
**MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 16TH
OCTOBER 2024 AT 3.00PM**

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

PRESENT:

David Jennings - Chair
Cllr. Pauline Beall – Appointed Governor, Stockton-on-Tees Borough Council (MS Teams)
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Gary Emerson - Public Governor, Stockton-on-Tees
Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
Hazel Griffiths - Public Governor, North Yorkshire
Cheryl Ing - Staff Governor, Corporate Directorates
Jacci McNulty - Public Governor, Durham
Alicia Painter - Public Governor, Middlesbrough
Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council
Zoe Sherry - Public Governor, Hartlepool
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)

IN ATTENDANCE:

Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Gavin Barker – Audit Director, Forvis Mazars
Rob Berry, Service Manager TEWV
Ann Bridges – Executive Director of Corporate Affairs and Involvement
Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby Care Group
Karen Christon - Deputy Company Secretary
Brian Cranna, Director of Operations and Transformation, North Yorkshire, York and Selby Care Group
Angela Grant - Corporate Governance Officer (CoG and Membership)
Naomi Lonergan – Interim Managing Director for Durham, Tees Valley & Forensics Care Group
Sarah McGreal - Deputy Headteacher, Stokesley School
Lee Obridge, Senior Clinician TEWV
Catherine Parker - Consultant in Public Health, TEWV
Jules Preston - Non-Executive Director
Beverley Reilly – Deputy Chair / Non-Executive Director
Alyson Scott, Chief Executive Officer of York MIND
Patrick Scott – Deputy Chief Executive
Dr Ranjeet Shah - Group Medical Director for Durham, Tees Valley and Forensics Care Group
Dr Hannah Crawford – Executive Director of Therapies
Liz Romaniak – Executive Director of Finance, Estates and Facilities

Members 177
Non-members 9
Organisations 20

24-24/25 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
 Rob Allison - Appointed Governor, University of York
 Joan Aynsley - Public Governor, Durham
 Gemma Birchwood - Public Governor, North Yorkshire
 Pamela Coombs - Public Governor, Durham
 David Coombs - Public Governor, Durham
 Cllr Claire Douglas – Appointed Governor, City of York Council
 Ashley Douglass - Staff Governor, Durham, Tees Valley and Forensics Care Group
 John Green - Public Governor, North Yorkshire
 Ross Guy - Public Governor, Durham
 Kevin Kelly - Appointed Governor, Darlington Borough Council
 Joan Kirkbride - Public Governor, Darlington
 Catherine Lee-Cowan - Appointed Governor, Sunderland University
 Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
 Jean Rayment - Public Governor, Hartlepool
 Gillian Restall - Public Governor, Stockton-on-Tees
 Graham Robinson - Public Governor, Durham
 Jill Wardle - Public Governor, Durham
 Judith Webster - Public Governor, North Yorkshire

Roberta Barker - Non-Executive Director
 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
 Kate North – Joint Executive Director for People and Culture

24-25/26 WELCOME AND INTRODUCTION

A. Bridges welcomed attendees to the Trust's Annual General and Members' Meeting and advised there would be opportunities to ask questions during the meeting.

The Chair advised that, in keeping with the theme of Mental Health in Our Communities, TEWV staff and partner colleagues would speak about how the Trust had worked with schools, local authorities, the voluntary sector and other partners to address health inequalities in the community, assist in community mental health transformation and make a difference to young people's lives by providing mental health support in schools. The Annual Report and Accounts for the Trust would also be presented, along with reports from the Lead Governor and the Trust's external auditor.

He proposed the Trust had fundamentally changed since 2023, with items on the agenda which highlighted the progress made and reflected on how the Trust had transformed services, to make a difference in the community.

24-25/27 HEALTH INEQUALITIES IN OUR REGION

C. Parker provided an update on Health Inequalities. She advised that:

- Alongside vibrant communities and stunning natural assets, the Trust served some of the most vulnerable communities in the country, across a variety of rural, coastal and

urban areas and the Trust's services needed to meet the complex demands of the community.

- Some of the drivers behind health inequalities, for those using the Trust's services, had included financial exclusion, deprivation and poverty and hardship which were closely linked to poor physical and mental health outcomes.
- Community transformation work had highlighted that one in six people on the severe mental illness register in Durham had four or more long-term physical health conditions. Expecting people to navigate the current NHS system, to pursue five or more pathways to address each health condition, was an impossible ask.
- There was a high level of drug and alcohol related harm in some communities, with two to three times the level of national drug related deaths.
- Loneliness and isolation were issues in some communities served by the Trust.
- Inequalities were preventable and systemic and, although the Trust was limited in what it could do, it was clear that the Trust was well placed to act in some areas. The Trust had co-created an approach to health inequalities centred around commitments to create a justice-based approach to care and support. It was important how the Trust:
 - Used its data and insights to make decisions.
 - Worked in partnership to identify barriers to access experience and outcomes.
 - As an employer, provided good jobs for local people.
 - Deepened its understanding of the communities it served and the inequalities they faced.
- The way the Trust communicated with people and how it organises their care really mattered.
- The Trust had taken clear action in relation to public health, equality and diversity, inclusion and physical health to address health inequalities and examples had been provided in the presentation at Annex 1. The Trust had partnered with Children North East, to poverty proof its service pathways and make improvements for people who experienced the effects of drug and alcohol related harm.
- It was very important the work be driven by lived experience and consideration needed to be given to the barriers people faced before contacting the Trust. The Trust had worked with a group called 'Sharing the Pen' which aimed to help staff to understand the barriers people had faced before accessing Trust services. Illustrations created by the group, with local artists Josie Brooks and Carmen Marcus, had been included in the presentation at Annex 1, to show the unseen story of inequality outside of formal services.
- A poem in the presentation talked about how the NHS could respond to inequality.
- With regard to learning, two key aspects would carry forward health inequalities work in the Trust:

1. Carving out time in communities, and at executive meetings, to gain a better understanding of issues.
2. Senior leadership and executive sponsorship.

She welcomed the strong support provided by the leadership team at TEWV, which had helped set a standard for the organisation.

- There were areas for development, some of which had been outlined in the presentation, and she encouraged the sharing of ideas for inclusion in future discussions.
- The social and economic context in communities the Trust served was challenging and the Trust worked in a more complex system. Aspects that would help the Trust to

make improvements included good relationships with the people the Trust supported, their families, and partners. Major transformation programmes offered opportunities to embed inequalities at the heart of the Trust, and a growing and maturing approach to lived experience and engagement had provided TEWV with much needed challenge and expertise and real time insight into the impact it made. The Trust's research partners provided an opportunity to grow evidence in under researched areas, for the most marginalised communities and Our Journey to Change had provided opportunities to be open to possibilities.

24-25/28 COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

Durham and Tees Valley

Attendees considered a presentation from R. Shah, TEWV Group Medical Director for Durham, Tees Valley and Forensics Care Group about community transformation in Durham and the Tees Valley. It was noted that:

- In 2019 NHS England launched the Community Mental Health Transformation Framework, to support people to live well in their communities.
- In response, the Trust had redesigned and reorganised its place based community mental health teams to create a service that worked alongside primary care, local authorities and the voluntary care sector.
- A slide had been provided within the presentation at Annex 1, on model principles for Tees Valley Community Mental Health Transformation. Although Durham had a slightly different model, the principles were the same and there were dedicated community hubs, in partnership with local authorities, the voluntary care sector and primary care services, that were focused on public and physical health. Treatment and intervention teams also worked in partnership with each other.
- In terms of key successes in Durham and the Tees Valley:
 - Lived experience forums had been developed.
 - Weekly huddles had been held with system partners including the local authorities, voluntary sector and drug and alcohol services.
 - Primary Care Mental Health Practitioners were now in post, with plans for more.
 - Access to psychological therapies had increased.
 - Waiting times for patients had reduced.
 - Significant progress had been made in partnership working.
 - Two teams had been shortlisted for Nursing Times awards - the Dual Diagnosis Team in Middlesbrough and the Adult Attention Deficit Hyperactivity Disorder Team in Durham.
 - The Trust had collaborated with voluntary sector partners to upskill staff by holding 'learning together' sessions. Sessions had included suicide awareness, managing distress, understanding serious mental illnesses and understanding and managing the process of domestic violence.
 - In Middlesbrough the Trust had tried to establish a trusted assessment model so that if someone had been assessed by the voluntary care service, the Trust would not ask them to repeat the assessment. If the model was successful, it would be rolled out into other localities.
 - Substance Misuse Co-ordinator roles had been established.
 - A Distress Brief Intervention Service had also been introduced in Durham, launched in October 2022 in Derwentside. It had been the first of its kind in England with specially trained staff contacting a person within 24 hours of referral and offering them compassionate and problem solving support, along with grounding techniques, in times of severe need.

- Since 2019 there had been a 35% increase in referrals to mental health services. The Trust received limited financial investment and had only achieved this model with the support of local communities, patients, carers, partners and staff.

North Yorkshire, York and Selby

Attendees considered a presentation from B. Cranna and Alyson Scott about community transformation.

B. Cranna advised that:

- TEWV had been working with partners and communities in North Yorkshire to develop a model that was responsive to their needs.
- Consideration had been given to the improvement of existing services, to make mental health care in the community more accessible at an early stage and support people to prevent them needing to access secondary services. The Trust was committed to involving communities in making improvements.
- Plans and models were in place for six local hubs and the first hub had already been established in York.
- In terms of the wider system of transformation, the Trust had worked with teams to remodel existing services and to support local hubs deliver services that met people's needs. This had included plans for specialist roles and services, which incorporated peer support, mental health resource workers, and carers to provide a holistic approach.
- The York Mental Health Partnership provided oversight of partnership working linked to the hub. A programme of work called 'Connecting Our City' had brought together local communities to develop their vision for the future of mental health provision in York and his presentation had outlined that vision. The intention was to use local community facilities, which people were familiar with, rather than Trust premises.

With regard to the hub in York and its future, A. Scott advised that:

- The presentation captured the 10 principles of the Co-designed hub in York, which included that relationships mattered and the importance of being there in good times and bad. The hub would be accessible, for people to come back when they needed to.
- There were plans to open a second 24/7 hub in York to offer people time, compassion and trauma informed care. Unlike the five pilot hubs planned across the country, there had been no plans to have beds at the hub as the community had not asked for more beds.
- The partnership in York had felt genuinely different and real compared to previous partnerships she had been involved in as a member of the voluntary sector.
- A timeline had been provided in the presentation for the 24/7 hub and it was important that all partners worked together.

24-25/29 MENTAL HEALTH SUPPORT IN SCHOOLS: WELLBEING IN MIND

Attendees considered a presentation from R. Berry and L. Obridge from TEWV and S. McGreal, Deputy Headteacher at Stokesley School regarding the Wellbeing in Mind Team, who were responsible for delivery of mental health support in schools across North Yorkshire, York and Selby Care Group.

R. Berry advised that:

- The name and logo for the Wellbeing in Mind Team had been co-created with young people.
- The team had consisted of a number of mental health support teams, created as part of a national programme designed to improve access to mental health provision within educational settings. This had been a government commitment in 2017, as part of the 'Transforming Children and Young People's Mental Health Provision: a Green Paper'. The first teams had been established in 2020 and this was expanded in 2021 and 2023.
- Bids for funding the Wellbeing in Mind Team had to be made in partnership with the local authority, an NHS Commissioner and others.
- Much of a young person's social and personal development occurred in school and school was their community. When deciding where to place teams, a number of factors and information were considered. This included understanding those geographical areas with populations with the highest level of need. The team would then contact the schools and ask whether they would like to be involved.
- The relationship between the Wellbeing in Mind Team and schools was key and the aim was to become part of the school and the community they were working with, not just a service that visits schools.
- The team was proud to be working with 60 schools across North Yorkshire.
- The team had three functions:
 1. Support the development of a whole school/college approach to mental wellbeing.
 2. Provide access to informal advice and formal consultation.
 3. Provide direct assessment and intervention for young people with mild to moderate mental wellbeing need.

