AGM Q&A 2024-25

In-event questions:

Many in the room will have seen local MPs Sam Rushworth and Tom Gordon at Prime Minister's questions last week talking about the number of people who have sadly lost their lives in our area and are calling for a public inquiry. What would you say to that and what would you say to those families?

Alison Smith (TEWV chief executive):

The public inquiry is something that we're waiting for a decision on. As I said during the presentation, we absolutely will support wholeheartedly that public inquiry. But at the same time , we will continue our journey to improve and we will continue to move forward.

Any loss of life is sad, disappointing and we regret. We constantly strive to improve. I have reached out to Sam to ask if we can have a meeting. I've met with many MPs and are continuing to meet with MPs.

We do want to engage (with MPs) and (help them) understand the challenges. We want to give assurance that we are continuing to improve. And we will work with them to improve the service that people get.

Bev Reilly (TEWV interim chair):

If the secretary of state decides we will take part in a public inquiry, we will absolutely cooperate.

Presenter:

Many of the enquiries that come through from MPs offices are around neuro-developmental waits. Including ADHD and Autism waiting lists for both children and adults. What are we doing about that?

Alison Smith (TEWV chief executive):

I'm really pleased to share that both clinicians from TEWV and CNTW (Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust) are working together to put a proposal to our ICBs (Integrated Care Boards). This approach will support the significant waiting lists for people waiting for those diagnoses.

This is a national issue. We're not unusual in that. However, what is unusual is that the two trusts have got together and we're looking at clinical options to look at how we support a functional assessment – how is the function of those individuals being impacted While they're on the waiting list? What can we do to support people with interventions whilst they're waiting and perhaps even avoid a diagnosis?

(We're looking at this with) our commissioner for adults. In addition to that we've got an agreement last month that we needed to extend that opportunity to children and young people. Clinicians are working together to see how we can take a functional needs assessment for our children so they get support as soon as identified that something not correct, where it's appropriate, and to reduce the diagnostic burden if necessary.

We're putting in support and interventions for those who also need that support at a very early stage because we know that these waiting lists are quite significant. They are years long.

It's really exciting. It's really different. It supports the people we care for and it supports our clinicians coming together to give one opportunity to do this. So there's no post code lottery so to speak which is a term that's used when you've got variation of offer across geography.

I'm really excited about that. I'm really hopeful that will move relatively quickly. There's support for families waiting as well which is really important.

Attendee:

I'm the parent of a child who's currently accessing Children and Adolescent Mental Health Services (CAMHS) but she will be transitioning to adults next year. What's happening with the transition work between CAMHS and adult because I think it's important. I don't want her to go from one and then just be dumped into another without any kind of transitional support.

Jamie Todd (executive care group director of operations and transformation – CAMHS/LD):

That is an incredibly important part of the integrated work that we do between our children and adult services. I know there are colleagues in the room today from our children services and adult services who only in the last few weeks have been working even more closely together to try and strengthen those processes about transition.

We have a range of different offers for young people transitioning into services whether that be through panel processes, ‘getting to know you’ sessions and more. We’re constantly trying to find opportunities to do better.

We know for example we've got things like our early intervention in psychosis services who were in services from (aged) 14 onwards.

So we tried to break down some of those barriers that moving into adult services can cause. But what I would say is we've embarked on a piece of work in the organisation to focus on the needs of our young adults. We know that the transition itself is a challenge with our young adults face some specific challenges as well in adjusting to what that can feel like.

I hope that you and your loved one can feel very well supported through the process. And if that's not the case I'm sure there's a number of people who would be wanting to help and to hear and listen to those concerns.

Attendee:

How (is) the trust supporting and sustaining senior nursing leadership? My current role as a community matron and also the associate directors of nursing are currently operating in non-funded positions across the trust. How is the organisation planning to address this within its workforce and financial strategy, and how do these roles feature in delivering the ambitions of the next chapter of the journey for change?

Beverley Murphy (TEWV chief nurse):

Elspeth Devanny (Director Of Nursing and Quality) has a plan which she's been to executive directors with. She's demonstrated how we can resolve the situation of a number of people who've been in temporary posts for quite a long period of time.

