

**COUNCIL OF GOVERNORS
WEDNESDAY 18 FEBRUARY 2026 AT 2.00PM**

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

AGENDA

1.	Apologies for absence	Bev Reilly Interim Chair	Verbal	2.00pm
2.	Welcome and Introduction	Bev Reilly Interim Chair	Verbal	
3.	To approve the minutes of the meeting held on 22 October 2025 and the minutes of the Trust's Annual General and Members' meeting held on 23 October 2025	Bev Reilly Interim Chair	Draft Minutes	
4.	To receive any declarations of interest	Bev Reilly Interim Chair	Verbal	
5.	To review the Public Action Log	Bev Reilly Interim Chair	Report	
6.	To receive updates from the Interim Chair as follows: a) October – December 2025 b) January – February 2026	Bev Reilly Interim Chair	Report Report	2.10pm
7.	To receive an update from the Chief Executive	Alison Smith Chief Executive	Verbal	2.20pm
8.	Governor questions and feedback – a) Governor questions and answers session b) Governor feedback from events, including local issues, concerns and good news <i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate by Friday 13 February 2026. Please send them to tevv.governors@nhs.net).</i>	Bev Reilly Interim Chair	Schedule of Governor questions, responses and feedback to be circulated	2.30pm
9.	To receive updates from the Board of Directors' Committees: a. People, Culture and Diversity Committee (PCDC)	Roberta Barker Non-Executive Director / Chair of PCDC	Verbal	2.40pm

	<p>b. Mental Health Legislation Committee (MHLC)</p> <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 –</p> <p>https://www.tevv.nhs.uk/about/board/papers-previous-board-meetings/</p>	<p>Roberta Barker Non-Executive Director / Interim Chair of MHLC</p> <p>John Maddison Non-Executive Director / Chair of R&PC</p> <p>Jules Preston Senior Independent Director / Acting Chair of QAC</p>	<p>Verbal</p> <p>Verbal</p> <p>Verbal</p>	
10.	To receive a progress update on the Trust's Operational Services	Naomi Lonergan Interim Managing Director	Report	3.05pm
11.	To receive a report on CITO, the Trust's Patient Record System	Nick Black Chief Information Officer	Verbal	3.20pm
12.	To consider the appointment of two members of the Council of Governors' Nomination and Remuneration Committee	Phil Bellas Company Secretary	Verbal	3.30pm
13.	To receive a report on the Council of Governors' Register of Interests	Phil Bellas Company Secretary	Report	3.35pm
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>	Bev Reilly Interim Chair	Verbal	3.40pm

<p><i>Any documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <p><i>(a) the free and frank provision of advice, or</i></p> <p><i>(b) the free and frank exchange of views for the purposes of deliberation, or</i></p> <p><i>(c) 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
10 February 2026

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

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MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD AT 2PM ON 22 OCTOBER 2025 AT THE WORKPLACE, NEWTON AYCLIFFE AND VIA MS TEAMS

Present:

J. Aynsley, public Governor, Durham (MS Teams)
 P. Beall, appointed Governor, Stockton on Tees Borough Council (MS Teams)
 J. Bell, public Governor, Durham (MS Teams)
 G. Birchwood, public Governor, North Yorkshire
 M. Boddy, appointed Governor for Hartlepool Borough Council
 M. Booth, public Governor, Middlesbrough
 J. Coles, appointed Governor, City of York Council (MS Teams)
 G. Emmerson, public Governor, Stockton-on-Tees
 K. Evenden-Prest, staff Governor, DTVF Care Group (MS Teams)
 K. Gillan, public Governor for Durham
 J. Green, public Governor, North Yorkshire
 C. Hague, public Governor, North Yorkshire (MS Teams)
 C. Hodgson, public Governor, York (MS Teams)
 N. Hutchinson, public Governor, Durham
 C. Ing, staff Governor, Corporate Services
 J. Kirkbride, public Governor, Darlington
 C. Lee-Cowan, appointed Governor, Sunderland University (MS Teams)
 H. Leeming, staff Governor for Durham, Tees Valley and Forensics Care Group (MS Teams)
 J. McNulty, public Governor, Durham (MS Teams)
 G. Restall, public Governor, Stockton-on-Tees
 Z. Sherry, public Governor, Hartlepool (MS Teams)
 S. Thomas, public Governor, Durham
 J. Venable, public Governor for North Yorkshire
 J. Wardle, public Governor for Durham (MS Teams)
 J. Webster, public Governor, North Yorkshire (MS Teams)

In attendance:

R. Barker, Non-Executive Director
 P. Bellas, Company Secretary
 A. Bridges, Executive Director for Corporate Affairs and Involvement
 N Black, Chief Information Officer (MS Teams)
 H. Crawford, Executive Director of Therapies (MS Teams)
 S. Dexter-Smith, Executive Director for People and Culture
 H. Garg, Group Medical Director for North Yorkshire, York and Selby
 A. Grant, Corporate Governance Officer (CoG and Membership) (minutes)
 D. Keeping, Corporate Governance Manager
 C. Lanigan, Associate Director of Strategic Planning and Programmes
 N. Lonergan, Interim Managing Director, Durham, Tees Valley and Forensic Care Group
 D. Longton-Worley, Corporate Governance Officer
 J. Maddison, Non-Executive Director
 B. Murphy, Interim Deputy Chief Executive and Chief Nurse
 S. Paxton, Head of Communications (MS Teams)
 J. Preston, Non-Executive Director/Senior Independent Director

- B. Reilly, Interim Trust Chair
- J. Robinson, Non-Executive Director
- L. Romaniak, Executive Director for Finance, Estates and Facilities
- A. Smith, Chief Executive
- C. Wood, Non-Executive Director

22. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- L. Alexander, appointed Governor for Durham County Council
 - R. Allison, appointed Governor for University of York
 - S. Blackamore, staff Governor for North Yorkshire, York and Selby Care Group
 - D. Coombs, public Governor for Durham
 - A. Goldie, public Governor, Darlington
 - E. Kengne Tatuene, public Governor for Durham
 - K. Kelly, appointed Governor for Darlington Borough Council
 - O. Milner, public Governor for City of York and Rest of England
 - T. Morris, public Governor for Middlesbrough
 - R. Swiers, appointed Governor for North Yorkshire County Council
 - J. Williams, public Governor, Stockton-on-Tees
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- Z. Campbell, Managing Director, North Yorkshire and York Care Group
 - C. Carpenter, Non-Executive Director
 - K. Ellis, Executive Director for Strategy and Transformation
 - K. Kale, Medical Director

23. WELCOME AND INTRODUCTION

The Chair welcomed attendees and confirmed the meeting was quorate. She advised that feedback from G. Emerson, received prior to the meeting, had been taken into account when the agenda had been set and she hoped Governors would find the meeting supported them to undertake their statutory duties, and also to gain greater clarity on the challenges faced by the Trust. The length of reports had also reduced and she welcomed feedback from Governors on the changes made. She also welcomed the new Chief Executive, A. Smith, who had been in post for seven weeks.

G. Emerson advised that, in his feedback, he had raised concerns about the length of reports at Council meetings and the time required to read them. He proposed it was important to focus on key issues and concerns during meetings, rather than spend excessive time considering reports.

24. MINUTES OF THE PREVIOUS MEETING HELD ON 14 JULY 2025

Agreed: That the minutes of the meeting held on 14 July 2025 be agreed as a correct record and signed by the Chair.

25. DECLARATIONS OF INTEREST

There were no declarations of interest.

26. PUBLIC ACTION LOG

1. The Chair advised that Action 24-25/84 (26/03/2025) regarding CITO would be addressed at agenda item 12.
2. With regard to Action 5 (14/07/2025) the Chair advised that, at the Council of Governors' meeting held in March 2024, the previous Lead Governor had suggested Integrated Care Board colleagues be invited to Council of Governors' meetings, to hold them to account over specific issues. As it was not the Trust's responsibility to hold the Integrated Care Boards to account; and given the significant changes taking place within Integrated Care Boards regarding staff reductions and cost efficiency savings, it did not seem appropriate to invite those colleagues to Council meetings. She confirmed she had discussed this matter with the current Lead Governor.

G. Emerson advised that Governors had initially expressed concern that the Integrated Care Board in North Yorkshire had chosen to contract services rather than use local NHS ones. The disparities between the North East and North Cumbria Integrated Care Board and the Humber and North Yorkshire Integrated Care Board had also been a concern and Governors wanted to hold them to account for this, however, this was not the role of the Council of Governors but the Chair and Chief Executive had agreed to raise those concerns with the Integrated Care Boards and report back to Governors on this.

The Chair confirmed that an update would be provided to Governors at their next meeting in February 2026.

Action – B. Reilly / A. Smith

A. Smith acknowledged that disparities did exist between the different Integrated Care Boards and highlighted the importance of fully understanding what the differences were.

3. With regard to Action 14 (14/07/2025), feedback from a leadership walkabout to Beech Unit, N. Lonergan advised that concerns raised about staffing and capacity would be responded to and the Associate Director of Nursing had spent time with the team, after which, they had reported that they felt better supported.

J. Kirkbride advised that she had attended the visit to Beech Unit and described the staff as 'brilliant'.

L. Romaniak advised that the Trust used software to identify the under or over establishment of staff across its services and acknowledged it was a complex situation.

S. Dexter-Smith advised that there was a national requirement to provide an opportunity for all nursing graduates to apply for, or be interviewed for, jobs. The Trust had worked with other organisations to ensure the September graduates had been supported and, as part of its work, a task group had also reviewed vacancies in the Trust, to understand which ones could be offered at a band 5 level for January 2026 graduates.

4. With regard to Action 8 (14/07/2025), J. Kirkbride acknowledged that a report on the MARS scheme would be brought to the next Council of Governors' meeting in February 2026. She enquired whether a change in staff morale had been observed as she had understood a high number of staff had applied for MARS and many applications had not been accepted.

S. Dexter-Smith advised that more staff had applied for MARS than anticipated and enquiries had been made to better understand the reasons people had wanted to leave. That valuable information would be used to help address any issues and Service Directors were also working with staff who were unhappy with the decision not to accept their MARS application, to address their concerns.

J. Kirkbride noted that Action 24-25/79 (26/03/25) regarding Autism and ADHD pathways had been closed. She advised that a meeting between herself and K. Kale, regarding a concern she had raised about misdiagnoses at a previous Council of Governors' meeting, had not yet taken place and she planned to follow that up with K. Kale outside the meeting. She confirmed she had been impressed with the work undertaken to improve Autism and ADHD pathways.

A. Smith advised that, with regard to Autism and Attention Deficit Hyperactivity Disorder assessment waiting times, colleagues at TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust had worked together on a proposal for adult services which had been considered the previous week. Colleagues had also reflected on how to support children and young people in a similar way. Triage was extremely important and was a national concern, with people waiting up to six years for an assessment.

M. Booth advised that a diagnosis made a great difference in educational settings.

5. The Chair advised that, at the last Council of Governors' meeting, a comment had been made by a member of the public with regard to Oxehealth.

With regard to that, P. Bellas read out the following statement at the meeting:

“At the last ordinary meeting, a Governor asked a question about an incident relating to visibility of Oxehealth information raised on social media. During the discussion the Acting Chief Executive stated that the screen related to CCTV footage.

Subsequent to the meeting, a member of the public raised concerns that misleading assurances might have been provided to the Council in that two

screens were visible during the incident: one which clearly showed CCTV footage being streamed; and the other which showed information relating to the Oxehealth system.

Following a review, and for clarity, it is considered that the Acting Chief Executive's comments were made with reference to the risks of disclosure of personally identifiable information (PII) – the basis of the incident.

Whilst no unauthorised person should be able to view a screen, a point made by the Acting Chief Executive at the meeting, the risks of disclosure to PII from anyone viewing the screens are very different. The risks of disclosure relating to CCTV screens are accepted as being high. Those relating to anyone viewing an Oxehealth screen, which consists of a number of coloured blocks which do not contain any information from which and individual's identity could be discerned, are not.

In this context, it is considered that the remarks did not provide misleading assurance (the CCTV footage being the primary risk); however, for the avoidance of doubt it is important for clarity on this matter to be provided in the public record.”

27. INTRODUCTION AND WELCOME FROM THE NEW CHIEF EXECUTIVE

A. Smith introduced herself and advised she had 18 years of NHS experience and had worked in veterinary medicine prior to that. She had personal experience of learning disabilities, autism and mental health and spoke of her familiarity and fondness for the area the Trust covered. She also went on to highlight her commitment to drive improvements, support patients, carers and staff; enhance experiences, build relationships and ensure alignment with the Trust's future plans.

It was noted that:

- G. Emerson welcomed A. Smith and acknowledged that the Trust had experienced a number of difficult years and challenges still remained. He noted the government's commitment to the NHS but added that there appeared to be less money available and Governors were concerned about the impact that would have on services and staff. He welcomed the fresh perspective provided by A. Smith and asked that she involve Governors where possible, as cocreation was important and the Council of Governors possessed a high level of expertise.

A. Smith confirmed that working in partnership was essential and the Board was committed to the involvement of Governors. The Health Secretary, Wes Streeting, had committed to a mental health review in 2026 and she believed that work would expose a number of disparities. She also looked forward to working with colleagues to take the 10-Year Health Plan forward.

- M. Booth asked what A. Smith's first NHS job had been.

A. Smith advised that she had first worked in sexual health services, but this had led to larger pieces of work that included re-modelling care and increased options for HIV treatment.

28. UPDATE FROM INTERIM CHAIR

Consideration was given to a report from the Chair on meetings and events she had taken part in that related to strategic leadership, collaboration with partners, quality improvement, staff recognition and on-going transformation in the Trust.