L. Obridge advised that:

- With regard to a whole school/college approach, a self-assessment baseline would be carried out before working with a school. This would usually be done with a designated mental health lead at a school or members of the school's senior leadership team. A table illustrating the eight areas the assessment would target was provided in the attached presentation. The aim was to add value to a school and focus on areas where improvements were required.

He drew attention to a photograph in the presentation which showed an example of a whole school approach activity, where an assembly had been held for year 11 students in relation to exam stress.

- With regard to informal advice and consultation, it was important to work with the school to find the best approach.
- His team had practitioners trained in low intensity cognitive behavioural therapy and, if a mental health need was identified, the team would meet with the school and young person to identify the most suitable support to provide.
- Details of outcomes for the 2023/24 academic year had been provided in the presentation.

S. McGreal advised that:

- Stokesley School was proud partners of the Wellbeing in Mind Team and the partnership had been established in 2021.
- The school had previously struggled to provide mental health support for students. A baseline survey had been carried out with staff and students, to understand the

- mental health support already available. The school had a group of non-teaching staff who had offered support to students in a space called The Lighthouse.
- The school had held focused assemblies, updated its website with helpful information on mental health support, worked with parents and had undertaken some excellent work with year 6 parents to address the anxiety of students starting secondary school. Wellbeing in Mind staff were available at parents' evenings and staff also booked time with the team.
 - As the partnership moved into its fourth year, more staff had started to access support.
 - When the baseline assessment was carried out again, approx. 96% of students said they had felt safe at school and that they had someone to talk to or somewhere to go if they needed to.
 - Working with the Wellbeing in Mind Team had increased staff confidence and teachers had felt they could help students with their mental health.
 - The school had moved into phase 2 of their work and there were three separate spaces in the school for this to happen. One was 'Engage' where an occupational therapist cooked with students and carried out a learning environment audit to help the school design better learning environments. The second space was 'Aspire', where the main practitioner would meet with students and the third space was 'Reflect'.
 - She considered her school lucky to have the Wellbeing in Mind Team with them for four days per week. Pictures of the school had been provided in the presentation and showed how the Wellbeing in Mind Team were woven into the fabric of the school.

In conclusion, R. Berry advised that the Wellbeing in Mind Team had been approached by the BBC and had appeared in a report on Look North with one of the schools they supported, Clifton Green Primary School in York. A video of the BBC report was shared with attendees in the meeting.

A. Bridges confirmed that the Trust was very proud of teams working in local schools and communities.

24-25/30 QUESTIONS

H. Griffiths noted that she had been very proud of the Trust's co-creation work regarding health inequalities, as co-creation was one of the Trust's strategic priorities. She advised that she had attended a woman's health conference the previous day and asked the Trust and C. Parker to read the 'Woman of the North Inequality, Heath and Work report' produced by Health Equity North, to help break down the barriers that existed.

Question 1

The Wellbeing in Mind Team's work is amazing. How do you reach as many schools as possible and increase the capacity of the teams?

Response

R. Berry advised that, following the general election, NHS England's programme plans had paused but further funding was expected. The Wellbeing in Mind Team had worked with the Integrated Care Boards to demonstrate the impact of the service. Consideration needed to be given to how teams could enable a school to continue without their support to complete its journey and the team could then consider which other schools to help.

A. Bridges advised that Wellbeing in Mind Teams provided invaluable support to approximately 120 schools across Durham and the Tees Valley.

The Chair thanked presenters and commended their work, which was an excellent example of the steps the Trust had taken with partners to transform services and make progress. Although aware that there was more to do, he was proud to be Chair of the Trust, the Board and Council of Governors. He thanked partners for speaking at the meeting.

24-25/31 THANK YOU TO ANN MCCOY, FORMER LEAD GOVERNOR

The Chair advised that the previous Lead Governor, Ann McCoy, had represented Stockton-on-Tees Borough Council on the Trust's Council of Governors for approx. 15 years. She had also been involved with the Trust prior to that and he thanked her for her contribution over the years. Attending over 70 meetings of the Council of Governors, Ann's commitment to the Trust, its values and communities had made a real difference. He had also acknowledged the personal support she had provided to him on his appointment during the first two years. There had been some quite difficult times and she had been subjected to quite vitriolic and direct abuse. However, she had never wavered in her values and had been committed to the Trust.

He thanked her for her support and presented her with flowers.

24-25/32 INTRODUCTION TO ANNUAL GENERAL MEETING

The Chair welcomed attendees to the Trust's formal Annual General meeting.

24-25/33 REVIEW OF THE YEAR AND FUTURE PLANS

B. Kilmurray provided a review of the year and also updated attendees on the Trust's future plans for 2024/25. It was noted that:

- He had considered the Trust's Annual General and Members' Meeting to be one of the most enjoyable days of the year and he welcomed the opportunity to meet colleagues, partners, Governors, members and the public and to hear about positive work in the Trust, including how improvements were being or could be made.
- He thanked the organisers of the event, the stall holders, partners, Governors and the public who had joined the meeting.
- The Trust had been on it's Journey to Change for three and a half years and an information graphic of the journey had been provided in the presentation. Our Journey to Change had helped the Trust set out its commitments to service users, carers, families, partners and colleagues and he hoped to highlight progress made by the Trust around the commitments, but also to report on some of the challenges faced.
- There had been extreme changes, with an increase in the demand for Trust services and in the complexity and acuity of the needs of people in the communities the Trust served. Staff had tried to adapt to those changes and had worked hard to support increased caseloads and to provide support to people whilst they waited for services. Increases in demand were not reflected in funding baselines, which in turn had meant the resources available to the Trust had not addressed demand.
- There had been much reflection on health inequalities and challenges faced by people in the presentations delivered at the meeting and it was important to understand the needs of communities, in order to offer appropriate services. The Trust had tried to be more visible and to partner with other organisations to make sure services were in the right places.
- He hoped to gain clarity in the coming weeks on Government spending and advised there would be a spending review in Spring 2025. It was expected that funding would

remain tight in the future and it was important to consider all factors affecting the Trust's financial position for it to be effective and efficient.

- A number of incidents over the last year had sparked media attention and had negatively affected the Trust's public image and the Trust would work hard to restore confidence and trust.
- A slide within his presentation showed the comparison between the Care Quality Commission's inspection of the Trust's services in December 2021 and October 2023 and highlighted there had been significant improvements and recognised that patients had found staff in the Trust to be kind, caring and compassionate. Improved leadership had also been recognised, along with a clear strategy and improvements in key areas of caring, effectiveness and safety. Seven of the Trust's 11 services were now rated as 'Good' and there was still work to do with regard to safety, staffing, learning and incident management.
- In terms of achievements over the last year, he suggested people read the Trust's Review of the Year. He advised that:
 - Co-creation had been fundamental in the Trust and had become a key part of its culture, involving service users and carers in key pieces of work to make improvements across the Trust.
 - Two Co-creation Boards had been launched.
 - The Trust had supported a further 600 people through its Individual Placement Service.
 - InPhase had been introduced as a new system to report and manage incidents.
 - The Trust had made significant progress in the recruitment of staff with 150 newly qualified nurses welcomed into its workforce. It had also reduced its use of whole-time equivalent agency staff by 44.6%, had increased its peer support workforce by 27% and Junior Doctors had ranked the Trust as the top organisation for training in the North East. The focus was on high quality staff with the right skills and training.
 - With regard to the NHS National Staff Survey, the Trust had been recognised the previous year as the most improved mental health Trust in the country.
 - In terms of being a great partner, positive work had been undertaken with partners including universities, social care, primary care and the police, which had focused on transformation and how to adapt and respond to local communities.
 - A number of pictures had been provided in his presentation to show how staff, volunteers, patients and partners had focused on promoting and celebrating their work and involvement in the Trust.
 - Looking forward, and following a change in Government, he anticipated there would be a focus on the report of Lord Darzi regarding the state of the National Health Service in England and the consultation on a new 10 year health plan. Finances were expected to be tight and the Trust aimed to maintain momentum from good work that had taken place and to understand how the Trust could continue to be safe and kind, deliver evidence based, high quality care and attract and retain highly skilled staff. Our Journey to Change remained a focus and work would be undertaken in relation to the model of care, culture, workforce and skills and the digital agenda.
 - He thanked everyone who had been involved with the Trust.

24-25/34 LEAD GOVERNOR'S REPORT

Attendees considered a verbal report from the Lead Governor, Gary Emerson.

He advised that:

- He had been a Governor for 11-12 years and he paid tribute to Ann McCoy and her commitment to the Trust and added that he had encouraged her to become a public Governor.
- Governors of the Trust had a wide range of backgrounds, skills, experience and knowledge. They were unpaid volunteers whose involvement stemmed from wanting to improve mental health services. Their contributions were invaluable and he thanked them for their involvement and support.
- Over that last 12 months Governors had:
 - Received written answers to over 50 questions submitted to the Trust.
 - Received service reports and talked in detail about positive and safe care, with particular focus on the reduction of restrictive practices in hospital and care settings.
 - Agreed significant amendments to the Trust's Constitution which had included the allocation of seats on the Council of Governors to the voluntary sector.
 - Taken part in task and finish groups to consider the role of Governors and make improvements to the Governor Handbook.
 - Taken co-creation very seriously and had a Council of Governors' Co-creation Committee, chaired by M. Booth, which focused on co-creation in the Trust.
 - Received reports from the Board of Directors' People, Culture and Diversity, Resources and Planning and Quality Assurance committees, as part of holding the Board to account.
 - Discussed the Leadership and Management Academy.
 - Reviewed the CQC improvement plans and received updates on the crisis service.
 - Attended monthly Leadership Walkabouts to services with Board members, to see first-hand how services were delivered.
 - Continued to raise key concerns at meetings.
- He had asked Governors to share details of good practice with him. It was noted that:
 - One Governor had been very impressed with the professionalism and caring nature of a psychiatrist they had spoken to in the Trust.
 - Another had taken part in a Leadership Walkabout and had been very impressed with staff they had met.
 - Another Governor had said "What I have noticed for some time now is the strength and compassion the Board and senior officers display, given the heavy load of difficult issues they carry. I have noticed a more open attitude, a real commitment to co-creation, our values and Our Journey to Change. There's a strong focus on patients and recognition of staff's hard work and wellbeing."
- Governors in Stockton-on-Tees had held a 'Meet the Governors' event in February 2024. At the event, he had been quite touched by a meeting with a young man who had told him about the challenges he had faced in his life and the support he had received from a new support group established by the Trust in Stockton. As a result, he was more positive about the future and hoped that his life might improve.
- He wanted to thank everyone associated with the Trust including staff and volunteers, patients and carers, Governors and stakeholders for helping to make a difference to people's lives.

