

**COUNCIL OF GOVERNORS  
WEDNESDAY 13 MAY 2026 AT 1.30PM**

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

**AGENDA**

<b>1.</b>	Apologies for absence	Marie Burnham Chair	Verbal	1.30pm
<b>2.</b>	Welcome and introduction	Marie Burnham Chair	Verbal	
<b>3.</b>	To approve the minutes of the meeting held on 18 February 2026	Marie Burnham Chair	Draft Minutes	
<b>4.</b>	To receive declarations of interest	Marie Burnham Chair	Verbal	
<b>5.</b>	To review the Public Action Log	Marie Burnham Chair	Report	
<b>6.</b>	To receive an update from the Chair	Marie Burnham Chair	Verbal	1.40pm
<b>7.</b>	To receive an update from the Chief Executive	Alison Smith Chief Executive	Report	1.50pm
<b>8.</b>	To receive updates from the Board of Directors' Committees:			1.55pm
	a. People, Culture and Diversity Committee (PCDC)	Roberta Barker Non-Executive Director / Chair of PCDC	Verbal	
	b. Mental Health Legislation Committee (MHLC)	Roberta Barker Non-Executive Director / Interim Chair of MHLC	Verbal	
	c. Resources and Planning Committee (RPC)	John Maddison Non-Executive Director / Chair of R&PC	Verbal	

	<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><a href="https://www.tewv.nhs.uk/about/board/papers-previous-board-meetings/">https://www.tewv.nhs.uk/about/board/papers-previous-board-meetings/</a></p>	<p>Bev Reilly Non-Executive Director / Chair of QAC</p>	<p>Verbal</p>	
9.	To receive a progress update on the Trust's Operational Services	<p>Naomi Lonergan Interim Managing Director</p>	<p>Report</p>	2.15pm
10.	To receive an update on the Trust's 2026 Governor Elections	<p>Phil Bellas Company Secretary</p>	<p>Verbal</p>	2.30pm
11.	To receive an update on the Freedom to Speak up Provision in TEWW	<p>Lesley Hodge Acting Deputy Director of People &amp; Culture</p> <p>Adam Howe Freedom to Speak Up Guardian</p>	<p>Report</p>	2.35pm
12.	To receive a report on Care Quality Commission activity and delivery of the Trust's implementation plan	<p>Beverley Murphy Chief Nurse and Deputy Chief Executive</p>	<p>Report</p>	2.50pm
13.	To consider the appointment of a member of the Council of Governors' Nomination and Remuneration Committee	<p>Phil Bellas Company Secretary</p>	<p>Report</p>	3.10pm
14.	To receive a report from the Council of Governors' Nomination and Remuneration Committee	<p>Marie Burnham Chair</p>	<p>Report</p>	3.15pm
15.	Future Governance / Assurance Arrangements of the Council of Governors	<p>Marie Burnham Chair</p>	<p>Verbal</p>	3.20pm
16.	<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</i></p>	<p>Marie Burnham Chair</p>	<p>Verbal</p>	3.30pm

<p><i>nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <p><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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**Marie Burnham**  
**Chair**  
5 May 2026

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

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## MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD AT 2PM ON 18 FEBRUARY 2026 AT THE WORKPLACE, NEWTON AYCLIFFE AND VIA MS TEAMS

### Present:

J. Aynsley, public Governor, Durham (MS Teams)  
 G. Birchwood, public Governor, North Yorkshire  
 M. Boddy, appointed Governor, Hartlepool Borough Council  
 M. Booth, public Governor, Middlesbrough (MS Teams)  
 J. Coles, appointed Governor, City of York Council  
 D. Coombs, public Governor, Durham (MS Teams)  
 G. Emerson, public Governor, Stockton-on-Tees  
 K. Evenden-Prest, staff Governor, Durham, Tees Valley and Forensics Care Group  
 A. Goldie, public Governor, Darlington  
 J. Green, public Governor, North Yorkshire  
 C. Hodgson, public Governor, York (MS Teams)  
 N. Hutchinson, public Governor, Durham  
 C. Ing, staff Governor, Corporate Services  
 E. Kengne Tatuene, public Governor, Durham (MS Teams)  
 J. Kirkbride, public Governor, Darlington  
 C. Lee-Cowan, appointed Governor, Sunderland University (MS Teams)  
 J. McNulty, public Governor, Durham  
 G. Restall, public Governor, Stockton-on-Tees (MS Teams)  
 Z. Sherry, public Governor, Hartlepool (MS Teams)  
 R. Swiers, appointed Governor, North Yorkshire County Council (MS Teams)  
 J. Venable, public Governor, North Yorkshire  
 J. Webster, public Governor, North Yorkshire (MS Teams)  
 J. Williams, public Governor, Stockton-on-Tees

### In attendance:

N. Adetuberu, Non-Executive Director  
 R. Barker, Non-Executive Director  
 P. Bellas, Company Secretary  
 N Black, Chief Information Officer  
 D. Butcher, Associate Non-Executive Director  
 K. Christon, Deputy Company Secretary  
 H. Crawford, Executive Director of Therapies  
 L. Daniel, Business Admin Apprentice / PA Support to A. Bridges  
 E. Gorringer, Associate Non-Executive Director  
 A. Grant, Corporate Governance Officer (CoG and Membership) (minutes)  
 L. Hodge, Acting Deputy Director for People and Culture  
 K. Kale, Executive Medical Director  
 C. Lanigan, Associate Director of Strategic Planning and Programmes  
 N. Lonergan, Interim Managing Director  
 D. Longton-Worley, Corporate Governance Officer  
 J. Maddison, Non-Executive Director  
 B. Murphy, Deputy Chief Executive and Chief Nurse  
 J. Preston, Non-Executive Director/Senior Independent Director  
 B. Reilly, Interim Trust Chair  
 L. Romaniak, Executive Director for Finance, Estates and Facilities  
 A. Smith, Chief Executive  
 C. Wood, Non-Executive Director

### Observing:

E. Thomas, public member

#### **40. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

L. Alexander, appointed Governor, Durham County Council  
R. Allison, appointed Governor, University of York  
P. Beall, appointed Governor, Stockton on Tees Borough Council  
J. Bell, public Governor, Durham  
S. Blackamore, staff Governor, North Yorkshire, York and Selby Care Group  
K. Gillan, public Governor, Durham  
C. Hague, public Governor, North Yorkshire  
K. Kelly, appointed Governor, Darlington Borough Council  
H. Leeming, staff Governor, Durham, Tees Valley and Forensics Care Group  
O. Milner, public Governor, City of York and Rest of England  
T. Morris, public Governor, Middlesbrough  
L. Robson, appointed Governor, Redcar and Cleveland Borough Council  
S. Thomas, public Governor, Durham  
J. Wardle, public Governor, Durham

A. Bridges, Executive Director for Corporate Affairs and Involvement  
S. Dexter-Smith, Executive Director for People and Culture  
K. Ellis, Interim Executive Director for Strategy and Transformation  
J. Robinson, Non-Executive Director

#### **41. WELCOME AND INTRODUCTION**

The Chair welcomed attendees to the meeting and noted it was the first Council of Governors' meeting for Non-Executive Director, N. Adetuberu, and Associate Non-Executive Directors, D. Butcher and E Gorrington since their appointment in late 2025. Each then took it in turn to introduce themselves.

[G. Birchwood entered the meeting]

#### **42. MINUTES**

Governors considered the accuracy of the minutes of the meetings held on 22 October 2025, and the minutes of the Trust's Annual General and Members' meeting held on 23 October 2025.

It was noted that:

N. Hutchinson advised that she had not received a response from B. Murphy in relation to concerns she had raised at the meeting on 22 October 2025, regarding an alleged incident involving a patient [minute 34, (22/10/2026) refers].

She also advised that she had attended a Leadership Walkabout where concerns were raised by two patients in relation to confidence in their care plans. She noted it had taken six months for her to receive feedback from the Leadership Walkabout and indicated that, whilst she had highlighted her concerns to G. Emerson, she had not received support to pursue those concerns with the Council of Governors.

In addition, she sought clarity on whether Governors would be called to speak as part of the Public Inquiry.

The Chair advised that the Chief Executive would address concerns in the private session regarding Governor involvement in the Public Inquiry and concerns regarding Leadership Walkabouts would be discussed at Item 8b on the public agenda.

With regard to the alleged incident involving a patient, A. Smith advised it had not been appropriate to discuss an individual case at the last meeting and she and N. Hutchinson had since corresponded by email.

With regard to the alleged incident, B. Murphy referred to the third bullet point in the minutes from the meeting on 22 October 2025 (minute 34, (22/10/26) refers) which had stated that “B. Murphy...would be happy to receive facts about the incident and review them.” She confirmed that she had not received further information since the last meeting but, as N. Hutchinson and A. Smith were in correspondence on this matter, she would adhere to that approach.

G. Emerson confirmed that he had spoken to N. Hutchinson before the meeting and that, as Lead Governor, it was his role to provide clarity to fellow Governors regarding their duties. Governors and Board members had very clear roles, which included that Governors would hold the Non-Executive Directors to account for the performance of the Board and he invited Governors to exercise caution with regard to individual cases and circumstances.

The Chair enquired as to a Governor’s wellbeing, and assurance was provided.

***Agreed: That the minutes of the meeting held on 22 October 2025, and the minutes of the Annual General and Members’ meeting held on 23 October 2025, be agreed as correct records and signed by the Chair.***

#### **43. DECLARATIONS OF INTEREST**

J. Coles advised that, as declared on the Council of Governors’ Register of Interests, she was an elected Councillor for City of York Council and was also the Deputy Mayor for Policing, Fire and Crime for North Yorkshire Combined Authority.

#### **44. PUBLIC ACTION LOG**

Consideration was given to the action log.

The Chair confirmed that all actions had been completed or would be addressed on the agenda. In discussions:

1. J. Kirkbride advised that she had previously requested a completed action be added back onto the public action log. The item related to the misdiagnosis of Emotionally Unstable Personality Disorder (EUPD) and concerns she had about a consultant. However, she had since attended a useful meeting with K. Kale and E. Webb regarding this matter.

K. Kale confirmed that actions from his meeting with J. Kirkbride were being progressed and he planned to meet with her again in the future.

A. Smith requested a brief summary be brought back to the Council of Governors' when a conclusion was reached regarding this matter.

**Action – K. Kale**

#### **45. UPDATE FROM INTERIM CHAIR**

Consideration was given to two reports from the Interim Chair on meetings and events she had taken part in from October 2025 to February 2026.

She advised that:

1. Members of the Board had worked hard to ensure the Trust's Medium-Term Plan was submitted by the deadline on 12 February 2026, and she thanked them for their efforts.
2. With regard to Action 26 (22/10/25), she had raised Governors' concerns [minute 236 (22/10/2025 refers)] with senior colleagues from both Integrated Care Boards.
3. On 11 December 2025 it was announced that the Trust would be subject to a Public Inquiry and she had received significant support from chairs and Integrated Care Board colleagues in relation to that.
4. Since the last meeting, she had attended a number of award events in the Trust, including its Star Awards and Ridgeway Awards.

#### **46. UPDATE FROM CHIEF EXECUTIVE**

Governors received a verbal report from the Chief Executive on important topical issues.

