

**COUNCIL OF GOVERNORS  
WEDNESDAY 22 OCTOBER 2025 AT 2.00PM**

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

**AGENDA**

|           |  |   |   |
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| <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 14 July 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> | Introduction and welcome from the new Chief Executive of the Trust   | Alison Smith<br>Chief Executive   | Verbal  |
| <b>7.</b> | To receive an update from the Interim Chair  | Bev Reilly<br>Interim Chair   | Report  |
| <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 Friday 17 October 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>Roberta Barker<br/>Non-Executive Director / Interim Chair of MHLC</p> | <p>Verbal</p> <p>Verbal</p>   |

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|     | <p>c. Resources and Planning Committee (RPC)</p> <p>d. Quality Assurance Committee (QAC)</p> <p>Background Information on the business transacted by the Board of Directors in recent public meetings can be found on our Trust's website –<br/><a href="https://www.tevv.nhs.uk/about/board/papers-previous-board-meetings/">https://www.tevv.nhs.uk/about/board/papers-previous-board-meetings/</a></p>  | <p><b>Charlotte Carpenter</b><br/>Non-Executive<br/>Director / Chair of<br/>R&amp;PC</p> <p><b>Jules Preston</b><br/>Non-Executive<br/>Director / Chair of<br/>QAC</p>                             | <p>Verbal</p> <p>Verbal</p> |
| 10. | To receive an update on the Trust's Operational Services   | <p><b>Naomi Lonergan</b><br/>Interim Managing<br/>Director for DTV&amp;F<br/>Care Group</p> <p><b>Himanshu Garg</b><br/>Group Medical<br/>Director for North<br/>Yorkshire, York and<br/>Selby</p> | Report                      |
| 11. | To consider the appointment of two members of the Council of Governors' Nomination and Remuneration Committee  | <b>Phil Bellas</b><br>Company Secretary  | Verbal                      |
| 12. | To receive a report on CITO, the Trust's Patient Record System   | <b>Nick Black</b><br>Chief Information<br>Officer  | Report                      |
| 13. | Date and time of next meeting :<br>Wednesday 18 <sup>th</sup> February 2026 at 2pm   | <b>Bev Reilly</b><br>Interim Chair   | Verbal                      |
| 14. | <p>Exclusion of the public</p> <p>The Chair to move:</p> <p><i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust's forward plans 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> | <b>Bev Reilly</b><br>Interim Chair   | Verbal                      |

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|  | <p>(a) <i>the free and frank provision of advice, or</i></p> <p>(b) <i>the free and frank exchange of views for the purposes of deliberation, or</i></p> <p>(c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs”.</i></p> |  |  |
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**Bev Reilly**  
**Interim Chair**  
14 October 2025

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

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## **MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD AT 2PM ON 14 JULY 2025 AT THE WORKPLACE, NEWTON AYCLIFFE AND VIA MSTEAMS**

### **Present:**

L Alexander, appointed Governor, Durham County council  
R Allison, appointed Governor, University of York  
G Birchwood, public Governor, North Yorkshire  
P Beall, appointed Governor, Stockton on Tees Borough Council  
J Bell, public Governor, Durham  
M Booth, public Governor, Middlesbrough  
J Coles, appointed Governor, City of York Council  
G Emmerson, public Governor, Stockton-on-Tees  
K Evenden-Prest, staff Governor, DTVF Care Group  
J Green, public Governor, North Yorkshire  
C Hague, public Governor, North Yorkshire  
C Hodgson, public Governor, York  
N Hutchinson, public Governor, Durham  
C Ing, staff Governor, Corporate Services  
E Kengne Tatuene, public Governor, Durham  
J Kirkbride, public Governor, Darlington  
C Lee-Cowan, appointed Governor, Sunderland University  
J McNulty, public Governor, Durham  
T Morris, public Governor, Middlesbrough  
G Restall, public Governor, Stockton-on-Tees  
Z Sherry, public Governor, Hartlepool  
S Thomas, public Governor, Durham  
J Webster, public Governor, North Yorkshire  
J Williams, public Governor, Stockton-on-Tees

### **In attendance:**

R Barker, Non-Executive Director  
P Bellas, Company Secretary  
J Burman, Stakeholder and Engagement Lead  
Z Campbell, Managing Director, North Yorkshire and York Care Group  
K Christon, Deputy Company Secretary (minutes)  
S Dexter-Smith, Joint Executive Director for People, Culture and Diversity  
K Ellis, Executive Director for Strategy and Transformation  
K Kale, Medical Director  
N Lonergan, Interim Managing Director, Durham, Tees Valley and Forensic Care Group  
B Murphy, Interim Chief Executive  
S Paxton, Head of Communications  
J Preston, Non-Executive Director/Senior Independent Director (in the Chair)  
J Robinson, Non-Executive Director  
L Romaniak, Executive Director for Finance, Estates and Facilities  
N Vaidya, Corporate Governance Officer  
E Webb, Consultant Clinical Psychologist  
C Wood, Non-Executive Director

## **01. APOLOGIES FOR ABSENCE**

Apologies for absence were received from A Goldie, public Governor, Darlington, K Gillian, public Governor, Durham, N Black, Chief Information Officer, A Bridges, Executive Director for Corporate Affairs and Involvement, C Carpenter, Non-Executive Director, J Maddison, Non-Executive Director and B Reilly, Interim Trust Chair.

## **02. WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the meeting and new Governors introduced themselves and confirmed the constituency they represented.

The Chair noted that the Interim Chair had given her apologies for the meeting and, in lieu of a Deputy Chair, as Senior Independent Director he would Chair the meeting. He noted the attendance of Non-Executive Directors, J Robinson, C Wood and R Barker and that apologies had been received from J Maddison.

## **03. MINUTES OF THE PREVIOUS MEETING HELD ON 26 MARCH 2025**

***Agreed:** the minutes are an accurate record of the meeting, subject to the following amendment: 'J. Kirkbride advised that staff had indicated they would prefer to return to Paris' [para 24-25/84].*

### Matters arising

J Kirkbride commented on the excellent team at the Beach Unit and advised they had raised concerns about the safety of Cito due to records not saving. The Chair proposed that the matter be discussed during the meeting.

## **04. DECLARATIONS OF INTEREST**

Cllr Cole noted that in addition to her appointment as a Governor by City of York Council she was also the Police and Crime Commissioner for York and North Yorkshire but was not attending Council of Governors in that capacity.

G Emmerson reminded all Governors of the requirement to complete a declaration of interest form, and the Chair confirmed that Governors were required to be transparent about their interest in any matter on the agenda. He noted the induction for new Governors would take place the following week.