But what you would recognise, given what Liz (Romaniak) has said is we've also got a very clear financial responsibility. If we're making a change in one place, we need to have an 'equal and opposite action' because we absolutely can't spend more than we have.

At the same time. We have to look after colleagues who've been doing a hard and difficult and valuable job for a long period of time.

We're very lucky that we have an excellent cohort of very senior nurses. The trust has invested in nursing leadership posts over a period of time. So we do have the opportunity to be warden managers up to matron associate directors of nursing. We've got a range of nurse consultant roles.

Some of these roles go on to be non-medically approved clinicians. We also have advanced clinical practitioners. There's a whole range of opportunities that we have for nursing.

Rose Havelock (Associate Director of Nursing Education and Excellence) who works with a number of us is leading nursing development and practice excellence. At the moment (she's) doing the work on career pathways across the organisation.

We know we've got them because many of you see them on a day-to-day basis. But the position we want to be in is if you come to train at TEWV as a nurse, you can see very clearly the opportunities that are available to you.

And at the moment we've got work to do on that.

Dr Sarah Dexter-Smith (director of people and culture):

I thought it was important to say all of that work that's going on in nursing is built on the clinical models that the networks and operational services are building. There's a piece of work sitting under me around how that translates into a workforce plan. So if this is what the clinicians need to offer, how do we provide that as a workforce? What does the shape of that look like? And it's really important to say we don't have unfunded posts. We have a budgetary challenge but there's not a mark on a post's head around that's not got money. There is just a budgetary challenge that all those models / workforce plans need to then fulfil. I didn't want you to sit there feeling vulnerable that your posts are the ones that are definitely going to have a struggle.

Attendee:

I'm returning to the very first question and your answer. I'm delighted that you're looking at change and development and whatever comes of a public inquiry or something similar, but I'm thinking about the underlying issues of anger, frustration by certain people, lack of trust maybe and a relationship issue really between the trust and its patients and the general public even. Probably with a lot of misunderstandings in there and lots of communications issues as well.

My thoughts really are have you looked at the idea of some sort of truth and reconciliation process? Would this be of assistance? Have you thought about this as an option? I mean sometimes these things are external to the organisation or body. They can also be internal I suppose and you know it could be a success of a journey to change but can I invite you to comment on it and say whether some direct effort to address this isolation between certain communities and the trust itself? They think strongly. I hear a lot of people today who think strongly that the trust is making good progress in lots of ways and so on. Are both right? Is one right? Is one wrong or is there a process needed to unite the two together?

Alison Smith (TEWV chief executive):

…(this) is a really good question and seven weeks in (to my role with the trust) I have been in three leadership meeting within the trust where I've made a commitment to continue listening. I sat with York Healthwatch. I've had meetings with other Healthwatch colleagues and I'm having meetings with MPs who are representatives of the community.

Have we agreed a process to do that? No, because we're still in the listening phase. Is that an option? Yes. But my commitment is to be front and centre to listen and with my colleagues, and that we find a way to try and do both. But what I don't want to lose sight of is the 300,000 people who use our services every year. The 110,000 people who ring our services through 111 because we also owe a service to those people, to enable them to feel confident about the services they come to. That they also trust the care they're going to get. There's a real balance about addressing both in equal measure, and working and striving to build trusted relationships even when the conversation gets difficult. And some of those conversations I've been part of have been difficult. They've been difficult to hear and I will continue to do that as will the teams because they're also hearing it as well. So, you've got a commitment for us to keep striving to improve the relationships, to listen and to come to a solution.

What that solution may be is yet to be decided, but I'll certainly take it on guidance.

Bev Reilly (TEWV interim chair):

In terms of the balance (it) is our duty to move forward. We are on that journey. I'm really pleased that you're speaking to people who are recognising that and hope you feel a little more assured from when you were last with us.

There is an absolute duty to move Tees, Esk and Wear Valleys (NHS FT) forward, having always had the legacy of where we've been but (it's) really important that we move forward and take everybody with us.

Question: The Deaf community are often frustrated at the lack of access to the Trust due to lack of interpreters, or inappropriate interpretation. They also struggle to express concerns in BSL.