24-25/35 ANNUAL ACCOUNTS 2023/24

Attendees considered a presentation from L. Romaniak on the Trust's Annual Accounts. She advised that:

- It had been a privilege to present the accounts. Listening to the presenters, it was clear that the Trust had worked hard to reach out and better understand the needs of the communities it served. It was important to agree with those communities on how to spend money differently.
- Colleagues had helped to deliver the financial position and she thanked them for their contribution. She considered that, in 33 years of working in the NHS, it had been the hardest year financially. Following large NHS investment during Covid pandemic, the country now faced a huge challenge in returning the funding to a more sustainable level. She thanked her team, who had been under pressure as a result of staff shortages.
- The Trust had an unadjusted financial deficit of £11.6. This had included some technical adjustments that had not been taken into account when the Trust had been assessed by NHS England. The technical charges had included:
 - £9.7m net impairment - building valuations.
 - £1.9m technical adjustments - NHS adopting International Financial Reporting Standards 16 (IFRS16) for Private Finance Initiatives (PFIs).
- The Trust's adjusted position was £4k surplus against a breakeven plan. This had been a significant achievement given the challenges faced by the Trust.
- NHS England financial arrangements had continued to move back towards pre-covid arrangements for services.
- There would be no new funding to support the Trust's new ambitions.
- Key transactions had been supported by £7.4m of national pressures funding.
- Pay costs in the Trust had increased by £8.3m in 2023/24, in part, due to the nationally agreed pay awards for medical staff [6.0%] and agenda for change staff [5.0%].
- The Trust continued to receive Long-Term Plan investments in Mental Health.
- In terms of expenditure, there had been an increase of £1.4m in the cost of healthcare purchased from other providers. The majority of this increase related to commissioned packages of care for adults with complex learning disabilities and establishing a new 111 service for mental health support.
- There had been a helpful reduction in the use of independent sector beds used for adults with an acute assessment need.
- Costs of depreciation had reduced by £1.2m, premises costs had increased by £3.1m and there had also been some increased costs associated with transport, legal and other costs.
- As part of the changes to the valuation of assets, leased assets had been revalued as at 1st April 2023. As a result of the material impact of that accounting impairment, the Trust had agreed with its external auditor's advice to state the prior year values.
- PFI borrowing had increased by £5.8m following the adoption of the International Financial Reporting Standards 16 for PFI contracts and added £2.4m for in-year revaluation.
- Overall expenditure on capital was £17.3m which had been within the capital resources agreed through the Integrated Care System.
- Cash balances had reduced broadly in line with plan by £14.0m to £61.2m. The reduction had been largely accounted for by the significant expenditure on capital. Due to the break even position, there was no cash surplus.

- There had been significant achievements related to a reduction in the use of agency staffing and costs had reduced in 2023-24 by 16% or £3.3m year on year. Agency Whole Time Equivalents (WTE) reduced by 38.9% to 133.96 WTE by March 2024.
- The Trust had been assessed against the Better Payment Practice Code for the payment of external supplier invoices within 30 days. It had achieved 94% against a target of 95%.
- In terms of operating income, the Trust had received significant public funding of £501.6 m, most of which came from the Integrated Care Board. A pie chart had been provided within the attached presentation to show a breakdown of all funding.
- In terms of operating expenditure, the Trust's largest costs were staffing at approximately 79% of all operating expenses, and a pie chart had been provided within the presentation to show types of expenditure.
- Looking forward to 2024-25, the Trust would enter its second year of NHS 0.2% real terms growth and needed to find 4.5% cash releasing efficiency savings to reduce cash flow. There would be a focus on external agency staffing, community transformation and acute care pathways. It was important to work with partners to understand which patients were ready for discharge and blockages to that.
- In terms of the new government and economic challenges, she had reflected on her earlier comment that 2023-24 had been the most difficult year financially. To give some context she explained that she had joined the NHS in 1992 when the NHS budget had been £37 billion. The NHS budget was now £180 billion in 2024. In 1999, NHS funding was approx. 26% of government spend and was now around 43%. This increase could be attributed to new treatments, new technologies and new assistive support in the NHS. Public expectations had also increased and there had been significant changes to ways of working that had brought increased efficiency to previously long processes.

24-25/36 EXTERNAL AUDITOR'S REPORT

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

- The name of the External Auditor had changed from Mazars LLP to Forvis Mazars. There were no changes to local arrangements, however, the company had merged with a large Audit and Accountancy firm in America.
- The External Auditor's responsibility was defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the code') issued by the National Audit Office ('the NAO').
- Forvis Mazars had three key areas of responsibility in the audit, which had been completed by the 28th June deadline. Those responsibilities were:
 - To provide an opinion on the financial statements.
 - To look at the Trust's Value for Money Arrangements and report any significant weaknesses that were identified.
 - To report their findings to the National Audit Office and that the Trust's consolidation schedules which go into the NHS accounts are consistent with the audited financial statements they had seen.
- They had provided an opinion that the financial statements gave a true picture of the Trust's financial position at 31st March 2024.
- They had provided an unqualified opinion, with no caveats.
- He thanked L. Romaniak and her team for their assistance with the audit process.
- With regard to the Value for Money Arrangements, the auditors considered the Trust's financial sustainability, its governance and its improvements in economy, efficiency and effectiveness related to the way it managed and delivered its services. No significant weaknesses had been identified and there were no exceptions to

report from the review of the arrangements. Two significant weaknesses had been identified in 2022/23 and the auditors had been satisfied that those had been addressed and were removed from the 2023/24 report. As accountants, the auditors were not experts in the services delivered by the Trust and had relied on the Care Quality Commission assessment of operational delivery. Recent Care Quality Commission inspections had found there were no longer any areas of the Trust rated as inadequate, which was a significant achievement.

- The auditors had taken into account the challenges mentioned at the Annual General and Members' Meeting in relation to increased demand for services, how they would be delivered and the issues facing communities. There had been a positive outcome on financial sustainability with an adjusted financial surplus, after technical adjustments, of £4k against a target break even position, albeit this would also bring challenges in the future.
- The Trust had:
 - Sound governance arrangements in place.
 - A well-developed risk management process.
 - A Board Assurance Framework.
 - Internal auditors that reviewed services and provided assurance.
 - A clear Annual Report and Annual Governance Statement.
 - The Trust's integrated performance approach had provided an up to date, evidence based, assessment of financial and operational performance so any issues could be identified and action taken promptly.
- The Trust was considered to be self-aware, honest and open and happy to discuss the issues it faced. It had considered past failings and the improvements needed and had taken action to address them.
- It had been a pleasure to work with the Trust and he looked forward to working with them in the future.

24-25/37 QUESTIONS AND ANSWERS SESSION

Question 1

I noticed that the Trust has contracted out internal audit. Fraud is a significant concern in the NHS, with large amounts of 'stuff' and a lot of public access to the places where the 'stuff' is kept. What fraud has been discovered this year through Audit One and can we be assured that it's not as big a problem as it might be?

Response

L. Romaniak advised that the Trust contracted out its local counter fraud services as part of the overall Audit One internal audit function. That gave the Trust access to a range of specialists and expertise that it would not otherwise have had access to. The Board had oversight of the findings of Audit One through the Board Audit and Risk Committee, which considered reports on the pro-active work of the local counter fraud specialists. Audit One visited Trust sites to talk about fraud awareness and encourage staff to raise concerns about fraud from an independent perspective. In some cases, that had led to prosecutions or internal disciplinary or dismissal process. The Trust also undertook responsive work to identify patterns in areas such as expenditure or rosters. Most examples of fraud had related to pay, rosters and declarations of false qualifications. There had been relatively low levels of fraud but, where fraud had been proven, the Trust had a proactive service in place. There was evidence from the Audit and Risk Committee that awareness and referrals regarding fraud had increased and the Trust had strong arrangements that were assessed annually.

Question 2

Following The Lampard Inquiry, which had been an independent statutory inquiry investigating the deaths of mental health inpatients in Essex, why was there not a public inquiry into the deaths of patients at TEWV?

Response

B. Kilmurray acknowledged that there had been a long-standing call from some members of the community for a public inquiry into the Trust, following historic events. The Lampard Inquiry had been a statutory inquiry, determined by the Secretary of State, and had looked at circumstances related to a high number of deaths, over a number of years. It had also focused on a large geographic area covering a number of organisations. There were similarities and differences between the circumstances in Essex and those in the Trust and the judgement from the Secretary of State and the ministerial team was that the Trust was heavily regulated and was under significant scrutiny and specific events had been independently investigated and reviewed. The Trust had improvement plans in place to address key issues and had worked hard over the last few years to demonstrate how issues had been addressed. The ministerial team had been satisfied that progress had been made and it would not serve the public interest more widely to follow the same route as the Lampard Inquiry. The Trust would move forward in its next steps in Our Journey to Change.

M. Boddy advised he had been a Governor for nearly two years and, when he had first arrived in the organisation, could not believe how much the Trust had “beat itself up”, which had been quite painful to listen to, at times. However, over the last two years, that had changed and this had been reflected in the presentations at the meeting.

Question 3

On the financial report, there was a column that said ‘other’ at £9.7 million. What is other?

Response

L. Romainiak advised she would respond to M. Boddy outside of the meeting to confirm expenditure was included.

Question 4

In the finance report, you mentioned that the agency figure was 2.6% of £379 million. I am a Governor representing Hartlepool Borough Council and local authorities get stung by the private sector for the provision of care facilities for adults and children because they know local authorities can’t provide those facilities. Are agencies aware of the vulnerability of NHS trusts and do they sting the Trust by charging us too much?

Response

L. Romainiak advised that previously, the Trust spent £21 million on agency staffing which had been 5.4% of its expenditure and the reduction to 2.6% of expenditure was a significant achievement. A number of changes had been introduced to make sure the Trust always used framework arrangements, which were nationally negotiated contracts with agencies, that provided access to reasonable rates of pay, with the appropriate checks undertaken through agencies. A ban on all non-clinical agency staff had been implemented and the Trust was only allowed use of bank arrangements or permanent staffing. The Trust had eliminated all direct engagement arrangements, to ensure the price it paid was as cost effective as possible. There had been a relatively small number of price cap breaches in

difficult areas such as medical staffing, which reflected national challenges in recruitment of Psychiatry staff. The Trust had developed a medics charter to ensure it had the right conditions to retain colleagues, and this included providing a good offer of employment, a good place to work and having effective training in place. Low numbers of medical students posed a challenge and the Trust had undertaken international medical recruitment in India and had started to develop a pipeline of candidates. In prisons, the Trust had contracts across Cumbria, Yorkshire and the North East where it had provided mental health support in prisons. The expenditure being paid and the premia rates for both medical staff and prisons had been on a downward trajectory so progress had been made. The Board and its Resources and Planning Committee were sighted on value for money and it was subject to significant scrutiny through performance improvement plans.

Question 5

A question for the Auditors. I heard you say you are not experts in service provision so how can you possibly comment or make judgement on effectiveness and efficiency if you are not experts?

Response

G. Barker advised that the experts in the delivery of services that the Trust provided was the Care Quality Commission. Their findings were considered, rather than duplicating work and the auditors did have a lot of knowledge and skills in all of the areas they assessed in terms of value for money, financial sustainability and governance.

D. Jennings advised that the Trust had worked closely with both the internal and external independent auditors, to help them understand how the Trust worked and how it differed from other NHS trusts.

Comment

A. Bridges read out a statement from Matt Brown, the Managing Director of the North Eats, North Cumbria NHS Provider Collaborative, which was "Well done to you all at TEWV on your journey, for the fantastic, compassionate job you all do. A great pleasure to listen to such excellence this afternoon".

Question 6

I'm sure the Trust are very pleased to get the payments of agency fees down but, inevitably, that's going to have an impact on the use of bank staff and overtime. Can the Trust give a commitment to the balance and provision of both of those?

Response

B. Kilmurray advised that the Trust's priority was to provide safe staffing across all services, despite the financial constraints highlighted by L. Romaniak earlier in the meeting. There had been a commitment from the Board to prioritise safety and quality over money.

L. Romaniak advised that in terms of levels of whole time equivalent staff, whilst the reliance on agency staffing had reduced, the whole time equivalent had not reduced. Agency spend had been the obvious area to focus on as the Trust may pay more for agency colleagues than others. The opportunity for having bank staff in other services, such as the Finance or Estates Directorates, was an alternative to consider. The Trust worked closely with staff side to discuss proposals related to payments for bank staff, to make sure there was an attractive employment package on offer.