She advised that the best part of her role was speaking with staff, service users and carers and it was important that everyone worked together. She had particularly enjoyed a recent visit to Willow Ward and spending time with a service user who had asked her to draw with them and had found it extremely difficult to select her top three nominees from a shortlist of people nominated for the Chair's Award as part of the Trust's Star Awards.

29. GOVERNOR QUESTIONS

Consideration was given to a report on responses provided by the Trust to questions submitted by Governors.

P. Bellas advised that answers to two outstanding questions in the report had been provided to public Governor, C. Hodgson, prior to the meeting and would be circulated to all Governors.

Action – A. Grant

It was noted that:

- G. Emerson advised he had asked questions previously about Oxehealth and remained concerned that assisted technology might become the primary way the Trust managed and monitored individuals. He suggested that more work on this, and the use of sedation linked to challenging behaviour, was needed.

B. Murphy confirmed that technology should not replace human interaction and only assist in someone's care. The Trust had not reduced staffing as a result of the introduction of Oxehealth, as some other mental health Trust's had done, as technology could not replace human contact. The ability to engage and understand were essential for patients and the Trust engaged with staff and listened to the patient voice when reviewing incident forms. She confirmed she would be happy to share learning points on that. Where significant risks were identified in relation to a patient, they would be monitored by Oxehealth for up to 72 hours, however, people were given an option to opt out of this. For information, she also advised that Oxehealth had been rebranded as LIO.

- K. Evenden-Prest advised that a question on talking therapies, submitted by G. Emerson, was linked to a discussion they had about the service and declared that he worked for the Talking Therapies Service in the Trust.

30. GOVERNOR FEEDBACK

Consideration was given to feedback provided by G. Restall, following a visit to H.M.P. Kirklevington Grange for a Leadership Walkabout, and from M. Booth on a tasting session on patient ready meals she had taken part in.

The Chair noted G. Restall's request that a suitable allocated workspace be established for the team she had visited at H.M.P. Kirklevington Grange.

N. Lonergan advised that prison space was at a premium and Trust staff had to share spaces with primary care staff. She agreed to make enquiries as to whether alternative arrangements were possible for the team to have more space.

Action N. Lonergan

G. Restall advised that Board members had not attended the visit with her, and this had resulted in her feeling like she was on her own. She expressed gratitude to the 'fantastic' team at the prison.

A. Bridges confirmed she had been sorry to hear that G. Restall had not had a good experience and agreed to explore her concerns outside of the meeting.

G. Emerson advised that he had previously expressed concerns about the non-attendance of Non-Executive Directors at leadership walkabouts and proposed it was not acceptable for a Governor to be on a visit on their own. He asked that the Chair take up this matter with the Board.

The Chair confirmed that members of the leadership team, E. Devanney and J. Nadkarni, had attended the visit with G. Restall and apologised to her and thanked her for her feedback. She confirmed she and the Chief Executive would take the matter of non-attendance up with the Board.

Action – B. Reilly / A. Smith

The Chair also thanked M. Booth for her feedback, and the good news report she had provided on the Learning Disability Adult Respite Service.

31. UPDATE FROM THE PEOPLE, CULTURE AND DIVERSITY COMMITTEE

R. Barker advised that the Committee had received good assurance from most of the reports considered at its last meeting. It had considered:

1. A poignant story from a Peer Support staff member who had used their own personal experience as a young TEWV service user to help them in their role.
2. The Corporate Risk Register and the Board Assurance Framework.
3. A report from the Trust's Voluntary Services on the work they do and the number of hours people had given to the Trust as volunteers.
4. The annual report on appraisals and staffing in the Trust which had provided good assurance, and work was on-going.

22/10/2025

5. A health and wellbeing update.
6. Information on culture and retention.
7. Staff equality information which was also shared with the Board.
8. Why a high risk posed by staffing had not reduced and how the people and culture dashboard report had provided good assurance on this. A positive discussion had provided clarity on what to do with regard to staffing risks and a deep dive would be carried out on how to reduce staffing risks.
9. That a new service provider had been chosen to oversee the Freedom to Speak Up work in the Trust. The Freedom to Speak Up Guardian, D. Williams, was thanked for his work.

It was noted that:

- M. Booth asked whether the Trust was outsourcing its Freedom to Speak Up service.

S. Dexter-Smith confirmed that the Trust was moving the service to an independent provider that worked with approximately 40 NHS Trusts. This meant that more people could be responded to than before and it would create a more robust process. She confirmed that D. Williams would leave his role in December 2025.

- M. Booth asked whether the Trust had information on how successful the Freedom to Speak Up system had been.

S. Dexter-Smith advised that D. Williams had asked each person who had used the process about their experience and the outcome. Although there had been consistent improvements, faster response times would have been welcomed.

- M. Booth asked what would happen if the person was unhappy with an outcome.

S. Dexter-Smith advised that the Freedom to Speak Up Guardian would escalate that to her, and it would be investigated.

- With regard to staffing risks, G. Birchwood asked whether the people and culture dashboard could be used to map risks and identify what the risk was for certain occupations and in certain locations.

S. Dexter-Smith advised that the performance and local teams monitored sickness and leavers and discussions had been held on the use of AI to help predict sickness and manage bank staff.

32. UPDATE FROM THE MENTAL HEALTH LEGISLATION COMMITTEE

R. Barker advised that the Committee had:

1. Completed a deep dive into the creation of a dashboard, so that analytical data could be held in one place.

2. Set up a multiagency operational group, which had included the Integrated Care Board, to substantiate the statistics received by the Committee and ensure good multiagency interaction.
3. Considered an alert for the Deprivation of Liberties Standard (DoLS). There was no consistent picture and the Committee needed to focus its attention on this.
4. Considered an alert for Section 17 leave and time away from the wards. Reasonable assurance had been received, but there had only been limited assurance that the standards were being maintained. The Committee implemented a case study to show how mental health legislation was being used in practice and the Committee now had a deeper level of assurance on this.
5. Thanked members of the Mental Health Legislation Team who had undertaken bespoke training in their own time, with positive outcomes.

It was noted that:

- M. Booth asked why staff had undertaken training in their own time.

R. Barker advised that, although they had undertaken the training in their normal working hours, they had completed it by choice. There had been no requirement to undertake the training as part of their job role, but it had been of benefit to the team for them to do so, and to better understand how to correctly implement mental health legislation.

33. UPDATE FROM THE RESOURCES AND PLANNING COMMITTEE

J. Maddison advised that the Committee had last met on 1 October.

It was noted that:

1. The Committee had gained assurance on how the Trust's estate had been utilised and noted how information on this had been sourced from independent reviews and patient feedback.
2. L. Romaniak had provided the Committee with an update on the Trust's month four financial position and how it could be more efficient.
3. Cost pressures were a focus.
4. There had been no overdue internal audit risks identified.
5. K. Ellis had updated the Committee, from a planning perspective, on how requirements within the Government's 10 Year Health Plan would be addressed.
6. Corporate benchmarking work was underway in the Trust.
7. Commendable work to reduce financial pressures had taken place and the Trust was doing as well as could be expected in terms of cost efficiencies.
8. Digital security and protection was a topical issue. N. Black had provided a baseline assessment and highlighted gaps in assurance and had advised that a workplan was in place to avoid outages and security issues.

9. The Committee were assured that good work had taken place regarding the Trust's catering contract.
10. Areas of assurance the Committee oversaw related to the Corporate Risk Register and issues the Trust faced from those risks. This was reviewed regularly and there were no concerns identified for risks rated as 15+ and above.
11. The Committee was also made aware of partner issues that had prevented the release of service users who were clinically ready for discharge.
12. The Committee carried out annual evaluations to check it was discharging its duties correctly and this would include reviewing its terms of reference.

L. Romaniak advised that:

13. The Trust had to be flexible to hit the current financial position.
14. There were significant risks to be managed collectively, including shared system risks. Flexible staffing arrangements had been considered as part of this.
15. In 2025/26 the Trust had secured £1.2 million cash-backed capital funding to support solar panel installation.
16. The Trust would consider what NHS providers and Integrated Care Boards were doing to assist with future opportunities for efficiencies and would continue to be a good partner.
17. The effectiveness of the Committee relied on the quality of information it received and she and her team were working hard to improve that. Quality, transparency and challenge would provide good assurance.

It was noted that:

- G. Emerson asked whether the £1.2 million secured for installing solar panels would save the Trust the same amount of money.

L. Romainak advised that funding from the national green based capital fund would save money over the lifetime of the panels, if they lasted. The NHS had green plans and the money could only be spent on solar panels. The positive aspect of national involvement and funding was that the Trust could not deliver anything on the green plan without it. Her team understood which green work needed to be taken forward and five hospital sites had been approved. She agreed to share the names of those sites with Governors.

Action – L. Romaniak

A. Smith advised that it was valuable for Governors to consider the Trust's green plans and she welcomed scrutiny on this. The Trust would support staff to comply with NHS commitments.

34. UPDATE FROM THE QUALITY ASSURANCE COMMITTEE

J. Preston advised that the Committee met monthly and considered fundamental standards of care, quality reports, risks, issues with governance and other matters. The day before its last meeting, a coroner's inquest had been held and this had set the tone of the meeting, with a particular focus on the importance of signposting people safely, progress with the community transformation programme and to ensure there was learning from reports. He advised that:

1. There was a clear difference in commissioning between the Integrated Care Boards in the Trust's area and the Committee had invited colleagues from these organisations to attend meetings, so that both the Trust and the Integrated Care Boards could be heard.
2. CITO had caused difficulties with patients obtaining a copy of their care plan and a small minority had been unable to obtain one.
3. Bed occupancy would ideally sit at 85% and the Trust had achieved 93.5%, which was a significant improvement on the 100% plus figure seen previously.
4. With regard to the junior doctors' strike, the impact had been minimal thanks to the efforts of clinicians. Resident doctors had ranked the Trust highly for the training and support it provided to them and the Committee had considered what more could be done to support them.
5. The Committee monitored patient experience, engagement targets and the Trust's response to the Care Quality Commission as required.
6. The Committee had noted joint work undertaken by colleagues from TEWW and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to address Autism and Attention Deficit Hyperactivity Disorder assessment waiting lists. Clinical outcomes had improved for children and young people but were not at the desired levels and waiting lists remained too long.
7. The Committee considered Duty of Candour, to ensure that the Trust was open and honest when things had gone wrong. Although analysis had shown good coverage existed, people did not always receive the required communications.
8. Mental Health Act reviewers had visited the Trust a few times and no significant issues had been identified.
9. There had been an early indication that perinatal services had improved and the service continued to receive additional support.

John Maddison advised that:

10. The Trust had received good assurance on oversight and governance of the perinatal service from unannounced Mental Health Act visits from the Care Quality Commission and had limited assurance on the overall quality of care and experience.

11. With regard to restrictive practices, the Committee had received positive news that there had been zero use of tear proof clothing in the Trust over the previous three months.
12. The Committee had requested more benchmarking data to understand where it should focus and challenge for improvements.
13. B. Murphy had provided excellent support to the Committee as Chief Nurse.
14. Attending meetings of the Committee had brought many issues to life for him.

It was noted that:

- With regard to CITO, J. Kirkbride highlighted the case of a patient on day release from the Trust who had been left on his own at home, and his parents had not had access to his care plan.

B. Murphy advised that the patient had come to harm whilst on leave from hospital. The issue in that case had been that his mother had not fully understood the risks while he was on leave and there had been a lack of clarity on what she had agreed to. A significant amount of work had been carried out to address the issues raised by this case and the Trust was able to demonstrate that improvements had been made, although more improvement was still needed.

- N. Hutchinson advised that members of a patient representative group she had attended had requested a meeting with the Trust's Chief Executive, to talk about care plans, and this had not taken place.

A. Smith confirmed that she was open to meeting and would receive the request and respond positively, however, she was not aware of a request being made.

- N. Hutchinson also highlighted an alleged incident that had involved a patient at Lanchester Road Hospital in Durham who was discharged on Section 17 leave and then later assaulted.

The Chair suggested it would be more suitable to discuss the matter outside of the meeting.

G. Emerson advised that it was not the role of Governors to talk about individual cases.

B. Murphy confirmed she would be happy to receive facts about the incident and review them.

35. UPDATE ON THE TRUST'S OPERATIONAL SERVICES

Consideration was given to a report on the Trust's operational services.

N. Lonergan advised that:

1. Some challenges had been highlighted in the update from the Quality Assurance Committee, but other challenges had included the need to identify possible solutions with colleagues, partners and families for a new model of care regarding the Adult Learning Disability Respite Service, and one which would be better suited to the patients and their families.
2. Some services continued to need additional support and all teams that required this had a support plan in place.
3. The Trust worked with Humber and North Yorkshire Integrated Care Board on the wider challenge of sickness absences.
4. There were a number of celebrations. These had included the move to Hummingbird House which was a new mental health facility for people in North Yorkshire, the successful transfer of care for a adult learning disability patient with complex needs and two adult learning disability teams who had been involved in national research.

H. Garg advised that:

5. He had joined the Trust four months prior as a consultant psychiatrist.
6. A weekly plan was in place to oversee and monitor sickness leave.
7. An improvement in access and waiting times had boosted staff morale.
8. It had been helpful for Integrated Care Board colleagues to attend the Quality Assurance Committee, as opposed to meeting with them separately.
9. There continued to be zero out of area placements and work would continue to keep bed occupancy low.
10. A neighbourhood model had been explored and would be delivered in some areas early.

It was noted that:

- J. Green advised that although there had been a degree of reticence with regard to Hummingbird House, he considered it an improvement. He added that he would like to visit the premises if possible.