## **05. PUBLIC ACTION LOG**

In discussion the following points were raised:

1. In relation to Cito [action 24-25/84], B Murphy acknowledged there had been challenges following implementation of the system, which was not uncommon for the NHS, and although the system was not as reliable as it needed to be there had been some improvement. A group of leaders were working with operational services to ensure they could make best use out of the system while the Trust worked closely with Civica to address technical problems. The position and proposed mitigation had been recognised by the Board of Directors and weekly progress reports were received by Executive Directors Group.

On support for staff, N Lonergan noted that work was underway to identify leaders within teams to provide support and a review would be completed on all training material. This work aimed to support staff to operate the system effectively, recognising there were varying degrees of confidence and capability.

G Emmerson proposed the next report to Council of Governors address the concern raised by J Kirkbride.

**Action: N Black**

2. G Emmerson sought an update on a previous action that Integrated Care Boards (ICBs) be invited to attend Council of Governor meetings, as Governors had sought to understand the disparity in funding between North East North Cumbria ICB and Humber and North Yorkshire ICB.

P Bellas advised that D Jennings had previously reported back on the action and agreed to follow-up after the meeting.

**Action: P Bellas**

The Chair also noted the opportunity to discuss the NHS 10-year Plan and any geographical differences that may arise as a result.

M Booth suggested that questions could be provided to the ICB's in advance of their attendance. G Emerson recognised that they may not be expected to attend every meeting and proposed that, given their input into the appointment of the Trust's CEO, it was reasonable for Council of Governors to query funding arrangements.

B Murphy cautioned on their ability to attend, noting that recent NHS changes would result in a 30-40% reduction in staff costs and she proposed that there may be alternative way to seek as response.

## **06. UPDATE FROM THE INTERIM TRUST CHAIR**

The Chair provided a verbal update on behalf of the Interim Trust Chair and noted:

- The appointment of B Murphy as Interim Chief Executive.
- The Interim Chair had met with D Jennings following his resignation and conveyed his best wishes to Council of Governors.

Council of Governors Nomination and Remuneration Committee had agreed the timeline for the appointment of a new Trust Chair and that B Reilly would remain in post until either they commenced in post or 31 March 2026, whichever occurred first. An update would be provided to committee in September 2025.

- The Interim Chair had taken a business as usual approach to the role, which included maintaining relationships with NHS England, the ICBs and regional Trust CEOs. She had met with the incoming Chief Executive, A Smith, who would join the Trust on 12 September 2025.

She welcomed views from Council of Governors on what they would like to hear from the Trust Chair.

- Discussion by the Board of Directors on the challenges and opportunities the NHS England 10-Year Plan presented. The plan referenced that Trust's may may not be required to appointment Governors and the Chair advised this arrangement would only apply to Trust's that were categorised as advanced FT's.
- All Non-Executive Director appraisals and Fit and Proper Person Tests had been completed.

## **07. UPDATE FROM INTERIM CHIEF EXECUTIVE**

B Murphy provided a verbal update and noted:

- A Smith had started regular meetings with executive directors to support a smooth transition and to ensure she had a good understanding of achievements and challenges facing the Trust. A detailed induction plan had been developed, which would include a meeting with the Lead Governor.

- Publication of the NHS England 10-Year Plan, which outlined a strategic shift in healthcare delivery and emphasised the transition of care from a hospital setting into the community, the move from analogue to digital systems, and shift from treatment to prevention. A strong focus had been given to neighbourhood-based care and integrated work between the NHS and social care to provide earlier intervention and community based support to reduce the need for intensive treatment. The Trust was working actively with partners to explore what the model would be across North East, North Cumbria and Humber and North Yorkshire regions.
- The publication of a comprehensive review of patient safety across the health and care landscape in England, led by Penny Dash.
- Planned strike action by resident doctors from 25 July to 30 July. The trust had a robust and well-developed framework in place to manage industrial action and the Medical Director and executive director lead for emergency planning would work closely to ensure appropriate cover was maintained, to safeguard patient safety.
- Development of a new national oversight framework, which categorised NHS providers each quarter into five segments with 1 representing the highest-performing providers that required minimal oversight and 5 representing those that needed intervention. The Trust had been allocated into segment 2, reflecting the significant improvement achieved by the workforce in recent years and strong resource management.
- NHS England continued to review its structure and function in relation to ICBs and discussions were ongoing regarding statutory responsibilities, to ensure efficiency and to avoid duplication.
- The Board had approved Our Journey to Change Next Chapter and the implementation plan would be developed, aligned with the 10-Year Plan, the report by Penny Dash and feedback from Council of Governors, operational services, the incoming Chief Executive and the Trust Chair.
- She had met the Police and Crime Commissioner for Middlesbrough who wished to understand the impact of the Right Care, Right Person initiative. The Trust reported a positive experience, with strong collaboration with local police forces and appropriate relationships to address challenges constructively.
- Recognition of the Trust's work to enhance community services in Hartlepool and Redcar, which had been referenced in a Health Select Committee meeting.

The Chair acknowledged the significant progress made and emphasised that the Trust remained on a continuous improvement journey. He referenced discussions at the Quality Assurance Committee, noting that as 85% of a performance measure had been achieved, attention would turn to addressing the remaining 15%, reflecting a commitment to patient care and potential to be an advanced FT in time.

## **08. GOVERNOR QUESTIONS**

In discussion:

1. K Evenden-Prest confirmed he was content with the response he had received in relation to a concern about visibility of Oxehealth information at Lanchester Road Hospital (LRH).

B Murphy advised the screens at LRH were for CCTV purposes. However, the concern had been acknowledged and action had been taken across all services to ensure that patient privacy and dignity was protected.

2. The Chair invited all governors to take part in leadership walkabouts and confirmed that staff were encouraged to speak honestly about their experience.

Responding to a concern about attendance by Non-Executive Directors (NED), he proposed it would be unusual for a visit to take place without a NED in attendance and



noted that their required attendance at an ICB meeting had impacted on a recent walkabout.

G Emerson queried the cancellation of leadership walkabouts in July and the Chair noted the position reflected increased annual leave and demand on services during July and August. He advised that visits would be deferred not cancelled.

3. Z Sherry confirmed she was content with the response provided to her question about Stewart House, which had sought to clarify the position due to the circulation of misinformation.
4. C Hodgson proposed that the Trust monitor that impact assessments for autistic patients were implemented on inpatient wards and in the community to ensure that information was available wherever patients went. She also welcomed the work done by E Webb in relation to Autism training and proposed that more needed to be done to increase skills in the community and that training should be face-to-face.

The Chair confirmed there was a continued focus on Autism and noted that an update on the recommendations of the Autism Task and Finish Group would be provided during the meeting. He also advised that the Board would attend Autism training in August.