A. Smith advised that:

1. High demands had been placed on the Trust's services over the Christmas period and acknowledged that, for some people, Christmas could be a lonely, overwhelming and triggering time. The wider NHS had also faced significant challenges over the festive period, but the Trust had managed to remain within its standard utilisation and had not placed patients out of area. The Trust had carried out check and challenge exercises to ensure services were managing, and on Christmas Day the Chief Nurse had attended ward rounds.
2. She had received a letter from the Health Secretary, Wes Streeting, asking whether the Trust would like to respond to the announcement of the Public Inquiry. She had also responded to patients and MPs on the matter, adding that it was important to maintain the Trust's service provision during the inquiry.
3. She thanked those involved in ensuring the compliance and submission of the Trust's Medium-Term Plan and extended a special thanks to L. Romaniak, K. Ellis, C Lanigan and their teams.

#### **47. GOVERNOR QUESTIONS**

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

B. Reilly advised that:

1. A significant number of Governor questions had sought large amounts of operational detail from the Trust.
2. Many questions had also been submitted close to the deadline, which had limited colleagues' ability to provide responses for the meeting.
3. Responses would be shared with Governors as soon as they were available.

It was noted that:

- A. Goldie drew attention to how many of the questions had reflected the personal opinions of individual Governors. She suggested that questions should be factual and expressed concern that personal views could be mistaken as the collective opinion of the Council of Governors.
- J. Webster advised she had not received communications regarding her question about carer awareness training.

The Chair confirmed that a response provided by S. Dexter-Smith had been included in the report.

- J. Coles suggested that the deadline for submitting Governor questions should be reconsidered. She also highlighted the importance of avoiding late papers.

A. Smith confirmed that the deadline for submitting Governor questions, prior to Council of Governors' meetings, would be reviewed.

#### **Action – P. Bellas**

She also confirmed that the Trust would continue to publish Governor questions in public but suggested it might be an option to produce a list of previously asked questions at some point.

With regard to the meeting papers, P. Bellas advised that papers for the meeting were circulated in accordance with the Constitution (five clear working days) and late reports were circulated as part of a complete pack when they became available.

The Chair confirmed that there had been an agreement not to circulate late reports.

G. Emerson confirmed that he and the Chair had agreed not to circulate late reports and would discuss the matter further outside the meeting. He also noted that the deadline for submitting Governor questions was close to the meeting and this created pressure for Trust staff to provide responses within a short timescale.

*[Post meeting note: For completeness, answers to the questions that were unanswered at the meeting were circulated to Governors on 18 March 2026 and are attached as Appendix 1 to the minutes.]*

#### **48. GOVERNOR FEEDBACK**

Consideration was given to feedback provided by G. Restall and J. Kirkbride.

G. Emerson advised that G. Restall was online and could hear the meeting but, due to technical issues, she was unable to respond.

The Chair thanked G. Restall for her feedback and apologised for the negative experience she had at a previous Leadership Walkabout. She also confirmed that the review of Leadership Walkabouts would bring much needed improvements. With regard to a future visit to Roseberry Park which they were both due to attend on 23 February 2026, the Chair confirmed she would meet G. Restall prior to the visit, to ensure she felt comfortable to take part.

It was noted that:

- N. Hutchinson confirmed she had only recently received feedback from the Walkabout she attended and expressed concern that her name had been included in the feedback without her permission.

The Chair confirmed that the expected process for Leadership Walkabouts was for one of the Trust leaders attending the visit to provide written feedback and circulate that to the rest of the group, including the attending Governor. The feedback would also be shared with the team that was visited.

N. Hutchinson advised she had asked on a number of occasions for feedback from the walkabout to be shared with her. She had not had the opportunity to attend other visits since and this had made her feel uncomfortable. She confirmed that she had become a Governor to support those whose voices were unheard.

The Chair advised that any discomfort caused had not been intentional.

J. Kirkbride welcomed the decision to review the Leadership Walkabouts process as she had also experienced issues in the past.

A. Smith confirmed that the process would be reviewed to ensure visits were purposeful, appropriately attended, consistent across services, and that feedback was thematically analysed. She thanked Governors for their feedback and confirmed that a presentation on the revised process would be brought to the Council of Governors in due course.

#### **Action - S. Dexter-Smith**

The Chair added that it was important to ensure all Governors had the opportunity to attend Leadership Walkabouts and apologised on behalf of the Board for the issues raised by Governors.

- M. Boddy advised that he had taken part in Leadership Walkabouts but had not been provided with information on their purpose, although he had learned a great deal from attending them.
- J. Kirkbride advised that her question, included in the report at item 8a, had originated from a conversation she had with a TEWV member of staff. They had expressed their dissatisfaction regarding the level of information they received from the Trust and had missed receiving communications from the Chief Executive. J. Kirkbride also suggested the amount of information provided to Governors had reduced in recent months and provided an example of not being notified when a specific Board member had left the Trust. She also expressed disappointment that Governors had not been invited to contribute to the Trust's Medium-Term Plan.

The Chair thanked Governors for their honesty and feedback.

A. Smith confirmed that Trust staff had received communications from her since she had joined the Trust and she would continue to send communications to them. With regard to the Medium-Term Plan, tight timelines imposed by NHS England had limited the Trust's opportunity to consult with Governors. However, there were other opportunities for Governors to view and comment on the content of the plan.

#### **49. UPDATE FROM THE PEOPLE, CULTURE AND DIVERSITY COMMITTEE**

R. Barker advised that:

1. The Committee had received a good level of assurance in a number of areas at its last meeting. This had included the InPhase system, the Trust's Medium-Term Plan and risk.
2. The NHS would be adopting a new system to replace the national ESR system. The Trust expected to change to the new system within the next two to three years and the Committee had received assurance from S. Dexter-Smith that it had the capacity to do so.
3. Consideration was given to long and short-term sickness concerns in the Trust and it remained a standard item for the Committee to monitor.
4. The Committee had met with the new Freedom to Speak Up Guardian, Adam Howe, and he continued to meet with staff at different sites in the Trust.
5. Committee members had considered an update on the Employment Rights Act.

It was noted that:

- J. Coles referred to her question, contained in the report at Item 8a, on making diversity data linked to community-based interventions and early intervention programmes in York available in the public domain. She advised she was aware of data that suggested some offenders were less likely to be referred to rehab programmes due to unconscious bias and it was important to ensure this did not happen in relation to people accessing programmes in the Trust.

H. Crawford confirmed that a response to J. Cole's question would be provided when available but advised that the Board's People, Culture and Diversity Committee focused on matters relating to Trust staff.

- G. Emerson advised that Freedom to Speak Up had not featured on the Council of Governors' agenda for some time.

The Chair confirmed that an item on this would be added to a future agenda.

L. Hodge suggested it would be more beneficial to bring a report to the Council of Governors after data from the second quarter was collected.

**Action – S. Dexter-Smith**

#### **50. UPDATE FROM THE MENTAL HEALTH LEGISLATION COMMITTEE**

R. Barker advised that the Committee had:

1. Introduced operational groups to discuss the Mental Health Act at a Care Group level and understand how the legislation was used. They also had an external partner group, to consider governance and escalation matters, which included representatives from organisations such as the Ambulance Service and the Police.

2. Considered an individual case study on how mental health legislation worked in practice, and this had resulted in a productive discussion on improvements to patient care.
3. Received a presentation from the Advocacy and Patient Rights Network and had agreed that the Committee would revisit how to integrate the network's work into the Trust.
4. Considered as a regular item, the Mental Health Act regarding outcomes and how it was used in practice.

## **51. UPDATE FROM THE RESOURCES AND PLANNING COMMITTEE**

J. Maddison confirmed that the Committee had held two meetings since the last Council of Governors' meeting.

He advised that:

1. The Committee's purpose was to provide assurance to the Board through challenge and oversight.
2. The Committee had discussed the Trust's Medium-Term Plan and Medium-Term Financial Plan, to enable the Board sign off the Assurance Statements. It had received good assurance on the Financial Plan and year end delivery. The main areas of focus had been governance issues, the Board Assurance Framework, the Corporate Risk Register and the associated risks and controls.
3. The Committee had also considered how effectively the Executive Team used information provided by Audit One through its reports and associated actions.
4. He could provide assurance that the Trust's Non-Executive Directors did challenge the Director of Finance and her team on the CRES Delivery Plan.
5. The Committee had oversight of the Medium-Term Plan planning process, Estates and Facilities Services and the Trust's Green Plan. It also had oversight of strategic partnership working and performance target delivery, however, the Trust's ability to control these areas was limited.
6. The Committee had noted that the Trust's wholly owned subsidiary company, Positive Independent Proactive Support Ltd (PIPs), established to enable better care and discharge arrangements for people with complex needs, had been effective but faced challenges.
7. A three As report was regularly produced by the Committee to provide advice, assurance and alerts to the Board.

The Chair reminded Governors that a link to Board papers had been provided on the agenda for the meeting.

It was noted that:

- G. Emerson raised a concern with regard to the potential for costs relating to the Public Inquiry spiralling out of control, particularly when funds could be used for patient care.

A. Smith advised that the scope and Chair of the Public Inquiry was still unknown and, therefore, so too were the timescales and costs relating to it.

- N. Hutchinson declared an interest in the Public Inquiry.

P. Bellas confirmed it would be helpful to know the nature and extent of her interest, in relation to her role as a Governor.

A. Smith suggested P. Bellas and N. Hutchinson speak in the break, prior to the commencement of the private session of the meeting.

K. Evenden-Prest also advised he would speak with P. Bellas outside the meeting regarding his involvement in the Public Inquiry.

## **52. UPDATE FROM THE QUALITY ASSURANCE COMMITTEE**

J. Preston advised that the Committee:

1. Had met twice since the last Council of Governors' meeting.
2. Was responsible for providing assurance to the Board on the quality of Trust services and identifying gaps in quality.
3. Had noted, as highlighted by the Chief Executive in her earlier update, that the Trust had operated positively during the winter period, with no requirement for out of area bed placements. The Trust had also achieved its target for staff receiving flu vaccinations, although a higher uptake would have been welcomed.
4. Had received good assurance regarding regular visits from the Care Quality Commission and in relation to NICE guidelines.
5. Considered how the Trust was learning from mistakes and whether any themes had emerged from that.
6. Had expressed concern regarding waiting times, particularly in relation to Child and Adolescent Mental Health Services and Neurodiversity Services. Priority areas had been identified.
7. Had received good assurance on addressing both the physical and mental health of patients.
8. Had noted how the complaints process had become more challenging with the use of Artificial Intelligence making complaints more complex. However, the complaints team had met deadlines. Following an away day, the Complaints Team had agreed to focus on key risks and outcomes.
9. Had noted that the Trust's Tees Crisis Triage and Assessment Hub had won the prestigious 2025 Seni Lewis Award at an event hosted by the Royal College of Psychiatrists.

A. Smith asked whether Governors were familiar with the work of the Tees Crisis Triage and Awareness Hub.

N. Lonergan advised that she would provide information on the service as part of her operational services update.

## **53. UPDATE ON THE TRUST'S OPERATIONAL SERVICES**

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

N. Lonergan advised that:

1. The Tees Crisis Triage and Assessment Hub had operated for 10 years and provided 24/7 urgent mental health care provision. It was well utilised by the local Ambulance Service and Police and was located close to James Cook Hospital in Middlesbrough.
2. The report highlighted key challenges regarding patients who were clinically ready for discharge. This included the lack of available accommodation and suitable community support, and a need for bespoke care packages. The Trust was working with the Integrated Care Board to remove barriers and find urgent solutions but also needed to work closely with the local authorities.
3. It remained difficult to find suitable placements for patients in Mental Health Services for Older People, particularly in North Yorkshire and York.
4. With regards to patient experience in the Trust's memory services, this remained a challenge but improvements had been made. In Harrogate and York, The Trust's quality improvement work would continue to reduce waiting times.
5. A number of actions were on-going to address challenges linked to staff sickness.
6. A new respite model for the Adult Learning Disability service had been introduced at Levick Court in Middlesbrough.
7. With regard to celebrations, she thanked staff and families for helping to design care, acknowledged how the Talking Therapies service had exceeded the national recovery standards targets and advised that a new sensory room had opened at Wold View in York.

