| <b>Report for:</b> | <b>Assurance</b>    |  | <b>Decision</b>    |   |
|                    | <b>Consultation</b> |  | <b>Information</b> | X |

**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> | X |
| <b>2: To co-create a great experience for our colleagues</b>                    | X |
| <b>3: To be a great partner</b>   | X |

### 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:

Care Group Updates and Assurances  
 ALD Respite  
 OPEL and OPTICA  
 Trustwide Autism Service Training  
 Celebrations

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

**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.

### Care Group Update

- Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for 74.32% (301/405) in April, this is a decline on the previous month and is just below target. No services are demonstrating concern however AMH are below target (57%). Triangle of Care meetings helping support improvement.
- At DTVF level patients rated the service as good or very good in May 92.93% (762/820) above target and within normal variation. ALD (90%) and CYPs (91.34%) are just below target other specialties are above target in month.
- Recruitment to vacant posts - Services are working with finance to ensure smooth flow within Vacancy Control process alongside the recruitment and finance team to better utilise TRAC and decision regarding budget and plan. Vacancy rate at -3.79% showing month on month special cause improvement. Sickness is at 6.41% across the CG. This is a 0.33% increase against April but is lower than the 5 preceding months. Ridgeway at 8.13% outlier but improving position Year on Year. HR clinics effective in Ridgeway supporting staff Return to Work for Long Term Sickness.
- Services Requiring Additional Support
  - AMH Easington South still on track for a proposed exit from Requiring Additional Support July 2025.
  - HMP Full Sutton – H&J providing in-reach support as required pending recruitment to the full team. Exit est. March 2026.
- Increased oversight and leadership support remain in place to AMH Planned Care Hartlepool and Middlesbrough Teams due to an increase in vacancies and absence.
- Mental Health Treatment Requirements Team – additional temporary funding has been agreed and recruitment is underway to address waiting lists.
- There were 4 service development items taken to Board;
  - 1) Business Case for enhancing Pharmacy services in DTV CAMHS, 2) Health & Justice Rehabilitation Beds at Oakwood regarding future estate use. 3) OxeHealth – Co-Creation Board report and recommendations. 4) Neuropsychology Pearson’s Contract Renewal.
- Birch ward has received accreditation for the Quality Network for Eating Disorders (QED) from the Royal College of Psychiatry. Capacity for the provision of gastroenterology support has not been achieved though SLA in place.
- Ridgeway Pet therapy dog (Daisy) has been nominated for BBC award.
- Positive Practice in Mental Health Wards – Out of 22 categories we were privileged to win five and to be highly commended in seven categories. Winners included Ridgeway for Special Recognition Award for Outstanding Work in Forensic Services, Teesside Crisis Services who won the All-Age Crisis Care Pathways award and the Ridings, Redcar CAMHS who won the Children and Young People’s Mental Health Services category.
- Female Prison Tenders - The service are currently reviewing in line with the business plan the opportunity for tendering for two women’s HMPS – HMP Newhall and HMP Askham Grange. The submission date for the tender would be 11th August.
- CYPS Tender - As expected, the Trust has been served notice from ICB commissioners regarding Teesside Children’s Getting Help services. The Trust have been expecting this to be put out to competitive tender and this went live in May 25. The Trust has been working closely with a group of local VCSE partners and has developed a joint collaborative bid for the future delivery of these services. We will likely find out whether we have been successful in August 2025 and are working closely internally with staff and externally with the ICB to develop appropriate exit strategy if unsuccessful.
- Crisis Line: Outcomes Update – Outcomes: The all-age screening service received a total of 5540 calls in May-25 with 90% of calls answered and 9% relating to abandoned calls. The adult triage service received a total of 1186 calls in May-25 with 81% of calls answered (87% post validated) and 6% relating to abandoned calls. The adult professional line received a total of 2058 calls in May-25 with 84% of calls answered (96% post validated) and 12% relating to abandoned calls. During May-25 a total of 896 patient assessments took place. Pre-validation of patients seen within 4 hours of a very urgent referral to crisis reported at 84% however, post validation reported at 95% compliance. Pre-validation of patients seen within 24 hours of an urgent referral to crisis reported at 98% however, post validation reported at 100% compliance.
- National Learning Disability Week 16<sup>th</sup> June was celebrated (some pictures included below).
- AMH Leadership colleagues and Lived Experience Director developing a co-produced specification for a crisis alternative in Darlington for implementation in this financial year.

### ALD Respite Update

- Monthly meetings led by the ICB continue with operational and clinical attendance from TEWV.
- ICB and system wide stakeholders had a meeting on 3<sup>rd</sup> July for family engagement which despite some early challenge had a largely positive outcome.
- We are working with the ICB through potential staffing models and impacts of same, with support from each organisation’s HR.
- A timeline is being prepared by the ICB (for most suitable provider route and notice of intent) with deadline for any challenge by end of August, after which we can begin to plan the clinical transitions. We expect that the transitions for this client group will be extremely complex.


### Positive Assurances

- Appraisals 90%
- 100% Risks Reviewed
- Bed Occupancy – improvements ongoing however reduction in month at 96.01%.
- Significant improvements in bed occupancy continue – PICU beds and AMH below 80% on some days.
- Crisis Line:
  - Consistent reduction in call volume
  - Reduction in the number of calls reaching crisis services for triage
  - May-25, calls have been answered within 56 seconds (KPI <20).
- Mand and Stat Training specialties are above target. Below compliance in face-to-face training:
  - ILS Practical 89%
  - ILS Test 86%
  - Basic Life Support 78%
  - Positive and Safe Level 2 Update 78%
  - Incident Training 89%
  - Autism Training 46%

| Areas for Improvement   | Actions  |
|---|--|
| TEWV Vision Recording   | Specialities continue to keep manual recording of supervision and to meet contractual arrangements in some areas.  |
| Patient flow – increasing CRFD trust wide   | Developing data focus on rates of admission, dx and LOS Trustwide to strengthen bed management   |
| Teams requiring additional support: HMP Full Sutton; AMH Middlesbrough; AMH Lanchester Road | Weekly oversight at Care Group Board Quality and Performance Meeting. Additional support for teams identified eg Organisational Development  |
| Delayed Discharges  | 6 patients in ALD. Weekly Immediate Response Group in place with aim to remove barriers to discharge. AMH and Local Authority to look at processes and work with ICB.  |
| Neuro Pathways – AMH & CYPS   | We are working with ICB and CNTW colleagues to redesign future pathways to improve patient experience, access and flow.  |
| Talking Therapies – 2 <sup>nd</sup> Contact   | A Task & Finish Group was established to oversee a Trustwide deep dive in relation to these areas of concern. Actions are now being progressed and a quality impact assessment is being complete prior to starting the ‘opt-in’ process is now being implemented in June to ensure our waiting list accurately reflects those who want to engage in treatment and reduce DNAs. |




### June #LD Awareness Week




Tees, Esk and Wear Valleys  
NHS Foundation Trust


Tianze's mum Nina shared their story




BFC's Got Talent.....?




Nurses from DTV ALD Physical Health Team at the PCPLD networking event in London. End-of-Life Care for people with a Learning Disability is still a taboo subject. Being among like minded peers and service users, it is hoped that events like this will change the mindset of clinicians towards such a sensitive subject. A fabulous networking opportunity and chance to hear good practice from other areas of the country. #Ldweek




BFC Sports Day...