What initiatives do you have in place to ensure that their voices are heard, and their problems are addressed, so their patient experience is improved, and they have full access to their health information?

Dr Hannah Crawford (TEWV executive director of therapies):

We've got Everyday Language Solutions who provide qualified communication professionals for interpretation purposes, translation and transcription. We have deaf awareness training provided by Boost from NENC ICB (North East and North Cumbria integrated care board) which our staff can access.

We also adhere to the accessible information standard and reasonable adjustment training, and Ann Bridges (TEWV executive director of corporate affairs and involvement) and I are working together around how we improve and learn around our accessible information standards. My background is as a speech and language therapist so I have a vested interest in making sure we do this really well.

We have a range of ways of accessing complaints as well, including a text number that people can communicate via.

We're linking in with the North East deaf wellbeing network and deaf experts by experience group that's been established for a couple of years now with monthly meetings. The other service we have is our deaf services team who's led by Emmanuel Chan, our clinical nurse specialist, and they do provide a range of support to deaf and deaf blind people over 18 who mainly use British Sign Language and have mental health problems.

We have a range of offers.

We're always interested to know what specifically people need in terms of person-centred support to access our services.

Presenter:

What would you say in your opinion is the single biggest financial challenge that we've got as a trust?

Liz Romaniak (TEWV executive director of finance, estates and facilities):

I won't focus on all the obvious stuff which is the big financial challenge nationally. We know there's a fiscal squeeze on. We know that government is struggling to balance the books. Inflation hasn't really come down. You know things are feeling tight. That's a given.

I think in our context of the way we work and the environment we've had in recent years - I think what I'd single out is we've commented already that the long-term plan (the NHS 10 year plan) doesn't really have any big explicit attachments for mental health.

It weaves in and out throughout the document, but we haven't heard that there is an ongoing and significant mental health investment standard that attaches pound notes to the things that we want to do for people with mental health, learning disability or who are neuro diverse.

So, I think for us probably the biggest challenge is how we advocate on behalf of the patients and populations that we serve to make sure that we can continue the great progress that the previous NHS plan for mental health started.

I think there are huge opportunities to do that. But I think us really advocating by working with NHS England to make sure that they actually understand our data - that we develop data sets that demonstrate we're making a difference. That we can record and capture outcomes and that they are improving, and that we work to develop different ways to demonstrate impact in our communities.

I think that we're pushing at an open door with NHS England. I think they're really starting to try and focus on us as a sector, a mental health sector and in community services as well. But I think I'd highlight that in terms of, you know, what at some points have felt empty words around parity of esteem. I think we're knocking on the door and we've got to keep knocking in a determined and disciplined fashion.

I think we do great things every day. We know that people with a serious mental illness suffer life-changing impacts, suffer from worse employment opportunities and very tragically and sadly still die significantly younger.

As public servants working in mental health that's absolutely where we're focussed.

Ann Bridges (TEWV executive director of corporate affairs and involvement):

I think really important to that is the relationships that we have and the work and the influence that we have, and the systems we're working in. We often get asked about the challenge of working across two integrated care systems. We've got North East and North Cumbria in the north and Humber and South Yorkshire in the south.

And there's quite different commissioning arrangements in both areas as well. I think that it's quite difficult for us to work our way through.

Alison Smith (TEWV chief executive):

From my perspective we're here to do a job of service and where those communities are, we will serve. It doesn't come without its challenges. As you've mentioned there are different commissioning arrangements, different relationships we have to build. But we have a really strong team and they are building those relationships and they're getting that better understanding whether it's on the operational delivery, the clinical delivery, the financial delivery.

Those relationships are growing stronger and the communication, the joint working is growing stronger. So whilst there may be differences, there's much that holds us together in what we want to do.

My previous organisation also faced two different ICBs over different geography, a number of local authorities, and so I don't see the challenge quite in the same way, but I absolutely recognise the difference can be hard to build the architecture around and I think the work that the care boards are doing in terms of the integration shared practice will help deliver that architecture, so it's more consistent wherever we face into.