Question 7

G. Emerson advised that the Trust had recently recruited for new Non-Executive Directors and one of the questions posed to candidates had related to the Secretary of State's comments on the NHS being broken and how that could de-motivate staff.

I wondered whether you would like to share a message that might try to turn the tables on that unhelpful negativity?

Response

The Chair advised that the Secretary of State had subsequently said that the NHS was broken but not beaten and he proposed that the event gave no sense of a Trust or NHS that was either broken or beaten. The Trust acknowledged it had more to do and the Board had absolute clarity on that. The Board and the Council of Governors were immensely proud of all staff that worked for the Trust, who had worked in challenging times with increased levels of demand and acuity, and who had maintained the Trust values in delivering the best care in the most appropriate way.

B. Kilmurray advised the Darzi review had clearly set out the diagnosis of the state of health across the country. He had reflected on that in terms of the Trust's circumstances and echoed the Chair's comments about the Trust's achievements over the last few years. He acknowledged working in a system that needed to change if it was to be sustainable long-term. The financial challenges were clear and the Trust would consider how to address that. There would be opportunities arising from the 10 year health plan and the Trust would keep a strong focus on transformation and delivery of great services to its communities. Difficult conversations and change would be a challenge for people. There would be new ways of working but he remained optimistic. A change in Government provided stability for a set amount of time and there would be a chance to see what the strategy for the country would be around health so the Trust could take steps confidently in its transformation and the direction it followed.

A. Bridges advised that the new health plan was expected to be published in early summer 2025.

24-25/38 MEETING CLOSE

A. Bridges thanked attendees, speakers and colleagues for joining the meeting. She also thanked colleagues, stakeholders and voluntary sector organisations for their time to support the market place event prior to the meeting. Finally, she thanked colleagues who had organised the event and partners for their support.

The meeting closed at 5.21pm.

David Jennings
Chair
15th January 2025



Tees, Esk and Wear Valleys
NHS Foundation Trust

Welcome to our Annual General and Members' Meeting (AGM) 2023-24

Respect

Compassion

Responsibility



A welcome from our Chair

David Jennings

A light blue circular graphic with a yellow-to-blue gradient background.

Respect

A heart-shaped graphic with a yellow-to-orange gradient background.

Compassion

A light blue cloud-shaped graphic with a yellow-to-blue gradient background.

Responsibility

Programme for our Members' meeting

- **Catherine Parker, Consultant in Public Health** - Health inequalities in our region
- **Ranjeet Shah, Group Medical Director, Brian Cranna, Director of Operations and Transformation and Alyson Scott, Chief Executive Officer, York MIND** – Community Mental Health Transformation
- **Rob Berry, TEWV Service Manager, Lee Obridge, TEWV Senior Clinician and Sarah McGreal, Deputy Headteacher at Stokesley School** – Mental health support in schools

Followed by a themed question and answer session:
Mental health in our communities



Health inequalities in our region

Catherine Parker, Consultant in Public Health

A light blue circle with a yellow-to-green gradient background.

Respect

A heart shape with a yellow-to-orange-to-red gradient background.

Compassion

A light blue cloud-like shape with a yellow-to-green gradient background.

Responsibility

Our context

- Population of two million people.
- Some of the most deprived neighbourhoods in England, some of the country's poorest social, physical, and mental health outcomes; Physical ill health; Poverty and financial exclusion; Drug and alcohol related harm.
- People face multiple challenges at one time.
- Ruralty and isolation also contribute significantly for some of our communities.

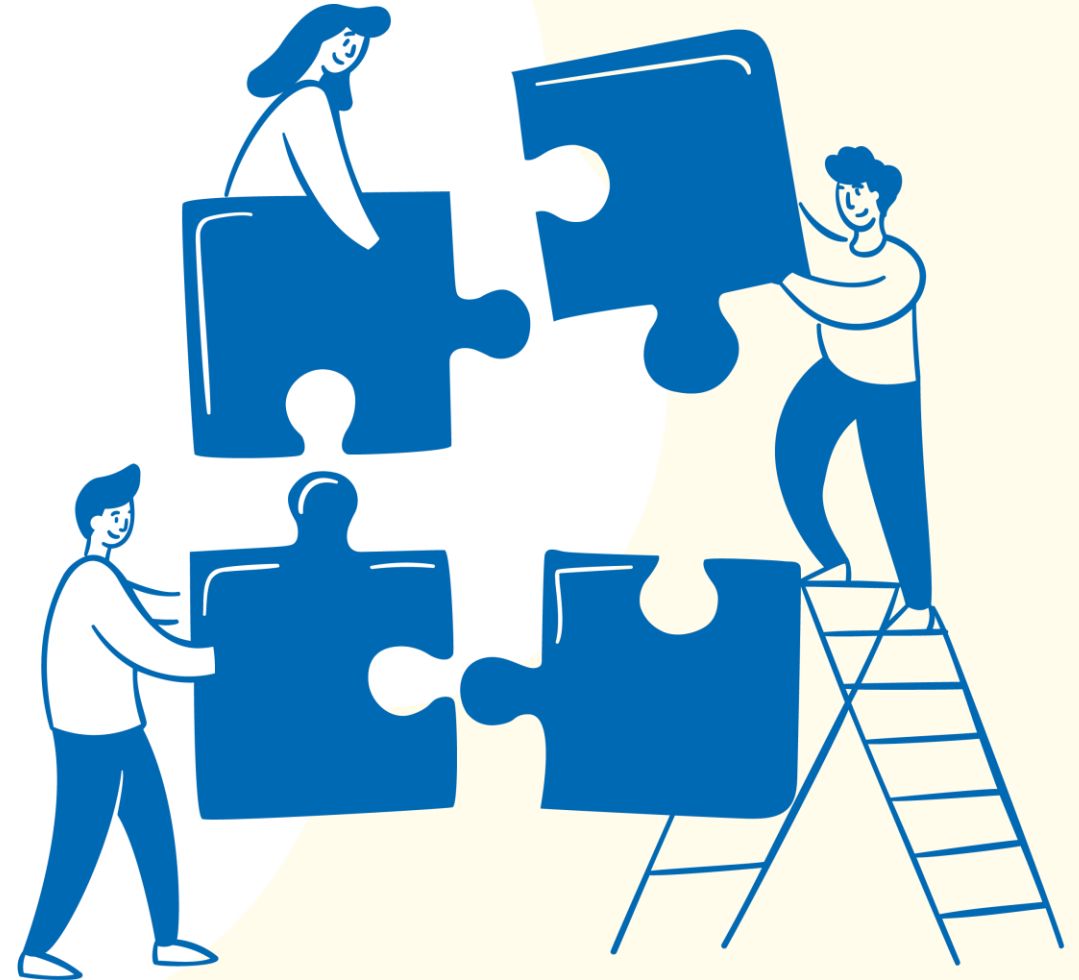


Creating a justice-based approach to care and support



Implementing our approach

- **A collaboration between public health and Equality Diversity and Inclusion**
 - Aligning national asks/requirement
 - Aligning Data
 - Care Group level equality diversity and human rights groups
 - Use of Public Sector Equality Duties
 - Patient Carer and Race Equality Framework



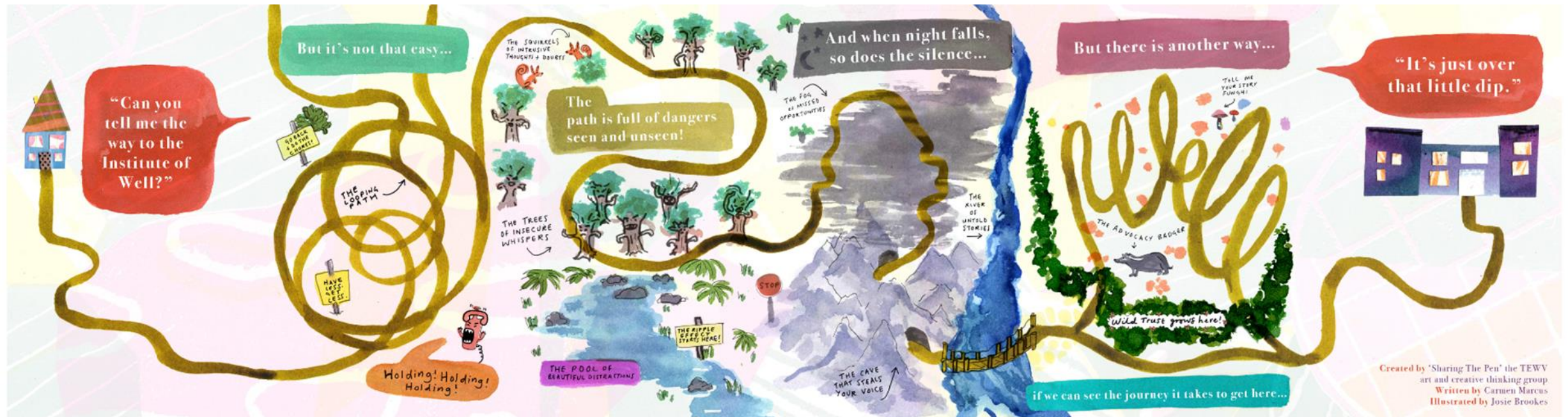
Some examples of the model coming to life in TEWV

- Lived experience voice driving our work on inequality
- Telling the story (and how we can respond) through creative approaches
- Research Partnerships
- Working in partnership to address drug and alcohol related harm
- Poverty proofing © (Children's North East) our service pathways
- Summit "Statistics and stories- why inequality matters for patient safety"
- TEWV Inequalities Team Challenge
- Development of physical health plan

Visual telling the unseen story of inequality that sits outside of formal services



Visual telling the unseen story of inequality that sits outside of formal services