Karen and Angela from 367 Thornaby Road shared what it was like to care for people with profound learning disabilities






### June #LD Awareness Week




Tees, Esk and Wear Valleys  
NHS Foundation Trust


Our Teams got out and about visiting local libraries, Acute hospital sites and health hubs to raise awareness



We were invited to join informal discussions on Teams with some of our patients to help promote LD week, with the theme "do you hear me and work"



Teams shared videos each day to act as little reminders of what people with learning disabilities can achieve, such as: [Assumptions Become Reality](#) | [Assume That I Can](#) | [World Down Syndrome - YouTube](#)




**THE INCLUSION HUNT!**  
Friday 20th June  
Think you've got what it takes to spot inclusion in action?  
Put your detective skills to the test in our 'Now You See Me' Awareness Week scavenger hunt!

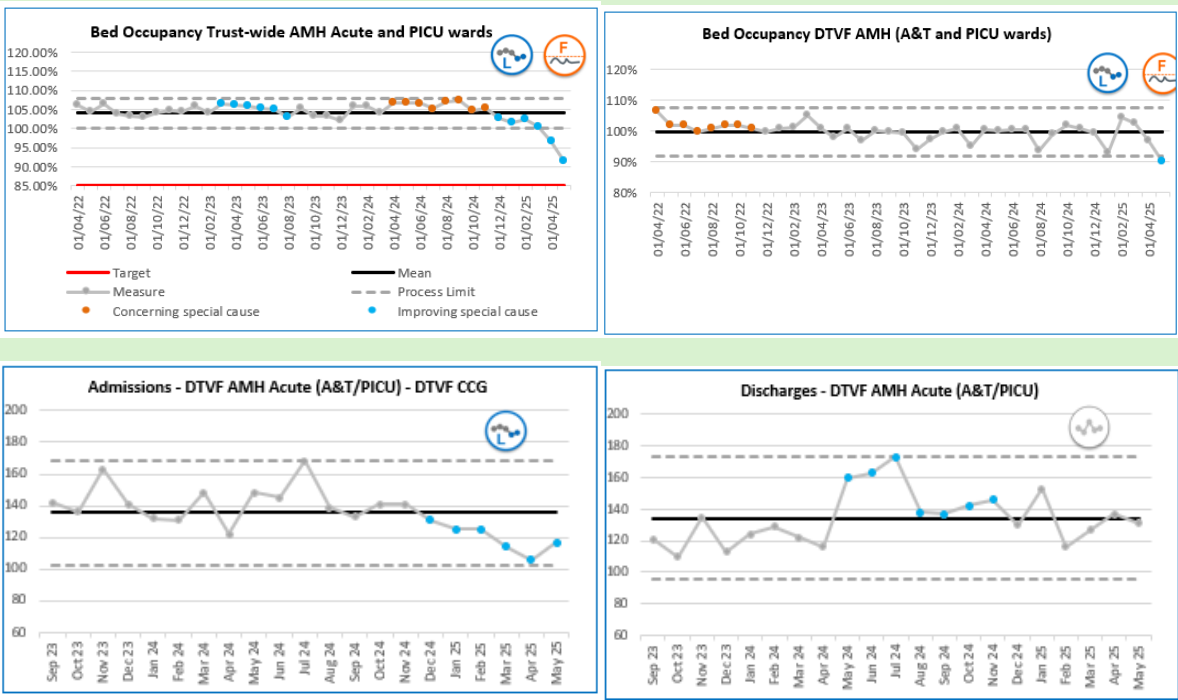
**How it works:**

- Your first clue will be emailed out to the team at 10:00am sharp
- Follow the trail of 5 hidden clues around the office.
- Each clue teaches something about inclusion, communication, or visibility.

Choose to take part - it's totally optional, but... There's a **PRIZE** for the fastest person to complete the hunt!

**Fun, Quick, Eye-opening.**  
Join the Inclusion Hunt and see how much you really notice.





## OPEL

- The OPEL Framework continues to strengthen governance and assurance of patient flow and subsequent revision of the day-to-day operational processes that support its delivery.
- OPEL measures apply to Inpatient Services across Adult Mental Health and Mental Health Services for Older People.
- Several daily OPEL meetings take place with Trust-wide senior operational and clinical staff, dependent on OPEL score, to review current patient flow position and reduce bed pressures where possible.
- The framework continues to support increased opportunity to work together to ensure our patients can access acute care at their time of need.
- Since implementation of the framework;
  - Trust-wide AMH Acute and PICU ward Bed Occupancy has seen a sustained reduction, reporting special cause improvement over the last 6 months.
  - Additionally, combined DTVF AMH acute and PICU bed occupancy continues to see a positive sustained improvement over recent months, reporting at 89.88% in May-25, reduction of 7% from Apr-25. AMH Acute ward bed occupancy reported at 94.35% in May, a reduction of 5% compared to Apr-25.

Admissions from DTVF CCG's for Adult Patients have also seen a sustained decrease over the last 6 months, reporting in special cause improvement.

## OPTICA

- The newly implemented electronic bed management system continues to provide increased, clearer oversight on key patient flow metrics with positive feedback received to date.
- The Raidr app is now fully operational and is utilised by both Trust and system colleagues allowing access to key patient flow data, supporting mitigations against risks.
- Evaluation of the pilot of OPTICA across a number of inpatient wards is due to take place over the coming months.
- Newly recruited Business Intelligence Analyst will be supporting the service with our digital transformation journey which will include the production of a patient flow dashboard utilising information from the OPTICA system.



### Autism Mandatory Training Overview

- TEWV provides Autism Mandatory Training to all staff, this is line with legislation and Guidance.
- The training is 3 1/2 hours long and will be delivered every three years.
- The training is co-produced and co delivered with Autistic individual and clinical experts.
- We have a compliance trajectory

|              |     |
|--------------|-----|
| Year 1 24/25 | 30% |
| Year 2 25/26 | 60% |
| Year 3 26/27 | 85% |

We met the trajectory for Year 1 (38%) and are on track to meet Year 2 trajectory.

### Speciality Performance (at June 2025)

| Durham Tees Valley and Forensic  |    |           |
|----------------------------------|----|-----------|
| Tier 2 Autism Mandatory Training | %  | Numbers   |
| Total across TEWV                | 43 | 733/1936  |
| June 2025                        |    |           |
| DTVF                             | 49 | 2388/4876 |
| AMH                              | 43 | 945/2163  |
| CAMHS                            | 60 | 436/722   |
| LD                               | 46 | 208/445   |
| H&J                              | 51 | 159/308   |
| MHSOP                            | 45 | 286/628   |
| SIS                              | 57 | 349/604   |
| Corporate Staff                  | 36 | 764/2120  |

Adult Mental Health

Birch ward, feedback from a student: “I would like to sincerely thank you for your help, patience, and support during my placement. Thanks to your professionalism, kindness, and dedication, I was able to develop my nursing skills in a safe and inspiring environment. I truly appreciate every piece of feedback, the valuable knowledge you shared, your helpful guidance, and the time you dedicated to my learning. Your support has been incredibly meaningful and motivating to me. With heartfelt gratitude.”

Positive Feedback: North Durham EIP received heartfelt praise from carers during an engagement meeting

Survey Engagement: Tees Valley PCN Services collected 23 patient surveys in March, with 100% rating care as “very good or good.”

Helen Burke (Redcar Hub) was praised by a former patient for her compassion and impact.

Cross-Trust Collaboration: South Tees EIP contributed to a mental health awareness day for physical health staff at James Cook Hospital, receiving excellent feedback.

Formulation Pilot: Piloted across Redcar & Cleveland (R&C) Community Hub and Treatment & Intervention teams

Job Planning Pilot: North Tees is leading a pilot on job planning for Band 5 and 6 roles, with positive engagement and plans for wider rollout.