Moss Boddy (TEWV governor):

We had a governor's meeting yesterday where there was a lengthy discussion and debate with regards to the accounts and how they were audited. It was a very healthy discussion I think but we were somewhat surprised to find that both elected and appointed governors have no role with regard to the auditors until we get to today.

Firstly, you mentioned that the statements were reasonable. Your phrase was ‘reasonable financial statements’. So, what would constitute an unreasonable financial statement which clearly you didn’t find?

The second question, do you feel that elected representatives i.e. the governing body have a valuable role to play in the auditing process and you should be able to engage with them prior to today?

Nora Natova (Forvis Mazars audit manager):

What we mean by reasonable is that by the auditing standards we are required to provide reasonable, not absolute, assurance. So absolute would mean that we’re checking every single transaction and obviously that’s impossible. We’ve got £500 million worth of expenditure income. You couldn’t possibly do that.

We can’t check everything and for that reason we don’t provide the absolute assurance.

So going back to ‘reasonable’ we are required to select a threshold. So that threshold is called materiality.

We set a materiality threshold which is a level to which we perform our audit procedures. For instance, the materiality threshold for the trust this year was about £10 million. So you select a threshold which is based on a percentage of the expenditure. That percentage is based om the area of the accounts where the users (of) the financial statements might be most interested in – what are you spending your money on? We will select a percentage of that and audit to it.

We select a sample across the different areas of the accounts and obviously, because we can’t check everything.

What we are saying (when we say reasonable) is that from the samples we’ve selected there wasn’t any material error. So the material error would be anything above £10 million. If there’s anything we found about £10 million and the trust is required to adjust for this they have the option to adjust for it.

For instance, the consolidation of the subsidiary was a material adjustment that needed to be made and that was corrected.

Anything that’s material we are required to report on it via our audit completion report through the audit committee.

Liz Romaniak (TEWV executive director of finance, estates and facilities):

Nora can comment in terms of other NHS clients and audit committees that she represents, but just in terms of national best practice, I sit on the governance and audit committee at the healthcare financial management association (HFMA), my representative body.

They provide an audit committee handbook which sets out best practice and ensures that organisations are able to observe through documented information what good practice looks like.

That includes as members of the audit committee non-executive directors. I'm not a member of the audit committee, but I'm a permanent attendee and that's very common across NHS foundation trusts. The executive director of finance sits alongside non-executive directors.

There are a number of other arrangements through which there is independence. For example, Nora and her colleagues at Forvis Mazars along with internal auditors will meet independently (in private) with those non-executive members of the audit committee in meetings that specifically and for a reason exclude me and other trust colleagues, in order that they can double check that they have free and unfettered access to trust records.

If they have queries about my openness or transparency about accounting treatments that they feel are dubious or would want audit committee colleagues to be cited on that those opportunities exist.

So there are a wide range and network of arrangements in place significantly through the audit and risk committee to ensure that the relationship is robust.

Nora Natova (Forvis Mazars audit manager):

There is a good practice guide as well that is published by the national audit office on governance as well. There are different characteristics that audit committees have that are not shared in common across the board. I would really advise that you have a look at what's out there in terms of the good practice guides and if there is anything that you know anyone feels that would be good to see we would take it on board.

Liz Romaniak (TEWV executive director of finance, estates and facilities):

So I'd refer back to the healthcare financial management association audit committee guide, which is our go-to exemplar for financial good governance and sets out the arrangements that we have in place.

We did recently during this current financial year (2025/26) review those arrangements and included reference to sources such as that when we confirmed that we felt content with the audit committee terms of reference and membership.

Presenter:

We've had a question online about the governors and how governors hold the board to account. Do they hold the board to account and perhaps give us some examples of what 'holding to account' means?

Gary Emerson (TEWV lead governor):

We had a governor's meeting yesterday and as Moss (Boddy) has just said, we had a rigorous wide-ranging challenging debate around audit and some of the things that we as governors feel should happen but which we're restricted from enabling because it's not the legal role of governors.

Over the last 12 months, we've talked a lot about a range of services. People won't be surprised if I tell you that probably more questions are dealt with and asked by governors around autism. Around the kind of waiting lists that exist within the trust and the challenges that are around that.