It was noted that:

- G. Emerson sought clarity on whether the Tees Crisis Triage and Assessment Hub would close, as a result of mental health transformation funding for hubs ending in March 2027.

N. Lonergan advised that the Hub in York posed the most challenge and the Trust was working with a national team to ensure a suitable exit strategy was in place. She planned to update Governors on hubs in other areas of the Trust at a later date.

- M. Boddy asked whether local GPs were aware of the Tees Crisis Triage and Assessment Hub and whether they used it, and whether the Trust had reached out to GPs.

A. Smith advised that significant investment had been made into having support staff in primary care to improve mental health awareness. However, more capital spending was needed to increase awareness of the hubs as not all GPs were aware of the service. Primary care had a role to play regarding additional staff but the Trust was supporting people before they were in crisis. Having a mental health Accident and Emergency (A&E) service close to an acute A&E was a model the Trust wanted to build on, as did primary care colleagues, as it worked well.

B. Reilly declared an interest that, as stated on her public Board Register of Interests, a close family member had accessed the Trust's crisis service without engaging with her GP.

B. Murphy advised that call handlers at NHS 111 (option2) had the option to refer callers to the crisis assessment suite. Attending, whether by choice or taken there by Police on a Section 136, could prevent a person's detention. If a person presented themselves to the assessment suite more than once, care plans could be developed for them, but it was not the case in other areas.

- J. Green suggested that a crisis hub was needed in the Harrogate area. He advised that some GPs had raised concerns about patients disengaging from mental health services and subsequently being re-referred to GPs. He queried whether this was a wider issue and suggested that such disengagement should be investigated.

K. Kale advised that GPs could contact, or meet with, Local Clinical Interphase Groups and medical staff if they had concerns. If a person dis-engaged with mental health services, the Trust would take an assertive approach and proactively engage with them.

A. Smith advised that patients had a right to choose, and some preferred their GP to oversee their medication. People could not be forced to stay with a service and were free to choose a private route, however, the Trust did work with GPs when a person disengaged from services. There were also other opportunities to engage with and support individuals, including hubs.

#### **54. CITO UPDATE**

N. Black provided a verbal update on CITO, the electronic patient record system.

He advised that:

1. 622 new Wi-Fi points had been installed in the Trust, despite a two-week delay and need to spend more money than expected. West Park Hospital installations were almost complete and would result in an improvement of coverage. Auckland Park installation was complete and the coverage had significantly improved.
2. With regard to the procurement of a new system to replace CITO, this had moved to the contract award stage and would be considered by the Board at their meeting on 12 March 2026.

It was noted that:

- The Chair thanked N. Black and his team for their work on CITO and the procurement of a new system.
- In response to a question about a community team at West Park Hospital in Darlington, N. Black confirmed the team would receive an upgrade to their Wi-Fi, week commencing 2 March 2026.
- J. Kirkbride asked whether staff on Beech Unit had been informed of why information recorded on CITO had not saved correctly.

N. Black confirmed they had been informed that a Wi-Fi issue had affected their connection at West Park Hospital.

N. Hutchinson suggested that the Trust should ensure patient records were complete.

A. Smith confirmed that staff had been asked to check all information that had not been recorded was re-instated. It was expected that the improvements to Wi-Fi connection across the Trust would be completed by May 2026.

## **55. APPOINTMENTS TO THE COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE**

P. Bellas confirmed no nominations had been received for the vacancy on the Council of Governors' Nomination and Remuneration Committee. He encouraged Governors to nominate themselves when the vacancy was advertised again. More information on the role was available, but there was a requirement for members of the Committee to have experience of appointing senior staff.

G. Emerson, a member of the Committee, advised that he and the other members, M. Boddy and M. Booth, would be happy to speak to Governors interested in the role.

M. Booth added that the role was interesting and vital to the Trust. She encouraged fellow Governors to consider becoming a member of the Committee.

## **56. REVIEW OF COUNCIL OF GOVERNORS' REGISTER OF INTERESTS**

Consideration was given to a report on the Council of Governors' Register of Interests.

P. Bellas advised that, in accordance with the NHS Act 2006 and the Trust's Constitution, the Governors' Register of Interests was published on the Trust's website. Governors were reminded of the requirement to inform the Trust of any changes to their interests.

Governors noted the Council of Governors' Register of Interests for 2025/26.

## **57. 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 4pm.

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Marie Burnham  
Chair  
5 May 2026

# Agenda Item 5

## 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	–	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	–	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	–	Completed
22/10/2025	30	The Interim Chair and Chief Executive to discuss with Board members, the importance of attending Leadership Walkabouts.	AS/BR	–	Completed (The value of attending Leadership Walkabouts was discussed at Board meetings)
18/02/2026	44	To provide the Council of Governors with a brief summary of actions taken in relation to concerns raised by J. Kirkbride about the misdiagnosis of Emotionally Unstable Personality Disorder (EUPD)	KK	–	Meeting to be arranged between K. Kale and J. Kirkbride
18/02/2026	47	To review deadline for submitting Governor questions before Council of Governors' meetings	PB	–	Completed (Deadline for Governor questions, now two weeks before meetings)
18/02/2026	48	A presentation on the revised Leadership Walkabout process to be provided to Governors at a future Council of Governors' meeting	SDS	30/09/2026	
18/02/2026	49	A report on the Trust's Freedom to Speak Up service to be provided to the Council of Governors	SDS	13/05/2026	Item 11

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**For General Release**

<b>Meeting of:</b>	Council of Governors
<b>Date:</b>	13/05/2026
<b>Title:</b>	Chief Executive's Update
<b>Executive Sponsor(s):</b>	Alison Smith
<b>Author(s):</b>	Alison Smith

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

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

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

<b>Relevant BAF risk/s (name and number)</b>	<b>Context</b>
<i>All</i>	<p><i>The update from the CEO touches on all strategic risks of the Trust.</i></p> <p><i>Through leadership of the organisation, the CEO supports effective oversight of quality, safety, workforce, financial sustainability, transformation, digital enablement, estates and regulatory compliance and ensures that the Trust maintains a clear focus on public confidence, system working and delivery of its strategic objectives.</i></p>

**Executive Summary**

**Purpose**

**A summary report from the Chief Executive**

**Overview**

I continue to visit and work within a variety of locations across the Trust, remaining visible and present for staff and patients.

I have continued to meet with patients and families who want to share their stories with the new CEO. This has been incredibly courageous, particularly when retelling experiences that are often difficult and distressing. Many do so in the hope of improving care for others and helping to prevent anyone else experiencing what they and their loved ones have been through. I will be reviewing the key themes and working with colleagues to take forward the learning, so that we can improve patient and family experiences going forward.

Following the granting of a Public Inquiry (PI) on 11 December 2025, the first step is to appoint a PI Chair, and we understand that a Chair has not yet been identified. We remain in contact with our NHSE North East regional colleagues, seeking regular updates, and we will continue to support parents and families.

Following completion of a competitive procurement process, the Trust has selected Rio by The Access Group as its preferred supplier for the new Electronic Patient Record (EPR) system. This system is used across 26 mental health trusts nationally, supporting day-to-day service delivery. The new contract is expected to be signed before Easter, with implementation commencing immediately thereafter. The programme is planning for a go-live date of 15 April 2027, ahead of the expiry of the Trust's existing EPR contract in June 2027.

The TEWV Board Assurance Framework (BAF) will transition to the InPhase programme, which provides a serviced online BAF system, and we will cease the manual BAF process. The Board of Directors will receive the first InPhase update in June 2026.

The announcement of industrial action by doctors in training, for seven days from 7 April, was well planned for, and I am pleased to share that it did not affect services. I would like to thank Dr Kale and colleagues for their oversight and support during this time.

The newly appointed NHSE Director for Mental Health, Learning Disabilities and Neurodiversity, as part of the National Priorities Programme, met with all MH/LD CEOs on 10 March. Dr Nick Broughton shared his priorities and focus for mental health, learning disabilities and neurodiversity across the communities we serve, and the improvements needed. The emphasis on working together—bringing experience, expertise, energy and passion—was welcomed and supported by all CEOs.

There was recognition of the negative narrative regarding mental health services, including:

The focus on working together—bringing experience, expertise, energy and passion to address these challenges—was warmly accepted and supported by all CEOs.

In April 2025, NHS England Chief Executive Sir James Mackey outlined key NHS reform priorities for 2025/26. This included putting measures in place to address the underlying deficit and the need to achieve overall financial balance. At that time, it was made clear that all 42 ICBs were to support this by reducing their running and programme costs by around 50%. The consultations for both NENC and HNY have been completed, and both are implementing new structures for the ICB Blueprint. This will focus on the strategic commissioning framework to continuously plan in an evidence-based way; purchase, monitor and evaluate services; and improve population health, reduce inequalities and improve equitable access to consistent, high-quality healthcare.

The NHSE North East and Yorkshire region—alongside all NHSE regions—will become a stronger partner in the new NHS Operating Model in England, providing clarity on organisational responsibilities, helping to improve operational performance, and supporting devolved decision-making. The new regional Blueprint comes ahead of the planned abolition of NHSE as NHS functions merge into the Department of Health and Social Care. The Blueprint sets out the core functions of the regional team, maintaining geographical footprints, strengthening the performance management role, and describing enhanced and expanded responsibilities. This will be supported by new governance structures, with an executive team, a Chief Executive and a non-executive Chair in each region. Recent appointments include Bill McCarthy as the NEY Chair, and Fiona Edwards as the CEO; Liam Donaldson as the NENC Chair, and Sam Allen as the CEO.

## Key Operational Areas

### Patient Flow, Clinically Ready for Discharge

#### Adult Learning Disabilities

Some patients are clinically ready for discharge but remain in hospital due to a shortage of suitable accommodation and community providers. This is a national and system-wide issue. Community teams continue to work closely with existing providers to prevent placement breakdowns and avoid further delays. We are actively working with the ICB and wider partners to resolve individual cases and remove barriers to timely discharge.

#### Adult Mental Health Urgent Care

The number of patients who are clinically ready for discharge remains a challenge, particularly in Durham Tees Valley, with around 13 percent of patients affected. In North Yorkshire and York the position is slightly lower at around 11 percent. Delays are mainly related to limited community provision for people with complex needs, including autism, and higher levels of clinical risk.

A coordinated programme of work is in place. This includes a Trust-wide Hospital to Community Programme Board, focused transformation of inpatient services, and the rollout of the Transfer of Care Hub model, which has shown early positive impact. Business cases are also being progressed to strengthen urgent and crisis assessment pathways.

#### Mental Health Services for Older People

Challenges continue in parts of North Yorkshire, particularly around local authority processes, funding, and the availability of appropriate placements. These issues are being progressed through system-level discussions with partners.

#### Talking Therapies

Waiting times remain a challenge in North Yorkshire and York, particularly for higher intensity treatments and assessments. Actions are in place to improve communication with people waiting, including “keep in touch” processes, which are beginning to have a positive effect.

### Services Requiring Additional Support

A small number of services are receiving focused improvement support due to workforce and demand pressures. These risks are recognised and actively managed.

#### Health and Justice Services

HMP Deerbolt continues to experience recruitment delays linked to national security clearance processes. A planned service exit remains scheduled for June 2026. HMP Full Sutton has recently moved out of additional support arrangements.

#### Adult Mental Health Community Services

Harrogate and Ripon community teams are receiving additional leadership support, with a short-term focus on safety, stabilisation, and strengthened oversight. Darlington community services are experiencing high sickness levels, with additional capacity in place to mitigate impact. Crisis services continue to face staffing challenges, with work underway to review demand, capacity, and workforce models.