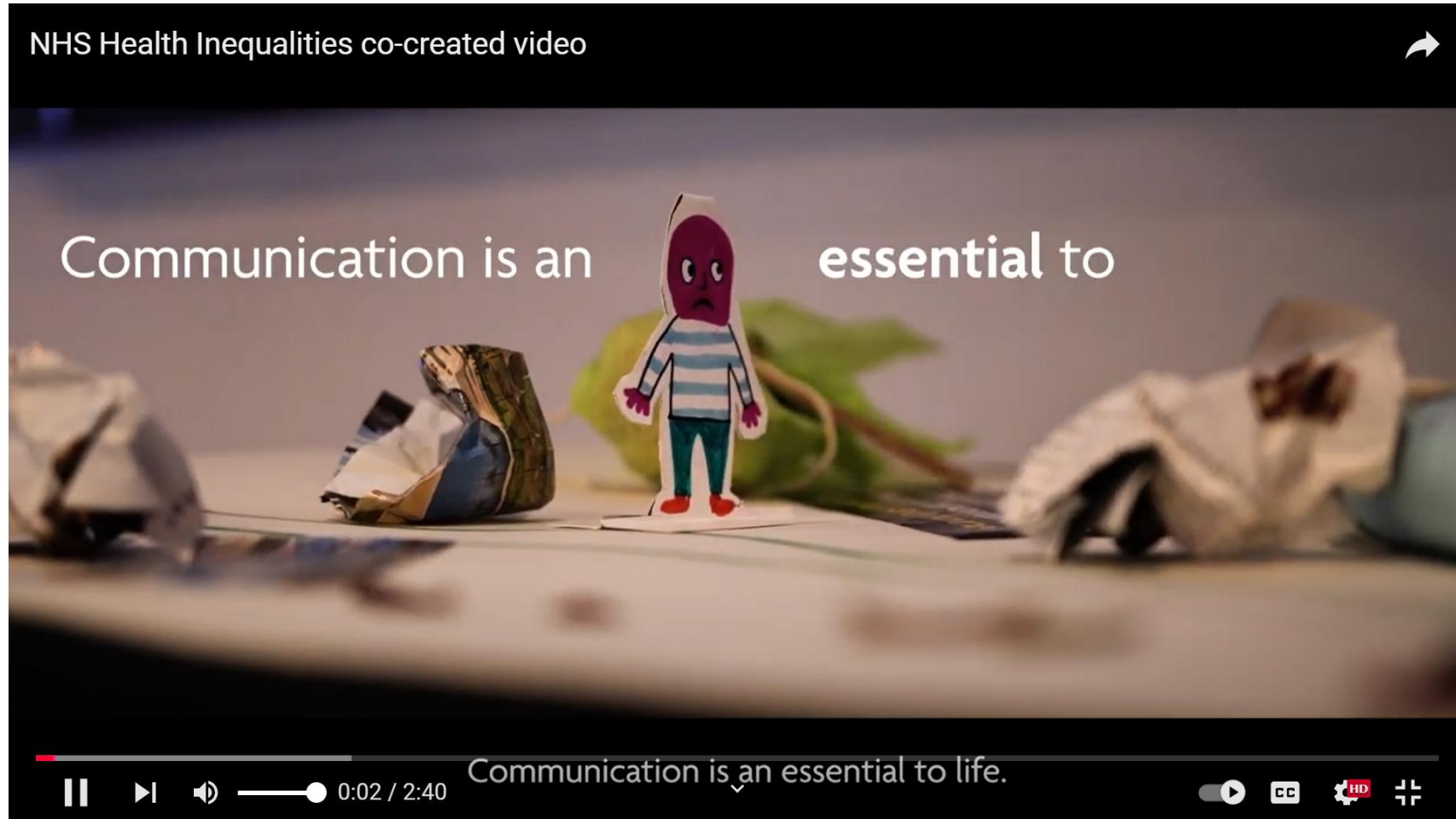


“...The path is full of dangers, seen and unseen...”

A poem on how the NHS can respond to inequality



Health inequalities co-created video



Some learning

- **Carving out time – in teams, in communities, in exec meetings**
- **Senior leadership and exec sponsorship – supported by dedicated consultant capacity**

Finding a balance Between

- **focus on the major drivers of inequality across the Trust and making spaces to respond to team to specific place/speciality-based issues**
- **Keeping up momentum**
- **Engaging with the early adopters and raising awareness**
- **Chunky projects and the everyday small changes**
- **Internal change and external partnerships**
- **Being data rich to intelligence led**

Areas for development

- **Share and spread good best practice**
- **Enhance system working**
- **Anchor organisation**
- **Data and metrics**
- **Workforce skill and capacity**
- **Co-creation**



Challenges and Levers

Challenges

- Social and economic context
- Complexity of system
- Challenging financial landscape

Levers

- Our relationships
- Our major transformation programmes
- Growing approach to lived experience engagement
- Existing and new research partnerships
- Our Journey to Change

Community Mental Health Transformation

Ranjeet Shah, TEWV Group Medical Director
Brian Cranna, TEWV Director of Operations and Transformation
Alyson Scott, Chief Executive Officer, York MIND

Respect

Compassion

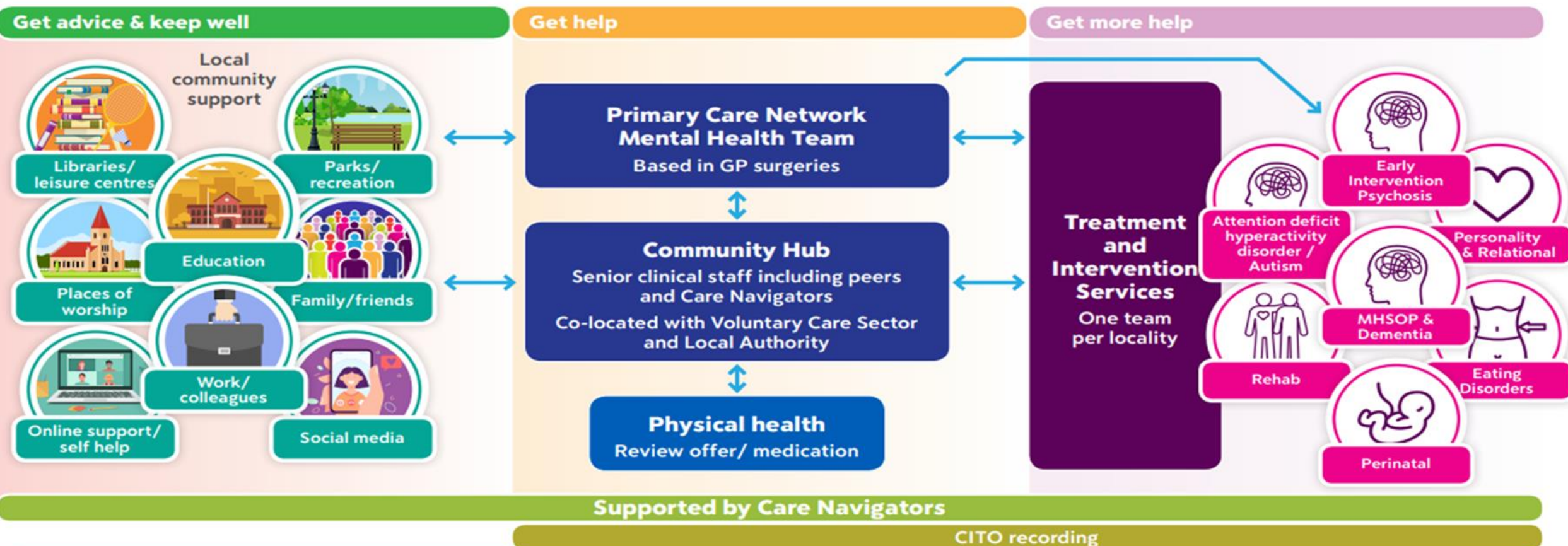
Responsibility



What is community transformation?

- NHS England launched the Community Mental Health Framework in 2019
- Supporting people to live well in their communities
- Working in partnership with Primary Care Networks, local authorities and Voluntary Care Sector organisations

What we're aiming to do (model principles)



Principles:

- We accept each other's assessments
- We do not refuse a referral
- There is no wrong door to Get Help
- Patients are not "discharged" by services

Key successes - Durham and Tees Valley

- Lived experience forums
- Weekly huddles with system partners
- Primary Care Mental Health Practitioners
- Increased access to Psychological Therapies
- Reduced waiting times for patients

Key successes - Durham and Tees Valley

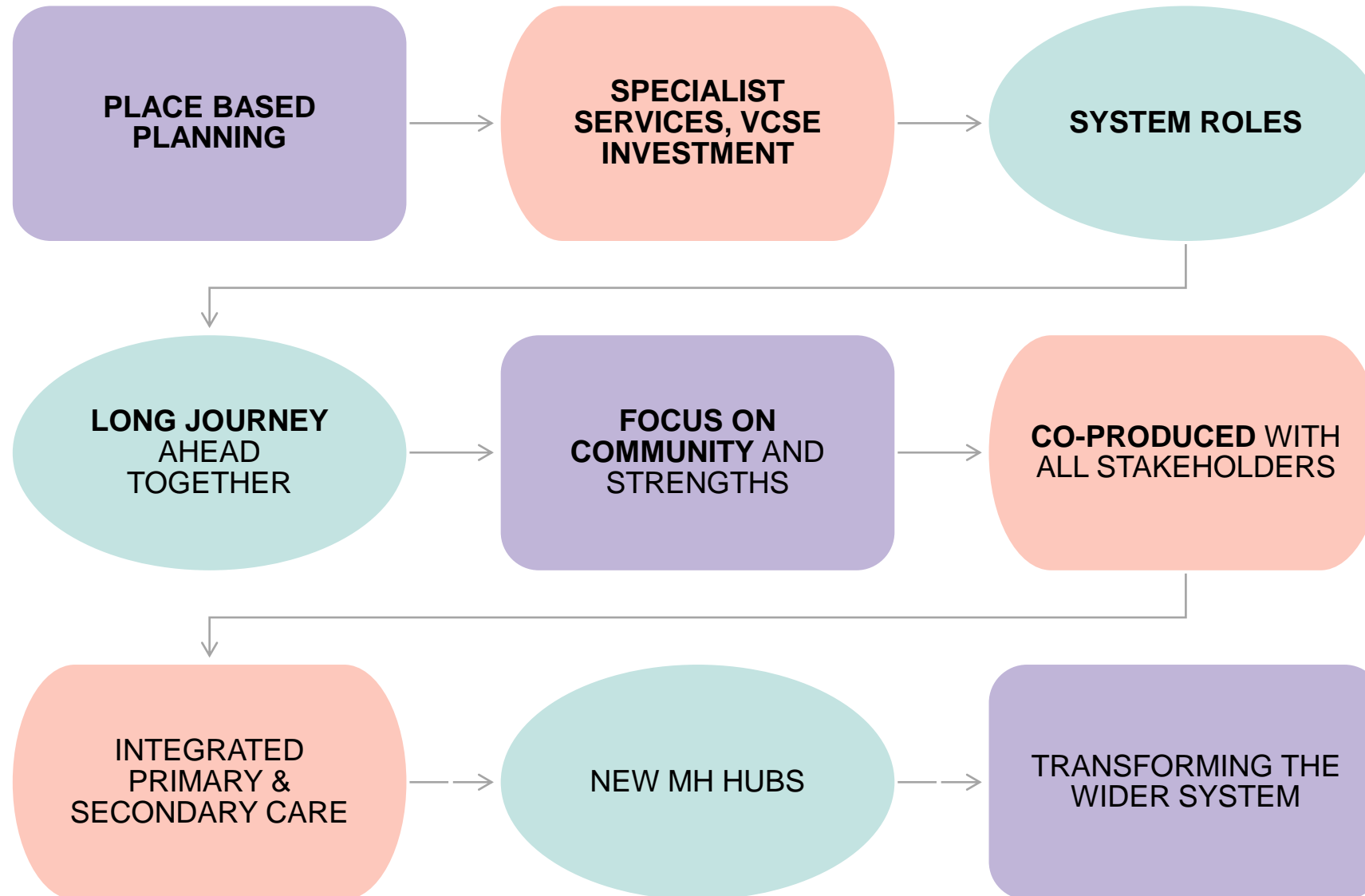
- Partnership working
- Collaborative upskilling VCSE partners through 'learning together' sessions
- Nursing Times nominations
- Rethink Mental Illness
- •Royal College of Psychiatrists request to share as a best practice example

Community transformation – at place

- Community hubs
- Appointments in the community
- A partner alliance in Durham
- Trusted assessment model
- Substance misuse coordinator roles
- Distress brief Intervention in Durham



North Yorkshire and York – a whole system approach working together



North Yorkshire and York – community mental health hubs

- Based within community buildings
- Multi-agency flexible staff base
- Talking point style outreach
- Specialist eating disorder and personality disorder roles
- Community connectors
- Peer support
- Mental health social work
- Physical health workers
- Targeted investment to BAME groups

York's Community Mental Health Hub Journey

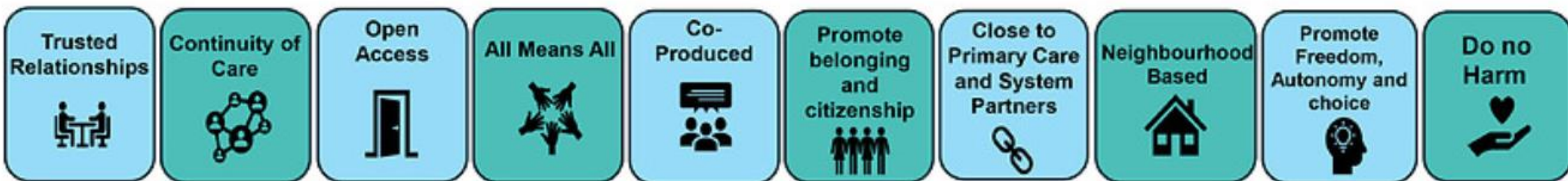




York Mental Health Partnership

Our Vision for York is a City where:

- We all feel valued by our community, connected to it, and can help shape it.
- We are enabled to help ourselves and others, build on our strengths, and can access support with confidence.
- We are proud to have a Mental Health Service that is built around our lives, listens to us, is flexible and responds to all our needs.