5. C Hodgson noted her concern about the impact of response times for the mental health crisis line in the City of York.

Z Campbell advised that response times continued be monitored by the care group and whilst the position had significantly improved over the last three years, capacity to deliver a gold star service remained a challenge. Improvement work was underway with the provider of the triage service and with DTVF Care Group to share resources and improve quality overall.

J Kirkbride agreed that the performance of crisis lines had improved significantly.

6. K Christon confirmed that a question from M Booth in relation to the Mutually Agreed Resignation Scheme (MARS) had been received and a response would be prepared and circulated following the meeting.

G Emerson raised concerns about the potential loss of valuable staff through MARS, particularly in under resourced areas and inquired about the number of staff expected to apply and if the board had set any related financial targets.

L Romaniak clarified that MARS was a voluntary scheme was open to all staff who wished to end their employment and no financial target had been set by the board. Targets had been agreed in relation to reductions in agency costs, bank and premia rate overtime, linked to Cost Reduction and Efficiency Saving (CRES) schemes. There may be an opportunity to consider additional schemes later in the year for service redesign or reconfiguration. As a reasonable employer the Trust would seek to take action that had the least impact and it did not intend to pursue any redundancy scheme. She provided assurance that all MARS applications would be reviewed by service managers and care groups and would be subject to impact assessment.

S Dexter-Smith confirmed that MARS was not a redundancy scheme and provided an opportunity for staff who wished to leave to do so. Although posts would not be replaced there was an opportunity to reconfigure roles behind the departed employee.

Responding to a query from M Booth, she confirmed that quality and equality impact assessments would be completed on all applications and they would only be approved if they did not compromise care quality and safety. Applications from staff in clinical roles where there were vacancies were unlikely to be approved.

K Evenden-Prest indicated that information to staff had been clear and that some roles, including his own, would not be eligible for MARS.

G Emerson requested an update in six months including on the number of staff who had left through MARS, services or departments affected and impact.

**Action: S Dexter-Smith**

7. J Kirkbride noted there had been a national target to reduce corporate costs by 50%.

L Romaniak advised that all providers submitted a corporate benchmarking return each year and NHS England had asked providers to review the increase in costs between 2018 and 2023/24 on an inflation adjusted basis and reduce that by 50%. She indicated that Trust plans had already met that requirement.

## **09. UPDATE FROM PEOPLE, CULTURE AND DIVERSITY COMMITTEE**

R Barker, Chair of People, Culture and Diversity Committee extended thanks to S Dexter-Smith, K North and their team for the improvements observed by committee. She provided a verbal update and noted that committee had:

- Heard a powerful account from a colleague regarding their lived experience with reasonable adjustments and management interaction during a period of long-term sickness. Committee had acknowledged the significant value of the Reasonable Adjustments Team to support staff to perform at their best and feel valued in the workplace.
- Noted the volume of cases reported to the Freedom to Speak up Guardian and raised concerns about the delay in the procurement of the guardian service, which risked consistency in service delivery.
- Observed positive alignment between HR Business Partners and care groups/managers to develop workforce plans tailored to each service.
- Received strong assurance on staff networks, partnership work, national reporting and initiatives around culture and retention.
- Received good assurance in relation to safer staffing and use of resources, whilst recognising there was further work to do. Improvements were noted in relation to roster timeliness and the use of IT solutions on wards to assess dependency, and committee endorsed the proposal to include the Therapy Directorate and AMH Urgent Care Teams in safer staffing monitoring process in future.
- Noted concerns about funding for level 7 apprenticeships and the potential impact on clinical models if replacement funding was not secured.

Commenting further S Dexter-Smith advised that the Freedom to Speak Up procurement process had now concluded successfully, mitigating the risk committee had noted. She also advised that Executive Directors Group had agreed permanent funding for the Reasonable Adjustments Team.

In discussion:

1. The Chair, as Non-Executive Director lead for Freedom to Speak Up, welcomed the outsourcing of the service, to further enhance its independence.
2. J Coles sought assurance on staff sickness levels and use of agency staff.

In response, S Dexter-Smith noted that workforce metrics were benchmarked regionally and reviewed at each committee meeting and by the Board of Directors. She indicated that sickness rates had stabilised following a reduction and leaver rates

had improved. L Romaniak also reported that agency staffing had been below the target 3.2% of total pay bill the previous year and was at 1.99% that month.

3. J Kirkbride queried why performance reports were no longer provided to Council of Governors' meetings.

P Bellas went on to explain that the change from performance reports to reports from committee Chair's reflected that the role of Council of Governors was to hold Non-Executive Directors to account for the performance of the Board.

## **10. UPDATE FROM MENTAL HEALTH LEGISLATION COMMITTEE**

J Preston, Chair of Mental Health Legislation Committee, provided a verbal update and noted:

- The difference between the role of MHLC and Quality Assurance Committee, with MHLC focused on the fair and appropriate application of mental health legislation and QAC focused on oversight of care.
- The remit of committee to review implementation of the Mental Health Act, deprivation of liberty safeguards and absent without leave procedures, and to monitor activity related to the act and its five guiding principles - the presumption of capacity; right to support when making decisions; respect for the individual's views; that the best interests of the individual are central to decision-making; and that the least restrictive intervention is used.
- The role of committee in relation to ensuring access to advocacy support, where the Trust worked with two providers under an opt-out policy, evaluation of feedback from regulators on the application of legislation and appropriateness of use of section 136 suites.

K Kale confirmed that the Trust's opt-out process for advocacy services would be introduced in revisions to the Mental Health Act.

- Compliance with Mental Capacity Act Training at 85% with committee to maintain oversight of hotspot areas.
- Proposed changes to the Mental Health Act, which committee would ensure were interpreted and implemented correctly.

## **11. UPDATE FROM RESOURCES AND PLANNING COMMITTEE**

L Romaniak, Executive Director of Finance, Estates and Facilities provided a verbal update from the last committee meeting and noted that committee had:

- Reviewed the phase 2 business case for rectification works at Roseberry Park Hospital (RPH) and had taken assurance on the procurement process, including revised approaches to improve cost and programme confidence. Committee had recommended that the Board delegated authority to the RPH Sub-Group to approve the construction contract and subject to a standstill period, it was expected that this would commence in August 2025.
- Received the month 1 finance report, which reported the Trust was broadly on plan at £1m deficit, was below the recurrent savings target and ahead of the non-recurrent savings target.
- Acknowledged the refreshed underlying financial position, prior to what was expected to be a challenging medium term financial planning period.
- Noted that financial performance of the North East North Cumbria ICB system was broadly on plan with a relatively high level of risk associated with both unidentified and high-risk savings.
- Received assurance on the process to refresh the Green Plan in line with the revised national timeline.