#### Children and Young People's Services

Crisis services have experienced staffing pressures. Temporary support arrangements are in place, which are showing early positive impact for both children's and adult crisis pathways. ADHD services in Scarborough, Whitby, and Ryedale continue to experience demand exceeding capacity. Quality improvement work is underway to maximise use of existing resources.

## **Adult Learning Disability Inpatient Services, Bankfields Court**

This service has experienced increased patient acuity and workforce pressures. There is daily senior oversight and escalation through Trust governance structures. Immediate actions are focused on patient and staff safety, recruitment, and specialist advice. The service is expected to stabilise and exit additional support arrangements by the end of June, subject to progress.

## **Patient Experience**

Overall patient experience feedback remains positive, with specific areas for improvement identified.

## **Adult Mental Health Community Services and Neurodevelopment Pathways**

System partners have shared proposals to address the number of people waiting for assessment. The Trust is currently developing its response. Work continues to improve the volume and representativeness of patient and carer feedback, with digital feedback tools now embedded across services.

## **Talking Therapies**

Services in North Yorkshire and York continue to receive predominantly positive feedback. A well-established patient experience forum in North Yorkshire has supported meaningful co-production.

## **Mental Health Services for Older People**

Following changes at the Friarage Hospital, liaison services have adapted their role in partnership with Hospital at Home teams. The shared aim is to reduce unnecessary admissions and support people with frailty and mental health needs to remain at home where possible.

## **Health and Justice Services**

A recent family and carer engagement survey highlighted strong staff commitment to involving families and carers, particularly in assessments and ADHD pathways. Learning from this work is being progressed.

## **Workforce and Finance**

### **Workforce**

Staff sickness remains a challenge in some services, particularly inpatient learning disability and secure care. People Partners continue to provide targeted support to managers, including training and attendance support.

### **Finance**

Work continues to review staffing establishments against available budgets, including reducing reliance on unfunded posts and flexible staffing to support financial sustainability alongside safe care delivery.

## Areas We Are Proud Of

**Adult Learning Disabilities** - DTV Physical Health Team shortlisted as a finalist for Stars of Social Care Teams Awards 2026 in the Autism & Learning Disability.

**Children and Young People** - The service is running online webinars including on Exam Stress, Transitions & % ways to Wellbeing. The service has also developed a 'CAMHS skills programme' to support new entrants to the profession.

**Adult Mental Health Urgent Care** - Sustaining special cause improvement in Bed Occupancy across both care groups. DTVF NHS 111 call screening answer rates have continued to report special cause improvement with high level performance compliance achieved at 97% achieved in Mar-26, meeting the national KPI

**Adult Mental Health Community (Durham / Tees Valley)** - The roll out of group work in Talking Therapies is significantly reducing the number of people waiting for a second appointment since the start of the year with a 24.7% reduction recorded. The enhanced community offer for rehab services is set to be rolled out following the closure of Lustrum Vale, giving patients better access to more services than ever before

**Talking Therapies (North Yorkshire and York)** - The VR project continues to be extremely successful. The service gave a presentation to Innovation Exchange to celebrate this work and the positive outcomes we are seeing from the pilot. Both services also continue to be part of the Stratcare trial.

**Mental Health Services Older People** - The York Memory Assessment Service is working with the Frailty hub and Dementia Forward to develop an integrated pathway for memory diagnosis for people who are frail and housebound. Currently we are supporting the training of 2 GPs to be able to diagnose following an assessment by a Clinical Specialist Nurse from the Memory Assessment Service.

**Health and Justice** - Strong feedback from student placements across multiple services "supportive, inspiring and committed to learning. Significant reductions in assessment waiting times following service redesign, recruitment and flexible staffing models. The Primrose service have had several submissions accepted for publication. poetry from service users and article about the sensory garden

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

**Health & Justice** - Support workers in the Liaison and Diversion Service have facilitated donations to provide to detainees on their release from custody including clothes, hygiene packs and water bottles with positive quotes printed on them as well as books/ magazines for detainees to read whilst in custody. Staff at HMP Durham have a Patient and Carer strategy carers are contacted within 2 weeks of admission to gather information, discuss care plans and support with any operational concerns such as visits and finance

**Talking Therapies (North Yorkshire and York)** - Both services exceeded the national target on all recovery metrics for the 2025/26 financial year, despite some of the challenges described, which is testament to the hard work of the staff

**Adult Mental Health** - We continue to report special cause improvement in ensuring Trust-wide acute inpatients receive care and treatment close to their homes and over the last 2 months there has been a noted improvement in the number of internal out of area patients, supporting both patient and carer experience.

**Secure Inpatient Services** - The Hive has reopened and provides a social, therapeutic community space.

**Children and Young People** - Students from the British School of Valencia wrote letters to send positivity and encouragement to young people who may be going through a challenging time. Selby CAMHS was chosen as a site to receive these letters. Six young people accessing Selby CAMHS were asked to review the letters, they did a wonderful job of feeding back the letters they liked best which were chosen to be included in a book.

**Adult Learning Disabilities** - Improving the quality of life for our patients and their families, including patients at Bankfields Court where they enjoy individualised activities through section 17 leave – including visiting local shops, the pub and coffee shops, going swimming, going to the gym, playing football, going to the beach and enjoying an ice-cream or visiting a local farm and feeding the animals.

# Council of Governors Care Groups Update

April 2026



Tees, Esk and Wear Valleys  
NHS Foundation Trust

The collage features 15 distinct Facebook posts from the 'Team TEWV' page, each with its own caption and images. The posts are arranged in a grid-like fashion, overlapping slightly. The content includes:

- Post 1 (14:52):** A post by Conway Kelly about therapy dogs on Teesside, featuring a photo of a brown dog.
- Post 2 (14:53):** A post by Kerry Simpson celebrating the TEWV 10k and TEWV Fun Run, with photos of runners and a finish line banner.
- Post 3 (15:05):** A post by Admin about Catterick Integrated Care Centre sessions, with a photo of a modern building.
- Post 4 (15:05):** A post by Admin about an Easter event at Ropner Park, featuring photos of people and a dog in a costume.
- Post 5 (15:03):** A post by Admin about a meeting for staff to sail with Cirdan Trust, with photos of sailboats.
- Post 6 (14:56):** A post by Admin wishing luck to Sarah Wilson for the Nursing Times Student Nurse of the Year Awards, with photos of Sarah and a group of people.
- Post 7 (14:55):** A post by Jane Fairhurst-Blakey about dementia training at Auckland Park Hospital, with photos of a classroom.
- Post 8 (14:58):** A post by Katy Hemon about a dementia awareness session, with photos of people at a table.
- Post 9 (14:54):** A post by Yasmin Johnson about a military child awareness session, with photos of people in purple shirts.
- Post 10 (14:59):** A post by Becky Stephenson about a NAPICU OT network meeting, with a photo of a presentation slide titled 'Occupational Therapy Delivery in Seclusion'.
- Post 11 (15:04):** A post by Hayley Bridgick about a garden on Elm Ward, with photos of potted plants and a garden.
- Post 12 (15:04):** A post by Christine Bruce about the Ridgeway Clinical Model, with photos of a presentation.
- Post 13 (14:57):** A post by Matthew Ford-Huggins about a team meeting, with photos of people at a table.
- Post 14 (14:56):** A post by Amanda Bayley about wishing luck to Sarah Wilson, with photos of Sarah and a group of people.
- Post 15 (14:56):** A post by Yasmin Johnson about a national QI event, with photos of a presentation and a group of people.

## For General Release

<b>Meeting of:</b>	Council of Governors
<b>Date:</b>	13 <sup>th</sup> May 2026
<b>Title:</b>	Freedom to Speak Up
<b>Executive Sponsor(s):</b>	Sarah Dexter-Smith, Executive Director of People and Culture
<b>Author(s):</b>	Lesley Hodge (Deputy Director of People and Culture) and Adam Howe (Freedom to Speak Up Guardian)

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

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

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

<b>Relevant BAF risk/s (name and number)</b>	<b>Relevant control</b>
<b>All risks relating to patient safety, quality of care and staffing</b>	Having a strong and independent Freedom to Speak Up Guardian (FTSUG) is a fundamental requirement of NHS provision and ensures that there is a safe route for colleagues to raise concerns about patient and staff safety even when they do not feel safe to raise this within their local service.

Following the Francis Inquiry<sup>1</sup> 2013 and 2015, the NHS launched ‘Freedom to Speak Up’ (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

This paper provides governors with an update on the relatively new FTSU service provided by The Guardian Service (TGS), including the reach and access across the Trust. Our dedicated Guardian is Adam Howe.

### Benefits

We moved to this independent service in mid-November 2025 on the basis that:

- They are fully independent

<sup>1</sup> <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-publicinquiry>

- There is 24-hour provision meaning staff on night / weekend shifts, or those who are worried after work, can still speak to someone. All the Guardians within TGS also cover an on-call rota, ensuring that any member of TEWV staff can speak to a FTSUG 24 hours a day. Any concerns raised out of hours are handed straight to our Guardian in work time, for him to follow up.
- A range of Guardians are available if a member of staff wants to speak to someone other than our own dedicated Guardian.
- The service combines on site, in person, as well as telephone / online support.

**Escalation processes**

There is a very clear escalation and response process in place. Concerns are categorised and any patient or staff safety concerns are escalated rapidly to a senior member of the Trust. Expectations of Trust staff are also clear in terms of speed of response to the Guardian and the process by which concerns are resolved. If a senior member of staff does not respond within the agreed timescales this is escalated immediately to a director and to the DoP&C.

The following timescales have been agreed and form part of the Service Level Agreement.

Call Type	Description	Agreed Escalation Timescales
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours
Green	General grievances e.g. a change in work conditions.	Response required within 72 hours

**Oversight**

Oversight processes are strong. Monthly updates to the DoP&C are meaningful and include themes, outcomes of cases and delays in resolving concerns. No individual can be identified through these meetings and reports therefore this always maintains staff members' confidentiality.

They are complemented by immediate contact with Director colleagues if there are any urgent issues that arise, either in terms of patient/ staff safety or delay in response from local services (this is rare), or where there is ongoing work related to concerns shared with the FTSUG.

Quarterly meetings are held with the CEO, Chair and Non-Executive Director to discuss emerging themes and learning points.

Reports are provided to executive directors, People Culture and Diversity Committee and directly to board.

**Reach**

As FTSUG Adam has joined multiple staff events including leadership and management sessions, staff network meetings, webinars, and visited sites across the Trust to meet

individual teams. The reach is impressive with approximately 2000 staff meeting the new FTSUG since mid-November.

Adam has the freedom to visit any services that he wishes, whether that is because he has not yet visited a site, has heard concerns himself, or is following up on a low level concern from the Speak Up group or local services.

## **Impact**

We had anticipated that there would be an initial drop in contact with the FTSUG as staff adapted to the new provision. However, this has not happened and in fact we have seen increased contact from service areas that we have previously struggled to hear from.

During the reporting period, 68 concerns were raised, demonstrating strong early engagement with the service and growing staff confidence in speaking up. This is consistent with a similar period in the previous financial year. Of these, 35 cases have been closed, with the remainder ongoing and subject to continued support. Key areas for consideration from the FTSUG are organisational learning and improvement, particularly in relation to communication during change, management capability, and reinforcing respectful workplace behaviours.

The strengthening of the FTSU service and the increased reach/ uptake of the service from all parts of the Trust and all staff groups, is a positive contribution to the safety of services and the cultural change that we are undertaking.