B. Murphy confirmed she would be happy to accompany him on a visit to the premises.

- J. Kirkbride advised that she had found the report confusing in terms of which care group the information referred to and whether it applied Trustwide. There were also some acronyms she was not familiar with.

N. Lonergan confirmed that more clarity could be provided in the combined report in the future and no acronyms would be used.

- G. Emerson highlighted how staffing challenges had been consistently referred to during the meeting and he had concerns that it was a Trustwide issue. He asked how the Trust was dealing with sickness absence Trustwide and whether the Trust should overstaff so that staff could be called in when needed rather than overspending on agency staff.

S. Dexter-Smith confirmed there was a Trustwide issue with sickness and this would be discussed again at the Executive Directors Group the following week. The performance team were working hard to understand issues, and agency costs had reduced significantly. Most active bank staff were now also substantive staff. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and TEWV were considering a shared bank staff.

L. Romaniak advised that there had been a focus on agency and after a peak in 2022 of £20.5 million spent, £10.2 million was spent in the last financial year, a reduction of 40%. The issue was the significant value attached to medical locum doctors, which the Temporary Staffing Team would focus on to ensure value for money.

- G. Emerson advised of reports in the press which suggested that the British Medical Association had recommended to consultants that they charge thousands of pounds for working a night shift.

N. Lonergan advised that staffing challenges were not universal across all services in the Trust. They tended to be in areas that were difficult to recruit to, including prisons and rural locations, and this was monitored closely.

S. Dexter-Smith advised that the risk associated with this on the Board Assurance Framework was not Trustwide and the leavers rate was quite low.

B. Murphy advised that staff were the Trust's most valuable asset. Vacancies and challenges to recruit staff could affect care, which could then have an impact on risk. For example, if a physiotherapist in learning disability services were to leave, it would impact the service greatly in a short amount of time. Staffing data for inpatient units was available and there was usually more staff than planned, however, if staffing reduced it would be escalated. She also noted that it was important that teams had sufficient time to undertake training.

H. Crawford advised it was important to capture the right data, to identify the vacancies that were the most difficult to fill.

H. Garg advised that some colleagues had been asked to work additional hours and it was important to also upskill other professionals and attract homegrown resident doctors. Recruiting fully would improve the consistency of care.

36. APPOINTMENTS TO THE COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE

P. Bellas advised that:

1. The Council of Governors' Nomination and Remuneration Committee had a vital role in supporting the Council deliver its statutory duties. This included recommendations on the remuneration and appointments of the Trust's Chair and Non-Executive Directors.

2. There were four seats for Governors on the Committee. A recent vacancy in June 2025 for one of those seats had remained vacant, with calls for nominations unsuccessful.
3. Another vacancy would arise November 2025 when M. Booth's current term as a member would come to an end. A nomination from M. Booth had been received and the statement circulated to Governors prior to the meeting. It was recommended Governors accept her nomination.
4. There were risks the Committee would not be able to operate if the vacancies were not filled.

The Chair asked Governors to confirm whether they were content to accept M. Booth's nomination for a further three-year term.

Governors accepted her nomination.

Agreed – That M. Booth be re-appointed as a member of the Council of Governors' Nomination and Remuneration Committee, for a period of three years, until November 2028.

P. Bellas asked Governors to consider whether they would like to nominate themselves to become a member of the Committee and fill the remaining vacancy.

M. Boddy confirmed he would be happy to take up the role as he had experience of recruitment as a member of Hartlepool Borough Council's appointments panel.

Governors accepted his nomination.

Agreed – that Moss Boddy be appointed as a member of the Council of Governors' Nomination and Remuneration Committee, for a period of three years, until October 2028.

37. CITO UPDATE

Consideration was given to an update report on CITO, the Trust's Electronic Patient Record (EPR) system, along with an update on current EPR procurement.

N. Black advised that:

1. At the last meeting of the Council of Governors he advised improvements had been made to CITO and the report followed on from that update.
2. Weekly updates on CITO had been provided to the Executive Directors' Group and significant improvements had been made with regard to the application, design and stabilisation of the system. However, difficulties remained for staff using CITO and this needed to be improved.
3. 185 members of staff, in different services, had been trained to use CITO, with the intention that they took that knowledge back to their teams to assist others to use it.
4. The Board had agreed funding for additional Wi-Fi points and there were now 293 extra points in the Trust.

5. In terms of the procurement process for a new Electronic Patient Record system, a full business case would be taken to the Board for consideration in February 2026.

The Chair acknowledged the significant work undertaken with regard to CITO.

It was noted that:

- J. Kirkbride advised that, during her visit to Beech Unit on a Leadership Walkabout, staff had provided feedback that information they had added to CITO had sometimes disappeared.

N. Black advised it was possible that this could have been the result of poor Wi-Fi coverage and work was underway to address that.

J. Kirkbride asked that checks be made with Beech Unit to determine whether their issues had been addressed.

N. Black advised that issues on Beech Unit were planned to be addressed between 14 and 16 January 2026.

- J. Kirkbride asked whether there was an automatic save mechanism in CITO.

N. Black advised that there was and if staff were mobile whilst inputting information, Wi-Fi issues might affect this.

B. Murphy advised that as part of the Wi-Fi points improvement work, surveys were sent to staff to check whether improvements had been made.

With regard to fixing issues with CITO, A. Smith appealed for patience until the Trust had gone through its procurement process for an Electronic Patient Record system. The training programme would provide support to staff using CITO in the meantime, and enquiries would be made with staff on Beech Unit to understand whether issues they had raised had been addressed.

For clarity, J. Kirkbride confirmed that she had visited the Community Team on Beech Unit.

- M. Booth asked whether the Trust intended to continue its use of CITO.

A. Smith advised that a business case was due to go to the Board on the procurement of a new EPR system as CITO was not suitable for the Trust.

M. Booth asked how the Board knew the new system would work.

A. Smith confirmed that the Trust had set a specification and would aim to identify the 'best fit' for the Trust, as a 100% fit was not possible. The Trust would need to consider how to best manage any risks posed by a new system.

M. Booth wished the Trust luck in its pursuit of a suitable system.

- G. Emerson asked whether the Trust had assurance that people were not downloading inappropriate content.

N. Black advised that as part of an NHS rollout, and to not socially isolate patients, certain individuals would have their access managed through devices and the service.

Action – N. Black

The Chair thanked H. Crawford for the work relating to CITO.

38. DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors would be held on Wednesday 18 February 2026 at 2pm.

39. 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.

The meeting finished at 4.48pm

Bev Reilly
Interim Chair
18 February 2026

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MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 23 OCTOBER 2025 AT 1.00PM

VENUE: THE HUB, TEESSIDE UNIVERSITY STUDENT'S UNION, MIDDLESBROUGH, TS1 3BA AND MICROSOFT TEAMS LIVE

Present:

B. Reilly, Interim Trust Chair
 J. Aynsley, public Governor, Durham (online)
 P. Beall, appointed Governor, Stockton on Tees Borough Council (online)
 G. Birchwood, public Governor, North Yorkshire
 M. Boddy, appointed Governor for Hartlepool Borough Council
 M. Booth, public Governor, Middlesbrough
 G. Emmerson, public Governor, Stockton-on-Tees
 K. Evenden-Prest, staff Governor, DTVF Care Group (online)
 A. Goldie, public Governor, Darlington
 C. Hague, public Governor, North Yorkshire
 C. Ing, staff Governor, Corporate Services
 J. Kirkbride, public Governor, Darlington (online)
 C. Lee-Cowan, appointed Governor, Sunderland University (online)
 J. McNulty, public Governor, Durham (online)
 G. Restall, public Governor, Stockton-on-Tees
 S. Thomas, public Governor, Durham (online)
 J. Wardle, public Governor for Durham (online)
 J. Webster, public Governor, North Yorkshire (online)
 J. Williams, public Governor, Stockton-on-Tees (online)

In attendance:

P. Bellas, Company Secretary
 A. Bridges, Executive Director for Corporate Affairs and Involvement
 H. Crawford, Executive Director of Therapies
 S. Dexter-Smith, Executive Director for People and Culture
 K. Ellis, Executive Director for Strategy and Transformation
 A. Grant, Corporate Governance Officer (CoG and Membership) (minutes)
 J. Maddison, Non-Executive Director
 B. Murphy, Interim Deputy Chief Executive and Chief Nurse
 N. Natova, Audit Manager, Forvis Mazars LLP
 J. Preston, Non-Executive Director/Senior Independent Director
 L. Romaniak, Executive Director for Finance, Estates and Facilities
 A. Smith, Chief Executive
 C. Wood, Non-Executive Director

With members in attendance and online, the meeting achieved quoracy.

40. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

L. Alexander, appointed Governor for Durham County Council

R. Allison, appointed Governor for University of York
J. Bell, public Governor, Durham
S. Blackamore, staff Governor for North Yorkshire, York and Selby Care Group
J. Coles, appointed Governor, City of York Council
D. Coombs, public Governor for Durham
K. Gillan, public Governor for Durham
J. Green, public Governor, North Yorkshire
C. Hodgson, public Governor, York
N. Hutchinson, public Governor, Durham
E. Kengne Tatuene, public Governor for Durham
K. Kelly, appointed Governor for Darlington Borough Council
H. Leeming, staff Governor for Durham, Tees Valley and Forensics Care Group
O. Milner, public Governor for City of York and Rest of England
T. Morris, public Governor for Middlesbrough
R. Swiers, appointed Governor for North Yorkshire County Council
Z. Sherry, public Governor, Hartlepool
J. Venable, public Governor for North Yorkshire

R. Barker, Non-Executive Director
Z. Campbell, Managing Director, North Yorkshire and York Care Group
C. Carpenter, Non-Executive Director
K. Kale, Medical Director
N. Lonergan, Interim Managing Director, Durham, Tees Valley and Forensic Care Group
J. Robinson, Non-Executive Director

41. WELCOME AND INTRODUCTION

A. Bridges welcomed attendees to the meeting and offered a special welcome to A. Smith as the new Chief Executive of the Trust.

42. CHAIR'S REFLECTIONS AND HIGHLIGHTS

B. Reilly thanked attendees for joining the meeting and acknowledged how much she had enjoyed visiting the marketplace of Trust services at the venue and speaking with members of staff. She advised that:

1. During her visit to the marketplace she had received her flu vaccination, had joined the Trust's library, had invited a patient from the Individual Placement Support service to share their experience with the Board of Directors, had engaged with Practice Placement Facilitators and had enjoyed spending time with therapy dogs.
2. It had been an honour to serve as the Trust's Interim Chair, and a steep learning curve due to financial pressures and regulatory changes. The Trust had recognised its past failings and remained respectful of the circumstances that surrounded them. It would continue to focus on service users, carers and their families and it was important that the Trust moved forward.

3. She welcomed A. Smith as the new Chief Executive and emphasised the importance of strong connections between wards and the Board.
4. She had enjoyed engaging with staff and patients and had particularly enjoyed drawing with a patient at Willow Ward at West Park Hospital who had asked her to sit with them.
5. She was proud of the Trust's achievements, which had included it being shortlisted by the Royal College of Psychiatrists in three categories and she also highlighted how several staff had been recognised for their outstanding contributions.
6. She was proud of the Trust's approach to cocreation and had sought objectives from cocreation and network leads, to understand how she could help to progress that work.
7. She had found it incredibly difficult to choose three people for consideration for the Overall Chair's Award for the Trust's Star Awards.
8. She and the Chief Executive planned to attend an awards ceremony at Ridgeway, Roseberry Park after the Annual General and Members' Meeting.
9. Finally, she thanked Teesside University for hosting the meeting and extended her personal thanks to J. Preston, G. Emerson and Governors for their support in her role as the Interim Chair, and to all TEWV staff.

43. LEAD GOVERNOR REFLECTIONS

G. Emerson:

1. Reflected on his time as a volunteer, spanning 50 years, and highlighted that public Governors of the Trust were volunteers and were committed to improving the NHS, mental health services and ensuring TEWV reached its full potential.
2. Advised that at their meetings Governors had discussed challenges faced by the Trust, and the wider NHS, which had been linked to staff sickness, staff recruitment, financial demands and delays faced by patients. Governors represented people living in communities the Trust served and had highlighted to the Board challenges faced by those communities.
3. Welcomed A. Smith as the new Chief Executive and confirmed that he and his fellow Governors looked forward to working with her.
4. Advised that, over the previous 12 months, Governors had:
 - Met with hundreds of patients and staff.
 - Reviewed patient menus.
 - Received written answers to their many questions.
 - Received performance reports.
 - Taken part in leadership walkabouts.
 - Been involved in the recruitment of Non-Executive Directors.
 - Supported newly appointed Governors with their induction.
 - Attended development sessions where in-depth consideration had been given to the Trust's anti-racism strategy, improving

- the crisis service, peer support, mental health teams providing liaison services to the acute hospitals and other topics.
 - Continued to raise concerns with the Board and he thanked them for their contribution.
- 5. Confirmed that he and his fellow Governors had been assured that staff worked tirelessly to see as many patients as possible, as quickly as possible.
- 6. Thanked all involved with TEWV including staff, patients, carers, volunteers, Governors and partners.

A. Bridges thanked G. Emerson and added that Governors played an important role in the Trust.

44. CHIEF EXECUTIVE

A. Smith advised she was grateful for the warm welcome she had received when joining the Trust. She thanked attendees for joining the event and thanked staff and volunteers who had manned the information stalls in the marketplace.