Bedale ward - Greatix received for being warm and welcoming to new staff including temporary staff. It was recognised that staff took time to explain process and provided opportunities and learning experiences. They were always professional make positive changes for their service users.

Cedar ward - Made great efforts to celebrate Multi-Cultural Day with food from different nationalities that work on the ward and an info graph with all different languages spoken on the ward

Maple ward - Awarded living the values award following feedback from a patient.

All AMH Acute and PICU inpatient services – Celebrated national nurses day positive feedback for the efforts put in by each area also for mental health awareness week and VE Celebrations.

Elm ward - National Positive Practice in MH Awards 2025 - Elm has been shortlisted for the category of inpatient care - staff attending the awards ceremony on 19/6

North IHT - Card received from a student, stating Thank you all for such a valuable experience. I've learned a lot and really appreciated the support, honesty, and good humour from the whole team. It's clear how much you all care, and it was great to be part of that! Wishing you all the best!"

North IHT – Card received from a patient stating Thank you so very much for your kind, compassionate and personalised work. You have all pulled me back from the brink of something catastrophic and helped me to find some hope'. 'A sincere heartfelt thankyou to all the staff from the homecare crisis team, who helped me through a difficult time'

South IHT - 'To all the team who saved me, a BIG thank you' from a service user

South IHT - 'To all of the team at Flatts Lane, Thank you all so much for all your help, All my love and appreciation' from a service user

South IHT - 'Lynette was a caring and compassionate individual. As someone who can get socially anxious Lynette's understanding and warmth made it significantly easier to communicate my feelings and concern'.

CAS - A family friend was supported by the crisis team at Roseberry Park and their parents advised me they were really impressed with the care she received. Crisis were so lovely with the daughter, and mum. The daughter lives in Birmingham and her mum was telling me that crisis linked in with her local mental health trust and had support all set up for her when she arrived back home.

Adult Mental Health Cont.... –

D&D Liaison - Emma Weatherall B7 has commenced with North and South liaison as learning disability nurse.

South Tees Liaison - *We just wanted to say a HUGE thank you for supporting us yesterday in our complex mental health awareness day for physical health staff at James Cook. This helped raise the understanding and awareness of a group of physical health staff, in how to support patients with their mental health needs and risk. Sessions like this really helps us bridge the gap between physical health and mental health and will be helpful in us all moving towards parity of esteem. Many of the participants commented on how the guest speakers were the highlight of the day. We hope we can work with you more in the future.'*

Mental Health Services Older People

Michelle Dixon, Physical Care Practitioner, Oak Ward, Mental Health Services for Older People, West Park Hospital, Darlington: 'I would like to say thank you to Michelle, and I know so would many others from Oak Ward. I want to say thank you for being a rock that holds the team together-for your willingness to always go the extra mile, for always putting the patients' care first, for the many days you stay back, for the hours you don't sleep from thinking about patients' care. For checking on staff's wellbeing, for being a constant support for us all, for driving us to do better. We are so grateful as a team to have you. You are worth your weight in gold!!'.

All Psychologists & trainees - Thanks to everybody who supported the research, outcomes and service evaluation week in May - MHSOP were able to showcase some great areas of innovation pilot with RUDAS in Middlesbrough; use of DIALOGUE; case study of steps to recovery.

Care Home Hub Team, feedback from care home nurse "the amount of input that XX has had from Megan, Liv and Georgie have been amazing. Staff now have more to do with XX and ways to distract and engage him, the plans have been so helpful to follow, and we are so grateful and really appreciate it".

Urgent Care Line ICLS: Highly commend Helen Kettleleson RNMH and Carl Brown RNA for their compassionate and caring work supporting a care home with a very challenging resident on 27/05/2025. Both Helen and Carl remained at the care home throughout the incident lasting around 5 hours.

Bishop Auckland: Steps to recovery group has launched - thanks to Tee, and thanks to team for supporting some group sessions

Adult Learning Disabilities

Outstanding work in supporting a patient into her new property and the planning and intense support required by IST in partnership with the South Tees Community Team.

Excellent piece of joint working between South Tees Community Team, Physical Health Team, Care Provider, JCUH and LD Liaison Nurses to meet the needs of a patient admitted under MHA to JCUH in relation to restricted eating. He was able to get his physical health needs addressed in hospital successfully and was discharged back home. Some new strategies of supporting the patient were tried whilst in hospital which have worked really well and are being utilised in the community to good effect - since discharge he has attended the GP surgery and had a blood test which is the first one since he was 14 years old!

RDR – feedback from a family – “*you are the first person in 5 years that has really understood MG and his difficulties*”

Ridgeway, Secure Inpatients Service

Positive practice in mental health awards nominations – one team shortlisted which is Ridgeway education team and Steph Addison has been shortlisted for work done with Perinatal

Pet therapy dogs (Daisy) has been nominated for BBC ward

All of the new patient artwork has been displayed around the site on the hub

Children and Young Peoples Services (CAMHS)

Redcar GMH nomination for positive in practice award and have introduced a ‘CAMHS closet’ as part of their poverty proofing work.

Tees ED team receiving positive feedback from paediatric and GP colleagues regarding their input into joint working and provision of training.

Several examples of positive feedback across a number of teams discussed at governance group highlighting quality of support being provided and impact this is having on families.

Health and Justice

CREATE art workshop worked with PIPE in HMP Low Newton to deliver a weeklong art workshop. This was extremely popular, with great motivation and engagement demonstrated by the residents. The work will be entered into the Koestler Awards.

BIGSPD conference (Britain & Irish Group for the Study of Personality Disorder) – 4 posters in total submitted by the Primrose team.

HMP Hull Wellbeing Unit has been nominated for National Positive Practice in Mental Health Awards 2025 and shortlisted for the category of Quality Improvement.

Shared learning visit with CNTW and Cleveland Liaison & Diversion went well. There was learning on both sides, and some ideas which may benefit the service with regards to caseload management & data collection.

Durham & Darlington Liaison & Diversion team received a Greatix, from the custodial manager, at Holme House Prison, this was for, '*Improving partnership working by facilitating a visit from the Safer Custody Team. CM Arneil has expressed his appreciation and to you and the team, for providing such an impressive visit and improving his understanding of the Prisoner Journey*'.

MHTR Two Year Anniversary – the 26<sup>th</sup> June marks two years to the day that DTV MHTR went live. The team have received over 400 referrals in this time.



**For General Release**

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

**Date:** 14<sup>th</sup> July 2025

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

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

**Author(s):** Simon Marshall, Business Manager

|                    |                     |                          |                    |                                     |
|--------------------|---------------------|--------------------------|--------------------|-------------------------------------|
| <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:**

- 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:**

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:
  - Care Group Operational Update
  - Positive Assurance
  - Actions
  - Operational Pressures Escalation Levels (OPEL)
  - Autism Training
  - Celebrations
  - Spotlight on:
    - Community Transformation
    - The Humber & North Yorkshire System