## **Support for colleagues raising concerns**

The Freedom to Speak Up Guardian adopts a coaching approach and supports staff to address their concerns as much as possible independently. Staff are encouraged, where appropriate, to raise their concerns initially with their line manager or another leader in their leadership team/directorate. Exploring ideas on using existing tools, like team meetings and supervision, can also help an individual bring about resolutions. The Freedom to Speak Up Guardian is an empathetic listener and often just providing a listening ear is all that is required to support staff address their concerns and finding resolutions.

Open cases are continually monitored and regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff. Guardians will maintain contact until the situation is resolved or the staff member is satisfied that no further action or support is required. Where there is a particular complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these would be raised with the organisational lead for the Guardian Service at regular monthly meetings.

If any member of staff feels they have experienced detriment as a result of raising concerns through the FTSUG, this is investigated independently, overseen by the deputy DoP&C and reporting into the Non-executive director FTSU champion.

## **Triangulating concerns**

Feedback from visits that the FTSUG makes to services are well aligned with those that exist in services, although there have been instances where the feedback from the FTSUG has strengthened a concern, or led to an earlier intervention than might have been the case without his feedback.

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## For General Release

<b>Meeting of:</b>	Council of Governors
<b>Date:</b>	13 May 2026
<b>Title:</b>	CQC Activity and Delivery of the Trust Integrated Oversight Plan – Cover paper
<b>Executive Sponsor(s):</b>	Beverley Murphy, Chief Nurse and Deputy CEO
<b>Author(s):</b>	Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data

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

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

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

<i>Relevant BAF risk/s (name and number)</i>	<i>Relevant control</i>
<b>8 – Quality Governance</b>	<b>Quality Governance</b> - There is a risk that our floor to Board quality governance does not provide thorough insights into quality risks caused by the need to further develop and embed our governance and reporting including triangulating a range of quality and performance information resulting in inconsistent understanding of key risks and mitigating actions, leading to variance in standards.

### Executive Summary

**Purpose**

The purpose of this report is to present to the Council of Governors an overview of the Care Quality Commission (CQC) activity and delivery of the Trust’s Integrated Oversight Plan, which is being presented to the Council of Governors meeting 13 May 2026.

**Proposal**

It is proposed that the Council of Governors receives this paper with **good** assurance regarding the systems and processes for oversight, monitoring and progress with the Trust’s Integrated Oversight Plan.

#### Overview

The overall assurance level has been determined by management based on the progress reported, the associated assurance evidence reviewed and the published AuditOne internal audit report of the CQC Improvement Plan Embeddedness (TEWV 2024-25/21), which reported substantial assurance (17/03/2025).

The PowerPoint presentation provides an overview of inspections of TEWV services conducted by the CQC. In summary the following points are noted:

**Overall Regulatory Position:**

- The Trust has experienced sustained regulatory scrutiny and the diagram illustrates activity since 2019 which includes multiple focused and trust-wide CQC inspections across services.
- The most recent trust-wide inspection (April–June 2023) confirmed an overall rating of **Requires Improvement**, with notable strengths in the domains of Caring and Effective (which were rated as Good).
- AMH Crisis, Acute Liaison and Health Based Places of Safety services were rated Good (report published February 2025).
- During the recent ongoing inspection of our CAMHS services in April 2026, there have been positive informal feedback regarding the community services provided to children and young people. Actions are in progress to take forward areas of improvement.

### Delivery of the CQC Improvement Plan

- A co-produced CQC Improvement Plan was developed with Care Groups and submitted to the CQC in November 2023.
- Actions are now embedded within the Trust's Integrated Oversight Plan, an improvement plan which ensures:
  - Clear accountability at Director and operational levels
  - Regular reporting to Executive Directors Group, Quality Assurance Committee and Care Group governance meetings
  - Monitoring and evidence of sustained improvement
- Improvement actions have been completed, with two actions remaining under routine oversight.

### Demonstrable Improvements:

Key improvements delivered to date include:

- Mandatory and statutory training compliance is now consistently above the Trust target across services.
- Strengthened governance, risk and incident management systems. Importantly this includes well embedded systems and processes for review of patient safety incidents.
- Revised Duty of Candour and Complaints processes, with improved assurance.
- Improved physical health monitoring, supervision arrangements, medication safety and environmental standards.
- Introduction of new systems (e.g. InPhase, DIALOG+, LIO) to support care quality and assurance.

An external audit (AuditOne) provided significant assurance that CQC actions were completed effectively and embedded.

### Current and Emerging Position:

- **CAMHS Inspection (April 2026):** Initial feedback was positive. The Trust will receive a draft report from the CQC for factual accuracy checking.
- **Mental Health Act Inspections:** These inspections continue routinely across inpatient areas, with any actions and learning themes monitored and shared through governance groups.
- The Trust has reduced its level of external oversight, moving from increased surveillance to standard Integrate Care Board oversight.
- National benchmarking places the Trust 24<sup>th</sup> of 61 mental health trusts in NHS England's Oversight Framework.

Overall, the Trust can provide strong assurance that it has:

- Responded effectively to CQC findings
- Delivered and embedded the required improvements
- Strengthened governance, quality and oversight arrangements
- Continues to demonstrate a positive trajectory of regulatory improvement.

The Integrated Oversight Plan helps the Trust to monitor actions for sustained improvement and assure the quality of services provided across the organisation.

Appendix 1 (the presentation slides) provides assurance that the Trust's quality and improvement journey extends well beyond regulatory compliance. The breadth of achievements and local exemplars demonstrate sustained progress in patient experience, safety, workforce stability, co-production, innovation and system collaboration across services. Governors can therefore be assured that improvement work is embedded across the organisation, delivering tangible benefits for patients, carers and staff, and underpinning the Trust's ability to maintain continuous quality improvement alongside meeting external regulatory requirements.

### Prior Consideration and Feedback

Progress reports on the CQC Improvement Plan actions and activity are provided to the Executive Directors Group, Care Group Governance Groups, and the Quality Assurance Committee. Any newly identified risks or issues are shared with the Quality Assurance Committee. The Trust also discusses relevant actions from the Improvement Plan with the CQC at Engagement Meetings.

### Implications

There are Regulatory implications should the Trust fail to deliver the improvements identified and maintain ongoing compliance with the CQC Quality Standards and Statements.

### Recommendations

The Council of Governors is asked to:

- 1) Receive the report with good assurance regarding the systems and processes for oversight, monitoring and progress with the Trust's Integrated Oversight Plan and other CQC activity.
- 2) Receive updates for information on CQC inspection activity.



**Tees, Esk and Wear Valleys**  
NHS Foundation Trust

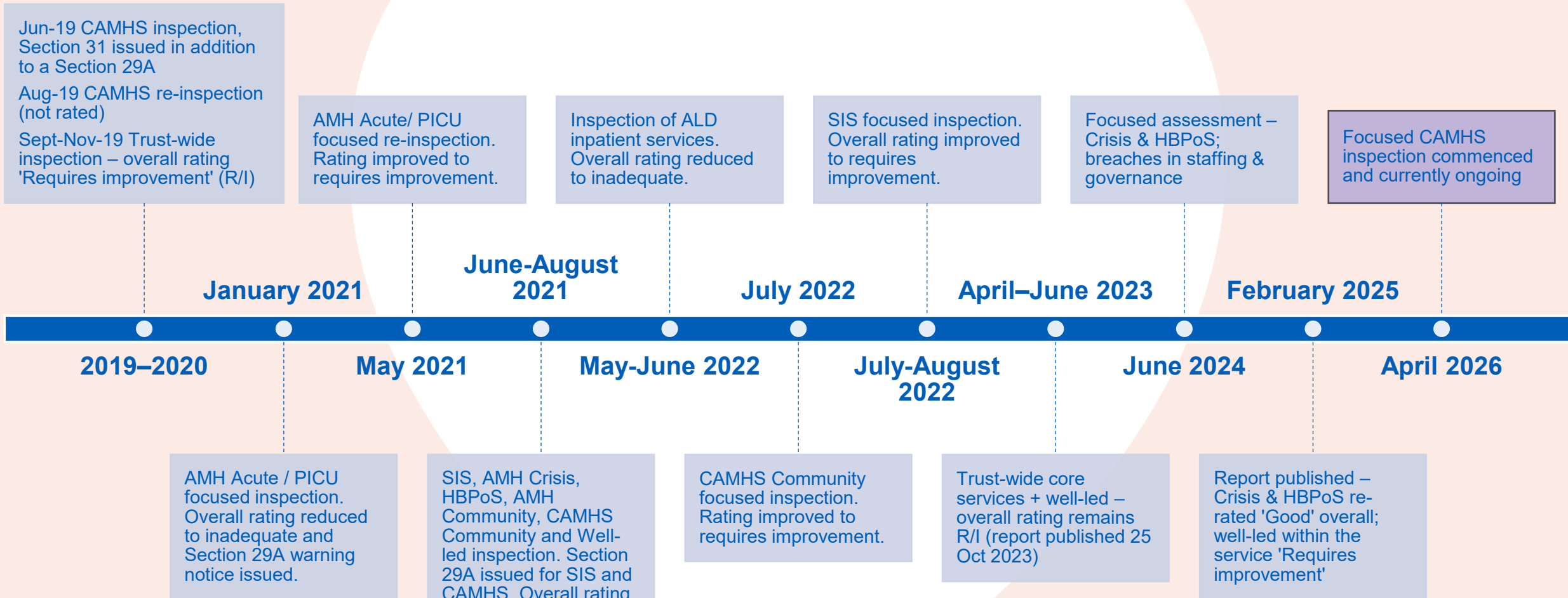


# Tees, Esk and Wear Valleys NHS Foundation Trust

## CQC Activity and Delivery of the Trust Integrated Oversight Plan

Council of Governors: 13<sup>th</sup> May 2026

# CQC inspections – timeline at a glance





# CQC Inspection 2023



# What was found?

## CQC Inspection 2023

- April to May, 2023 - Unannounced inspection of AMH/PICU, MHSOP, ALD, SIS and Community LD Teams
- May 24-26, 2023 The Trust Well-led Inspection took place. Interviews held with Executive Board Members, Non-Executive Directors and Senior Leaders. Focus Groups were also held including Staff Side, Staff Network Groups, Trainee Doctors, Council of Governors, Clinical Focus Groups and Interviews.
- 226 information requests were received and 10 additional follow up requests to support the inspection.
- Twice daily oversight meetings were held with all relevant Senior Leaders and Executives throughout the inspection windows to receive early feedback, collate intelligence and take timely actions where required.
- 25 October 2023 - CQC published the results of our latest Trustwide inspection and overall effective and caring were rated as **good** and safe, responsive and well led as **requires improvement**.