She advised that:

1. She had 18 years of NHS experience and had worked in veterinary medicine prior to that.
2. She had met many generous and kind people since starting her new role including service users, carers and staff and had sent a welcome letter to staff highlighting how she was focused on staff and patient experience.
3. It was also important to focus on the future and understand the journey the Trust was on. She was aware of the challenges TEWV had faced but would strive for improvements to be made.
4. It was important to recognise how people who used the Trust's services could often experience stigma and isolation.
5. The Trust would support a public inquiry if the Secretary of State believed it was needed. The Trust's Journey to Change had made a difference to people and the Trust continued to be a values-led organisation focused on coproduction, being a great employer and a trusted partner.

[A video was played to show the Trust's progress for 2024-25]

6. She had been impressed by the numbers quoted in the video and highlighted how 93% of patients had said they had received good or very good care from the Trust. The Trust served a population of 2 million people and was geographically one of the largest Foundation Trusts in England, across eight local authorities and two Integrated Care Boards. It had the largest catchment area for Armed Forces Personnel at Catterick Garrison, adult inpatient Eating Disorders and Forensic services wards for the whole of the North East and North Cumbria and served a diverse community, across rural and urban areas.
7. Significant health inequalities existed in the communities the Trust served and a person with learning disabilities was likely to live for 23 years less than the average person. People with significant mental ill health were likely to live for

15 years less. Drug and alcohol related harm was also a concern, as was poor interaction with healthcare services in farming communities.

8. There was much to be proud of. In February 2025, the Care Quality Commission had published a report on the Trust's crisis and health-based places of safety and they had been rated 'good'. The Trust had developed lived experience roles, its peer support workforce had increased by 24% in year and lived experience networks had been established. Vancy rates and the use of agency staff had reduced. The Trust's research and development work had been a great example of partnership working across the country and the Trust had been part of a study to evaluate the impact of the national NHS Talking Therapies Employment Advisors Programme and a global programme to improve sleep quality in mental health. There had also been a strong focus on community health transformation, with the Hartlepool Hub recognised as an example of best practice at a parliamentary health committee and the Trust was proud of the partnership working that had enabled such hubs to exist. The majority of call made to NHS 111 (option 2) had been answered in 80 seconds, which had been an achievement.

[A video was played, which was a review of the year and achievements in 2024-25]

9. The NHS 10-Year Health Plan had three main aims. One was to move from hospital to community, the second was to move from analogue to digital and the third was to move from sickness to prevention. Examples of how the Trust was working to meet the aims of the 10-Year Health Plan could be seen in the Trust and would be addressed later in the meeting.
10. The Trust did not always get things right but was committed to learning and making improvements and it needed to maintain a good working relationship with staff, patients, carers and partners to continue on its improvement journey. This included voluntary and third sector organisations.
11. Neighbourhood health put people at the centre and would provide them with the care they needed, on their doorstep. People recovered best when they felt valued and supported by their local community.
12. In Durham and Tees Valley there had been 40,000 appointments in primary care delivered by TEWV mental health practitioners. There had been a 15-20% reduction in secondary care referrals when other providers were seeing an increase. There had also been a 63% reduction in patients waiting for assessments.
13. The Trust's collaborative community workers had received recognition from the Royal College of Psychiatrists, NHS Providers, NHS England's Centre for Mental Health, national webinars, positive practice awards and partnership working with several Trust across the country.
14. In August 2025, the Trust had welcomed Daniel Eccles, Chief Executive of NHS Providers, and he had visited the community hubs in the Tees Valley and he had sent a video message to play at the meeting about his positive experience of visiting TEWV.

[A video message from David Eccles was played]

15. Further transformation work was underway in the community across North Yorkshire and York. Funding had been secured to develop a 24-hour mental health hub and this was one of six pilot projects. NHS England's Crisis

Avoidance Centres had secured funding for two years and this would provide assistance to adults in the local area. The crisis assessment suite in Teesside had been regarded as a good example of what a crisis Accident and Emergency (A&E) department might look like. The Trust had hosted the Get it Right First national team who had reviewed how mental health patients presented at A&E departments and had explored crisis alternatives. That team had feedback that the suite exemplified a well-integrated community responsive model that would alleviate pressure on acute services and improves patient outcomes. The location and discrete entrance had also helped and James Cooke Hospital was nearby. The Trust had also co-produced a proposal for a crisis house and crisis café in Darlington which would offer an alternative to people and provide help in the community.

[A video from Chris Morton, Lived Experience Director, was then played, which provided more details on the Crisis House and Crisis Café proposal]

16. On the shift from analogue to digital, the Trust had partnered with Teesside University to create a simulation training app, using a headset, for student nurses to experience mental health crises. The North Yorkshire Talking Therapies team had introduced mindfulness-based cognitive therapy using virtual reality, and virtual hospital tours had been offered to ease patient anxiety. These initiatives had been national firsts.
17. With regard to switching from sickness to prevention, was important to address health inequalities and recognise the numerous factors that impacted a person's mental health. The Trust's Individual Placement and Support Team had supported people into employment. In 2024/25 the service supported 600 patients and 300 of those were employed. Since 2019, the team had worked with 3,000 patients and half of those had progressed into paid employment. Government funding had been secured to support the service to 2029.

[A video about the Individual Placement Support Service was played]

18. The 10-Year Health Plan had been clear that early intervention for children and young people was essential to improve children's physical and mental health and ensure they had access to mental health services. The Trust's Wellbeing in Mind team in North Yorkshire had supported 64 schools and this service had expanded into Darlington and the Tees Valley. It was an important service and it was hoped that enough funding could be secured to offer the service to all schools in the areas covered by the Trust for the children and the teachers and staff who support them.

In conclusion, she thanked staff for their hard work and support.

45. ANNUAL REPORT AND ACCOUNTS 2024/25

Consideration was given to a presentation on the Annual Report and Accounts for 2024/25.

L. Romainak advised that:

1. It had been an honour to present the Annual Accounts 2024/25 for the Trust.

2. The Trust had delivered on its statutory and financial responsibilities and had a clean audit with an unqualified opinion.
3. There had been no real terms growth and the Trust achieved a break-even requirement.
4. The Trust delivered its capital programme within the agreed level agreed with system partners and achieved additional national capital cash which had allowed the Trust to take forward a number of additional projects.
5. In terms of the prompt payment of suppliers, the Trust met its target of paying 95% of all bills within 30 days.
6. The Trust had improved on its value for money by reducing its reliance on agency staff.
7. There had been an unadjusted financial deficit of £19.7 million and there were technical items of £20.3 million. The Trust's consolidated performance was a £600,000 surplus against the breakeven plan, which included PIPs Ltd surplus of £200,000. This had been a great achievement for the Trust.
8. For the first time, the external auditor had liaised with the Trust to consolidate PIPs Ltd, a wholly owned subsidiary of the Trust, but it was important to note that the Trust's performance was reported separately. She advised that PIPs Ltd supported people with supported living and care packages across the North East and some areas of North Yorkshire. It had been established 10 years prior, to help people to live in the community
9. Nationally, NHS England had focused on improved value for money, which had included a requirement to reduce the premia associated with agency costs. Agency colleagues formed a valued part of the Trust's workforce but the payment of premia rates were required. NHS England had asked Trusts to reduce their agency costs to less than 3.2% expenditure in 2024/25. In two years, the Trust had reduced agency costs from £20.5 million to £10.2 million which had been a great achievement. The Trust also achieved a zero non-clinical agency spend. During 2024/25, the Trust had reduced its costs by 40% compared to 2023/24 and WTE by 44% compared to March 2024. The Trust had achieved reductions on agency costs linked to medical vacancies but this still remained a significant challenge.
10. Capital expenditure was within the system agreed resource allocation at £11.2 million and the additional £3 million national capital it received helped the Trust support its Green Plan, progress additional Wi-Fi in the Trust and support a community hub at Hummingbird House in Harrogate. The Trust accounted for lease additions of £3.8 million and £21.2 million was accounted for impairments. Cash balances reduced to £51.4 million.
11. The £550.5 million of operating income came from a number of sources and a slide had been included in the presentation to illustrate that. The most significant contribution came from Integrated Care Board partners. The Trust was aligned to the North East and North Cumbria Integrated Car Board and the Humber and North Yorkshire Integrated Care Board but the Trust's financial performance was wholly accounted for within the North East and North Cumbria Integrated Care System and the Trust shared joint financial objectives with them. Most of the Trust's Foundation Trust income came from a provider collaborative arrangement with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
12. In terms of expenditure, the Trust had significant changes in its staffing costs, which increased by £39.4 million from 2023/24, which had included a

significant increase in pension contributions and a rise in medic and agenda for change colleague pay awards.

13. 2024/25 had been a successful year. The Trust faced challenges in the future but was currently on plan for 2025/26 thanks to the hard work, innovative ideas and professionalism of her colleagues.
14. The Trust had not benefitted from an elective recovery fund like the acute sector had, so it needed to be imaginative and work with partners to face challenges.
15. Focus would be on further reducing agency staffing costs in 2025/26 to achieve the value for money objective.
16. Looking to the future, there was hope. The Trust had half a billion pounds to spend on making a difference.

46. REPORT FROM THE TRUST'S EXTERNAL AUDITORS

Consideration was given to a presentation from the Trust's external auditors, Forvis Mazars Ltd.

N. Natova advised that:

1. Forvis Mazars Ltd were independent of the Trust. As external auditors they carried out work to deliver an opinion on the Trust's financial statements and the check on the Trust's value for money arrangements.
2. A 'good', unqualified, opinion was reported on the financial statements on 27 June 2025. The financial statements had to be produced within a very tight timeline and this had been a significant challenge for the Trust, however, it had remained open and honest and had worked well with the external auditor to meet the deadline.
3. Forvis Mazars Ltd were responsible for reporting on the opinion of the audit and to provide reasonable assurance that the financial statements were free from material error.
4. As part of the work related to value for money, the external auditor had to consider the Trust's financial sustainability, its Governance arrangements and improving economy, efficiency and effectiveness. It was the responsibility of the external auditor to report any significant weaknesses.
5. In terms of financial sustainability, the Trust faced a challenging environment with increased demand on its services but it had demonstrated well, how it could meet its financial obligations by delivering to the breakeven target. The Trust's subsidiary company needed to be taken into account, however, it was quite small in comparison to the size of the rest of the Trust.
6. In terms of Governance, the Trust had all of the governance arrangements in place that it would be expected to have. The auditor had considered its risk arrangements, the committees it had, internal audit information from Audit One and had attended the Trust's Audit and Risk Committee meetings.
7. In terms of improving economy, efficiency and effectiveness, the external auditor relied on Care Quality Commission reports.
8. She thanked the Trust's finance team for their support and assistance.

A. Bridges advised that copies of the Audit report from Forvis Mazars Ltd could be found on the Trust's website and paper copies were also available in the delegate packs provided to attendees at the venue.

47. QUESTIONS AND ANSWERS SESSION

During a questions and answers session, it was noted that:

1. In response to a question about a possible public inquiry, A. Smith advised that the Trust was awaiting a decision on whether a public inquiry would be held. If it was, the Trust would support that. She had reached out to local MPs to engage with them, help them understand challenges faced by the Trust and demonstrate that it remained committed to improving services.
2. In response to a question about neurodivergent waiting lists for adults and children, A. Smith advised that clinicians from TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust had collaborated on a proposal for Integrated Care Boards to address long Autism and Attention Deficit Hyperactivity Disorder waiting lists. This national problem was being addressed jointly by the both trusts, who were exploring functional assessments and early interventions for both adults and children. The aim was to support individuals while they wait and potentially reduce the need for formal diagnosis, ensuring equitable access to care regardless of location. The Trust was optimistic this approach would provide timely support for families and reduce waiting times.
3. In response to a question about young people transitioning from child and adolescent mental health services to adult mental health services, J. Todd, Care Group Director of Operations and Transformation for CAMHS/LD, advised that transitions between child and adult services was a key focus for the Trust. Teams had worked closely to strengthen processes and improve support for young people moving into adult care, including options like panel meetings and introductory sessions. He recognised the challenges young adults faced during this period and the Trust was committed to making the transition as smooth as possible. He encouraged the person who asked the question to ask for further support if required or advise of any concerns they may have had.
4. In response to a question about when to initiate the process of a young person transitioning into adult services, J. Todd advised that conversations about the process should be held with the clinicians in child and adolescent mental health services that the young person was receiving care from.
5. In response to a question about senior nursing leaders and non-funded roles, B. Murphy advised that a plan had been presented to Executive Directors to address the issue of staff in long-term temporary posts and how to balance this with the Trust's financial responsibilities. The Trust valued its senior nursing team and had invested in various leadership and development roles, that offer clear career pathways for nurses. However, further work was needed to ensure such opportunities were visible to all who trained at TEWV.

S. Dexter-Smith added that the Trust's nursing was based on clinical models developed by the networks and operational services. Her role involved ensuring those models were reflected in the Trust's Workforce Plan, to support clinicians gain the skills they need but there were financial challenges to consider.

6. In relation to the first question about a possible public inquiry, an attendee highlighted how patients and the public might feel anger and mistrust toward

the Trust, which has been impacted by poor communication. They asked whether the Trust had considered implementing an internal or external truth and reconciliation process to try to rebuild trust and unite communities with the Trust.

A. Smith confirmed that the Trust was gathering feedback and no agreement had been reached on a specific process. Her priority was to listen to people and work with colleagues to ensure the Trust met the needs of people using its services and continued to build trust. The Trust was committed to improving relationships, listening and finding a solution.

7. An attendee asked a question about the Deaf community's difficulties accessing Trust services, linked to limited or unsuitable interpretation, and asked what measures the Trust had implemented to ensure their voices were heard and their issues addressed, and what could be done to improve their access to health information and improve their overall patient experience.