Every person in York should get the mental health support they need, to lead the lives they deserve

That's why our approach brings together three important elements:

Community

The Hub is deeply connected to and supportive of the local community. This ensures that when someone needs help, there will be someone there for them no matter where they turn. The Hub is a conduit to local places, spaces, resources, offers and opportunities that enable people to be connected, find solutions, build new skills, meet new people, learn and grow.

Team

A team of people with a range of skills and experience, including lived experience members and volunteers, who work together to provide mental health and wellbeing support that champions empowerment, inclusion and participation and addresses the range of challenges people face.

Place

The Hub has a physical home within a community, that is accessible to those who need it. It's safe and welcoming, somewhere where people remember your name, and people want to spend time, however they are feeling. The Hub is a community space, one that is owned by those it serves and enriched by their participation.

Co-designed Hub Principles

1

A warm welcome

The hub feels warm, welcoming and is embedded as part of the community

2

There in the good times and bad times

People are asked what they need when they're well in preparation for when they're not

3

Flexible

The hub is flexible, working around people's needs and commitments to prevent further disruption to their lives

4

Focus on strengths

A focus on what people and communities can do, not what they can't

5

Relationships matter

Relationships are based on respect, trust and reciprocation

6

Believing in better

Advocating to improve the conditions of people with unmet mental health needs, and influencing others in the city to do the same

10

Accessible

Making sure that everyone can access the hub's services and community in a way that works for them

9

Dignity and Respect

Recognising people as experts in their own lives, and treating them with dignity and respect

8

Inclusive

Accepting others without biases based on differences of any kind, and making sure everyone feels valued and accepted

7

Understanding people

Understanding each other as individuals within our contexts rather than a set of symptoms to diagnose





NHSE Pilot - 24/7 neighbourhood mental health centre

- The 24/7 centre team will offer time, compassion, and a trauma-informed approach.
- It will be an open access 24/7 neighbourhood mental health centre.
- In addition to the multidisciplinary and multiagency team operating during core hours, we will provide personalised support throughout the night, including for those in significant distress.
- We do not envisage the inclusion of beds, but aim to have calm, comfortable space where people can be appropriately supported at all times of the day or night.
- The 24/7 centre will be codesigned and codeveloped in collaboration with people with lived experience, local residents and those with community connections.

York 24/7 Neighbourhood Centre Timeline

SEPT 2024

OCT 2024

NOV 2024

DEC 2024

JAN 2025

FEB 2025

MARCH 2025

APRIL 2025

Hub Team Recruitment

Codesign
workshops
begin



Codesign
output to JDB

Team
Orientation



Recruitment
to Hub
Manager and
Project Roles

Hub Venue
Agreed



Workshops to support
connections to rest of the
system



Operating
Procedures
adapted for
24/7 Offer

Hub Open



Building Adaptations



Mental health support in schools

Rob Berry, TEWV Service Manager
Lee Obridge, TEWV Senior Clinician
Sarah McGreal, Deputy Headteacher at Stokesley School

Respect

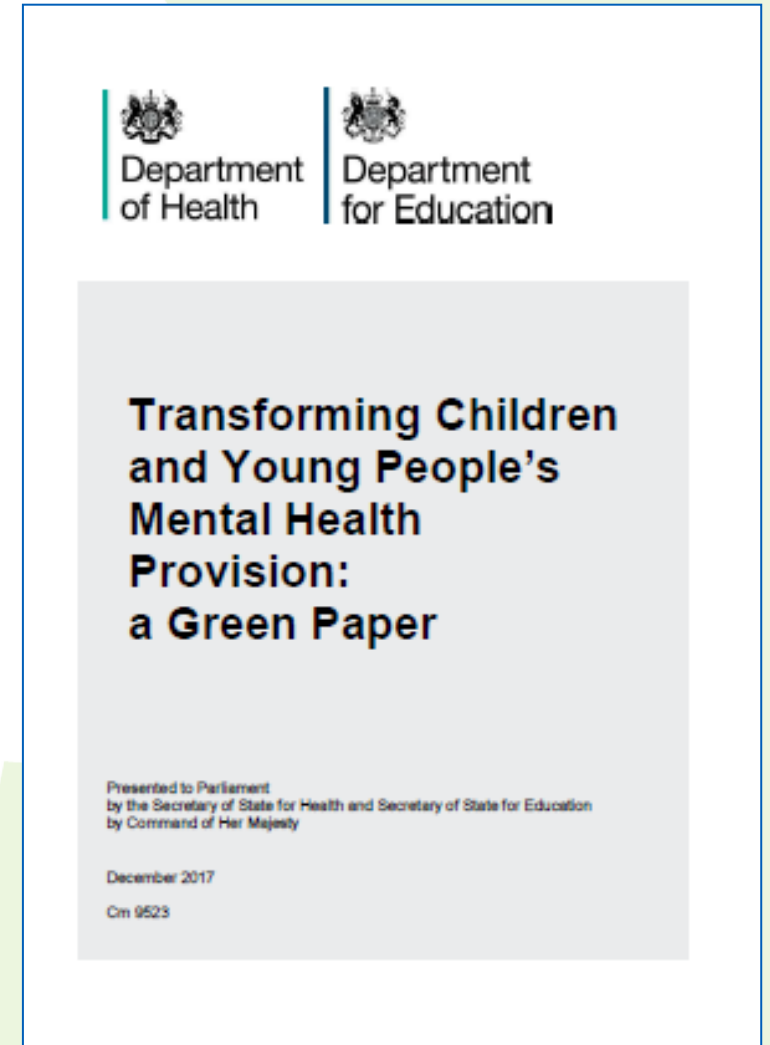
Compassion

Responsibility



Background

- The Wellbeing in Mind Team is a Mental Health Support Team.
- Mental health support teams were a key commitment in the government's 2017 'Transforming Children and Young People's Mental Health Provision: a Green Paper'
- Bids for funding are co-authored between a local authority, a NHS commissioner and a provider



Our communities

A social unit (or group of living things) with a shared socially-significant characteristic, such as place, set of norms, culture, religion, values, customs or identity.



Teams in:

- Hambleton & Richmondshire
- Harrogate & District
- Scarborough & Ryedale
- Selby
- York

Over 60 settings

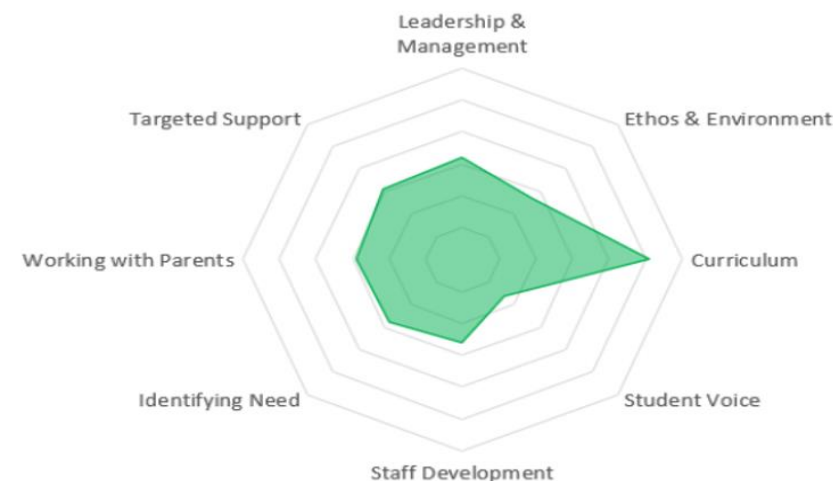
Focus of Wellbeing in Mind team

1. Support the development of a whole school/college approach to mental wellbeing
2. Provide access to informal advice and formal consultation
3. Provide direct assessment and intervention for young people with mild to moderate mental wellbeing needs



Function 1: targeting the whole school/college approach

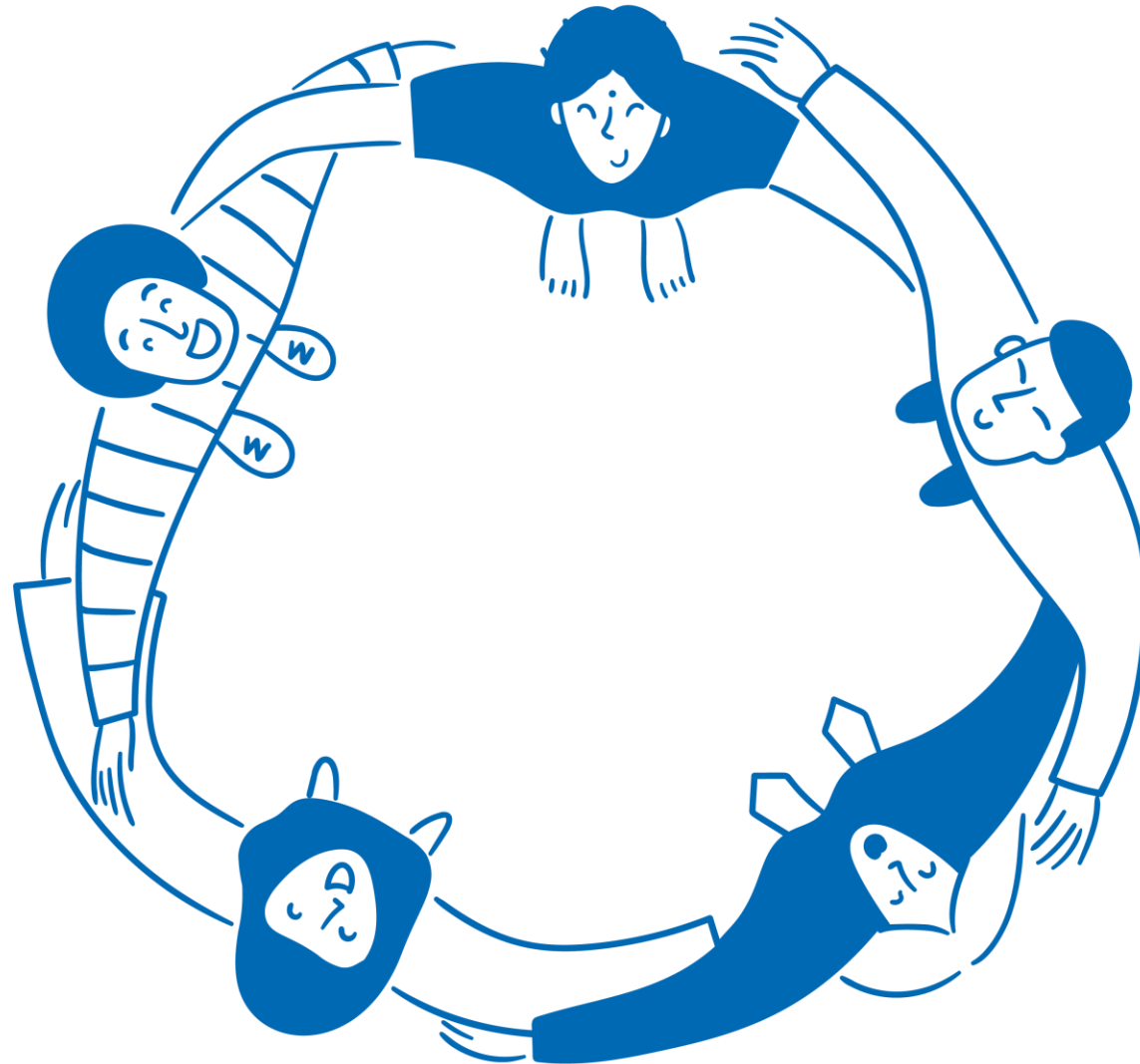
WSA Principle	Score	Current Position
Leadership & Management	32%	Emerging
Ethos & Environment	27%	Exploring
Curriculum	51%	Embedding
Student Voice	16%	Exploring
Staff Development	26%	Exploring
Identifying Need	28%	Exploring
Working with Parents	29%	Exploring
Targeted Support	31%	Emerging



Example of a whole school approach activity



Function 2: informal advice and consultation



Function 3: direct assessment and intervention



Outcomes

In Academic Year 2023/24 the wellbeing in mind teams:

- Completed over **4,500 whole school approach** interventions
- Had more than **2,000 advice discussions** with schools
- Received **over 700 requests** for direct assessment/intervention and completed circa **8,000 direct face to face** appointments



Feedback

It's not like it was at all, it is so much better. I thought about changing schools before, but now I have settled in. I feel so much closer to all my family. I am not staying up in bed worrying, so I am sleeping better. I don't think I would ever self-harm again, I wouldn't want my mum to worry, and I have better ways to cope now.