Overview

Care Group Update

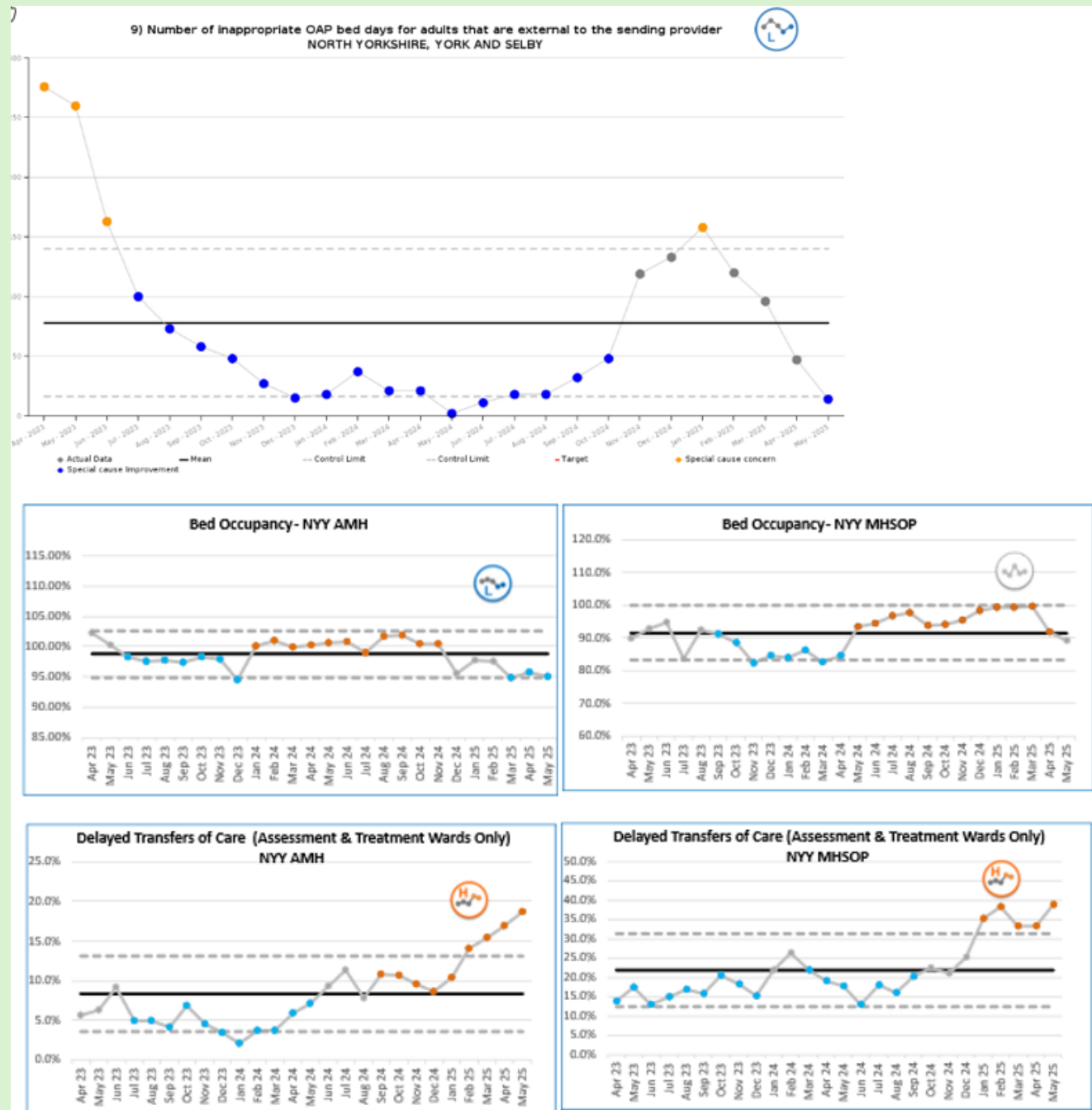
- **New Approaches to Governance Meetings:** following discussions around the need to consider new and different ways of working, including how the Care Group is supported by the governance team. A trial to make meetings more efficient and productive has been agreed.
- **Appraisal** - Fall in the number of staff in post with a current appraisal from 85.31% in March to 84.76% in April. This is below the trust target of 85%.
- **Risks** - As of 14 April, there are 40 risks within the Care Group and 3 of these are at 15+. Of these 40 25 are approved. Risk review compliance is 75%
- **Health Watch** – 9 points of feedback relating to TEWV (4 NY and 5 York) provided by health watches under the categories mental health support, Neuro, Dementia, LGBTQ+ and CAMHS (including transition).
- **Local Issue Resolution** - Care Group who received 318 concerns (983 for DTVF). Issues pertaining to Care and Treatment was the highest reported category used with the second being Assessment (availability of ASD, ADHD, Autism, CAMHS and Neurodevelopment assessments).
- **Overtime** for May £106k, the lowest month since well before January 2024.
- **All age crisis line**, response rates: Total answered 86%, abandoned 11% 99% calls routed via 111 32% calls screened into triage
- During May, we achieved **81.90%**. 116 patients were referred to the Crisis Team, 95 were seen within 4 hours of referral. 1 patient was seen within 7 hours due to the number of referrals received at the time. They were risk assessed and were clinically appropriate to wait. 6 patients were seen within 4 hours and issues are related to activity recording. 14 patients should be excluded from the measure as they did not require a 4-hour response as referral priority should not be ‘very urgent’. The 95% target was achieved in York
- **Clinically ready for discharge** - MHSOP have shown a decrease but it remains an area of concern. There is a refresh of the 30/60/90 day review and the ADoN is joining the working group to support.
- **Co-creation** An evaluation of the Co-creation Board has been completed

Positive Assurances

- **Long Term Sickness** figure reduced to 45 & increased assurances from sickness audits in the York Memory Team and York Talking Therapies.
- **Mandatory training** remains above standard at 85.89%
- **Complaints Handling** - good assurance based on the activity and the ongoing improvements in achieving a sustained improvement following the introduction of our new local approach.
- **Bed occupancy** reduction in month but remains high at 85%
- **Patient Experience** all specialties above target and in normal variation. MHSOP 95.45% patients reported their experience was very good or good, ALD 84.80% service user satisfaction, CAMHS 94.52% satisfaction
- Care Group Board agreed **Good controls assurance** regarding the oversight of the quality of services being delivered and the corrective actions/ mitigations in place to address any gaps or negative assurances and **Good performance assurance** regarding the Integrated Performance Dashboard (IPD)

| Areas for Improvement  | Actions   |
|--|---|
| Risk review compliance has improved but remains a challenge  | Weekly oversight at performance meetings and leadership group. Care Group board to run a risk workshop to reflect on risk ratings alignment and themes.   |
| Teams requiring additional support   | Weekly oversight in place additional support for teams identified and provided by corporate services ie People and Culture and Organisational Development.  |
| The CAMHS Crisis Line remains requiring additional support- Vacancy rate 9.0 wte band 6 posts not filled. However Data for Crisis 4 hour waits in April team at 100% with all YP seen within 4 hour target | Proposal being developed for the first call to be taken by another team. This will improve response rates and alleviate pressure on the teams. It would also provide the service with a better understanding as to the nature of the calls and would allow for more signposting for inappropriate calls |

## OPEL / OPTICA



### OPEL

- The Operational Pressures Escalation Levels (OPEL) Framework continues to strengthen governance and assurance of patient flow and subsequent revision of the day-to-day operational processes that support its delivery.
- OPEL measures apply to Inpatient Services across Adult Mental Health and Mental Health Services for Older People.
- Several daily OPEL meetings take place with Trust-wide senior operational and clinical staff, dependent on OPEL score, to review current patient flow position and reduce bed pressures where possible.
- The framework continues to support increased opportunity to work together to ensure our patients can access acute care at their time of need.
- Since implementation of the framework Trust-wide AMH Acute and PICU ward Bed Occupancy has seen a sustained reduction, reporting special cause improvement over the last 6 months.
- The Care Group continues to attend daily system calls to support patient flow challenges within the broader health and social care system.