We have a number of governors who have personal experience, who have family members, who have children with autism and are waiting for assessments or who've had assessments and then not been able to access follow-up. So again I think governors are robust in their questioning.

I certainly am not what you would call a 'shy bairn'!

I probably asked more questions than anybody at yesterday's (governor) meeting, but then part of the lead governor's role is to pick up those things that are not picked up elsewhere.

We have governor development sessions where we get an opportunity to talk about issues in more details.

A variety of teams within the trust come to us and present to us and again, we ask about the kind of issues and challenges they face.

We do walkabouts with executive directors and with NEDS (non-executive directors) where we're able to talk to staff outside of a formal environment, we actually go to them at their place of work.

We talk to them confidentially about some of the issues that they're facing. One of my key questions is 'what little thing will make your life easier as a staff member?' and we take some of those things away.

You'd be surprised at some of the things that people talk to us about. We've had 'can we have more chairs?', 'can we have a water machine?'.

Those are little things we can then feed back to the executive team.

I find those particular sessions can really be helpful for governors.

Bev Reilly (TEWV interim chair):

I think we do feel and are rightly so that we are held to account and yesterday (council of governors meeting) was a good example in terms of the healthy challenge that came from governors. The other element of this is making sure that, Gary's my boss, making sure we've got a good enough working relationship where we do have monthly one-to-ones or whenever we need them. So I can give Gary a heads up around something that might be coming and we can manage things appropriately.

I definitely feel Gary holds me to account and the governors hold the board to account.

Presenter:

It was your first meeting of the CoG yesterday. Do you want to give some feedback?

Alison Smith (TEWV chief executive):

I shared this with members of the meeting yesterday evening. What I heard was a really diverse set of opinions that were noted and that were debated.

I put ‘discussion’ in my email but I meant ‘debated’ because I thought it would be a politer way of saying it! And they were minuted!

In terms of the challenge, it is absolutely appropriate that we use that forum to be challenged and to hear differing views and each of those views are listened to and understood.

Sometimes there’s going to be areas where we don’t all agree, but that’s absolutely appropriate and that’s why we have governors. That’s why we have non-executive directors, and that’s why we have executive members in the meeting because we want that healthy debate.

If we were just ticking boxes, I’d be really worried. And I wasn’t worried when I came away from that meeting yesterday, I was really grateful.

It was refreshing and it was open, honest and there was psychological safety, which I think is really important. So people could air their views without feeling there would be any detriment to them or to others around them.

So for me, a really important first governor’s meeting to see actually good governance in practice with all parties involved and diverse opinions in the room? It’s healthy.

Pre-submitted questions

1. **Question: How are you ensuring there is enough funding to fulfil all the co-creation work – specifically the money needed for completion and not stalling part way through?**

Answer:

This is ongoing and something that we are working through, and it’s similar for all the work we do across the NHS.

Across health and social care there is constant change, and finances are challenging. However, we’d like to assure you that we continually review our resources and finances to ensure we provide safe and kind care.

Importantly, our trust is committed to co-creation and doing the best we can in this space. There’s leadership around this so it’s always on our agenda and it remains a key part of our strategy.

2. **Question: What is happening with the Mental Health Hubs? When are they opening?**

Answer:

We have a range of physical and virtual community hubs, which we’re involved in across our trust’s geography.

We work with partners across voluntary, community and local authority to help get people the right care closer to home.

Some of our partners attended the AGM (Darlington Connect, Catalyst Stockton).

Acomb Garth recently opened in York with the ultimate aim to becoming 24/7. It is one of six new 24/7 pilot neighbourhood mental health hubs being developed across England.

Stockton is also one of 43 areas across the country to set up a new neighbourhood health service. People will benefit from improved care closer to home – providing end-to-end care and tailored support, helping to avoid unnecessary trips to hospital, prevent complications and avoid the frustration of being passed around the system.

We're continuing to explore how we can work with our partners to cover other areas including: Harrogate and Rural District: Hambleton and Richmondshire; Scarborough; Whitby and Ryedale; and Selby and Vale.