## Key Inspection Outcomes included:

### Key positive findings

- ✓ Positive cultural changes
- ✓ Innovative practice observed
- ✓ Person-centred care
- ✓ Multi-disciplinary working
- ✓ Environmental changes
- ✓ Medication Management
- ✓ Risk Management
- ✓ Governance
- ✓ Clear vision and strategic direction

### Key areas for improvement

- ✳ Staffing
- ✳ Mandatory / Statutory training
- ✳ Responding to Complaints/ PALs
- ✳ Supervision recording
- ✳ Waiting times
- ✳ Physical Health monitoring
- ✳ Serious Incident processes including Duty of Candour

# What was found?



## Some of the things that patients told inspectors:

Patients told us that staff were kind and considerate and that they were always around to support them whenever they needed. Patients said they felt safe whilst they were being cared for on the wards.  
(Wards for older people with mental health problems)

Patients told us they were actively involved in discussing and planning their care needs along with their social care needs. Carers and relatives told us that the service helped them identify what support was available for them and their relative and the team “moved heaven and earth for us”.  
(Community mental health services with learning disabilities or autism)

Patients talked positively about the activities they were involved in including cooking, drama, pet therapy and fitness. Patients told us staff were supportive and kind and that they felt safe on the wards. One patient talked about the comprehensive support they were receiving in their transition to their future placement.  
(Secure inpatient services)

One patient told us their care support worker was ‘better than therapy, or medicines’.  
(Community-based mental health services for adults of working age)

Most patients told us that staff were very friendly, kind and supportive and were very complimentary about the quality of care they received. They told us that staff always treated them with dignity and respect.  
(Acute wards for adults of working age and psychiatric intensive care units)

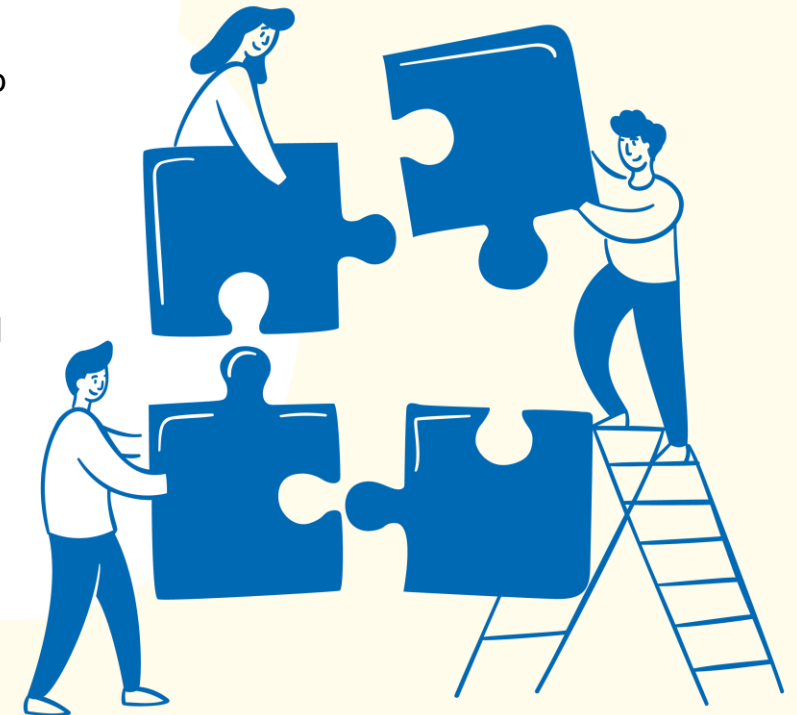
People told us staff were friendly and nice. They told us staff supported them to carry out activities that were of interest to them. People showed us their accommodation and described how they had personalised it.  
(Wards for people with a learning disability or autism)

# Resulting requirements from CQC

## CQC Improvement Plan

The Quality Governance Team co-created the CQC Improvement Plan in collaboration with Care Group colleagues and Specialty/Directorate leads, in response to the **CQC Must and Should Do** recommendations made within the inspection report.

- 31 October 2023 and 01 November 2023 - Two Improvement Planning Events were held to develop improvement actions. The events were well-attended and the framework used was well received by those involved.
- Improvement actions were developed taking into account the significant work which had already been completed, avoiding duplication where actions were already being addressed by established workstreams or ongoing improvement plans were being delivered. This included how it is confirmed that there is ongoing assurance of actions being embedded and sustained.
- 27 November 2023 - The Improvement Plan was formally submitted to the CQC.
- All Improvement actions are centrally monitored via the Integrated Oversight Plan accessible via the Trustwide Shared Drive. Responsible operational action owners and accountable Directors are required to maintain oversight and provide regular progress updates regarding the completion status and assurance levels for each improvement action. Operational oversight is maintained via the responsible Lead Directors and Managers. Reporting is co-ordinated by the Quality Governance Team and presented to the Executive Directors Group, Care Group Combined Governance Group and the Quality Assurance Committee.
- The Quality Governance Team continue to maintain the evidence repository to provide assurance of completion and implementation of actions.



# Resulting requirements from CQC

## Improvements Made

- ✓ Relevant clinical staff were identified as requiring ILS training. A training programme was developed, and staff compliance has significantly improved (evidenced by following trajectory tracking). IIC compliance reports now above the 85% training target.
  - ✓ There has been significant improvements in Mandatory and Statutory training compliance, for all courses, with Trust-wide compliance reporting at 92% (as at 27/01/26).
  - ✓ The Trust Section 17 Leave Policy has been revised and implemented, and the Mental Health Legalisation Team continue to undertake formal monitoring checks in relation to the completion of Section 17 Leave documentation (with reporting via the Mental Health Legislation Committee). The Quality Assurance Schedule monitors practice standards for leave documentation monthly, demonstrating improvements.
  - ✓ The Trust has established an Urgent and Emergency Care Board to review applicable pathways.
  - ✓ Supervision Guidance has been developed for Peer Support Workers.
  - ✓ We have ensured that there are appropriate food options available for patients and that food is stored in line with food safety requirements. More recently a new provider has been contracted in response to food quality and choice feedback from patients.
  - ✓ We have ensured that the storage of gas cylinders is carried out in line with the Trust Policy.
  - ✓ We have ensured appropriate that action is taken when medicine fridge temperatures are out of range and Pharmacy have undertaken focused improvement work to track sustained achievement of practice standards.
  - ✓ Oxehealth (now LIO) roll out was launched and continues to go live (to cover all inpatient clinical areas by July 2026).
  - ✓ We have implemented the guidance and updated the Environmental Ligature Risk tool in line with the national guidance. The new programme is operating well, and compliance is
- 8 monitored through the ERG.



# Resulting requirements from CQC

## Improvements Made

- ✓ An external governance review was undertaken to assess the Trust governance systems and processes, and all Board level Committees now have clear Terms of Reference and a corresponding workplan.
- ✓ A recovery plan was developed, implemented and sustained to successfully address the backlog in the Serious Incident review process.
- ✓ The Trust Duty of Candour Policy has been revised in line with National Standards and there is established routine reporting within the Executive Director Group and Quality Assurance Committee.
- ✓ The Complaints processes review was completed with a revised policy and now include Local Issue Resolution processes.
- ✓ InPhase implementation allowed Risk Register review processes to be automated and has demonstrated more timely processes for addressing and mitigating risks (with improvements in risk scores noted).
- ✓ The Physical Health and Wellbeing Policy was reviewed and updated, with the Trust wide Physical Health Group ensuring fundamental oversight of training for staff on physical healthcare. Audits now demonstrate improvements in practice standards for physical health monitoring.
- ✓ The 'Think Family approach' was promoted via the Safeguarding Team to raise awareness for staff and to share the required standards for safeguarding referrals. The Named Nurse for Safeguarding Children has been asked to present to the CQC (to support JTAI Inspections).
- ✓ DIALOG and DIALOG+ was launched when Cito was implemented, as the single care plan to support the co-production of individualised goal setting and to ensure that patients, carers and other views are reflected and recorded throughout care documents.
- ✓ A Trust wide Professional Nurse Advocate (PNA) was appointed to and has supported extension and embedding of PNA roles. As at 08.10.25, there were 81 qualified PNAs across the Trust.
- ✓ The Harm Minimisation Policy was reviewed and updated to become the Safety and Risk Management Policy.



# AMH Crisis/ Acute Liaison / Health Based-Places of Safety Inspection



# AMH Crisis/ Acute Liaison / Health Based- Places of Safety June 2024

The CQC Inspection Report was published 06 February 2025.

Inspected and rated

Good



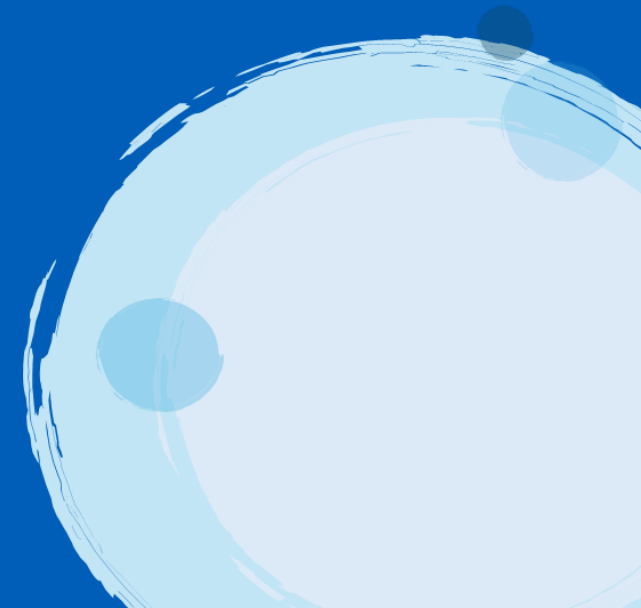
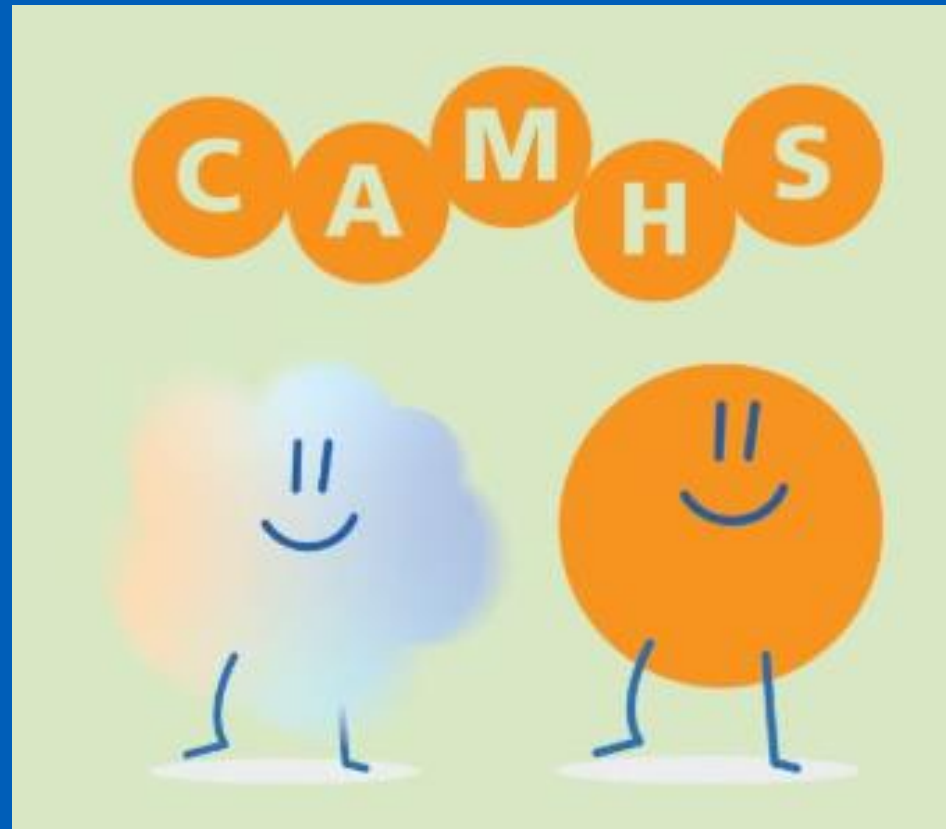
## Key positive findings

- ✓ People were treated as individuals and offered independence, choice and control.
- ✓ There was evidence of a good learning culture, and people using the services told the CQC that they felt safe.
- ✓ People were safeguarded by the staff caring for them.
- ✓ People had their needs assessed, and most people said they were involved in the planning of their care and that their care was regularly reviewed.
- ✓ The CQC saw staff supporting people with their mental health needs and the physical health monitoring.
- ✓ People received evidenced based care and treatment and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- ✓ People are included in their care and treatment choices with carers being involved where appropriate.
- ✓ People's preferences were considered when deciding on appropriate treatment options.
- ✓ Carers were included at assessment stage and throughout.
- ✓ There was a strong quality improvement culture, and leaders were encouraged to develop themselves and the services.
- ✓ Staff told the CQC that the recent move to the 111 service was having a positive impact.