H. Crawford advised that the Trust used Everyday Language Solutions for qualified interpretation, translation and transcription. Deaf awareness training was also available from North East and North Cumbria Integrated Care Board. Staff also received accessible information standards and reasonable adjustment training which was continually improving. Complaints could be made through various channels, including a dedicated text number. The Trust collaborated with the North East Deaf Wellbeing Network and the Deaf Experts by Experience Group. The Trust's Deaf Services Team, led by Emmanuel Chan, supported deaf and deafblind adults with mental health needs using British Sign Language. The Trust was keen to hear what additional, person-centred, support people required to access its services.

8. In response to a question about what the Trust's single biggest financial challenge was. L. Romaniak advised that, while national financial pressures were clear, the Trust's biggest challenge had been the lack of clarity on dedicated funding for mental health in the NHS long-term plan. The Trust had to advocate for its patients to ensure continued progress and work with NHS England to develop robust data that demonstrated the impact made by Trust services. It was important to persistently champion parity of esteem and ensure mental health received the attention and investment it deserved. The Trust's focus remained on improved outcomes for those with serious mental illness who continued to face significant disadvantages.

A. Bridges advised that relationships the Trust had built, and the influence it had within systems, were crucial. Working across two integrated care systems, North East and North Cumbria in the north and Humber and South Yorkshire in the south, presented challenges as there were different commissioning arrangements in each area.

A. Smith advised that the Trust was committed to serving its communities, despite challenges. Staff had worked to enhance relationships and improve understanding across operational, clinical and financial areas. Communication and joint working would strengthen partnerships and, while differences

existed, shared practice and integration would make the Trust's approach more consistent across different regions.

9. In response to a question about what makes the financial statements 'unreasonable' and whether Governors should be more involved in the Trust's audit process, N. Natova advised that in terms of auditing standards, her company could only provide reasonable assurance, not absolute assurance, as it was not feasible to check every transaction within the Trust's budget. Instead, the materiality threshold is set at around £10 million, which guided their audit procedures. Sample transactions were taken across the accounts and if errors above the threshold are found, the Trust must adjust for them. Material issues were reported in the audit completion report which was considered by the Trust's Audit and Risk Committee.

L. Romaniak advised that, in line with national best practice, the Healthcare Financial Management Association audit committee handbook provided guidance to organisations on good governance. Although she was not a member of the Audit and Risk Committee, she regularly attended its meetings, which was the standard for NHS Foundation Trusts. Independence was maintained through private meetings between external and internal auditors and Non-Executive Director members, which she was excluded from. Such arrangements promoted transparency and ensured a robust process was in place. In 2025/26, the Trust had reviewed its arrangements and had confirmed satisfaction with its Audit and Risk Committee's terms of reference and membership.

N. Natova added that the National Audit Office also published good practice guidance and would consider suggestions made regarding other examples of good practice.

10. With regard to a question about whether Governors held the Board of Directors to account and what examples of that were, G. Emerson advised that at a Council of Governors' meeting the previous day, Governors had held a thorough debate on audit matters and had acknowledged how certain issues were beyond the legal remit of Governors. Within the past year, the majority of questions posed by Governors had related to autism and waiting lists and issues with accessing follow-up appointments after assessments. Governors had been persistent in their questioning and, as Lead Governor, he had addressed issues that could be overlooked elsewhere. Development sessions for Governors had also been held to allow in-depth discussion and receive presentations from various teams in the Trust, allowing Governors to explore the challenges and understand them better. Leadership walkabouts with Executive and Non-Executive Directors gave Governors the opportunity to speak confidentially with staff and address their concerns. These interactions were especially valuable for governors.

B. Reilly advised that the Board was held to account, as shown by the healthy challenge from governors at yesterday's meeting. I have regular one-to-ones with Gary to discuss any issues, ensuring we manage things appropriately. Both Gary and the governors hold me and the board accountable.

11. In response to a question about attending her first Council of Governors' meeting, A. Smith advised that during the meeting, she had been encouraged that a range of views had been debated with healthy challenge and open and honest discussion. It was appropriate to use those meetings as a forum for the Trust and Board to be challenged and to hear differing views. Overall, it had been an example of good governance in action.

G. Emerson encouraged people to seek out their local Governor if they had issues of concern. Public Governors represented people in their local area and could pass on information to senior staff.

B. Reilly encouraged people to become public members of the Trust and consider becoming a Governor.

48. MEETING CLOSE

A. Bridges thanked attendees for joining the meeting. She also thanked staff for their contribution to the Trust and thanked the speakers and those involved with delivering the event.

B. Reilly thanked A. Bridges and her team for delivering the event

The meeting finished at 3.03pm

Bev Reilly
Interim Chair
18 February 2026

Public Action Log

RAG Ratings:

	Action completed/Approval of documentation
	Action due/Matter due for consideration at the meeting.
	Action outstanding but no timescale set by the Council.
	Action outstanding and the timescale set by the Council having passed.
	Action superseded
	Date for completion of action not yet reached

Date	Minute No.	Action	Owner(s)	Timescale	Status
26/03/2025	24-25/84	Regular updates on CITO to be provided at Council of Governors' meetings in 2025/26	NB	-	Item 11
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	Completed
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	Private Item 7
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	Completed
22/10/2025	26	The Chair and Chief Executive to highlight Governors' concerns to the Integrated Care Boards and provide an update on that to the Council of Governors.	AS/BR	18/02/2026	Items 6 and 7
22/10/2025	29	Responses to two outstanding Governor questions to be circulated to Governors	AG	-	Completed Emailed to Governors 24/10/2025
22/10/2025	30	Enquires to be made as to whether the team based at H.M.P. Kirklevington Grange can be provided with alternative arrangements, so they have a more spacious workspace.	NL	-	Completed Emailed to Governors 04/12/2025
22/10/2025	30	The Interim Chair and Chief Executive to discuss with Board members, the importance of attending Leadership Walkabouts.	AS/BR	18/02/2026	Item 6
22/10/2025	33	The names of five hospital sites approved for solar panel installation to be provided to Governors.	LR	-	Completed Emailed to Governors 24/11/2025
22/10/2025	37	Assurance to be provided to Governors, on the measures in place to prevent people downloading inappropriate content	NB	-	Completed Emailed to Governors 04/12/2025

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Interim Chair Report

Public Council of Governors Meeting February 18th 2026

This report cover activities undertaken by the Interim Chair and was presented to the Public Board of Directors on 11th December 2025.

External Meetings

It has been another busy few months for everyone. As ever, there has been a number of national, regional and Integrated Care Board (ICB) meetings, with particular focus on the NHS England Medium Term Planning Framework – delivering change together 2026/27 to 2028/29. The framework clearly articulates:

- The end of short-termism which means we are able to move away from annual to medium term financial and delivery cycles
- It supports the closure of the gap between the national centre and local services
- The return of locally led ambition which allows Boards and leaders to produce plans in line with what our communities need

As expected, this has required a significant amount of intensive work with challenging timescales to meet submission requirements by 17th December 2025. This is an extremely important plan for us. NHS England have made their expectations of Boards very clear. This is a substantial agenda item in our Private Board Meeting today.

Recognising the future operating model for NHS England, The Department of Health and Social Care and Integrated Care Boards will formally commence on 1st April 2027, it is clear we need to continue to focus on delivery of our strategy, good provision of services, and play our part in the delivery of the 10 Year Health Plan, encompassing the three shifts and submit and honest Medium Term Plan with appropriate Board assurance statements. The refreshed operating model provides the means for achieving the vision.

Key themes from the Chairs meeting include:

- Challenges of timescales attached to the Medium Term Planning Framework and the caveats attached to submission on 17th December 2025
- Finance, productivity, and efficiency alongside the absolute need to safeguard quality of care.
- Assurance on the delivery of Winter plans – heightened last week due to the announcement on further Resident Doctors planned action prior to Christmas.
- Further understanding of the role of Advanced Foundation Trusts and Integrated Healthcare Organisations and the future role of Governors.

I continue to attend the National NHS Confederation Mental Health, Learning Disability and Autism (MHLDA) Chairs meetings. Again, finance remains a constant topic and we received a presentation on the future role of Mayors and health commissioning.

I continue 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. We have asked to meet jointly with CEOs in the New Year.

I, along with the CEO, attended the NHS Providers Conference in Manchester for two days in November. The agenda was packed with a wide variety of speakers. It was great to listen to Daniel Elkeles, NHS Provider CEO champion TEWV in his opening speech. There were also visuals of our work in the exhibitors hall where we, along with others were described as “trailblazers” in our approach to community transformation in Hartlepool.

I attended a NHS Provider Chairs and CEO event online on 2nd December. There were a lot of takeaways for me. A very powerful set of presenters spoke about Anti Racism. One in particular that I have shared with our Director for People and Culture where a local Trust describes treating racial abuse as a “never event” which we need to explore further. I also took the opportunity to introduce myself (and TEWV) to Dr Toli Onon, the Chief Inspector of Hospitals for the CQC and ask her a question about honest, open and transparent relationships with trust at the CQC centre and a secondary question on follow up inspection timescales.

Council of Governors Activity

I have chaired the Public and Private Council of Governors Meeting on 22nd October. It was well attended both in the room and online. There was also good attendance and excellent feedback on the development session held on 6th November. Thanks to our Safeguarding Team for providing Governors with statutory training.

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 attended Durham, Tees Valley and Forensics Locality meeting on 3rd December with an informative Q&A session was facilitated by the Interim Managing Director.

Annual General Meeting

I was delighted to attend and speak at our Annual General Meeting on 23rd October at Teesside University. It was lovely to see so many people in the room and online. A huge thanks to our staff who did a tremendous job in showcasing their work so proudly. We are proud of our achievements in 2024/25 as described in our Annual Report. Our new CEO was very clear in our collective view that we will move TEWV forward in 2026/27 and beyond. Also thank you to our Communications Team who helped to ensure things ran smoothly.

On a personal note, I benefitted hugely from attending:

1. I had my flu jab
2. I joined our Library

3. I made contact with our Practice Development Team and invited myself along to some learning sessions with Students in the New Year. I will use this as part of my Revalidation Reflective Studies when I revalidate with the Nursing and Midwifery Council Next Year.

STAR Awards

The 6th November 2025 was a proud night for us all. The annual STAR Awards were absolutely fantastic. Recognising staff for the amazing work they do day in and day out has been the highlight during my time as Interim Chair. I will never forget that night, the emotion in the room, the compassion, the passion, the joy, the happiness, and of course the tears! I am proud to be your colleague.

Ridgeway Awards

Another evening of celebration that is always a highlight in many colleagues diaries are the Ridgeway Awards. They were held on 23rd October and attended by some of our community stakeholders. Our patients were celebrated for their contributions and achievements in many categories. We heard from many talented people from poetry recital, to guitar playing and singing. Ridgeway – you have talent! Some of our patients also worked with a locally bakery and made the bread for the evening meal. Our CEO has signed up for bread making lessons.

Living The Values Awards

Congratulations to all of our Living the Values Awards winners during the last 2 months. I was delighted to visit Birch Ward at West Park and not only learn about adult in patient eating disorders, but to meet Sean Palmer and staff and handover their gift.

Leadership Walkabout

Thank you to Gemma Readman and staff on Willow Ward at West Park for hosting Group 5s leadership visit on 27th October. It was lovely to meet up with my painting buddy again, although they were off on a home visit so no time to paint this time. The group were in awe of a compassionate patient story from Gemma and of her ideas in how we could consider re purposing estate.

Board Strategic Seminar

I attended the Board seminar session on 13th November led by NHS Providers Digital Team. It was informative and challenging of us which we welcome. A set of actions will be revisited in the New Year as we understand our journey through a key shift – analogue to digital.

Interim Chair – Out and About

I continue to get out and about in my quest to meet our staff, listen, learn and connect. The staff, patient and carer voices are incredibly important to me.

I would like to see more “I listened, I did” as part of our responsibility and accountability values. #ILID I will discuss with our CEO in the New Year.

I finally managed to visit our York Hub on 15th October. Thank you to Madeleine Vernon-Smith and colleagues for a very informative discussion and walkabout. We talked about outcomes, impact and evaluations. Our Medical Director and Care Group Medical Director are supporting. I met with users of the service who certainly gave me very positive views of the service.

Huge thanks to Chris Morton and Mark Allen from our Lived Experience Team. Collectively, the LET have delivered on their promise to set me some objectives during my time as Interim Chair. I will do my best! It is always a pleasure to meet with them as their work is invaluable to us as a Trust. I have also met with our Staff Network Chairs and asked the same of them too.

Thank you to Jo Cook and Emma Cassie our suicide prevention leads for meeting with me and taking me through work being undertaken by TEWV and our partners in preventing suicide across our geography. I have asked that the Board have a bespoke seminar session as part of our learning, understanding, development and assurance.

About 12 months ago, I visited our Individual Placement Support (IPS) service at Parkside in Middlesbrough to present Dave Hutchinson, Senior IPS Advisor with a LTV Award. Very powerful story of how he had worked with a gentleman to get him back into paid employment. The nomination was from a Mum. Dave invited me to a lunch event to promote the service. Thank you to Dave and Mark Fryett for making my day on 29th November. Not only did I get to find out even more about the service, I met a young adult who has starting their first shift back at work on the next day. But, Dave brought the Mum who nominated him for the LTV into the room to meet me. It was a fabulous experience and great to get an update. This service is amazing and does not just help one individual, but creates a human domino effect for so many others.

I was incredibly proud to visit Westerdale North and Westerdale South at Roseberry Park on 3rd December. Thank you to Kelliann Facchini, staff and patients for having me. I have brought a lot away with me once again. The reality of hearing impactful stories from front line staff of patients who are ready to be discharged, but for many reasons, their discharge is delayed, links the Floor to the Board understanding in a way that a performance discussion could not.