- Received an update on the Trust's wholly owned subsidiary, PIPs, where financial challenges related to one commissioner were discussed and committee supported further work to pursue a funding uplift.
- Discussed the focus of the Board seminar in September on the forward position for PIPs, to explore the Trust's appetite for tenders, and sustainability and transformation.
- Received an update on the Our Journey to Change (OJTC) quarter 4 Delivery Plan for 2024/25 and had noted that the Delivery Plan for 2025/26 would focus on high-impact changes with reporting on outcomes, not just milestone completion.
- Supported tendering proposals, which included Getting Help in Tees Valley, a consortium tender to provide MOD beds and further opportunities for Individual Placement Support.
- Received strong process assurance regarding the Board Assurance Framework risks, which included issues such as Cyber security, NHS funding and capital constraints.
- Received an update on the Estates Masterplan and actions to progress other estates rationalisation.
- Supported the award of a new contract for ready meal provision at inpatient sites, which would run in parallel with the existing provider who would continue to supply vegetables and carbohydrates.
- Taken assurance on the Trust's arrangements for submitting the National Cost Collection in line with national guidance. She confirmed this had been submitted on time following the meeting.

In discussion:

1. G Emerson expressed concern about the timeline for completion of rectification works at RPH and the impact of this on patients. He also queried savings that would be realised from the PFI contract.

L Romaniak confirmed the timeline was the best estimate for the overall programme and noted that potential to build a new hospital instead would not be feasible due to the capital costs, national approvals and decamp requirements.

She indicated that committee shared his frustration about the timeline, where progress had been constrained by the legal case and challenges related to the small national capital programme. For context, she noted that in 2025/26 the Trust's capital programme was £12.4m, including £1.4m secured from 2024/25 and £1.2m of national solar funding, against a revenue budget of £500m.

She went on to clarify that, whilst future service payments under the PFI for RPH were avoided, the Trust would need to fund facilities management and defect rectification.

The Chair noted that the Board also shared committee's frustration on the timeline and commended the team for managing the legal position as effectively as possible.

2. L Romaniak and B Murphy indicated that national developments may lead to alternative capital funding models, including freedoms and flexibilities for Trust's who were rated positively in the National Oversight Framework.

## **12. UPDATE FROM QUALITY ASSURANCE COMMITTEE**

K Kale, Medical Director, advised that Quality Assurance Committee (QAC) provided a verbal update from the last committee meeting and noted that committee had:

- Alerted the board to compliance with section 17 leave processes, which would remain an area for ongoing focus.
- Provided assurance to the board on teams that required additional support.

- Noted that statutory training was above target, with attention given to identified hotspot areas.
- Noted there had been no breaches of mixed-sex accommodation.
- Received assurance that 72-hour follow up for patients had been consistently maintained.
- Noted a reduction in bed occupancy levels and zero out-of-area placements.
- Received strong assurance on the use of restrictive practices, as outlined in the Positive and Safe Annual report.
- Raised concerns about patients were who clinically ready for discharge, where the ICB had indicated that the issue related to willingness of providers rather than lack of funding.

In discussion:

1. J Cole queried those areas where there may be higher levels of patients clinically ready for discharge and the cause of those delays.

K Kale responded that the issue spanned both care groups and adult and older adult services. Whilst cases were lower than experienced by acute Trust's they were still significant. Issues related to the ability to identify providers who would provide complex needs care.

Commenting further, L Romaniak noted that in May 2025 the Trust had on average 81 patients who were clinically ready for discharge. Cases were increasingly related to older adults in North Yorkshire, Durham, Middlesbrough and Stockton on Tees.

The Chair varied the order the agenda.

### **13. COUNCIL OF GOVERNORS' MEMBERSHIP TASK AND FINISH GROUP**

G Emerson introduced the report, which outlined proposals for improving public membership recruitment and activity.

He welcomed the strong attendance at meetings and valuable support provided by J Burman and drew attention to the key areas for improvement, which included: that Governors take shared responsibility for promoting Trust membership; identification of key events, as platforms for encouraging membership; increasing social media presence aimed at promoting membership; a recommendation to the Board that funding be agreed for events.

He commented on how important it was to address challenges in member engagement and highlighted that Governors were sometimes elected without contest and with low voter numbers.

J Burman went on to thank Governors who had been involved in the group, noting the quality and volume of ideas generated and he welcomed any further suggestions from Governors.

The Chair proposed to liaise with the Interim Trust Chair following the meeting to progress the proposal of the group that funding be agreed to support events.

**Action: J Preston**

### **14. OPERATIONAL UPDATE - DURHAM, TEES VALLEY AND FORENSIC CARE GROUP**

N Lonergan presented the report, which provided an update to Council of Governors on progress and key priorities of the care group. She drew attention to:

- Positive feedback from families on proposed changes to respite services. The Trust would continue to provide services until a safe point of transition had been reached.
- Service development opportunities, which included female prison services, Children and Young people Getting Help in Tees Valley and development of a crisis house in Darlington.
- The workforce update, which referenced a reduction in vacancy rates, continued pressure in relation to sickness absence and positive assurance on appraisals and mandatory and statutory training.
- Patients in adult, older adult and secure services who were clinically ready for discharge and required bespoke accommodation and complex care packages, where some transition plans may take in excess of 12 months.
- Celebrations outlined in the report, which included that Birch Ward had received accreditation from the Royal College of Psychiatry, Daisy's nomination for a BBC award and recognition through the Positive and Safe Practice Awards.

In discussion:

1. To provide clarification, N Lonergan explained that OPEL framework supported the management of operational pressures across mental health services and used a range of metrics such as bed usage and assessment waiting times to determine escalation levels and to help identify areas of challenge across the ICB system.
2. G Emerson enquired if the Trust had worked with housing associations to source accommodation for complex cases.

In response, N Lonergan advised that existing and new build accommodation was sourced from private providers and the Trust worked closely with the ICB to develop forward plans for patients who may have significant discharge needs. The Chair also noted challenges related to the complexity of care packages.

3. G Emerson reflected on his previous experience of efforts to develop bespoke care packages and transition patients out of hospital, noting that in some cases that had taken several years.

B Murphy indicated that 6 out of 7 patients in such circumstances were in that position and N Lonergan added that many patients had learning disabilities and autism, which would contribute to the delay.

4. M Booth queried the position of staff based in the Respite Service.

B Murphy clarified that health care support workers who were familiar with residents would transfer to the new service under TUPE arrangements. Registered Nurses would be seconded for a period of time to support the transition. A Registered Nurse would not remain in charge following the transition period and the service would be registered and regulated by the CQC and would operate within those requirements. She also noted that parents had commented positively on the proposed new premises.