### OPTICA

- The newly implemented electronic bed management system continues to provide increased, clearer oversight on key patient flow metrics with positive feedback received to date.
- The Raidr app is now fully operational and is utilised by both Trust and system colleagues allowing access to key patient flow data, supporting mitigations against risks.
- Evaluation of the pilot of OPTICA across a number of inpatient wards is due to take place over the coming months.
- Newly recruited Business Intelligence Analyst will be supporting the service with our digital transformation journey which will include the production of a patient flow dashboard utilising information from the OPTICA system.

# Autism Training

## Autism Mandatory Training Overview

- TEWV provides Autism Mandatory Training to all staff, this is line with legislation and Guidance.
- The training is 3 1/2 hours long and will be delivered every three years.
- The training is co-produced and co delivered with Autistic individual and clinical experts.
- We have a compliance trajectory

|              |     |
|--------------|-----|
| Year 1 24/25 | 30% |
| Year 2 25/26 | 60% |
| Year 3 26/27 | 85% |

We met the trajectory for Year 1 (38%) and are on track to meet Year 2 trajectory.

## Speciality Performance (at June 2025)

| North Yorkshire York and Selby   |    |          |
|----------------------------------|----|----------|
| Tier 2 Autism Mandatory Training | %  | Numbers  |
| Total across Tewv June 2025      | 43 | 733/1936 |
| NYYS                             | 38 | 733/1936 |
| AMH                              | 38 | 371/956  |
| CAMHS                            | 45 | 130/287  |
| LD                               | 44 | 38/86    |
| MHSOP                            | 32 | 193/588  |
| Corporate Staff                  | 36 | 764/2120 |





### Children and Young Peoples Services (CAMHS)

- Update to phone call waiting system at Orca House so callers don't just get ring tone. Cause of complaints and frustration to families so should be an improvement.
- No use of overtime in SPA for the last 2 months.
- Jenny Cornwall retiring after 47 years in the NHS at the end of May.
- Team Easter Egg Hunt held in York with a wellbeing walk.
- All Teams celebrated World Book Day where YP were able to take a book home to keep.
- Introducing a drop in with Youth Justice & PIPA in Harrogate to support better communication and working
- “The reception area is more welcoming as the young people are using the colouring bookmarks for world book day and also the whiteboard's are being used. This is working really well especially when siblings are waiting”. **Scarborough**
- “It has been really good talking to Jazmin, I hope I get to talk to her again. I will use the skills that she has taught me”. **CYPS Crisis**
- “A massive thank you to the members of the team who came into school today for our Diversity Day - your support is always very much appreciated and I'm sure our year 11 cohort benefited greatly from your sessions!” **MHST Selby**
- Congratulations to Sue Storey, Admin in Harrogate who completed the TEWV 10k whilst pushing her daughter in her wheelchair and all for charity.
- Shelley Abberton leading a Trust wide meeting to gather feedback and support social work/workers in CAMHS.
- York CAMHS celebrated with Jenny Cornwell on her retirement after 47 years in the NHS and recognised her years of service.
- Heads of Service in Social Care participating in work with Trauma Informed Toolkit to assess where social care leadership team are in terms of their knowledge and practice.
- Introduction of meet and great volunteer in York, new initiative to the team and looking forward to rolling this out in other teams.

### Adult Mental Health

- Ayckbourn unit consultant recruited to
- ED consultant started and in post
- Home Treatment Accreditation Scheme accreditation cycle has started for the HBT teams
- VR headsets have been received, and TT VR trail has begun – we have been invited to share initial findings at the clinical network event
- REACH has had a national publication relating to domestic violence.

### Mental Health Services Older People

- To acknowledge the number of awards that MHSOP received at the Fundamental Standards Award Day
- Co creating a Jargon Buster to support improved communication and ‘togetherness’.
- Co creation Supporting Talking Therapies with review of resources used for Silver Cloud to consider if any adaptations should be made for older people.
- CQC Partnership Interview took place 5th June as part of North Yorkshire Council (NYC) inspection. System pressures were discussed with examples given of good partnership working. Positive feedback received re MHSOP and the REACH project.
- · Dementia awareness week: Really great examples across inpatients and community of teams coming together to raise awareness in May together with people with lived experience of dementia and their carers and families but also with partner organisations like Dementia Forward.

### Adult Learning Disabilities

- Psychology CPD Day in April included NYYS staff contributing sharing expertise on Trauma Informed Care and VIG (Video Interactive Guidance).
- Awards at Fundamental Standards for Shelley Glover, Angela Harston, Racheal Woodhall and Lesley Richardson. Congratulations for the hard work they have done for our service users and staff.
- Positive recruitments across all admin teams moving from numerous vacancies to just 0.48 wte, a great achievement.
- 2 TIC Events planned for providers with clinical staff and Expert by Experience running in Ham & Rich and Harrogate in May.

“Very thorough and tackling current problems”. **York Team**

“I chose this service as it was very good” **York Team**

“Excellent caring efficient service provision”. **Ham & Rich Team**

“Helpful and efficient.” **Ham & Rich Team**

“Friendly understanding staff worked at my pace”. **SWR Team**

“Because he was chosen to be a doctor, and he behaved like a doctor he does just like one. Well done I shall miss him very very much.” **SWR Team**

## Focus on



### Community Transformation

Significant amount of progress over the last six months - Still more to deliver to ensure mental health services fit the needs of our local populations via continuous feedback through our lived experience voices, staff and our partners

- First Contact Mental Health Practitioners (FCMHPs): Deployed in 18 of 19 PCNs, less than 3% of individuals seen are referred on to secondary care. Improvements in relationships, understanding of services, closer MDT working (across Primary Care, Secondary Care and the VCS), improving decision making, problem solving and ultimately patient experience.
- Introduction of new system roles: Across Complex & Emotional Needs Services, Adult Eating Disorders, Peer Support, Social Prescribers, Early Intervention in Psychosis and Trauma Informed Care, new roles have enabled individuals to find support at the right place.
- System-wide mental health sub-groups: refocus of governance to link with Place Boards, Local Care Partnerships and the Trust.
- Community Mental Health Hubs: Co-created with stakeholders and people with lived experience. First Hub open at 30 Clarence Street York, two further hubs in development in the City, including a 24/7 Alternative to Crisis National Pilot Site. Further hubs are planned across North Yorkshire over the next 12 months.
- Communications: refresh of the communications plan including development of a quarterly stakeholder briefing to inform all partners of updates within the programme locally and regionally.
- Data: Working towards a single information system to record activity, interventions and PROMs/CROMs and meet national requirements of system-wide reporting into the MHSDS within the Hubs.
- **Internal Delivery Groups:** Place-based groups made up of operational and clinical leadership to develop transformation plan (shift from more to different).