Young Person

Just wanted to pass on our thanks to yourself and the rest of your amazing team for your input and work with us this year - from consultations and one-to-one work, to assemblies, to reflective practice groups. We think you are a brilliant team and hugely appreciate the work that you do with/for us.
School

Thanks so much for meeting with me this week. It's so refreshing to chat through some of these complex cases with someone who 'gets it' and doesn't just offer glib answers or try and explain why their service cannot be involved.

School

I just wanted to say a big thank you from me, x & x for your work with x. Things feel very different from how they did in February and I think she and we are more equipped to manage her worries now - and actually, they have really reduced anyway 😊. Both x and I found you very warm and you really put at her ease when she started with you.

Family Member

Any questions?



Thank you to Ann McCoy



Programme for our annual general meeting:

- **Cllr Gary Emerson**, Lead Governor
- **Brent Kilmurray**, Chief Executive
- **Liz Romaniak**, Executive Director of Finance, Estates and Facilities
- **Gavin Barker**, Mazars (auditors)

- Question and answer session



Report of the Lead Governor

Gary Emerson, Lead Governor

Respect

Compassion

Responsibility



Review of the year and our future plans

Brent Kilmurray, Chief Executive

A light blue circle with a yellow-to-blue gradient background.

Respect

A heart shape with a yellow-to-orange gradient background.

Compassion

A light blue cloud-like shape with a yellow-to-blue gradient background.

Responsibility

**journey
to change**

A logo for 'journey to change' featuring the text in purple and pink, with a cluster of small red and purple birds flying upwards to the right.

1 Why we do what we do

We want people to lead their best possible lives.

2 What people have told us about the sort of organisation we were in 2020

We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families.

The most important way we will get there is by living our values, all of the time



Respect

- Listening
- Inclusive
- Working in partnership



Compassion

- Kind
- Supportive
- Recognising and celebrating



Responsibility

- Honest
- Learning
- Ambitious

We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

3 The kind of organisation we want to be

5 We are committed to three big goals for the next five years

Goal 1

To co-create a great experience for our patients, carers and families, so you will experience:

- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

Goal 2

To co-create a great experience for our colleagues, so you will be:

- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

Goal 3

To be a great partner, so we will:

- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

Your opinions are important to achieve our goals. Get involved



Setting the scene

- Change in need - complexity and acuity, leading to larger caseloads, ongoing support, and longer waits.
- Health inequalities.
- A focus on place-based – our role in our communities.
- Financial context.
- Public confidence in our services.



A key milestone - our CQC inspection

CQC inspection

Oct 2023

Dec 2021

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorders service	Requires Improvement	Outstanding ☆	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Forensic inpatient or secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↔ Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023
Wards for older people with mental health problems	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Our achievements (2023-24)

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

- Launched two co-creation boards.
- Supported a further 600 people through our Individual Placement Service.
- Introduced InPhase, our new incident reporting and management system.
- Retained our 2 star rating from the Carers Trust for continuing to work with carers, following the Triangle of Care principles.



Our achievements (2023-24)

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

- Welcomed over 150 newly qualified nurses into our workforce
- Reduced our use of our whole time equivalent agency staff by 44.6%
- Increased our peer support workforce by 27%
- Junior doctors ranked our Trust as the top organisation for their training in the North East



Our achievements (2023-24)

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

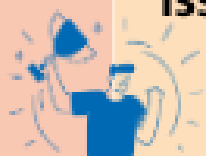


NHS National Staff Survey

Where we're performing above average nationally

7%

above average
for career
progression



5%

above average
not
experiencing
musculoskeletal
issues due to
work



4%

above average
not experienced
discrimination
from those in
our care or the
public



3%

above average
not working
additional
unpaid hours



3%

above average
not experienced
discrimination
from colleagues



2%

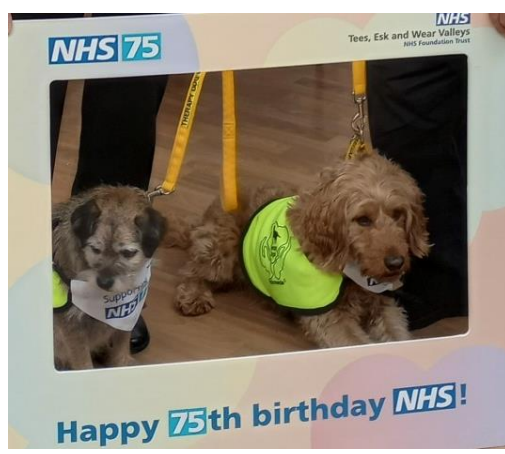
above average
feel safe to
speak up about
any concerns

Our achievements (2023-24)

How we're working with our partners

- In partnership with the University of York, delivered the largest clinical trial ever undertaken to combat loneliness and depression.
- Led a pilot of a portable ECG device that played a key role in changing national guidance around ECGs.
- Expansion of mental health support teams in schools
- Community transformation work in Tees Valley has seen the introduction of a Peer Support Network in partnership with Red Balloons.





Looking ahead

- A change in Government
- The Darzi report
- National strategies/plans
- Continuing Our Journey to Change



Financial Review 2023-24 Annual Accounts

Liz Romaniak, Director of Finance, Estates and Facilities

Respect

Compassion

Responsibility



Summary 2023/24 Financial Performance

- **Unadjusted** financial deficit £11.6m
- Includes technical charges from:
 - **£9.7m net impairment** - building valuations
 - **£1.9m technical adjustments** - NHS adopting International Financial Reporting Standards 16 (IFRS16) for Private Finance Initiatives (PFIs)
- NHS England consider **adjusted financial position** to assess performance - **excludes above technical charges**



Summary 2023/24 Financial Performance

- **Adjusted position £4k surplus** against breakeven plan
- **Delivery** of host Integrated Care System **(ICS) plan**
- NHS England **financial arrangements** continued **move back towards pre-Covid arrangements** for our services
- Challenging outlook (**0.2% real terms NHS growth**)



Summary 2023/24 Financial Performance

Key transactions:

- **£7.4m national pressures funding** (2022/23 £7.6m)
- National pay award funding (tariff shortfall)
- **Pay costs increased £8.3m** in 2023/24:
 - 6.0% medic colleagues
 - 5.0% agenda for change colleagues
 - **Long-Term Plan investments** in Mental Health

Summary 2023/24 Financial Performance

Key transactions:

- **Purchased healthcare** increased £1.4m
 - ↑ • Commissioned packages for Adult Learning Disability support
 - Trustwide 111 service
- ↓ • Acute pathway transformation - independent sector cost down 8%
- **Depreciation** reduced £1.2m
- **Premises costs** increased £3.1m
- **Transport, Legal and Other costs** increased

Summary 2023/24 Financial Performance

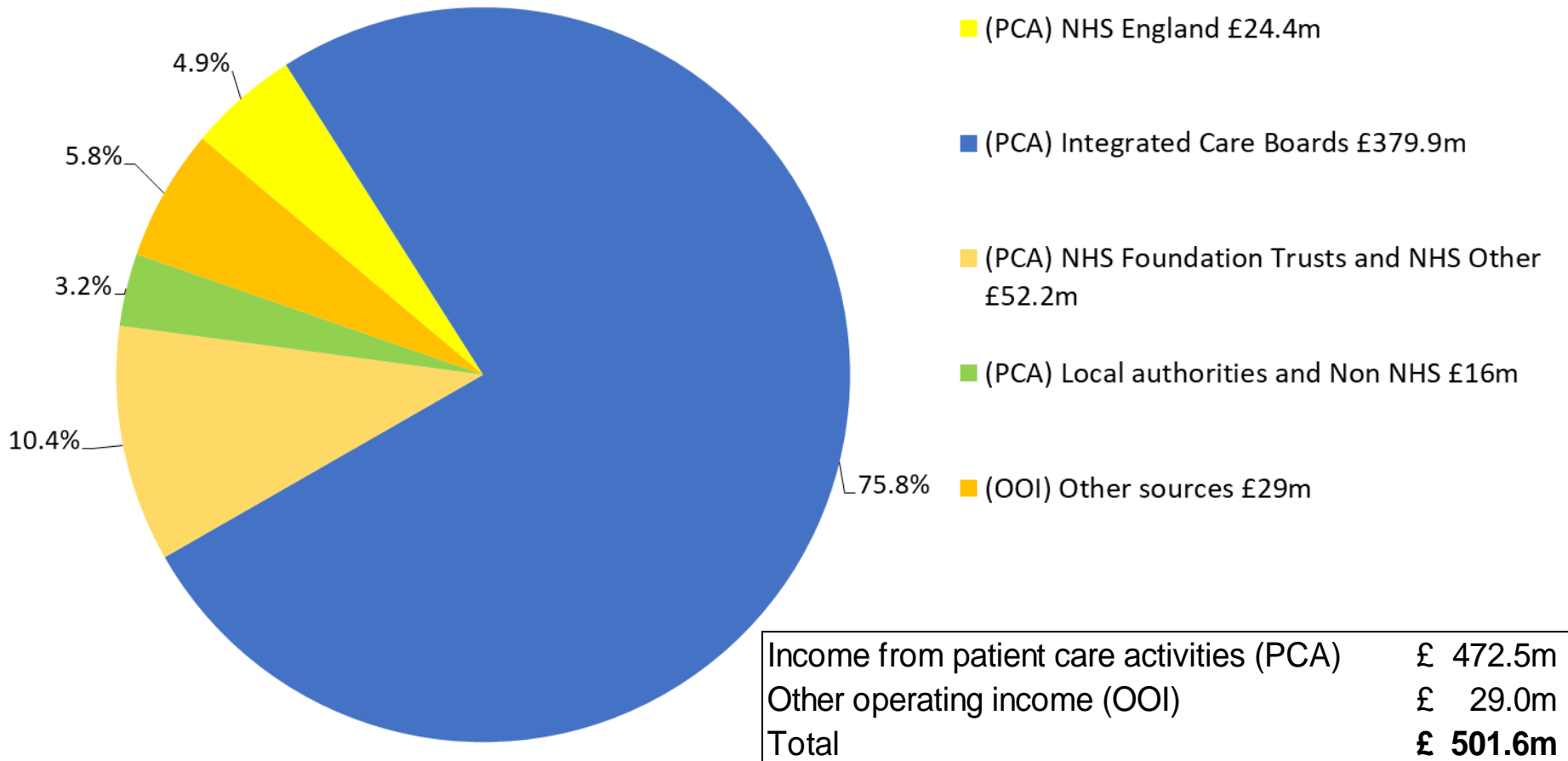
- **Right of Use** (leased) **assets** revalued as at 1 April 2023 (external audit advice) - impairment **£13.2m** and **prior year re-statement**
- **PFI Borrowings** increased **£5.8m** following adoption of **IFRS 16 for PFI contracts** and added **£2.4m** for in-year revaluation
- Gross **Capital expenditure £17.3m** (infrastructure, estate and information technology) was within capital resources agreed through Integrated Care System plus **£2.8m national funding**
- **Cash balances** reduced £14.0m to **£61.2m**.