5. J Kirkbride queried the lack of gastroenterology support and N Lonergan explained that whilst an SLA was in place, the consultant had moved on, which had created a gap in provision. The Trust was working with the acute provider to resolve the position.
6. J Kirkbride shared feedback from a leadership walkabout to Beach Unit and commented on the resilience of staff despite vacancies. She expressed concern that issues raised during previous visits had remained unresolved.

N Lonergan agreed to review the report to understand the issues raised and support that may be required.

**Action: N Lonergan**

The Chair advised that a summary of matters raised during leadership walkabouts was reported to the Board and actions were tracked. He acknowledged that it was important to maintain staff confidence in leadership visits and ensure feedback was provided.

## **15. OPERATIONAL UPDATE – NORTH YORKSHIRE, YORK AND SELBY CARE GROUP**

Z Campbell presented the report, which provided an update to Council of Governors on progress and key priorities of the care group. She drew attention to:

- Compliance with mandatory and statutory training targets
- The reduction in use of agency staffing, although further work was needed to sustain that improvement.
- Ongoing pressures across adult and older people's services in North Yorkshire and York related to patients clinically ready for discharge. She noted the local authority had a statutory duty to shape the social care market and the care group was working closely with North Yorkshire Council to support the re-procurement of their approved supplier list.

Daily operational meetings were held with local authority and ICB colleagues to address flow and discharge barriers alongside strategic discussions with the ICB on system-wide performance. Challenges were recognised as complex and persistent.

- Demand and capacity challenges for neurodevelopmental assessments in children and young people services, particularly in Scarborough. Challenges had been acknowledged by the system, who had confirmed that no additional resources were available and discussions would continue through the provider collaborative to explore pathway changes that may alleviate demand and reduce waiting times in the longer term.
- The introduction of a meet and greet volunteer role at the CAMHS team in York, in response to feedback from patients and families. The initiative had been rolled out across all services.

In discussion:

1. J Cole discussed the importance of prevention work, in line with the NHS 10-Year Plan and noted the imminent opening of a second mental health hub in York, opportunities for mental health involvement in women's centres in York and Scarborough and an upcoming announcement by the mayor in relation to men's mental health.

Z Campbell committed to follow up on the opportunities highlighted and provided further details about the York mental health hub. She noted that it was funded by NHS England and designed to support crisis avoidance, operating on a 24/7 basis. Unlike most hubs nationally, it did not provide beds instead robust plans were in place with voluntary sector and local authority partners, to ensure its effectiveness. Additional hubs were planned, with locations to be identified. These would be modelled on the first hub and may not operate 24/7.

## **16. GOVERNOR ELECTION UPDATE**

P Bellas introduced the report, which advised of the outcome of the annual elections for 2025. He proposed that as a result, the risks to the sustainability of the council had been mitigated.

## **17. APPOINTMENT TO COUNCIL OF GOVERNORS NOMINATION AND REMUNERATION COMMITTEE**

P Bellas commented on the role of the committee, to oversee the appointment of the Trust Chair and Non-Executive Directors, to receive information on their appraisals and to make recommendations on their terms and conditions of service.

He advised that, although nominations had been sought from Governors for the committee, there remained a vacancy and he invited any Governor who may be interested to contact him or a member of the committee to discuss further. He also noted that training would be provided.

The Chair proposed that whilst committee's current workload was currently busy that would reduce by the end of the year.

## **18. TRUST'S COMMUNICATIONS STRATEGY**

S Paxton introduced the report, which provided an update on the progress made on delivery of the Trust's communications strategy through April to May 2025.

In discussion:

1. J Kirkbride noted the negative position taken by the Northern Echo and queried if other media had featured the You Matter campaign.

S Paxton confirmed that the majority of local press had featured the campaign and the Trust was in regular contact with them to understand the types of stories that they were interested in. A meeting had also been held with the Northern Echo to seek a balance with other stories that they seek to hold to Trust to account for.

## **19. UPDATE ON NORTH EAST NORTH CUMBRIA ICB AUTISM AND ADHD PATHWAYS WORK**

K Kale, Vice-Chair of the NENC Autism and ADHD working group, provided a verbal update on progress and noted the group had:

- Considered data on waiting times, demand and capacity in the region and had observed variability in funding across the system.
- Explored options for clinical prioritisation to manage waiting lists and support people to wait well.
- Discussed the potential role of artificial intelligence to assist streamlining report writing, completion of self-assessments and digital screening tools to support a quicker turnaround.
- Emphasised the importance of addressing needs independently of formal diagnosis, recognising that reasonable adjustments could and should be made without waiting for a confirmed diagnosis.
- Agreed on the need to transition from ICD-10 to ICD-11.
- Discussed the issue of Right to Choose, where the ICB expressed a preference to establish its own accredited provider.
- Discussed concerns about shared care arrangements with GPs, in light of collective action that led some practices to decline to prescribe for patients. Negotiations would take place to clarify prescribing responsibilities and consider how primary care can be supported to initiate certain medications.
- Discussed the important role of the voluntary sector in delivering needs-led support and helping individuals to wait well.



- Agreed to establish a number of task and finish groups, which included clinical prioritisation and for children and young people's services.

He also referenced the national ADHD Task Force Report, which aligned with the groups thinking and highlighted that ADHD care should not be the sole responsibility of health and secondary care services and a multi-sector approach was essential.

## **20. COUNCIL OF GOVERNORS' AUTISM TASK AND FINISH GROUP**

E Webb spoke to the slides circulated, which provided a progress update on the recommendations of the Council of Governors' Task and Finish Group. She noted:

- The composition of the multi-disciplinary team, which included a lived experience lead.
- Progress on delivery of mandatory training in line with the national code of practice and staff need and development of bespoke training, which have been positively received.
- Increased demand for consultations and emphasis on adult mental health inpatient services, including Culture of Care.
- Examples of specific projects, which included:
  - Additional recurrent funding in NYYS to support delivery of autism informed care in adult mental health services.
  - Trust-wide roll out of the drop-in crisis/intensive home treatment team.
  - Refresh of the MHSOP dementia pathway.
  - Collaboration with Co Durham Talking Therapies to embed autism-informed care from the outset.
  - Establishment of an Autism and Psychosis Special Interest Group to work with IAPT teams to support access services.
  - Develop of training packages to support teams across the trust.
  - Establishment of a personality disorder and autism trust-wide steering group.

In discussion:

1. The Chair reminded Council that TEWV was an autism-informed Trust and he acknowledged the contributions of K Kale and E Webb and the significant improvement in staff training and consultation.

He indicated that feedback from leadership walkabouts had been positive, with the team's work recognised as exceeding that of other Trust's and noted that there remained concerns in relation to waiting times for assessment and diagnosis.