3. **Question: Has the Trust made any decision regarding the future of Sandwell Park in Hartlepool and are there any plans to once again provide services from the site?**

Answer:

- The services that were previously (inpatient care) won't be returning. Our aim is to engage in discussions with partners locally, through consultation to understand the next steps on how we use the building. This is yet to be determined. Along with partners, we have strengthened the community support for people in Hartlepool, including the community hub at the library. This focuses on earlier prevention and intervention. Care closer to home, in our neighbourhoods.

4. **Question:**
   How are you connecting with the Humber and North Yorkshire ICB at Local Care Partnership and Primary Care Network level? Especially re: people and public involvement

We are connected to the Integrated Care Board (ICB) through membership of various system wide groups such as the Mental Health, Learning Disability and Autism Collaborative Executive and Operational Management Groups. All of these bring multiple partners together. At Place level across both York and North Yorkshire, (Place arrangements are integral to the work of ICBs and Place Directors report into the ICB), we are connected through our work as active partners in place arrangements and Boards. The Place Boards bring multiple partners together across health and social care including primary care and the voluntary sector including Healthwatch, bringing patient and public involvement into the conversations, planning and decisions. On top of this, our transformation work and team are engaged with Primary Care Networks and Local Care Partnerships, and work closely with partners to ensure inclusion, that the voice of patients and carers is heard and to develop co-creation. This includes development of a peoples' voice network in North Yorkshire.

5. **Question:**
   As someone working in a Band 2 role but with a background in visual communication and design, I'd like to ask how the Trust supports staff in using and developing their wider skills, and whether visa sponsorship is part of the strategy to help retain international staff who want to grow their careers here.

It's always lovely to hear about the breadth of skills that colleagues have outside of their role in the Trust. Where colleagues want to integrate those skills into their work in the organisation the first place to start would be in the annual appraisal which we all have and where we can discuss our future hopes for roles in the future. We also have a large group of coaches who can help think through options for change and how those other skills might become part of a role in the future.

In relation to international staff, they are a valued and valuable part of our workforce. We know that the last few months have not always been easy for them and other colleagues with tensions in our communities. We provide support through our staff networks, and through our professional networks.

In addition, the changes to the immigration laws following the Government's Immigration White Paper earlier this year, took effect in July 2025 and included raising the skills threshold for skilled worker visas to graduate level and the salary threshold also increased, resulting in some previously eligible occupations being excluded. All continued employment in the Trust is subject to maintaining a Right to Work in the UK. We contact employees 3 months in advance of their current Right to Work expiring and discuss the options available and whether or not employees are able to extend their Right to Work independently or whether the Trust can, or cannot, provide sponsorship.

That has made the situation more complex but, where we can, we will always work to support the careers of colleagues in the trust wherever they received their initial training and education.

6. **Question:**
   Following recent publication by North Yorkshire and the City of York of their respective five-year Autism/ADHD (Attention Deficit Hyperactivity Disorder) Strategies, there is a concern that support from various statutory agencies (including the two Local Authorities, the Humber and North Yorkshire Integrated Care Board, the York and North Yorkshire Combined Authority and the Trust) remains fragmented for Autistic people and those with ADHD. Accordingly, will the Trust support the call for a Leadership Summit during 2026 for Autism and ADHD across York and North Yorkshire, and as equal partners with the Third Sector and Neuro Divergent Communities, to explore better ways to integrating support strategies and stimulate cooperative working; and will our new Chief Executive (Alison Smith) attend it personally?

Tees, Esk and Wear Valleys NHS Foundation Trust is a key partner of the North Yorkshire Mental Health, Learning Disability, Neuro-diversity/Autism Partnership Board. As such we work closely with partners across statutory and voluntary sector services in production of joint plans and approaches to shared priorities. We always strive to work as equal partners with the Third Sector and Neuro Divergent Communities and to explore better ways to integrate support strategies and stimulate cooperative working; which is one of the key aims of the Board.

The trust senior leadership, including the Chief Executive will continue to play their part in shaping services including leading or participating in local, regional and national events where these will bring positive benefits to our local communities.