## Key areas for improvement

- \* Further improvements in mandatory and statutory training compliance.
- \* Embedding systems and processes for supervision recording.
- \* Improving clerking systems and processes for patients presenting to the Crisis Assessment Suite at Roseberry Park Hospital.
- \* Consistent recording and reporting of patient outcome measures.
- \* Measuring length of stay for informal patients presenting to the Crisis Assessment Suite.
- \* Reducing inappropriate stays in a Section 136 Suite.
- \* Improving people's experiences of future planning.
- \* Working with Local Authorities to understand the number of safeguarding referrals that progress to a Section 42.

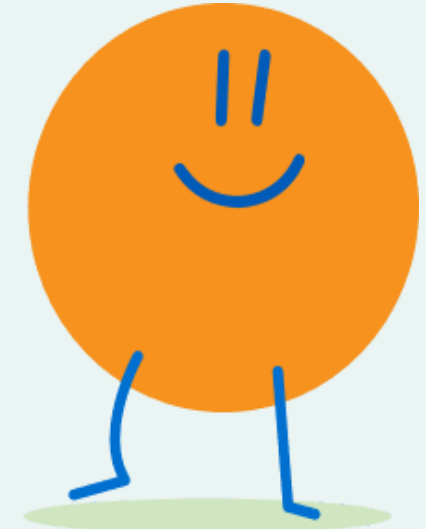
# CAMHS Inspection April 26



# CAMHS Inspection

The unannounced inspection of CAMHS services commenced from 14 April 2026 until 16 April 2026 and involved the following 10 teams visited by CQC inspectors:

- ❖ Harrogate CAMHS Community Team
- ❖ Harrogate CAMHS Eating Disorders Team
- ❖ Hartlepool Getting More Help Team
- ❖ North Yorkshire Single Point of Access Team
- ❖ South Durham Getting Help Team
- ❖ South Tees Getting Help Team
- ❖ South Tees Getting More Help Team
- ❖ Tees CAMHS Crisis Team
- ❖ Teesside Getting More Help Learning Disabilities CAMHS Team
- ❖ Teesside Neurodevelopmental Team



We received 50 information/ data requests which were all responded to within one week.

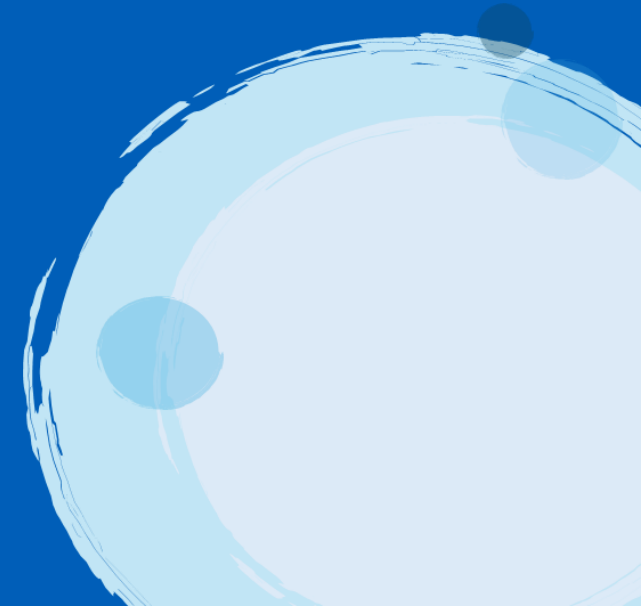
The initial feedback from inspectors was that it was a positive inspection with much good practice identified.

Areas where continued focus is needed includes:

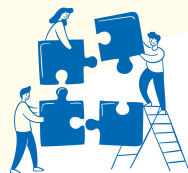
- Consistency of documentation and record keeping.
- Consistency of the time taken to complete formulation.
- Physical health monitoring was not always routinely incorporated as a part of the assessment process within care records.

The Trust will receive a draft report for factual accuracy checking from the CQC in due course.

# CQC Improvement Plan



# CQC Improvement Plan



- 14 and 24 April 2025 - Collaborative action planning events were held in order to develop the formal Improvement Plan.
- During the events, a mapping exercise was undertaken to review all areas scoring of 2 or below. There was good assurance demonstrated at the events that actions were already in progress through established workstreams and therefore additional actions were not required. Examples of the work which is already progressing include events in relation to Patient and Carer Experience (PACE) feedback process, as the Trust moves to a new system 'IWantGreatCare' (which will improve the range of methods available to patients and carers to provide feedback). In addition, the Trust has implemented the Operational Escalation Levels (OPEL) Framework and there are scheduled events to review patient flow and bed occupancy.
- Following this review, there were 4 areas which the Trust felt required additional focused work to make improvements. The Quality Assurance Committee 01/05/25 approved the improvement actions which are monitored as part of the Trust's Integrated Oversight Plan.

## Key Areas Requiring Continued Focus include:

- ❖ Embedding our Supervision recording system and evidence of compliance with the Trust minimum standards.
- ❖ Completion of the Assistive Technology Plan which the programme of work is projected to be completed by July 2026.

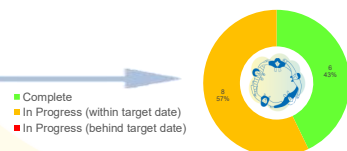
## Additional Achievements

In addition, the Integrated Oversight Plan has been instrumental in demonstrating our improvements made and systems and processes established which have been reported to the Quality Board. Previously we have been under increased surveillance with a NOF category level of 3 which involved regular assurance and progress being reported to the Quality Board. However, the plan was used alongside other initiatives and directorate programmes of work to successfully reduce the level of surveillance to an ICB oversight.

TEWV is ranked 24<sup>th</sup> out of 61 Mental Health Trusts nationally as published by NHS England within the National Oversight Framework (NOF) league tables for NHS Trusts that shows how we are performing in key services so people can see how their local Trusts compare with others across England.

## External Audit Assurance

To evaluate whether actions agreed in response to the CQC findings were completed effectively within specified timescales and process changes effectively embedded, AuditOne completed a review of a selection of 'Must Do' recommendations made by the CQC and the subsequent Trust improvement actions. **Significant assurance** was achieved with evidence of robust processes in place including assurance evidence to demonstrate completion.



The Integrated Oversight Plan incorporates the CQC improvement actions across all CQC inspections and this is reported to the Executive Directors Group, Quality Assurance Committee and Care Group Combined Governance.





We've delivered the collaborative CQC improvement plan following the core service and well-led inspection, with minor additional residual actions now tracked as a component of the **Integrated Oversight Plan** alongside the latest Crisis/ Liaison/ HBPOS inspection report published Feb-25.

# Mental Health Act (MHA) Inspections



# CQC Mental Health Act (MHA) Inspections

The CQC monitors the use of the Mental Health Act 1983 to help protect the Rights of patients whose freedoms are restricted under the Act. The CQC MHA Reviewers do this by talking to detained patients or those who have their Rights restricted under the Act and discussing their experiences. They also talk to relatives, carers, staff, advocates and managers, review records and documentation, including statutory documentation relating to the Act.

During MHA inspections, Reviewers look at the following five guiding principles, as set out in the Mental Health Act Code of Practice:



**Least restrictive option and maximising independence**

**Empowerment and involvement**

**Respect and Dignity**

**Purpose and Effectiveness**

**Efficiency and Equity**

The Trust continues to facilitate and monitor all CQC MHA Inspection activities and resulting actions.

Quarterly thematic reports are provided to the Mental Health Legislation Committee reviewing the learning themes identified. Themes and trends arising from MHA inspections are also shared widely via the monthly Trust wide Strategic Quality Standards Group and within the Trust Organisational Learning Group.

# Appendix 1 - Achievements and Local Exemplars



# Achievements & local exemplars

## ★ Cross-Trust Impact

- **Lived experience growth:** Over 50 peer workers and strong co-creation presence across services.
- **Employment success:** Individual Placement Support (IPS) supported **696 people** into work (2020–24); **93%** remained well without returning to services.
- **Neurodevelopmental progress:** Streamlined neurodevelopmental pathways; regional contribution to improving access.
- **Outcome measures:** Consistent standards; increased real-time use of graphical outcome data.
- **Workforce:** Clear future model, competency frameworks, and targeted recruitment for hard-to-reach areas.
- **Culture of Care:** Embedded across wards with strong improvement themes.
- **Reduced agency use:** Safer, more consistent staffing patterns.
- **Quality governance:** Strong triangulation between learning, safety, experience and staff experience forums.
- **Reduction in agency usage:** exceptional inpatient improvements with reducing non-medical agency hours from the workforce spend reduction whilst also strengthening patient care.



# Achievements & local exemplars

## ★ Patient Rights, Voice & Co-Creation

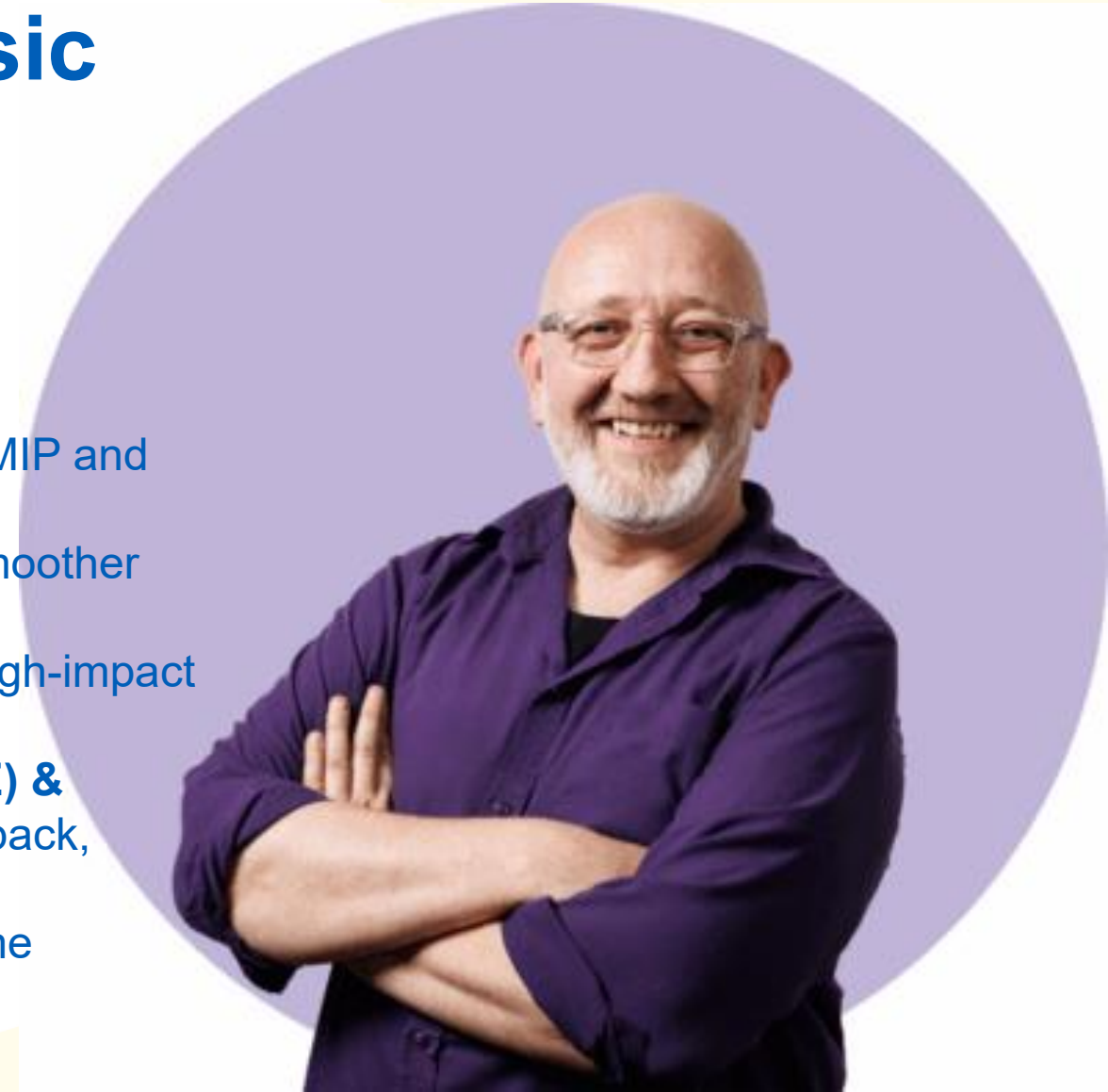
- **Patient Rights & Advocacy Network:** Better access to formal and informal rights, strong governance integration.
- **Lived Experience Education Collective:** Shared MH training across TEWV footprint; improved consistency & quality.
- **Staff Lived Experience Network:** Growing influence across culture & improvement work.
- **Co-creation staff networks:** Expanding themed groups improving inclusion & practice.