K Kale reported that North East North Cumbria ICB had approved funding for 200 additional assessments and had appointed an independent provider to manage less complex cases, to alleviate pressure. GPs in Durham and Darlington were able to independently diagnose and initiate treatment, although there were challenges around shared care and prescribing responsibilities.

E Webb expressed optimism about the clinical prioritisation efforts led by NENC ICB and the benefits that could be realised through streamlined processes, digital technology and use of AI.

2. M Booth enquired about whether education packages could be offered to the voluntary sector.

E Webb responded that, whilst this was possible, there would be a charge and the Trust's initial focus had been on staff training where good progress had been made.

## **21. EXCLUSION OF THE PRESS AND PUBLIC**

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

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Bev Reilly  
Interim Chair  
22 October 2025

## Public Action Log

# Agenda Item 5

### 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      | –          | Completed  |
| 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 | Completed  |
| 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 | Completed  |
| 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 | Completed  |
| 26/03/2025 | 24-25/84   | Regular updates on CITO to be provided at Council of Governors' meetings in 2025/26   | NB         | –          | Item 12  |
| 14/07/2025 | 5          | Update to be provided on the position of inviting Integrated Care Boards to meetings of the Council of Governors  | P Bellas   | 22/10/2025 | Update to be provided at the meeting               |
| 14/07/2025 | 8          | Report to be provided in six months' time on the number of staff who have left the Trust through MARS, the services and departments affected and the impact | SDS/KN     | 18/02/2026 | To be considered at the meeting on 18/02/2026      |
| 14/07/2025 | 13         | J Preston to liaise with the Interim Trust Chair to progress the proposal of the Membership Task and Finish Group for funding to hold events                | J Preston  | 22/10/2025 | Completed<br>Contacted Interim Chair on 09/10/2025 |
| 14/07/2025 | 14         | N Lonergan to review the leadership walkabout feedback from Beach Unit to understand the issues raised and support that may be required                     | N Lonergan | 22/10/2025 | Update to be provided at the meeting               |

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# Agenda Item 7

## **Interim Chair Report**

**Council of Governors 22<sup>nd</sup> October 2025**

### **External Meetings**

It has been a busy few months for everyone. Following the publication of the 10 Year Health Plan, there has been a number of national, regional and Integrated Care Board (ICB) meetings. Recognising there is a lot yet to be worked out on future form between NHS England, The Department of Health and Social Care and ICBs, it is clear we need to focus on good provision of services and delivery of the 10 Year Health Plan, encompassing the three shifts.

Key themes from the Chairs meeting include:

- National Operating Framework segmentation (TEWV have maintained segment 2) and anticipation of additional metrics. This is commonly referred to as “league tables”.
- Finance, productivity, efficiency alongside the absolute need to safeguard quality of care.
- Understanding of the newly published “Model Region” and how that works alongside the “Model ICB” and what it means for provider organisations.
- Aligning strategic plans to the 3 shifts and transformation

Beverley Murphy and I represented the Trust at a meeting with Daniel Elkeles, the new Chief Executive of NHS Providers. Discussion was focused on how both the NHS Confederation and NHS Providers could work more closely together. Daniel had visited some of our services on the morning of the meeting and was incredibly impressed.

I attended the National Mental Health, Learning Disability and Autism (MHLDA) Chairs meeting and was invited to speak on what is was and indeed still is, like to be a Trust under scrutiny.

I have had the opportunity to meet with Darren Best, Chair at Cumbria, Northumberland and Tyne and Wear NHS Mental Health and Learning Disability Trust. We are both committed to working alongside each other to support learning, improvement and innovation for our populations.

### **Council of Governors Activity**

I have chaired the Council of Governors Nomination and Remuneration Committee and we successfully agreed an excellent shortlist for the vacant Non Executive Director role and Associate Non Executive Directors. Working with our recruitment partners during August and September, I met with all shortlisted candidates. Thank you to all who contributed throughout the robust process. Stakeholder sessions were held on 30<sup>th</sup> September and formal interviews were conducted on 1<sup>st</sup> and 2<sup>nd</sup> October. Information

on the outcome will be announced in due course as appointments will be approved by the Council of Governors.

I have had regular 1:1 meetings with our Lead Governor to ensure he is appraised appropriately. I have also had individual discussions with Governors appropriately.

I chaired the North Yorkshire, York and Selby Locality meeting with Governors. The transformation work at Hummingbird House and Catterick Garrison is progressing well. It was also good to hear about our co-creation reset.

### **Quality Improvement**

I had a very useful catch up and learning session with Steven Bartley on our Quality Improvement journey. I would encourage Board members and indeed wider staff to engage with QI Foundation learning module – its only 18 minutes. QI will be a significant part of TEWV as we move forward together.

### **STAR Awards Shortlist**

I had the extremely difficult job of reviewing all of the tremendous shortlisted applications to decide upon considerations for the Chairs Award. I was extremely proud to read about how much good work is going on throughout our Trust and in many cases, in collaboration with service users, carers, volunteers and our system and wider partners. Choosing my top 3 was incredibly difficult. I look forward to the annual ceremony in November.

### **Living The Values Awards**

Huge congratulations to Kezia Finch, CAMHS in Peterlee and Tunstall Ward at Lanchester Road Hospital. It was a pleasure to meet staff who are so enthusiastic about their work and are truly living our values.

### **Consultant Recruitment**

I was delighted to chair a panel for a Consultant in Mental Health Services for Older People in York. Congratulations to the successful candidate and the warmest of welcomes in your new role.

### **Leadership Walkabout**

It was fascinating to meet staff in our Access and Treatment Team based Foxrush House in Redcar on our last walkabout visit. I am grateful to them for helping me learn further. We had a great conversation on how we may better improve services for more rural populations using the 10 Year Health Plan and in support of the 3 shifts.

### **Interim Chair – Out and About**

I have asked to get out and about as much as I can. Thank you to Dr Ranjeet Shah for taking time out with me to see staff at our Intensive Home Support Services and Crisis Teams at Wessex House in Stockton. Similarly, thank you to Sarah Tweddle for facilitating a visit to Willow Ward at West Park. A patient asked me to draw with them which I duly did. The picture they gave me is now on my office wall. Thank you to staff who took time out of their day to spend time with me at The Hub in York.

### **Board Strategic Seminar**

A significant Board Seminar was held on 11<sup>th</sup> September led by Kathryn Ellis and Chris Lanighan. As expected of the Board, we considered our current operating environment. We asked ourselves a series of questions in the context of what we know and may anticipate to ensure we are in the very best position possible to deliver mental health, learning disabilities and autism services fit for future purpose.

### **Annual General Meeting**

Our AGM will be held on Thursday 23<sup>rd</sup> October 2025 at Teesside University's The Hub Campus Heart, Middlesbrough.