### The H&NY System

The Humber and North Yorkshire system remains challenged dynamic the latest position is summarised below

- ICB has entered a break even plan, but this is based on £79m deficit funding
- The HNY provider collaborative has entered its “transitional phase”. 19 staff have been moved into the existing non specialist provider collaborative on a “portability agreement”
- In the short term the formerly place-based MHLD commissioners will continue in place-focussed roles and be managed by either Kirsty Kitching (NYY) or Niall Griffiths (Humber 4)
- The Strategy and “Developing a Core Offer” documents continue to attract comment (particularly but not only from Place) and are likely to be referred to as “interim” documents. This is unsurprising but the conditions to develop a “proper” mental health / learning disability strategy are not in place as the baseline position is not fully understood and the relationships needed to allow a meaningful vision and owned strategic goals are still developing. Nevertheless developing a long term strategy that is owned and based on a realistic analysis of system challenges should be a priority for the provider collaborative during 26/27.
- The intention is that the revised “interim” strategy / developing a core offer documents should be signed off by July and that partners will also have a partnership agreement to sign then too. The intention is to move the new expanded Collab to shadow form at the start of October.
- CYP Strategic Transformation Plan has been drafted and shared with providers, with comments deadline of 9 May.
- Following the ICB’s decision to not commission the “clinical” version of Shout (text based crisis service) the provider is now withdrawing access to the free version. This will create communications and safety challenges, and may increase calls to 111 Option 2

# 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:** *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<br>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:<br>a. The Conditions of the Licence,<br>b. Any requirements imposed on it under the NHS Acts, and<br>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:

|                            | <b>Pre-election position</b> | <b>Post election position</b> |
|----------------------------|------------------------------|-------------------------------|
| 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<br>Oliver Milner  | 1                   |
| Darlington                     | 1           | 1                | -              | -       | Andrea Goldie   | 0                   |
| Durham                         | 5           | 10               | 2,052          | 4.3%    | Joanne Bell<br>Eric Kengne Tatuene<br>Nicola Hutchinson<br>Kevan Gillan<br>Stephen Thomas | 0                   |
| Middlesbrough                  | 1           | 4                | 1,033          | 3.1%    | Tony Morris   | 0                   |
| North Yorkshire                | 4           | 3                | -              | -       | John Green<br>Catherine (Cathie) Hague<br>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                   |

This page is intentionally blank

**For General Release**

**Meeting of: Council of Governors**

**Date: 14 July 2025**

**Title: Report from the Council of Governors' Membership Task and Finish Group**

**Executive Sponsor(s): Ann Bridges**

**Author(s): James Burman**

|                    |                     |                                     |                    |                                     |
|--------------------|---------------------|-------------------------------------|--------------------|-------------------------------------|
| <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 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>   |
|--------------------|--------------------------|--|
| <b>3</b>           | <b>Co-creation</b>       | <p><i>This report links to the BAF risks 3 and 13, in that it provides information on how representative the trust's membership is of the communities it serves. It is recognised that the trust's membership includes the general public, service users and carers and their families, some of whom may have had a poor experience of our services.</i></p> <p><i>Furthermore, our membership should be representative of all our communities to make sure people have the confidence to use our services when they need it most.</i></p> |
| <b>13</b>          | <b>Public confidence</b> |  |

**Executive Summary:**

**Purpose:** *To outline the plans for improving public membership recruitment and activity.*

**Proposal:** *The attached paper is proposed as the new 'business as usual' for public membership recruitment and engagement within the Trust. We will present this paper, answer questions and seek feedback at the 14 July meeting.*

**Overview:** *Recruitment activity for new public members had slowed down following a cessation of activity during covid.*

*Engagement with public members had also dropped with low attendance at the annual general and members meeting, and low interaction with members' emails.*

*A membership task and finish group was formed from the council of governors. The group met monthly five times to create a plan to address the above challenges.*

*The group has produced a paper which outlines the activity that the Trust will take to increase the numbers of public members and increase engagement with those members.*

*It is to reassure the council of governors that we are taking steps to address slowing recruitment and low engagement.*

**Prior Consideration and Feedback**

*The paper was put together with awareness that there is not a lot of resource available to support any actions.*

**Implications:**

*The plan is to ensure we are engaged with our communities. Public membership is also a requirement to becoming governors and it is hoped that through larger, more engaged membership there is more competition for governor places. Whilst there is a statutory element to public membership, we are not close to the statutory element for it to be considered a risk.*

**Recommendations:**

*We would like the Board to read the attached paper and confirm that they are assured that we are taking appropriate action to improve both public member recruitment and engagement.*

*We will present the paper at the meeting on 14 July, answer any questions you may have and request feedback.*

## **Membership paper June 2025**

### **Brief**

What do we want to achieve?

- Increase the number of members and encourage more of them to become Governors
- Increase engagement with the members that we have
- Raise the profile of the Trust

Why do we want to achieve it?

- Connect the Trust with its public (importance of democracy)
- Cultivate governors of the future/membership as a first step to becoming a governor.

With little resource to support membership recruitment and engagement, the group have focused on making small changes that can become 'business as usual'.

### **Recruitment**

#### **Social media**

##### **Facebook regular messaging**

TEWV has 11,000 followers on Facebook, many of whom will have an interest in mental health and learning disabilities. We are also followed by many organisations and groups whose followers have similar interests. We have scheduled fortnightly posts promoting membership on the platform. We will encourage partners to share these posts to maximise our potential to reach wider audiences.

##### **LinkedIn as a new platform**

TEWV have 9,000 followers on LinkedIn. This is a platform largely used by working professionals so targets a different audience to other platforms such as Facebook. This provides us with an opportunity to reach and engage with professionals of working age who may be interested in membership from a professional and personal capacity. It also gives us an avenue to attract a new generation of potential future governors

#### **TEWV website**

##### Membership pages

Membership pages will be regularly updated with information about the benefits of becoming a member.

Membership will be promoted throughout other areas of the website too, including CAMHS and ARCH recovery college pages.

##### Patient

Promotional information for membership will be present in suitable patient-facing areas as well as reception areas and community spaces.

As an audience, they already have knowledge of the Trust and they may be interested in becoming either an involvement member or governor.

Membership will be suggested to people when they are discharged from services.

We will also be given the opportunity to promote membership to new involvement and engagement members.

#### Membership to carers/family members

Promotional information for membership will be displayed in suitable carer/family member-facing areas such as reception areas.

#### Governors as ambassadors

A membership toolkit will be available for governors to share amongst their networks including patient and carers forums, and organisations such as Mind, Citizen's Advice, and Healthwatch where they may have links. This will include flyers and sign up forms.

Governors will also be encouraged to attend both TEWV events and events in their own networks to promote trust membership.

#### Events

We have created a running calendar of events that the trust could attend to promote membership. This includes events being attended by TEWV staff (not necessarily membership staff).

Governors are welcome to submit events that could provide opportunities for member recruitment. The membership team will support these events, by either attending them in person where possible, or by supplying promotional materials for governors to take along themselves.

We will utilise networks of the interim chair and non-executive directors to access stakeholder groups and events that may be suitable for membership recruitment.

We will encourage staff to be aware of how they can promote membership for the trust whilst attending events and will provide materials for this to happen.

#### **Engagement**

We will maintain contact with members via monthly email newsletters. We do not have the resources or budget available to produce a printed newsletter currently.

We will be smarter about regional events/news, tailoring communications to highlight stories and events suitable to members' geographical area.

When we know that we will be appearing/holding a stall at an event in their area, we will highlight that as an opportunity to meet 'in real life'.

The Annual General and Members meeting remains the flagship engagement event for members, although we have had little attendance and engagement from members in recent years. This event will now be promoted as an opportunity for them to engage with the Trust including offering opportunities for them to submit questions in advance.

### **Follow up**

A membership update will be provided at the next six meetings showing our progress in all areas.

Membership will now form part of internal reporting on a monthly basis, so that we can monitor our performance and adjust our approach accordingly on a bi-annual basis.

We request a small budget from TEWV of £10,000 which will fund the production of membership leaflets, cover the cost of some membership display stands and pay for some membership specific events in a number of constituencies over the next 12-18 months. These can be supporting existing stakeholder events or ones which are TEWV specific. We will also seek to promote examples of good practice in the Trust.

We are also open to other ideas of how we could achieve our goals and would welcome ideas from all governors.