Summary 2023/24 Financial Performance

- **Agency costs reduced 16% or £3.3m** year on year, but on a reducing monthly profile, reflecting concerted action
- **Significant improvement** on variance agency **compliance measures**
- **Agency** Whole Time Equivalents (**WTE**) **reduced by 38.9%** and 85.2 WTE (March 2023 to March 2024) to 133.96 WTE
- **94.4% invoices paid within 30 days** - 95% 'Better Payment Practice Code' target for prompt payments to suppliers

Operating Income

Operating Income 2023/24 £501.6m



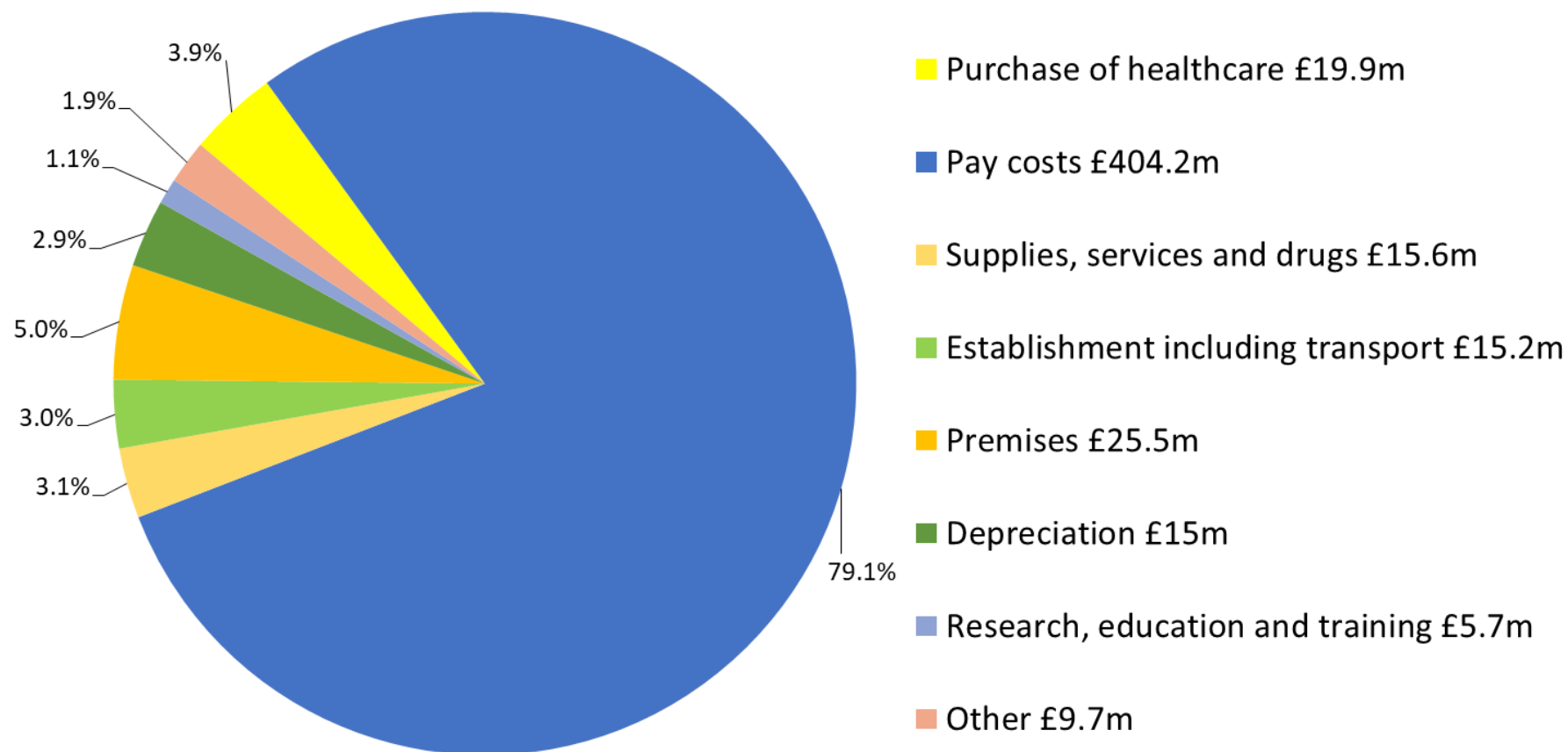
The Trust is aligned to two key Integrated Care Systems - North East and North Cumbria (NENC) and Humber and North Yorkshire (HNY)

The Trust's financial performance is wholly accounted for within the NENC Integrated Care System

Most NHS Foundation Trust income is from our Provider Collaborative arrangement with Cumbria Northumberland Tyne and Wear

Operating Expenditure

Operating Expenditure (excl. impairments) 2023/24 £510.8m



Staff costs of £404.2m, were £8.3m more than 2022/23 and **79.1% Operating Expenses***.

Next largest category of cost **Premises - £25.5m** and **5.0% Operating Expenses***.

Purchase of Healthcare costs increased **£1.4m** as Independent Sector capacity was needed for two **Learning Disability packages** and a Trustwide **111 service** was introduced.

*(excluding impairments).

Forward Look 2024/25 and beyond

- **Continued NHS ‘glidepath’** – Second year NHS **0.2% real terms growth**
- Trust **4.5% cash releasing efficiency** requirement
- **Continued demand and capacity impacts**
- Sustain and further reduce **external agency staffing - reduced by 24.3% and 32.56 WTE** to August 2024
- **Acute pathway and community transformation** with partners – care closer to home
- New government – **economic realities** and medium term focus

Auditors Update

Gavin Barker, Mazars

A light blue circle with a yellow-to-green gradient background.

Respect

A heart shape with a yellow-to-orange gradient background.

Compassion

A light blue cloud-like shape with a yellow-to-green gradient background.

Responsibility



The Work of the External Auditor

Tees, Esk & Wear Valleys NHS Foundation Trust
16 October 2024

Gavin Barker, Audit Director / Nora Natova, Audit Manager

We are your independent external auditors

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO')



Opinion on the financial statements

We issued our audit report on 28 June 2024. Our opinion on the financial statements was unqualified.



Value for Money arrangements

We did not identify any significant weaknesses in the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. We provide a commentary on the Trust's arrangements.



Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 28 June 2024 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.



Opinion on the financial statements

We issued our audit report on 28 June 2024. Our opinion on the financial statements was unqualified.

Trust's responsibilities

- Produce financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24
- **Deadline 25 April 2024**

Our responsibilities

- **Carry out our audit in accordance with the Code and International Standards on Auditing (ISAs)**
- Provide reasonable assurance that the financial statements are free from material error
- **Express an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust**
- **Whether they give a true and fair view of the Trust's financial position as at 31 March 2024 and of its financial performance for the year then ended**



Value for Money arrangements

We did not identify any significant weaknesses in the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. We provide a commentary on the Trust's arrangements.

We are required to consider whether Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources



Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services



Governance - How the Trust ensures that it makes informed decisions and properly manages its risks



Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Two Significant Weaknesses from 2022/23 have been addressed and were removed from 2023/24 reporting

The latest CQC inspection report concluded that *“Forensic inpatient secure wards, wards for people with a learning disability or autism and wards for older people had all improved since our last inspection. The trust no longer had any services which were rated inadequate.”*

Care Quality Commission (CQC) inspection – Wards for people with a learning disability of autism

October 2022 – overall rating of inadequate for this service

A comprehensive CQC inspection commenced in April 2023. It did not cover all of the Trust’s services, but it was wide ranging and included inpatient wards for people with a learning disability and autism “because at our last inspection in 2022 we rated the service as inadequate overall and needed to ensure that the quality of care had improved”.

Care Quality Commission (CQC) inspection – Forensic Inpatient or Secure Wards – June to August 2021

December 2021 - the overall rating for mental health services on forensic inpatient or secure wards was ‘inadequate’ and the individual ‘safe’ domain for community child and adolescent mental health services was rated as ‘inadequate’ – led to CQC enforcement action

A comprehensive CQC inspection commenced in April 2023. It did not cover all of the Trust’s services, but it was wide ranging and included forensic inpatient and secure wards “because at our last inspection of this service in 2022, we rated this service requires improvement overall and inadequate in the safe key question and needed to ensure that the quality of care had improved.”

VFM arrangements – Financial Sustainability

Continuing challenging financial environment

- The Trust's 2023/24 financial statements showed an adjusted financial surplus (after technical adjustments) of £4k against a target break-even position
- The Trust continues to work collaboratively with the Integrated Care System through the development of the financial plan for 2024/25
- In June 2024 an updated submission was made following a national exercise, and in this submission the Trust was able to submit a plan to achieve break-even for the 2024/25 financial year
- One of the key challenges in the 2024/25 financial plan is the achievement of Cash Releasing Efficiency Savings (CRES)
- Savings required of £21.8m represent 4.5% of turnover

VFM arrangements – Governance

All the features of sound governance arrangements are in place

- The Trust has a well-developed risk management process and Board Assurance Framework (BAF) across the Trust and individual services, with the Audit and Risk Committee and Board overseeing the process and strategic risks
- The Trust has appointed Audit One as internal auditors and local counter fraud specialists
- **The Head of Internal Audit Opinion for 2023/24 provides good assurance:**

“From my review of your systems of internal control, I am providing good assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation’s objectives. Controls are generally being applied consistently.”
- The Trust’s Annual Report and Annual Governance Statement clearly sets out the governance and risk management framework in place at the Trust and how oversight is exercised by both the Board and its sub-committees
- Financial and non-financial performance information is used to assess performance and to identify areas for improvement within the Trust’s Integrated Performance Approach (IPA) via an Integrated Performance Report (IPR) system
- The Trust is self-aware and honest and open in the discussion of the issues it faces, its past failings and the areas where improvement is needed
- The Trust’s governance arrangements are designed to provide a clear evidence-based and up-to-date assessment of its financial and operational performance, so it can identify any issues and areas for improvement promptly, take whatever remedial action is needed and then evidence the improvement

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Integrated Performance Approach

- The Integrated Performance Approach includes quality, workforce, activity and financial measures which is used to assess performance and identify areas for improvement. There is a monthly Integrated Performance Report at Trust and Care Group level which includes an Integrated Performance Dashboard (IPD) as well as other key performance information (e.g. Waiting Times, National Quality Standards and the Oversight Framework).
- Where the Trust identifies areas of under-performance or concern, it adopts a Performance Improvement Plan (PIP) approach to support improvement, and any key actions from the PIP process are incorporated into the Integrated Performance Report.
- Although this is a work in progress, this approach is to be commended.

Latest CQC Report

- The latest CQC report remained as 'Requires Improvement' overall, but it did recognise the progress that the Trust had made. Seven out of the Trust's eleven services are assessed as Good and four services are assessed as 'Requires Improvement'. This was an improvement from the previous inspection in 2021. All services were rated 'good' for caring and nine out of 11 services were rated 'good' or 'outstanding' for effective in the latest assessment.

Partnerships

- ICS areas of North East and North Cumbria and Humber and North Yorkshire
- A greater level of integration of services across the health and social care sector

Contact

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Question and Answer Session

Respect

Compassion

Responsibility



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