Bev Reilly

Interim Chair

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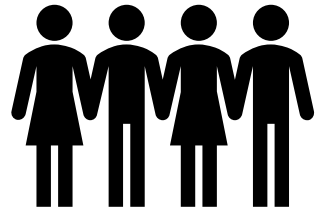


## Key challenges and what we are doing.

- Patients who are Clinically Ready for Discharge in ALD and availability of robust providers in community – we are working with the ICB and across the system to identify blockages to individual care packages and seek urgent solutions; our Community Teams are supporting providers who may be struggling to avoid package breakdown and prevent unnecessary admissions, plus issues around case management / CHC and lack of clarity re these roles.
- ALD Intensive Support Team and current demands/challenges – there have been three teams into one split across two bases and working across multiple pathways. The service have initiated a comprehensive review in order to learn lessons and agree our next steps based on learning.
- Tees ALD Respite and working towards new model of care – we are fully engaged with the ICB-led system-wide work to agree and implement a new bespoke model of care which is better suited to this patient group and their families, with families being central to the decision-making process. The new service is planned to be in place for Jan 2026.
- Services in SRAS (Services Requiring Additional Support) –
  - HMP Deerbolt, HMP Full Sutton, significant vacancies and recruitment delays – Planned exit date for April 2026.
  - AMH Ripon Community Team & AMH Perinatal. Additional leadership from DTV for support. Capacity & demand challenges actions in place to ensure quality - referral and waiting list initiatives with support from other teams starting to have positive effect on both numbers and wait time. End date TBC
  - AMH Crisis – staffing challenges. Daily oversight with modern matron plus recruiting a manager, daily calls across all teams for service wide oversight. End date TBC
  - CAMHS Crisis - staffing challenges - DTVF picking up screening calls, initial feedback is positive (also positive impact on AMH Crisis). End date TBC
  - CAMHS ADHD SWR – Capacity & demand challenges - Most actions are complete including QI work on pathway. End date TBC
- Trust-wide All-Age ADHD and Autism Clinical Transformation Group established. Task & Finish Groups focusing on: Right to Choose / Private Assessment Prescribing. Clinical Prioritisation. Clinical Assessment Process / ICD-11 Implementation. Collaborative work to ensure consistent, effective approaches that support service transformation and improved outcomes. Humber and North Yorkshire ICB are leading work to move means led services to focus on children. NENC to focus on over 25s.
- DTV CAMHS Capacity and Demand Pressures - Sustained high demand, some funding gaps and high sickness rates impacting service delivery. Continued workforce planning and recruitment efforts. Monitoring of service activity and demand trends. Exploring innovative models to support service resilience and maintain activity levels.
- There is a requirement to improve and address sickness rates in the Trust and compliance rates for managerial and clinical supervision. We are having a focus on face to face training compliance and work is underway for safe staffing level loading of rosters.

## Our proud areas.

- Recruitment Advertising Campaigns - Use of videos on Facebook having a positive impact on number of applicants. Advertising in bus stops in the York area.
- Unlocking Wellbeing in Health and Justice - Development of “Unlocking Wellbeing in Health & Justice” plan.
- Conferences - The Challenge of Synthetic Substances – The Importance of Sharing Learning. Health and Justice Neurodiversity Summit.
- Meeting NHSE Trajectory for Neurodevelopmental Assessments - Despite ongoing challenges with long waits, the CAMHS service continues to meet the NHSE trajectory for neurodevelopmental assessments—demonstrating resilience, commitment, and effective planning.
- Quality and performance of CAMHS Getting Risk Support offer - Sustained high performance in relation to access. Sustained period of low admissions (comparatively across North East and Cumbria).
- Successful recent transfer of care for ALD patient who had been an inpatient for 4 years – facilitated by the dedication of the staff team who worked very sensitively with the patient, their family and the provider to ensure transition was safe.
- We've successfully extended Peer roles across Adult Mental Health (AMH), including a new partnership with MIND to deliver Peer support within Teesside. Additionally, we've introduced a new access model for patients in Durham, ensuring timely triage, ensuring patients access the appropriate services. Furthermore, significant progress has been made in expanding our community and local place-based model, which includes an increase in Mental Health practitioners within GP practices.
- MHSOP Development of a leaflet which was co-created to support carers understanding around the need for patient transfers from one ward to another when clinically appropriate to do so.
- Our teams are completing their move into Hummingbird House our new multi-million pound mental health facility for people in North Yorkshire. The former Harrogate office building now co-created base for three Trust community teams from child and adolescent mental health services (CAMHS), adult mental health (AMH) and Talking Therapies. Harrogate College students have completed artwork that will be framed and used for the new CAMHS Hummingbird House
- Scarborough and Harrogate teams involved in the Petal Study (study is a research program aimed at developing and testing a personalised treatment for adults with intellectual disabilities who display aggressive behaviour. It involves creating a personalized psychosocial intervention, called PETAL Therapy, to help manage aggression through skills development, emotional regulation, and communication strategies). Great for two of our teams to be involved in a national research piece of work supported by Dr Ellis-Caird.



## **What difference the Trust has made to our patients and communities in the last 3 months.**

- Transfer of care from ALD Bankfields Court and further patient who has started their transition to a new provider after 4 years as an inpatient.
- Support to providers to stabilise placements which may otherwise fail and thereby avoid unnecessary admissions.
- Provided valuable care to those who need it most.
- Working with CAMHS, Local Authority and the Police to develop a specific pathway in response to the increased number of juvenile cases related to POLIT (Paedophile Online Investigation Team).
- Excellent verbal feedback following the CQC/HMIP visit to HMP Northumberland. "Overall, very good service, "remarkable" position from last inspection in terms of improvements.
- The Together Garden is a shared garden at Lanchester Road Hospital and patients from all wards are welcome to use it. Over the last eighteen months patients on Langley Ward have been maintaining and developing the space, exploring what works and what doesn't.
- WiMT webinars and podcasts continue to prove successful with high numbers of people dialling for the information session. The last session on Transition had around 200 people dial in
- ALD Paid Carers Group supporting people who experience stress and anxiety has had a huge response and is fully booked and to date has reached 30 carers of patients open to the Harrogate service with excellent feedback. Once the current course has completed feedback will be presented at the NYY Nurses Forum
- Northallerton CAMHS Team are part of the pilot for the new system, "I want great care" working with service user and carers to co-create the questions that will be asked



# Agenda Item 12



Tees, Esk and Wear Valleys  
NHS Foundation Trust

|                              |   |
|------------------------------|---|
| <b>Meeting of:</b>           | <b>Council of Governors</b>                       |
| <b>Date:</b>                 | <b>22 October 2025</b>                            |
| <b>Title:</b>                | <b>Item 12 - Cito update</b>                      |
| <b>Executive Sponsor(s):</b> | <b>Nick Black, Chief Information Officer</b>      |
| <b>Report Author(s):</b>     | <b>Lorraine Sellers, Head of Digital Delivery</b> |

**Report for:**

*Assurance*

*Consultation*

|  |
|--|
|  |
|  |

*Decision*

*Information*

|          |
|----------|
|          |
| <b>X</b> |

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

*1: We will co-create high quality care*

*2: We will be a great employer*

*3: We will be a trusted partner*

|          |
|----------|
| <b>x</b> |
| <b>x</b> |
| <b>x</b> |

**Strategic risks relating to this report:**

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

## EXECUTIVE SUMMARY:

### Purpose:

This report provides an update on the adoption of CITO, the Trusts electronic patient record (EPR), alongside an update on the current EPR procurement.