This page is intentionally blank



**For General Release**

**Meeting of:** Council of Governors  
**Date:** 14 July 2025  
**Title:** Communications Strategy: update on delivery  
**Executive Sponsor(s):** Ann Bridges, Exec Director of Corp Affairs & Involvement  
**Author(s):** Sarah Paxton, Head of Communications

**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:**

| <b>BAF<br/>ref no.</b> | <b>Risk Title</b>        | <b>Context</b>  |
|------------------------|--------------------------|---|
| <b>13</b>              | <b>Public confidence</b> | <p><i>There is a risk that ongoing external scrutiny and adverse publicity could lead to low public and stakeholder perception and confidence in the services we provide. The report impacts public confidence with a focus on providing a clear, compelling and consistent narrative, demonstrating change, and showing the positive impact of these changes.</i></p> <p><i>This will support us to proactively build public confidence and trust.</i></p> |

**Executive Summary:**

**Purpose:** This report provides an update on the progress made on delivery of the Trust's communications strategy through April – May 2025, including a comprehensive overview of activities and achievements.

**Proposal:** This update is presented as good assurance in terms of delivery of the communications strategy and related targets.

**Overview:** The communications strategy sets out the strategic direction for our communications - what our patients, staff, public and stakeholders can expect from us and guides all of our communications both internally and externally. It supports us to respond to the strategic context we're working in and is an important enabler in rebuilding public trust and confidence supported by ongoing improvements to our services.

The foundations of this are our communications objectives which are to:

1. Increase public confidence
2. Support a culture of co-creation
3. Strengthen partnerships
4. Enhance staff engagement:
5. Provide accessible and timely information:

|  |   |
|--|---|
| <b>Summary:</b>                                | <p>There has been a clear shift in our approach to communications, supporting wider Trust objectives and priorities. The work we are doing also aligns with the three shifts in the recently published 10 Year Health Plan.</p> <p>Taking a more proactive approach to communications has had a positive impact across a range of communication channels and activities including:</p> <ol style="list-style-type: none"> <li>1. Press coverage and campaigns: <ul style="list-style-type: none"> <li>• The launch of the "You Matter" early prevention campaign received significant press coverage, highlighting stories of lived experiences of our involvement members who co-created the campaign, and are the stars of our campaign.</li> <li>• The appointment of Alison Smith as the new chief executive was shared both internally and externally. Overall, the announcement has landed positively, demonstrating our commitment to engage with staff and stakeholders, increase public confidence, enhance staff engagement and strengthening partnership working.</li> </ul> </li> <li>2. Media and online presence: <ul style="list-style-type: none"> <li>• 35 media releases were issued, which exceeds our KPI by 50%.</li> <li>• 12 media enquiries were managed including our response to recent coroner inquests, and new chief executive recruitment.</li> <li>• The team secured 76 pieces of coverage across online news, TV, and radio.</li> <li>• Media sentiment was supportive and positive at 92%, which is an improvement on the previous month at 37%.</li> </ul> </li> <li>3. Social media engagement: <ul style="list-style-type: none"> <li>• Our social media content reached 153,746 people, with 85 total posts and 28,413 total followers.</li> <li>• Overall, our social media engagement during April-May 2025 remains strong and successful in reaching a wide ranging audience, generating positive interactions including: <ul style="list-style-type: none"> <li>- NHS 111 (options 2) crisis line update</li> <li>- Mental health awareness week</li> <li>- TEWV 10k highlights</li> </ul> </li> <li>• Our LinkedIn presence continues to be one of the most engaged platforms across the country.</li> </ul> </li> </ol> |
| <b><i>Prior consideration and feedback</i></b> | <p>Public confidence and trust cannot be managed solely through communications. It's important to consider the wider context that we're working in and changes taking place across health and social care at a national, regional and local level, including coroner inquests. All of this impacts our communications approach and tactical delivery, as well as public perception.</p>   |
| <b><i>Implications:</i></b>                    | <p>The implications of not having a communications strategy would impact Board Assurance Framework (BAF) 13 and result in us being unable to mitigate the related BAF risks as far as possible.</p>   |
| <b><i>Recommendations:</i></b>                 | <p>Council of Governors are asked to note the progress made and take good assurance from improvements made.</p>   |

# Communications update

Council of Governors meeting – July 2025

**Respect**

**Compassion**

**Responsibility**



# A strategic approach to communications

- We've set out a strategic direction for our communications - what our patients, staff, public and stakeholders can expect from us.
- Supports us to respond to the strategic context we're working in.
- An important enabler in rebuilding public trust and confidence – however, this needs to be supported by ongoing improvements to our services.
- Values-driven
- A proactive approach –we want to get to a position where our comms are data and insight driven
- Ultimately, it's about the power of storytelling

# Our communications objectives

## Increase public confidence

- Proactively share meaningful improvements in patient care and services, backed by evidence.
- Communicate success and progress to build trust and confidence through story-telling – human interest stories from our patients, our carers, our partners and our staff.

## Support a culture of co-creation

- Involve patients, carers, and staff in the co-creation of services and our communications activity.
- Ensure patient and carer voices are included in shaping services and future organisational strategies.

## Strengthen partnerships

- Build and maintain relationships with key external stakeholders, including partners across health and social care.
- Foster collaboration to support wider community health and social care transformation initiatives.

## Enhance staff engagement

- Improve internal communication to boost staff morale and engagement.
- Create clear channels for staff to voice concerns and celebrate achievements and ensure transparency in communication from leadership.

## Provide accessible and timely information

- Ensure communication is clear, accurate, and delivered through the right channels to suit various audiences.
- Make information available in a timely manner to keep stakeholders informed and engaged.

# Some of our communications so far this year

- Launch of our 'You matter' prevention campaign
- OJTC – next chapter comms
- CEO and chair departure/new CEO
- Press office function
- Social media review
- Plan on dynamic content
- TEWV 10k event
- Accessibility audit
- Continued focus on good news stories
- Staff personas work
- Staff survey
- Annual report
- Quality account
- Governor elections
- Monthly stakeholder newsletter
- MP briefings
- FOI
- Membership plan
- Support for public meetings
- AGM planning
- GP comms support
- Star awards planning
- Tees respite
- Internal patient and carer information working group

# Still to come...

- New CEO and chair appointment/arrival
- 'You matter' campaign
- Support around the new NHS 10 year plan
- Staff personas work
- Internal comms channel review
- Review and simplify brand guidelines
- AGM planning
- Review of the year
- Membership communications
- Stakeholder mapping
- Social media action plan
- Star awards event
- TEWV 10k planning for 2026 event
- Staff survey
- Vaccination campaign
- Good news stories and building media relations



# How does this support our objectives?

| Objectives  | Key pieces of our work that support our objectives  |
|---|---|
| <b><i>Increase public confidence</i></b>                | <ul style="list-style-type: none"><li>• Communications planning for Our Journey to Change strategy refresh</li><li>• Launched our Star awards</li><li>• Support for volunteer's week including good news stories</li></ul>                                      |
| <b><i>Enhance staff engagement</i></b>                  | <ul style="list-style-type: none"><li>• Celebrating and raising awareness of Pride month</li><li>• Support and recommendations on Cito communications</li><li>• Internally shared 'Chris's voice', the film we created with the family of Chris Irish</li></ul> |
| <b><i>Strengthen partnerships</i></b>                   | <ul style="list-style-type: none"><li>• Annual report finalised</li><li>• Publication of our quality account</li><li>• Support for MP meetings in June</li></ul>  |
| <b><i>Support a culture of co-creation</i></b>          | <ul style="list-style-type: none"><li>• Promoted the STOMP film project</li><li>• Support for carers week – including stories from carers</li><li>• Personalised care planning communications (developing an animation)</li></ul>                               |
| <b><i>Provide accessible and timely information</i></b> | <ul style="list-style-type: none"><li>• Ongoing work to improve our patient and carer information process</li><li>• Freedom of Information requests</li><li>• Staff personas work</li></ul>   |



# A proactive approach

**YOU MATTER.**

**Feeling withdrawn?  
Sad? Scared?  
We can help you.**

# About the campaign

The campaign is focused on prevention. It supports early help for your mental health, as well as signposting and guidance.