# Achievements & local exemplars

## ★ Health & Justice / Forensic Pathways

- **Major pathway improvements:**
  - ADHD and dementia prison pathways
  - Neurodiversity training for officers
- **Strong inspection outcomes:** Repeated positive CQC/HMIP and Prison Quality Network (PQN) reviews across multiple sites.
- **Dynamic community support:** Reduced ALD bed use; smoother complex discharges.
- **National recognition:** Awards, conference delivery, and high-impact training packages.
- **Psychologically Informed Planned Environments (PIPE) & specialist units:** Strong governance, positive resident feedback, enabling environments maintained.
- **Innovation:** Therapy dogs, sensory suitcases, new outcome measures (DBT), high-quality women's trauma conferences.



# Achievements & local exemplars

## ★ Older People's Mental Health (MHSOP)

- **Positive practice recognition** for staff wellbeing, engagement and dementia care.
- **Education excellence:** TEWV clinicians teaching at Teesside University; highly rated by students.
- **Family & student feedback:** Continuous praise for communication, care quality, and confidence building.
- **Award-winning dementia care:**
  - Woodside Dementia & Wellbeing Unit, Positive Practice in Mental Health (PPiMH) Award
  - Old Age Psychiatry Team of the Year (RCPsych)
- **Autism assessment pilot:** Among first nationally within older adult services.



# Achievements & local exemplars

## ★ Transformation Programmes (Community, Crisis & CAMHS)

- **Community Transformation:** Co-produced models; strong Voluntary, Community, and Social Enterprise (VCSE) partnerships; digital and access improvements.
- **Crisis modernisation:**
  - 111(2) implemented and improving
  - Crisis hubs receiving external recognition
- **Inequalities:** Targeted work with Black and Minority Ethnic (BAME) communities, Patient and Carer Race Equality Framework (PCREF) alignment.
- **CAMHS improvements:**
  - Move to iThrive model
  - Significant reduction in inpatient reliance
  - School MH teams expansion
  - Better access & waiting times
- **Urgent care improvements:** Rising compliance with national standards.



# Achievements & local exemplars

## Learning Disability services

- **The STOMP programme's** impactful work in reducing overmedication for people with learning disabilities was highlighted nationally in Learning Disability Today. The feature recognised STOMP as an example of best practice and reinforced the ongoing need for improvement in medication oversight. See <https://www.learningdisabilitytoday.co.uk/infocus/stopping-overmedication-of-people-with-learning-disabilities-more-to-be-done/>
- **Seclusion and Physical Intervention** – No prone restraint since November 2022, or Rapid tranquilisation since May 2023. Reduction in use of supine. Restrictions are at the lowest level and for shorter periods of time.



# Achievements & local exemplars

## ★ Specialist Services & Rehabilitation

- **Rehabilitation quality uplift:** Better experience at The Orchards; fewer out-of-area placements.
- **Perinatal improvements:** Stronger pathways, better access.
- **For police partnership:** Force Control Room MH team supporting frontline decision-making.
- **Youth IPS role:** First TEWV youth Individual Placement Support (IPS) post supporting education & employment.
- **Returning patients with complex needs to their home:** System-wide work bringing people closer to community and families.
- **DBT & psychological therapies:** Re-established DBT, increased CBT and low-intensity Mental Health Wellbeing Practitioner (MHWP) interventions.
- **Virtual Reality therapy:** Innovative VR-based Mindfulness Based Cognitive Therapy (MBCT) being delivered in NY Talking Therapies.



# Agenda Item 13



Tees, Esk and Wear Valleys  
NHS Foundation Trust

## For General Release

**Meeting of:** Council of Governors  
**Date:** 13 May 2026  
**Title:** Appointment of a Governor to serve on the Council of Governors' Nomination and Remuneration Committee  
**Sponsor(s):** -  
**Report Author:** Phil Bellas, Company Secretary

**Report for:**

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

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

- 1: To co-create a great experience for our patients, carers and families
- 2: To co-create a great experience for our colleagues
- 3: To be a great partner

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
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### Strategic Risks relating to this report:

<b>BAF ref no.</b>	<b>Risk Title</b>	<b>Context</b>
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.

## REPORT

### Purpose:

The purpose of this report to seek the appointment of a Governor to serve on the Council's Nomination and Remuneration Committee.

### Proposal:

That John Venable, Public Governor for North Yorkshire, be appointed as a member of the Council's Nomination and Remuneration Committee for a period of three years.

### Overview:

The Nomination and Remuneration Committee has been established to support the Council of Governors undertake its statutory powers, and relevant provisions of the Code of Governance, in regard to:

- (1) The appointment of the Chair and Non-Executive Directors.
- (2) Oversight of the appraisals of the Chair and Non-Executive Directors.
- (3) The remuneration, and other terms and conditions of service, of the Chair and Non-Executive Directors

The Council has previously stated that Governor members of the Committee should have experience in the appointment of senior managers; however, training will also be provided.

At present, one of the four seats for Governors on the Committee is vacant. The vacancy was advertised to all Governors on 26 January 2026 and 20 April 2026.

A nomination to fill the vacancy has been received from John Venable. Public Governor for North Yorkshire.

Mr Venable has provided the following statement in support of his nomination:

*I would like to submit my nomination for the vacancy on the Council of Governors Nomination and Remuneration Committee.*

*My journey from being a service user within the Trust to becoming actively involved across many areas of its work has given me a well balanced and grounded perspective. I understand both the lived experience of services and the operational and strategic responsibilities required to deliver them effectively. This dual insight allows me to approach decision making with empathy while maintaining objectivity and focus.*

*I have undertaken more than seventy five interviews across a wide range of roles from Chief Executive level through to frontline staff. This has provided me with direct experience in assessing leadership capability, values, and organisational fit. I have also contributed to Mock CQC processes and the Fifteen Steps initiative, strengthening my understanding of quality standards, governance, and patient experience.*

*With the support of the Trust, I established a successful charity that provides daily peer to peer mental health support. This work has reinforced my commitment to meaningful engagement and practical outcomes for service users. In addition, I have contributed at a national level through involvement in parliamentary steering groups for mental health and participation in shadow board activity.*

*I was closely involved in the design and development of Foss Park Hospital, ensuring the patient voice was central, and I was proud to contribute to the naming the site.*

*I believe this breadth of experience positions me well to contribute effectively to the Committee.*

**Prior Consideration and Feedback:**

Not applicable.

**Implications:**

There are risks to the effective operation of the Committee if the vacancy is not filled.

**Recommendation:**

That the Council appoint John Venable, Public Governor for North Yorkshire, as a member of its Nomination and Remuneration Committee for a period of three years.

# Agenda Item 14



Tees, Esk and Wear Valleys  
NHS Foundation Trust

## For General Release

**Meeting of:** Council of Governors  
**Date:** 13 May 2026  
**Title:** Report of the Council of Governors' Nomination and Remuneration Committee  
**Sponsor(s):** Marie Burnham, Chair of the Trust and the Nomination and Remuneration Committee  
**Report Author:** Phil Bellas, Company Secretary

**Report for:**

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

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

- 1: To co-create a great experience for our patients, carers and families
- 2: To co-create a great experience for our colleagues
- 3: To be a great partner

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### 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.

## REPORT

### Purpose:

The purpose of this report is to apprise the Council of Governors of the matters considered by its Nomination and Remuneration Committee.

### Proposal:

The Council of Governors is asked to note, and take assurance on, the matters considered by its Nomination and Remuneration Committee at its meeting held on 21 April 2026 in regard to:

- (1) The appointment of new non-executive directors.
- (2) The appraisal of the non-executive directors.

### Overview:

The Nomination and Remuneration Committee has been established to support the Council of Governors undertake its statutory powers, and relevant provisions of the Code of Governance and Constitution, in regard to:

- (1) The appointment of the Chair and non-executive directors.
- (2) Oversight of the appraisals of the Chair and non-executive directors.
- (3) The remuneration, and other terms and conditions of service, of the Chair and non-executive directors.

At its meeting held on 21 April 2026 the Committee reviewed and took assurance on:

- (1) The arrangements for filling vacancies for non-executive directors on the Board.

It was noted that:

- (a) Following discussions with the Board's Nomination and Remuneration Committee it had been agreed that there would be seven seats for non-executive directors on the Board. This, with the Chair providing the majority, would ensure that the Trust met the requirements of the NHS Act 2006.
- (b) There were two vacancies for non-executive directors on the Board arising from the resignation of Jane Robinson, in February 2026, and Bev Reilly due to leave the Trust to join the board of an Integrated Care Board (ICB).
- (c) Succession planning arrangements were in place following the recruitment of associate non-executive directors in 2025.
- (d) The skills and experience to be sought in the latest round of recruitment would be: (1) clinical (nursing); and (2) digital.
- (e) Gatenby Sanderson had been commissioned to support the recruitment process.
- (f) The timetable for the recruitment was based on holding interviews, supported by stakeholder discussions, during the week commencing 15 June 2026 with a special meeting of the Council of Governors being held, shortly thereafter, to determine the appointments.

- (2) The arrangements for the appraisals of the non-executive directors for 2025/26.

It was noted that the appraisals would be supported by feedback provided by the executive directors with, in addition, a contribution from the Lead Governor for Bev Reilly recognising her role as the Interim Chair for the majority of the year.

The Chair also provided an overview of her approach to setting the objectives of the non-executive directors, aligned to the Trust's strategy, which was aimed at providing greater assurance on their performance.

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

The vacancies, including future skills and experience requirements, were considered by the non-executive directors at a meeting with the Chair held on 26 March 2026.

The future composition of the Board was considered by the Board's Nomination and Remuneration Committee at its meeting held on 1 April 2026.

### **Implications:**

There are risks that failure to fill the vacancies on the Board could result in a breach of the Constitution.

### **Recommendations:**

The Council of Governors is asked to note, and take assurance, the matters considered by its Nomination and Remuneration Committee at its meeting held on 21 April 2026.