### Proposal:

Council of Governors to receive this report and note the actions in progress to improve the adoption of CITO and progress on the EPR procurement.

### Overview:

In February 2024 the Trust implemented the CITO system to sit as a system hub alongside Paris and EPMA prescribing to form the Trust's Electronic Patient Record (EPR). CITO integrates with other systems such as the Great North Care Record and the York and Humber Care Record. CITO is patient centric, allowing clinicians to view patient information held in all three systems, presenting an easy-to-use interface with real-time views. It was co-designed with clinicians to use simple language, remove duplication and to be intuitive to use.

### CITO Adoption

Following the go live of CITO users have experienced system performance and usability issues that have hindered the system from being adopted as planned and prevented expected benefits from being realised.

To increase clinical adoption and address the existing risks, Executive Directors Group (EDG) in June 2025 established a Stabilisation and Simplification project covering four workstreams which, when completed, would significantly reduce the level of risk being tolerated by the organisation.

The workstreams are:

- Application Design & Performance
- User Interaction
- Network Architecture
- Business Intelligence and Reporting

The project is fully operational, meeting weekly with support of the Quality Improvement team and led by Nick Black (Chief Information Officer) and Hannah Crawford (Executive Director of Therapies and clinical SRO for CITO). Weekly reports on progress are submitted to EDG.

The current status of the Stabilisation and Simplification project is given in Table 1.

| <b>Workstream</b>                | <b>Aim</b>   | <b>Current status</b>  |
|----------------------------------|--|--|
| Application Design & Performance | <ul style="list-style-type: none"> <li>• To agree a rollout plan with the system supplier for system fixes</li> <li>• To prioritise bug fixes and simplification of the system</li> </ul>                        | <ul style="list-style-type: none"> <li>• CITO release 3.1 upgrade completed.</li> <li>• CITO release 3.2 in testing, expected go live 29 October 2025.</li> <li>• Simplification improvements prioritised and risk assessed, 17 priority improvements now completed.</li> <li>• Further staged programme of enhancements underway with next planned changes to the 111 referrals form scheduled for release on 15 October 2025.</li> </ul>   |
| User Interaction                 | <ul style="list-style-type: none"> <li>• To improve consistency of data recording</li> <li>• To review and publish user guidance</li> <li>• To identify CITO leads in each team to support colleagues</li> </ul> | <ul style="list-style-type: none"> <li>• Rolling 12-week programme to train the 190 clinical staff identified by Care Groups as CITO Practice Leads completed 10 October 2025.</li> <li>• On return to the service, CITO Practice Leads supported by the digital team, undertake pre-audit, team training and intensive support, then a post-audit. Early audit results show significant improvement in CITO use.</li> <li>• Trust-wide training materials have been reviewed and amended, including topic specific guidance.</li> <li>• Compliance of EPR training now monitored via Electronic Staff Record system.</li> </ul> |
| Network Architecture             | <ul style="list-style-type: none"> <li>• To improve design and performance of the network</li> <li>• To monitor system performance issues</li> </ul>   | <ul style="list-style-type: none"> <li>• Detailed prioritised Wi-Fi rollout plan approved by EDG in August.</li> <li>• Wi-Fi remediation works to improve network architecture have commenced, with over 250 of 900 additional access points installed.</li> <li>• Live application monitoring of server performance in place enabling early intervention.</li> </ul>  |
| Business Intelligence            | <ul style="list-style-type: none"> <li>• To publish data quality dashboards</li> </ul>   | <ul style="list-style-type: none"> <li>• Data quality dashboards now in place at team level, alongside the full range of reporting available in IIC (e.g. activity, outcomes)</li> </ul>   |

|               |  |  |
|---------------|--|--|
| and Reporting | <ul style="list-style-type: none"> <li>To ensure visibility of clinical data in an easily viewable, understood format</li> </ul> | <ul style="list-style-type: none"> <li>Assurance provided on the impact of CITO data quality on the Integrated Performance Report.</li> <li>Data correction tasks within the system may be required; these are in development by the system supplier.</li> </ul> |
|---------------|--|--|

Table 1 – CITO standardisation and simplification

### EPR Procurement

In April 2025, Trust Board approved the EPR Procurement Outline Business Case. In July 2025, EDG agreed to prioritise the EPR re-procurement timeline with the Full Business Case (FBC) to be submitted to Trust Board on the 5 February 2026.

The Invitation to Tender (ITT) document to formally commence procurement activities was published in August 2025. Bids have been received which meet the initial suitability pass/fail criteria. 28 individuals from clinical specialities alongside digital colleagues have now individually assessed the quality and societal value of the bids. The next stage is for group moderation of these scores to be undertaken, then system demonstrations and reference site visits to be held. Separately, a robust financial assessment of the bids is underway alongside the development of the FBC. The preferred bidder should be selected by mid-December 2025.

To provide intelligence for any potential future system implementation, EDG has requested a review of lessons learned from the CITO implementation project.

### **Prior Consideration and Feedback:**

- CITO Improvement Group
- Digital and Data Senior Leadership
- Risks associated with CITO are covered in BAF 5 and BAF 7 and are routinely reviewed in Digital Programme Board and Executive Risk Group.

### **Implications:**

The implications of the CITO Stabilisation and Simplification project deliverables not being achieved are significant and could potentially have legal, regulatory and financial implications for the organisation. Progress against project plan will continue to be reported to EDG, and any concerns escalated accordingly.

The EPR procurement is adhering to timescale, any delays to the completion of procurement tasks and approval of the Full Business Case could result in financial implications for the Trust.

### **Recommendations:**

The Council of Governors are asked to receive this report and note the actions undertaken to improve the clinical adoption of CITO, recognising the intensive oversight in place through weekly EDG reporting. In addition, members are asked to note the high-level timeline in relation to the EPR procurement.

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