Finally, a significantly wonderful surprise visit to Val Heard, Secretary at Westerdals. Val turned 80 on 3rd December and she was at work! With 25 years NHS experience across

Teesside, it was an absolute pleasure to meet her and give her some gifts on behalf of the Board, along with a Happy Birthday and our best wishes. Val gets 3 buses to work and 3 back home and during Covid – she was 75 - got a bus and a train to Hartlepool and back (personal protective equipment on), never missed a day....and never caught Covid. I am very pleased to say that she has no retirement plans! I am also very pleased and proud Val is our colleague.

Bev Reilly

Interim Chair

4th December 2025

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Interim Chair Report

Public Council of Governors Meeting February 18th 2026

This report reflects the activity of the Interim Chair that was presented at the Public Board Meeting on 12th February 2026.

Public Inquiry

On the 11th December 2025, the Secretary of State for the Department of Health and Social Care announced that the Trust will be subject to a Public Inquiry, a decision taken following meetings with families who have lost loved ones in our care. We will respond to the inquiry with openness, transparency, respect, kindness and humility. The next steps will include the SoS appointing a Chair and working with the families to develop the scope of the inquiry.

We will communicate further to our staff and partners when we know more.

External Meetings

As expected in this role, there has been a number of national, regional and Integrated Care Board (ICB) meetings, with particular focus on the NHS England Medium Term Planning Framework – delivering change together 2026/27 to 2028/29. The Chief Executive and I had an assurance meeting with senior colleagues from NHS England and our North East and North Cumbria Integrated Care Board. It went well and the feedback was fairly positive and helpful.

As expected, this has required a significant amount of intensive work with challenging timescales to meet final submission requirements on 12th February 2026. This is an extremely important plan for us. NHS England have made their expectations of Boards very clear. I would like to take the opportunity to thank everyone involved in ensuring that we submitted a credible plan that was approved at an Extra Ordinary Board Meeting on 5th February 2026.

Key themes from the Chairs meetings remain the same as my previous report

- Challenges of timescales attached to the Medium Term Planning Framework and the caveats attached to final submission on 12th February 2026
- Finance, productivity, and efficiency alongside the absolute need to safeguard quality of care.

I continue to attend the National NHS Confederation Mental Health, Learning Disability and Autism (MHLDA) Chairs meetings. Again, finance remains a constant topic. We received updates from our colleagues in Somerset on the integration of care between physical and mental health and from NHS England on the digital agenda.

I continue 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. We had a meeting with both Chief Executives on provider collaborative work. An update will be coming to Board in April.

Board Activity

I have chaired a Special Board Seminar for a briefing update on the Medium Term Plan on 21st January. The purpose being to ensure we were updated, but gave an opportunity to check, challenge and seek assurance as a Board. I also Chaired the Extra Ordinary Board on 5th February to ensure that the Board have a final opportunity to review, challenge and seek assurance prior to our final submission. The CEO, Deputy CEO, the Director of Finance and Chair of the Resources and Planning Committee, have also had additional check and challenge session. It has been an incredibly busy time and once again, I am grateful to my colleagues.

I have also chaired two Board Nomination and Remuneration Committees.

I have Chaired the NEDs Group. Our Director of Finance was in attendance to provide an update on MTP but to discuss our approach to assurance at the request of the Audit and Risk Committee. Whilst we use Internal Audit we have looked at enhancing our approach. A revised approach will be brought to the Audit and Risk Committee for consideration.

I have had individual 1:1 conversations with NEDs.

Council of Governors Activity

I continue to meet with the Lead Governor to ensure he is appraised appropriately. I am grateful to Jules Preston, Senior Independent Director, for Chairing the CoG Nomination and Remuneration Committee as required. The Lead Governor and I jointly agreed the agenda for the CoG Meeting on 18th February.

Living The Values Awards

Congratulations to all of our Living the Values Awards winners during the last 2 months. Reading the nominations are very humbling with staff going above and beyond to ensure great care is delivered – in many departments and across the Trust. I am grateful to NED colleagues who attend in person to speak with the recipients and learn about the service.

Leadership Walkabout

Thank you to Gemma Lattaway and staff at South Durham Childrens and Young People Learning Disabilities Team, Ackley Centre, Newton Aycliffe for hosting Group 5s leadership visit on 26th January 2026. There were some clear messages from Gemma re transformation and staffing concerns in the reduction of Learning Disabilities and Autism qualified Nurses. Quite simply, the supply is not there with local universities. The formal feedback report has

been approved by Gemma and has been presented to the Executive Directors Group for action.

Interim Chair – Out and About

I continue to get out and about in my quest to meet our staff, listen, learn and connect. The staff, patient and carer voices are incredibly important to me.

On my way to the Ackley Centre, I got lost. I popped into a local store and asked a lady and a young gentleman for directions. They put their shopping basket down and said “Come on, we will walk you there – we have just come from the CAMHS Team there”. During what was a two minute walk, they told me of their positive and supportive experience of our CAMHS. I said I would feed it back and I have done so. What absolute kindness from complete strangers.

On the 12th December 2025, I attended our Health Café at Low Grange Health Centre in Eston, a service for adults with learning disabilities and autism. It was wonderful and I have shared the experience with NEDs and other Board members. It is exactly what we need to see more of for a very vulnerable community. It’s a café, supported by a GP, Nurses, Social Worker, Support Workers and now our Individual Placement and Support Service for adults. Reflecting on the publication of the Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) Annual Report, we must improve their care. It was good to meet with Anna Turley, MP for Redcar and Cleveland who was impressed with what she saw.

It was good to catch up with Chris Morton and Mark Allen from our Lived Experience Team to review my objectives from them. I am grateful to them for linking me in with our Peer Support Workers and look forward to spending time with them on 20th February and again on 4th March at Ridgeway.

Saturday 10th February will stay with me forever. I met with our Staff Network Chairs in November and asked them to give me some objectives. The first one was to attend their annual Network Celebration Event at the Acklam Green Centre. This year was African themed. The atmosphere, food, music and dancing was amazing. Our CEO, Director for People and Culture and I were very underdressed. It was incredibly uplifting and good to meet so many of our staff and their families.

I have met with Catherine Parker our Director of Public Health to discuss health inequalities and suicide prevention. She described the work that has been undertaken in terms of a clear strategy of focussed work. The Executive Director Group have oversight. I have asked that we have a Strategic Board Seminar on health inequalities and suicide prevention.

I have met with our new provider Freedom to Speak Up Service colleagues. I have received some good initial feedback on how they have been welcomed into our organisation and also

some feedback from someone who has reached out and has been complimentary of the new approach.

On 5th February, I attended our BAME Staff Network meeting. They asked me to describe the role of the Chair and we had a really good question and answer session. It was a complete pleasure to attend and listen to the voices of a valued staff group.

Bev Reilly

Interim Chair

5th February 2026

Council of Governors

February 2026

Governor Questions

Name and location	Question and Response
<p>Nicola Hutchinson, Public Governor for Durham</p>	<p>Question</p> <p>Under statutory duties, I seek board assurance on multidisciplinary pharmacotherapy training across inpatient and community services for all psychiatric medications. This should include coverage of:</p> <ul style="list-style-type: none"> • mechanisms of action • individual variability in patient response (influenced by personal biochemistry, metabolism, and other factors) • adverse effects and ongoing monitoring • drug interactions and polypharmacy risks • deprescribing strategies • evidence-based indications for use (including circumstances where medication may not be required) <p>This is particularly pertinent in light of current scrutiny on patient safety and care quality.</p> <p>I recommend <i>all staff have access</i> to "Psychiatric Drugs Explained" (David Healy, 7th ed., 2022) as a clinical reference—it provides detailed, evidence-based coverage of these topics across the full range of psychiatric drugs.</p> <p>Please advise:</p> <ol style="list-style-type: none"> 1. What existing training resources are in place 2. The approval process for training content/materials 3. Timeline for any planned review or update <p>Response</p> <p>For this response we have focused on medical, pharmacy and nursing professions. Other professions can be prescribers and may be involved with medicines, but these are the three professions that primarily lead on medicines use.</p> <p>It would not be considered an organisational responsibility to provide pharmacotherapy training to the level described in the query. This response provides an overview of training and information available in this area from undergraduate through to TEWV.</p> <p><u>Undergraduate training</u></p> <p>Medical</p> <p>We link directly into four medical schools. A number of the medical school complete 'pre-loading' pharmacology/ psychopharmacology lectures within the medical school according to the learning outcomes and come to us with a</p>

basic knowledge then to understand medication role in treatment and case-based discussions. They all are required to take Basic Pharmacology lectures and exams within the first few years and then receive more 'honed' teaching within the different speciality placements. All medical schools provide study guides with clearly defined learning outcomes, which are available via their respective websites.

- **Newcastle Medical School:**
 - 5th year psychopharmacology is covered in a Safe Prescribing seminar with 6 case focussed tasks. It covers Mechs of action/ patient response is variable/ side effects/ monitoring/ interactions (although not specifics of de-prescribing, just as a concept) and aligns with learning outcomes from the curriculum. Use more case-based discussion to illustrate examples.
 - 3rd year psychopharmacology is covered in relation to each core condition to a lesser extent given they are earlier in training and focus on management is less.
 - Newcastle 3rd years also have WRISKE (written focused exam) with prescribing tasks to complete with us in mental health.

- **Sunderland Medical School:**
 - 3rd years have 3 core conditions - mood disorders, anxiety disorders and psychosis. We cover antidepressants, antipsychotics, mood stabilisers and PRN medications within those sessions. We talk about how to initiate medication, monitoring, side effects, interactions, adverse effects (e.g. Lithium toxicity, clozapine induced constipation) and role for liaison psychiatric input if working in the acute trust.

- **Hull & York Medical School:**
 - University delivers a series of masterclasses to all students, and following discussions with HYMS Medical School, the Mental Health Curriculum Lead and the Course Director (June 2025), it was agreed to align our teaching with the provision delivered in Humber Mental Health Trust. Pharmacological treatments are incorporated throughout our teaching across each core subject (depression, psychosis, anxiety, dementia). This includes coverage of safe prescribing, side effects, and contraindications/ interactions.

- **Leeds Medical School:**
 - The same approach applies to University of Leeds medical students, who receive pre-learning on this topic from the University. As such, pharmacological interventions are embedded within our core teaching subjects rather than delivered as standalone sessions.

Nursing

The NMC [standards-of-proficiency-for-nurses.pdf](#) outline that the newly registered nurse will:

“understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines”

“demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage”

“demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing”

“apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration”.

Annex B in [standards-of-proficiency-for-nurses.pdf](#) outlines the procedural competencies.

These are the standards that Higher Education Institutes interpret, and they develop the curriculum to meet those outcomes. There are no set curricula.

Pharmacy

[Indicative Curricula for the MPharm and Foundation Training Year | NHS England | Workforce, training and education](#)

Postgraduate training

Medical

Psychopharmacology induction sessions for all new doctors and teaching on pharmacology at weekly release courses (MRCPsych etc). TEWV weekly locality teaching and as part of our education inhouse teaching programme on a regular basis.

More broadly: [How to become a psychiatrist](#)

Nursing

Post registration nurses can undertake post-registration training in prescribing if they can evidence the necessary skills knowledge and experience to undertake the programme.

[standards-for-prescribing-programmes.pdf](#) outline that prescribing programmes fully deliver the [Prescribing Competency Framework | RPS](#)

Pharmacy

[Transforming pharmacy education and training | NHS England | Workforce, training and education](#)

If pharmacists have not already gained a post-graduate clinical diploma then we usually offer this via the University of Sunderland [MSc Clinical Pharmacy October 2026/27 Part-time | The University of Sunderland](#)

Once complete pharmacists will usually complete the mental health postgraduate diploma [Mental Health Pharmacy | Aston University](#)

Revalidation

Revalidation describes the individual responsibilities required to maintain registration. This is supported by additional processes for the different professions.

Medical

[Revalidation – General Medical Council](#) – the process is described here [What is revalidation? - GMC](#)

Nursing

Revalidation is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the NMC. This is to help individuals continually develop and reflect on your practice and is done every three years. [Revalidation - The Nursing and Midwifery Council](#) – this is in line with [The Code](#) - The Code presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK.

Pharmacy

Each year, pharmacists and pharmacy technicians must record what they have done to keep their knowledge and skills up to date and reflect on how they have put this into practice. [Revalidation and renewal | General Pharmaceutical Council](#) – this is in line with [standards for pharmacy professionals](#)

Resources available within TEWV (all staff)

- Access to the Medicines Optimisation - Interactive Guide (available via the staff intranet) which enables you to link directly to medicines policies, procedures, documents, tools and other sources of information. In most cases the links are to pages or documents on the TEWV intranet. In some cases, the links are to SharePoint or internet pages. An external stakeholder version with links that can be accessed outside of TEWV is available - [Medicines optimisation - interactive guide - Tees Esk and Wear Valley NHS Foundation Trust](#)
- A comprehensive suite of clinical guidelines to support practice – all linked via the above. Available also via our website [Publications - Tees Esk and Wear Valley NHS Foundation Trust](#) – 124 documents are available when filtered by topic “pharmacy”.
- Access to [Choice & Medication](#) – a repository of patient focused materials
- The TEWV library service have confirmed the following:
 - They hold copies of *Psychiatric Drugs Explained*" (David Healy, 7th ed., 2022) and we have ordered two additional copies from Blackwell.
 - Through our library alliance with other NHS libraries across the Northeast, we have access to wide range of medicines related books. The full catalogue is here: <https://nehealthlibraries.on.worldcat.org/discovery>
 - We have access to over 7000 journals including British Journal of Pharmacology and much more that can be access via the NHS Knowledge and Library Hub: <https://library.nhs.uk/knowledgehub/> through an Open Athens account.
 - Also, key resources such as the Maudsley prescribing guidelines: [Table of Contents | The Maudsley Prescribing Guidelines in Psychiatry | Major Reference Works](#) , BNF : <https://bnf.nice.org.uk/> , Stahl Online: <https://www.cambridge.org/core/publications/collections/stahl-online> . And much more.