The first phase of the campaign will be a general awareness campaign, signposting with an emphasis on:

- Self-help – a specific area on the TEWV website
- Community support
- Support in GP surgeries
- Recovery College
- Talking Therapies (NYY initially)

It was launched during mental health awareness week.

The launch focused on the people behind the campaign, as it was inspired by the voices of people with lived experience



# The look and feel of the campaign





# Measuring success and impact (April-May report)

## Our ongoing work

### Communications:

- Campaign planning
- Monthly CEO all staff webinar
- Agreed awareness weeks/days
- Ongoing PR campaign/ good news stories
- Social media content and monitoring
- Responding to media enquiries
- Patient and carer information
- Horizon scanning
- Cito communications

### Corporate affairs and stakeholder engagement:

- Policies
- Freedom Of Information (FOI)
- Governor engagement
- Internal MP briefings
- Monthly partner newsletter
- Quality board communications cell - monthly meetings and ongoing liaison
- NHSE NEY communications network meeting
- NENC ICB comms directors' meetings

#### Intranet news

**44**  
stories posted  
~5.5 a week

#### Email enquires

**1,474**  
email requests  
~37 a day

#### Team TEWV staff Facebook group

**340** posts  
**925** comments  
**2,489** total members  
90 new members

#### All staff emails

**39**  
sent  
~4.8 a week

#### Patient information

**7**  
updated

#### Policies

**104** total policies  
**276** total procedures and guidelines  
**20** consultations open  
**32** revised and published

#### Freedom of Information requests

**80** received  
~10 a week  
**52** responded to  
~6.5 a week

#### MP briefings

**4**

#### Partner newsletter

**22**  
stories shared

## Highlights



Carol Knaggs, our receptionist lead at Foss Park got a bus in York named after her for winning the 'Nominate Your Hero' competition



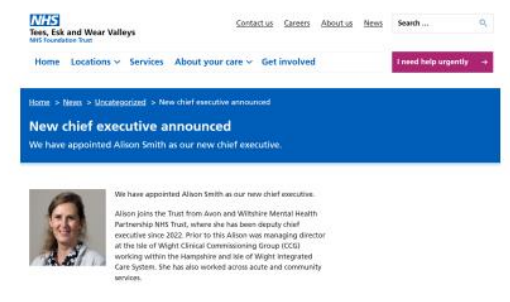
Our second annual TEWV 10k saw over 300 hundred people run, jog and walk around the Knavesmire in York Racecourse



Rowan Lea ward received a collection of handmade hearts from local community group Untangled Threads, to help inspire and support our patients and visitors



We gained press coverage of our newly launched You Matter campaign, highlighting stories of lived experience



We shared news of the appointment of Alison Smith as our new chief executive, both internally and externally



We shared photos of how our Trust celebrated Mental Health Awareness Week, including a visit from Daisy the therapy dog at Roseberry Park's festival

# Media and online (April-May report)

## In the media

**12**

Media enquiries  
handled by the team

**35**

Media releases  
issued

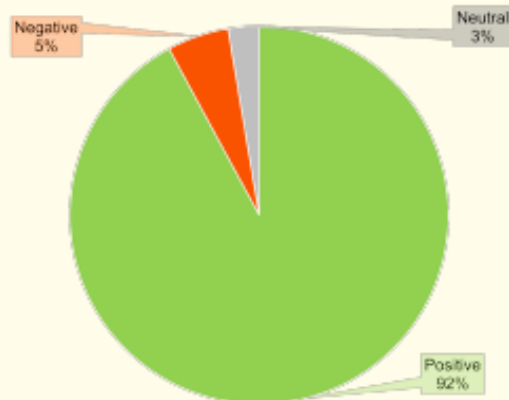
**76**

Total pieces of coverage across online news, TV,  
and radio

## Some of our news stories

- Project to assess NHS employment advisors' effectiveness – *York Press*
- New outdoor space helps children and young people bloom – *Scarborough News*
- York: NHS Trust stages annual 10k run in Knavesmire – *York Press*
- Lanchester Road Hospital patients develop crafting skills – *Northern Echo*
- North Yorkshire man speaks out on "life-changing" journey to recovery – *Yorkshire Post*
- New You Matter campaign tells real stories about North East mental health – *Teesside Live*
- Woman opens up on bipolar disorder struggles before 'turning her life around' - *Chronicle Live*
- Trust appoints new chief executive – *Yorkshire Post*
- Man diagnosed with dementia at 46 after 'watching Mum go through it' now helping others – *Teesside Live*

## Media sentiment



## Our website

**85,631**  
page views

### Top three visited pages

1. Careers
2. Services
3. Locations

## Staff intranet

**116,892**  
page views

### Top staff intranet news stories

1. TEWV 10k
2. Untangled Threads craft kits at Rowan Lea ward
3. Hospital receptionist gets a bus named after her

# Media and online (April-May report)

## Our audience

**28,413**

Total followers

**271**

New followers

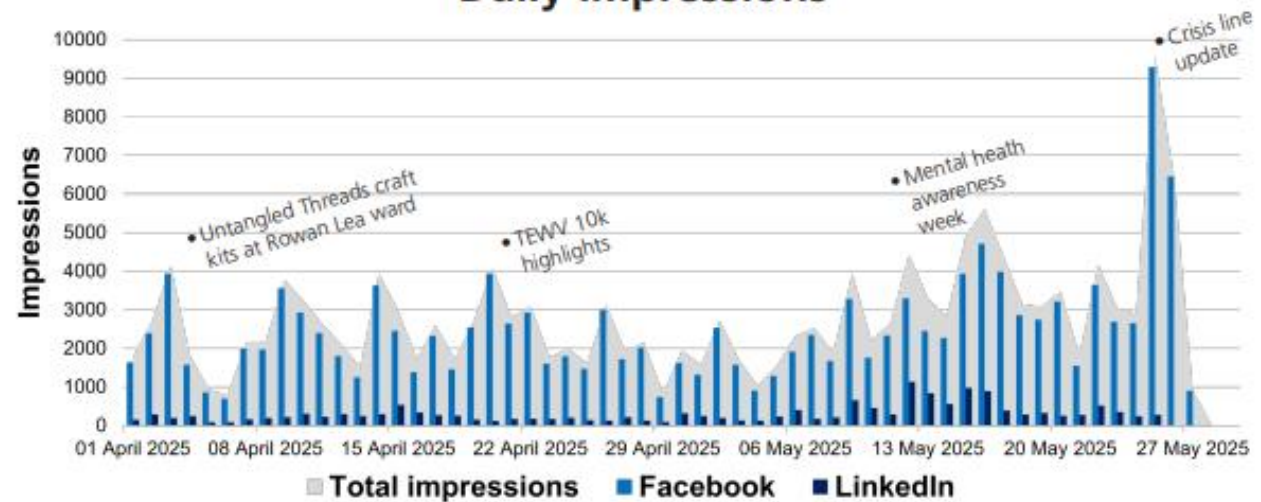
**153,746**

People who saw our  
content - impressions

**85**

Total posts

## Daily impressions



## Top posts



Impressions 13,203 - Engagement 976



Impressions 1,766 - Engagement 121



**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

14<sup>th</sup> 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?



This page is intentionally blank