	<ul style="list-style-type: none"> • Current awareness of medicines issues are raised by our Medicines Optimisation Messages of the Month and our tri-annual medicines optimisation newsletter <p><u>Training and policy available within TEWV</u></p> <ul style="list-style-type: none"> • Medicine Matters: a tri-annual 20-minute educational video which is essential training for pharmacy and nursing (changed every 4 months) • Safe Prescribing module: required training for all new prescribers to the organisation (reviewed in 2025) • Clozapine eLearning: one-off • Rapid Tranquillisation training: 3 yearly for medics & nurses • The Medicines Overarching Framework is our overarching medicines policy. The training needs analysis is on page 28 • The non-medical prescribers (NMP) policy and procedure to practice highlights the importance of professional responsibility and accountability. • Medicines - Prescribing and Initiation of Treatment – this links to the A Competency Framework for all Prescribers <p>Chris Williams and Kedar Kale</p>
<p><i>Judith Webster, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>Having been a member of the Mental Health Services for Older People co creation group in North Yorkshire, York and Selby since the beginning, I have now as a Governor been asked on their behalf this question for you to answer.</p> <p>Why is Carers awareness training NOT mandatory?</p> <p>They themselves feel it is highly important</p> <p>Response</p> <p>We currently offer and deliver Carer’s Awareness Training to all staff across the Trust which is bookable through course bookings. The training offered is linked to one of the six standards of the Triangle of Care accreditation (to ensure that staff are ‘carer aware’ and trained in carer engagement strategies).</p> <p>The training is currently co-delivered by a member of the Patient and Carer Experience Team along with a Carer from the Involvement Team or a representative from a carer’s organisation.</p> <p>There is no national statutory requirement for all healthcare staff to receive this training in the same way as fire safety or safeguarding. The requirements to maintain the accreditation is that we must demonstrate that staff are ‘carer aware’ and trained in engagement strategies i.e. that training is offered and delivered.</p> <p>We are constantly reflecting on areas where we can save training time, what we need to have in place that’s missing, and where we can weave learning points into existing training rather than add more on. We have shared this</p>

	<p>question and the answer with the Training and Education Governance group who oversee all mandated training for the trust and will continue to think about how to make sure all staff are aware of the support carers need and are entitled to. Whether that's through training or through other means, for example we know that some services who have regular contact with carers provide extra support or training in their own areas.</p> <p>Sarah Dexter-Smith</p>
<p><i>Christine Hodgson, Public Governor for City of York and Rest of England</i></p>	<p>Question</p> <p>Could you please let me know the planning and procedures that are put in place for the transition process from CAMHS to AMHS?</p> <p>Response</p> <p>TEWV procedure is firmly grounded in NICE guidelines. It was updated Nov 2023. The procedure, Transitions from Childrens to Adult services is available on our trust website.</p> <p>We have incorporated recent national reports and learnings, including insights from the "Inbetweeners" (2023), NICE Quality Standards (2023), and the Principles of the National Healthcare Transition Framework (2023/4).</p> <p>Our approach is also informed by feedback from young people, and we have taken into account learnings from Serious Incidents (S.I.), the Niche report, and CQC findings.</p> <p>To measure compliance and quality, we have implemented a robust audit programme, which is divided into two parts: CAMHS and adult services. This programme is over two years and ran/is running quarterly:</p> <ul style="list-style-type: none"> • 1 January 2024 to 31 December 2025 for CAMHS • 1 April 2024 to 31 March 2026 for adult services <p>Each quarter we collated the returns and feedback the findings – so ensure continual feedback and improvements.</p> <p>The recent CAMHS overall audit results, though still awaiting formal reporting (as it has just recently closed), have shown improvements in several key areas of the transition process. These include ensuring young people have a named key worker well in advance, holding meetings with young people and their parents/carers to discuss their needs and potential transfer/discharge, and creating personalised transition/discharge plans that are saved on the electronic patient record (EPR).</p> <p>While there has been progress in involving both sending and receiving services in the transition process, there is still room for improvement in ensuring there is always a named worker identified in adult services and therefore joint working between CAMHS and adult services. Additionally, communication of the transition/discharge plan to young people and their parents/carers has seen improvements but requires further attention for consistency.</p>

	<p>From the narratives captured on the CAMHS audit forms, common themes emerged. It was sometimes unclear in the electronic patient record whether plans or conversations regarding discharge/transition had occurred. However, there were also excellent examples where these had taken place. Evidence showed that conversations with young people or carers had happened, and plans were in place. Though the transition panel/conversation with adult services was still pending, which seemed within the timeframe as there were still 3-4 months before the young person turned 18.</p> <p>There are still gaps and areas for improvement in joint working between children and adult services, but these gaps in documentation and procedure are being identified and addressed promptly.</p> <p>Key themes that have been picked up from the adult part of the audit are that joint transition meetings are not always occurring as required, reviews of transition plans remain inconsistent, and continuity is stronger where most young people saw the same key worker for their first two appointments.</p> <p>Adele Dixon has very kindly agreed to lead a small working group to work on the themes that are coming out of both the CAMHS and adult aspects of the transition audits.</p> <p>Beverley Murphy</p>
<p><i>Christine Hodgson, Public Governor for City of York and Rest of England</i></p>	<p>Question</p> <p>Could you please let me know the current situation with Level 2 Autism Training at Foss Park Hospital?</p> <p>Response</p> <p>We are committed to providing Autism training to meet our regulatory requirements within the Code of Practice (2025) and supportive of the need for all our colleagues to undertake this learning. The team are happy to talk to governors about how we provide this training, and the impact, if that would be helpful. There are several different parts to the training:</p> <ul style="list-style-type: none"> • All staff complete the Oliver McGowan Mandatory Training national e-learning, and we get very positive feedback from all staff groups about working through that material. Compliance is at 95%. • We then provide Tier 2 Autism training for all clinicians in TEWV which is co-produced and co-delivered with people with lived experience, including our full time Autism Lived Experience Lead and is in line with the Code of Practice 2025. Compliance is at 63%. • Corporate and administrative staff complete Tier 1 Oliver McGowan Mandatory Training for Autism and Learning disability through the ICB provider. Compliance is at 58%. <p>We monitor the trajectories and compliance for mandatory Autism and learning disability training as part of our executive and board oversight of mandatory and statutory training.</p>

	<p>Specific numbers related to Foss Park:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Tier 1 E-Learning</td> </tr> <tr> <td>Catering - Foss Park (Coffee Shop)</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Domestics Foss Park</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>AMH - Ebor Ward</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>AMH - Minster Ward</td> <td style="text-align: right;">97%</td> </tr> <tr> <td>MHSOP - FPH Administration</td> <td style="text-align: right;">86%</td> </tr> <tr> <td>MHSOP - Moor Croft inc ECT</td> <td style="text-align: right;">89%</td> </tr> <tr> <td>MHSOP - Wold View</td> <td style="text-align: right;">80%</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">92%</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Tier 2 face to face - clinicians</td> </tr> <tr> <td>AMH - Ebor Ward</td> <td style="text-align: right;">82%</td> </tr> <tr> <td>AMH - Minster Ward</td> <td style="text-align: right;">81%</td> </tr> <tr> <td>MHSOP - Moor Croft inc ECT</td> <td style="text-align: right;">63%</td> </tr> <tr> <td>MHSOP - Wold View</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">66%</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Tier 1 admin and corporate – this is a relatively new addition which is reflected in some of the rates.</td> </tr> <tr> <td>Catering - Foss Park (Coffee Shop)</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Domestics Foss Park</td> <td style="text-align: right;">4%</td> </tr> <tr> <td>AMH - Ebor Ward</td> <td style="text-align: right;">0%</td> </tr> <tr> <td>AMH - Minster Ward</td> <td style="text-align: right;">0%</td> </tr> <tr> <td>MHSOP - FPH Administration</td> <td style="text-align: right;">57%</td> </tr> <tr> <td>MHSOP - Moor Croft</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>MHSOP - Wold View</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">20%</td> </tr> </table> <p>Sarah Dexter-Smith</p>	Tier 1 E-Learning		Catering - Foss Park (Coffee Shop)	100%	Domestics Foss Park	100%	AMH - Ebor Ward	100%	AMH - Minster Ward	97%	MHSOP - FPH Administration	86%	MHSOP - Moor Croft inc ECT	89%	MHSOP - Wold View	80%	Grand Total	92%	Tier 2 face to face - clinicians		AMH - Ebor Ward	82%	AMH - Minster Ward	81%	MHSOP - Moor Croft inc ECT	63%	MHSOP - Wold View	50%	Grand Total	66%	Tier 1 admin and corporate – this is a relatively new addition which is reflected in some of the rates.		Catering - Foss Park (Coffee Shop)	100%	Domestics Foss Park	4%	AMH - Ebor Ward	0%	AMH - Minster Ward	0%	MHSOP - FPH Administration	57%	MHSOP - Moor Croft	50%	MHSOP - Wold View	50%	Grand Total	20%
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<p><i>Christine Hodgson, Public Governor for City of York and Rest of England</i></p>	<p>Question</p> <p>Could you please inform me when the Cafe will be opening at Roseberry Park Hospital?</p> <p>The Cafe is a great asset to the hospital and the patients the staff and families who visit the hospital.</p> <p>Patients like to use the Cafe to get off the ward to purchase drinks and food in a safe environment.</p> <p>Could you please keep me updated when the Cafe will opening?</p>																																																

	<p>Response</p> <p>The catering company, Starr and Style, notified us of the closure of the "Bon Appetit" café at Roseberry Park on the day it closed, January 21, 2026. Regrettably, I cannot provide further details at this time, other than to confirm that Bon Appetit will not resume operations in its previous form. We are actively pursuing alternative arrangements for a permanent solution.</p> <p>In the interim, vending options for food and beverages are being sourced. Additionally, two mobile catering units are visiting the site daily, offering a selection of hot and cold food and beverage options.</p> <p>We plan to reopen the space for staff, patients, and visitors to use for breaks and meals. We anticipate that this space will be available from Monday, February 23rd.</p> <p>Simon Adamson</p>
<p><i>Joan Kirkbride, Public Governor for Darlington</i></p>	<p>Question</p> <p>I understand that the Trust recently held a two minutes silence for (sorry I don't know the exact wording) for violence against transgendered persons. I wonder why the Trust chose to do this? If you google days of remembrance, there is almost one for every day of the year and many equally or more deserving.</p> <p>Response</p> <p>We provided a short service online, in addition to our annual remembrance service. Throughout the year we focus on different communities, shaped by events nationally and internationally that affect our colleagues.</p> <p>Some of those events are shaped by our multiple staff networks. Each network is able to highlight areas that are important to them, in collaboration with their executive sponsor and the inclusive cultures team.</p> <p>The Rainbow Network had requested this short service which was entirely optional to attend. Transgender Day of Remembrance, observed annually on 20 November, is an internationally recognised Memorial Day that honours the transgender and gender-diverse people who have lost their lives due to anti-transgender violence. The national armed forces community have also focused on members of the armed forces from the LGBTQ community so this brought two networks and their allies together.</p> <p>The rates of violence against trans-people, and rates of mental health problems and rates of self-harm are very high and we were very happy to be able to provide a small space in the year to support our colleagues from this community; just as we are when we support events, communications, meetings etc with other communities in our workforce.</p> <p>Sarah Dexter-Smith</p>

<p><i>Joan Kirkbride, Public Governor for Darlington</i></p>	<p>Question</p> <p>I was having a moan with a member of staff recently that I felt I didn't receive information from the Trust about very much these days. The person I was speaking to also felt that staff felt the same way. They said they missed Brent's blog but also they felt they were not receiving information as frequently as before. Examples I would give are the departure of two senior members of staff, I only know about these because of people working in the Trust. How will TEWV improve its communications to Governors and staff?</p> <p>Response to follow</p>
<p><i>Nicola Hutchinson, Public Governor for Durham</i></p>	<p>From Public Item 10 (Oct 2025 Care Groups Update), Adult Mental Health Community Teams: iWantGreatCare QR codes on badges.</p> <p>How many feedback responses have you had since rollout, and what % are negative or a complaint?</p> <p>What month did rollout begin, and what are the numbers from then?</p> <p>Response to follow</p>
<p><i>Cllr Jo Coles, Appointed Governor, York</i></p>	<p>Question</p> <p>Can I request an update on crisis support and response times to those seeking support? What is your assessment of what has had an impact on response times and on crisis support generally over the last 12 months?</p> <p>Response to follow</p>
<p><i>Cllr Jo Coles, Appointed Governor for City of York Council</i></p>	<p>Question</p> <p>How is the TEWV People Culture and Diversity Committee ensuring that community-based interventions and early intervention programmes in York are reaching everyone who needs them?</p> <p>Can the diversity data about those accessing programmes can be put in the public domain for wider public assurance?</p> <p>Response to follow</p>
<p><i>Cllr Jo Coles, Appointed Governor for City of York Council</i></p>	<p>Question</p> <p>Can the details about preventative programmes of intervention / projects being undertaken by TEWV be placed in the public domain so that Governors and the public have transparent information about services available in their communities.</p> <p>Response to follow</p>

<p><i>Christine Hodgson, Public Governor for City of York and Rest of England</i></p>	<p>Question</p> <p>Could you please let me know what is put in place to prevent Autistic people entering the Judicial System.</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>As recurrent CRES schemes are under-delivering and non-recurrent measures are offsetting this, how much of this year's improvement is sustainable into 2026/27?</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>With agency costs falling but bank staffing rising, are we seeing a genuine net reduction in workforce costs, or mainly a shift between staffing categories?</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>What is the operational and financial impact of delayed transfers of care (currently averaging around 85 beds), and what system actions are in place to reduce this pressure?</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>What are the expected savings and payback period from the MARS scheme, how are we mitigating the risk of needing to backfill posts at higher cost?</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>If one-off savings were excluded, what would the underlying run-rate position look like for next year?</p> <p>Response to follow</p>
<p><i>John Venable, Public Governor for North Yorkshire</i></p>	<p>Question</p> <p>Given current pressures, are we investing sufficiently in capital, estates, and service improvements to reduce cost pressures longer term?</p> <p>Response to follow</p>

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Agenda Item 8b

Council of Governors

February 2026

Governor Feedback

Item	Name	Feedback
1	Gillian Restall, Public Governor for Stockton-on-Tees	<p>Regarding Leadership/Walkabouts. It would be very helpful for governors to know the names and roles of the other people attending.</p> <p>I am due to attend such an event on Feb 23rd at Westerdale North and South wards Roseberry Park hospital.</p> <p>Bearing in mind my eventful last walkabout, it would be very helpful to know beforehand!</p> <p>Also, I have contacted Westerdale to find out exactly where it lies within the hospital and was told that when I arrived, I had to ring the ward for the gates to be opened!</p> <p>So, I will take the tel. no. Otherwise, as I wasn't informed, I could have been in another PREDICAMENT!</p>
	Joan Kirkbride, Public Governor for Darlington	<p>I was having a moan with a member of staff recently that I felt I didn't receive information from the Trust about very much these days. The person I was speaking to also felt that staff felt the same way. They said they missed Brent's blog but also they felt they were not receiving information as frequently as before. Examples I would give are the departure of two senior members of staff, I only know about these because of people working in the Trust.</p>

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Key Challenges And What We Are Doing

• **Patient Flow – Clinically Ready for Discharge**

- Adult Learning Disabilities – some patients are ready for discharge but cannot leave hospital due to a lack of available accommodation and suitable community providers. Community Teams continue to successfully support providers to prevent placement breakdowns and avoid unnecessary delays. However, we are working with the ICB and wider system to remove barriers and find urgent solutions for individualised packages of care.
- Adult Mental Health Urgent Care – high numbers of people in beds who are clinically ready for discharge, largely due to lack of suitable community support for people with complex needs, including autism. Key actions are establishment of Transfer of Care Hub in Durham with evaluation planned Feb 2026 and a similar model being developed for Tees Valley. Capital bids submitted for future development of 24/7 Centres and additional crisis assessment centres at place across Durham / Tees Valley / North Yorkshire and York. Work underway with autism leads to strengthen specialist support for people with complex autism needs. Targeted work has been agreed to reduce variation between admission and discharge rates in North Yorkshire and York.
- Mental Health Services for Older People – challenges remain around local authority processes, funding and availability of suitable placements, particularly in North Yorkshire and York. We continue to work closely with councils to support safe and timely discharge. Learning from the Transfer of Care Hubs will help improve future practice.

• **Services Requiring Additional Support)**

- HMP Deerbolt, HMP Full Sutton, significant vacancies and recruitment delays, linked to security clearances – Planned exit dates for April 2026.
- Adult Mental Health Harrogate and Ripon Community Teams. Additional leadership from DTV for support. Immediate focus on safety and stabilisation and clinical and leadership oversight and capability.
- Adult Mental Health Crisis – staffing challenges. Daily oversight with modern matron plus recruiting a manager, daily calls across all teams for service wide oversight.
- Children and Young People's Services Crisis - staffing challenges - DTVF picking up screening calls, initial feedback is positive and data showing improvement (also positive impact on Adult Mental Health Crisis).
- Children and Young Peoples ADHD Scarborough, Whitby, Ryedale – Capacity and demand challenges will remain - QI work on pathway to maximise use of existing resource.

• **Patient Experience**

- Adult Mental Health Community Teams. We need to improve response rates for patient and carer feedback. iWantGreatCare is now embedded in practice, including QR codes on staff badges to encourage feedback.
- Talking Therapies (North Yorkshire and York) New "keep in touch" process developed to reduce waiting times and increase focus on treatment rather than assessment. Fewer trainees were recruited this year due to funding issues. We have requested more trainee places for next year.
- MHSOP – Memory Services (Harrogate) Long-standing issues with waiting times continue, especially in rural areas. Registered nurses now carry out memory assessments and support diagnosis and treatment discussions. Improvements made, but further work is needed to build capacity and ensure consistency. Harrogate teams are also improving support to care homes for behavioural and psychological symptoms of dementia, focusing on reducing unnecessary antipsychotic use.
- MHSOP – Acute Hospital Liaison (Harrogate). Rising referrals and staffing pressures, but teams continue to provide responsive support across Emergency Departments and wards wherever possible. Further work being undertaken to understand impact of community team pressures on liaison services in Harrogate.
- Neuro pathways –Northeast and North Cumbria ICB colleagues are working to finalise a commissioning policy and framework, reviewing a proposal by clinicians (Jan 2026) to implement protocols to prioritise those with highest need and create system solutions for the future.

Workforce and Finance

- Staff sickness: Deep dives completed, and clinics with People Partners are supporting managers in areas including Secure Inpatient Services and Adult Learning Disabilities where sickness levels are highest.

Areas We Are Proud Of

- **Adult Learning Disabilities** - Two long-stay patients discharged following intensive preparation and transition work. Bluebell Apartments won Provider of the Year (Inclusion North). New respite model introduced at Levick Court with celebratory endings and beginnings for patients, staff and families.
- **Children and Young People's Neurodevelopmental Services (Durham / Tees Valley)** - Despite significant workforce pressures, the service exceeded its assessment targets.
- **Adult Mental Health Urgent Care (Durham / Tees Valley)** - Sustained improvement in bed occupancy for nine consecutive months, reducing from 93 percent in October 2025 to 78 percent in December 2025. NHS 111 call screening performance has reached 97 percent compliance, the first service nationally to achieve the standard.
- **MHSOP (Durham / Tees Valley) Providing** high-quality support across the dementia pathway. Consistent positive feedback from patients and carers.
- **Adult Mental Health Community (Durham / Tees Valley)** Staff continue to show strong commitment to improvement of numbers of patients providing feedback on their experience. iWantGreatCare responses have increased, with high ratings and positive comments.
- **Talking Therapies (North Yorkshire and York)** Services are exceeding national recovery standards. First national rollout of Tend VR, with positive results. Successful digital access project for older adults, now being used to support further improvements.
- **Mental Health Services Older People (York)** New sensory room opened at Wold View.

What Difference We Have Made To Patients and Communities In The Last 3 months

Health & Justice - Partnership with Cornerstones providing accommodation, food and support for people leaving custody. Work now expanding to support prison leavers at risk of homelessness. Trauma-informed care training delivered to local hospice and MIND staff.

Children and Young Peoples Services(Tees Valley) Getting Help Model launched on 1 January 2026, improving access, early intervention and digital pathways. Two new Mental Health Support Teams established in Durham, strengthening support in schools.

Adult Mental Health - Talking Therapies wait time reduced from 3 months to a few days by December 2025. Significant improvement in second appointment waits, rising from 30–40 percent to 70–80 percent. Early Intervention in Psychosis continues to exceed national targets, achieving 90 percent in January 2026.

Secure Inpatient Services - Several successful discharges, including individuals in long-term hospital stays over 15 years. The Hive reopening soon to provide a social, therapeutic community space.

Mental Health Services Older People - Community dietitian introduced with early positive outcomes. Seven-day community service operating across Hambleton, Harrogate and Richmond, reducing the need for admission and supporting timely discharge.

Meeting of:	Council of Governors
Date:	18 February 2026
Title:	Register of Interests of Governors
Executive Sponsor(s):	-
Report Author(s):	Phil Bellas, Company Secretary

Report for:	<i>Assurance</i>	<input type="checkbox"/>	<i>Decision</i>	<input type="checkbox"/>
	<i>Consultation</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>

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

<i>1: We will co-create high quality care</i>	<input checked="" type="checkbox"/>
<i>2: We will be a great employer</i>	<input checked="" type="checkbox"/>
<i>3: We will be a trusted partner</i>	<input checked="" type="checkbox"/>

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

EXECUTIVE SUMMARY:

Purpose:

To provide the Register of Interests of Governors 2025/26.

Proposal:

That the Register of Interests of Governors 2025/26 be noted.

Overview:

A register of interests of Governors is kept in accordance with the NHS Act 2006 (Schedule 7, para 20 (1)) and the Constitution (Council of Governors' Standing Order 8.2.1).

Definitions of interests are based on guidance published by NHS England and incorporated into Trust policy.

The Register of Interests of Governor 2025/26 is attached to this report for information. It will be published on the Trust website.

Governors are reminded of the importance of keeping their registration of interests up to date. Any changes, in year, should be notified to the Company Secretary.

Prior Consideration and Feedback:

Not applicable

Implications:

The Trust is required to establish and implement processes and systems to identify risks and guard against their occurrence.

Failure to do so would be a breach of the provider licence.

Recommendations:

The Council of Governors is asked to note the Register of Interests of Governors 2025/26

Tees, Esk and Wear Valleys NHS Foundation Trust

Register of Interests of Members of the Council of Governors

Note: 1 - Descriptions of the types of interests are provided in NHS England Guidance "Managing Conflicts of Interests in the NHS " (Publications Gateway Number 06419)

Note: 2 - Changes of interest should be recorded as notified

Note: 3 - The Register should be refreshed annually

Note: 4 - The Register should be a record of interests over time and additional lines should be inserted as required

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests
Lee Alexander	Appointed Governor	None	None	None	None
Rob Allison	Appointed Governor	None	None	None	None
Joan Aynsley	Public Governor	None	None	None	None
Cllr Pauline Beall	Appointed Governor	None	None	None	None
Joanne Bell	Public Governor	None	None	None	None
Gemma Birchwood	Public Governor	Yes Honoraria from Trust Activities	Yes Advocate BPD	Yes Training in counselling and group therapy	Yes Friends with Communi-Tea Selby
Sarah Blackamore	Staff Governor	None	None	None	None
Cllr Moss Boddy	Appointed Governor	None	None	None	None
Mary Booth	Public Governor	None	None	Yes Lay Person on Tees Child Death Overview Panel	Yes Daughter and Daughter in law work for Trust in professional capacity
Cllr Jo Coles	Appointed Governor	None	Yes Elected Member of City of York Council, Deputy Mayor for Policing, Fire and Crime - York and North Yorkshire Combined Authority	Yes Member of the Labour Party, Member of Unison	None

David Coombs	Public Governor	None	None	None	None
Gary Emerson	Public Governor	None	None	Yes Volunteer Trustee for Middlesbrough and Stockton Mind, Volunteer Trustee for Stockton Advice and Information Service (Stockton CAB), Paid Lay representative for NHS England involved primarily in the assessment of Doctors in training, Chair of Stockton and District Advice and Information, Management Consultant for the Cranfield Trust (Voluntary Role), Member of the Customer Committee for Thirteen Group Housing (paid role)	None
Karl Evenden-Prest	Staff Governor	None	Yes - I am currently in receipt of TEVV Services	None	None
Kevan Gillan	Public Governor	None	None	Yes I am a member of the Trust's Cocreation Board	None
Andrea Goldie	Public Governor	None	Yes Healthwatch Darlington Manager	None	None
John Green	Public Governor	None	None	None	None
Cathie Hague	Public Governor	None	None	None	None
Christine Hodgson	Public Governor	None	None	None	Yes Family member in TEVV services
Nicola Hutchinson	Public Governor	None	None	Yes On-going advocacy and engagement with external organisations relating to TEVV services	Yes Family member in receipt of TEVV services
Cheryl Ing	Staff Governor	None	None	None	Yes Husband works for TEVV
Eric Kengne Tatuene	Public Governor	None	None	None	None

Kevin Kelly	Appointed Governor	Yes Acting Assistant Director Adult Social Care	None	None	None
Joan Kirkbride	Public Governor	None	None	None	Yes Daughter works for TEWV
Catherine Lee-Cowan	Appointed Governor	None	None	None	Yes Husband is employed by TEWV
Heather Leeming	Staff Governor	None	None	None	None
Jacci McNulty	Public Governor	None	None	Yes Grants Panel Member and Member of Customer Voices for Believe Housing (Non-Voting)	None
Oliver Milner	Public Governor	None	None	None	None
Tony Morris	Public Governor	None	None	None	None
Gillian Restall	Public Governor	None	None	None	None
Cllr Lisa Robson	Appointed Governor	None	Yes I work for a charity ESPA - Education and Services for People with Autism, as an Occupational Therapist	None	None
Zoe Sherry	Public Governor	None	None	Yes Mental Health Lead for Hartlepool Healthwatch, Chair of Hartlepool World Mental Health Day Event Planning Group	None
Cllr Roberta Swiers	Appointed Governor	Yes Councillor for North Yorkshire Council and I sit on its Care and Independence Committee	None	None	None
Stephen Thomas	Public Governor	Yes Employee of Healthwatch Hartlepool, PPIE representative NENC Secure Data Environment, NICE Perioperative Care Quality Standards Committee	None	Yes Director of Incontrol-able CIC (unpaid)	None
John Venable	Public Governor	None	None	Yes Volunteer with Big Communita Selby	None

Jill Wardle	Public Governor	None	None	None	Yes Close family member in receipt of TEWV services
Judith Webster	Public Governor	None	None	None	None
Judy Williams	Public Governor	None	None	None	None