

COUNCIL OF GOVERNORS
WEDNESDAY 30 SEPTEMBER 2026 AT 1.30PM

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

AGENDA

1.	Apologies for absence	Marie Burnham Trust Chair	Verbal	1.30pm
2.	Welcome and Introduction	Marie Burnham Trust Chair	Verbal	
3.	To approve the minutes of the meeting held on 15 July 2026	Marie Burnham Trust Chair	Draft Minutes	
4.	To receive declarations of interest	Marie Burnham Trust Chair	Verbal	
5.	To review the Public Action Log	Marie Burnham Trust Chair	Report	
6.	To receive an update from the Chair	Marie Burnham Trust Chair	Verbal	1.40pm
7.	To receive an update from the Chief Executive, including our Annual Report 2025/26 <i>View our Annual Report 2025/26 on our website:</i> https://www.tevv.nhs.uk/about/performance/annual-reports/ <i>Hard copies can be provided upon request</i>	Alison Smith Chief Executive	Verbal	1.50pm
8.	Governor questions and feedback – a) Governor questions and answers b) Governor feedback from events, on local matters and good news <i>(Governor questions and feedback should be submitted in writing to tevv.governors@nhs.net at least 15 clear working days before each Council of Governors' meeting)</i>	Marie Burnham Trust Chair	Schedule of Governor questions, responses and feedback to be circulated	1.55pm

9.	To receive: a) A report on the Chair and Non-Executive Directors' performance b) Updates from the Board of Directors' Committees: i) Resources and Planning Committee ii) Audit and Risk Committee iii) Quality Assurance Committee (QAC) Background Information on the business transacted by the Board of Directors in recent public meetings can be found on our Trust's website – https://www.tevv.nhs.uk/about/board/papers-previous-board-meetings/	Marie Burnham Trust Chair John Maddison Non-Executive Director / Chair of R&PC John Maddison Non-Executive Director / Chair of A&RC Marie Burnham Trust Chair Phil Corrigan Non-Executive Director / Chair of QAC	Report Report Report Report Verbal	2.05pm
10.	To receive a progress update on the Trust's Operational Services	Naomi Lonergan Interim Chief Operating Officer	Report	2.25pm
11.	To receive a report on work undertaken to understand delays in discharging patients who are clinically ready for discharge	Naomi Lonergan Interim Chief Operating Officer	Report	2.40pm

12.	To receive a report on the appointment of two Governors to serve on the Council of Governors' Nomination and Remuneration Committee	Anna Pridmore Interim Company Secretary and Director of Corporate Governance	Report	2.50pm
13.	To receive an update on Leadership Walkabouts	Beverley Murphy Chief Nursing Officer and Deputy Chief Executive	Verbal	2.55pm
14.	Any other business	Marie Burnham Trust Chair	Verbal	3.05pm
15.	Date and time of next meeting: Wednesday 27 January 2027 at 1.30pm	Marie Burnham Trust Chair	Verbal	3.10pm
16.	Exclusion of the public The Chair to move: <i>"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i> <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> <i>Information which, if published would, or be likely to, inhibit -</i> (a) <i>the free and frank provision of advice, or</i> (b) <i>the free and frank exchange of views for the purposes of deliberation, or</i> (c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".</i>	Marie Burnham Trust Chair	Verbal	3.15pm

Marie Burnham
Trust Chair
22 September 2026

Contact: Karen Christon, Deputy Company Secretary, Tel: 01325 552001, Email: karen.christon@nhs.net

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MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD AT 1PM ON 15 JULY 2026 AT THE WORKPLACE, NEWTON AYCLIFFE

Present:

M. Burnham, Trust Chair
S. Ali, appointed Governor for Darlington Borough Council
S. Blackamore, staff Governor, North Yorkshire, York and Selby Care Group
M. Booth, public Governor, Middlesbrough
G. Emerson, public Governor, Stockton-on-Tees
K. Evenden-Prest, staff Governor, Durham, Tees Valley and Forensics Care Group
S. Foggin, staff Governor, Durham, Tees Valley and Forensics Care Group
K. Gillan, public Governor, Durham
C. Hodgson, public Governor, York
N. Hutchinson, public Governor, Durham
P. Irving, public Governor, Durham
J. Kirkbride, public Governor, Darlington
J. McNulty, public Governor, Durham
T. Morris, public Governor, Middlesbrough
G. Restall, public Governor, Stockton-on-Tees
G. Robinson, public Governor, Durham
J. Steel, public Governor, North Yorkshire
S. Thomas, public Governor, Durham
J. Williams, public Governor, Stockton-on-Tees

In attendance:

N. Adetuberu, Non-Executive Director
R. Barker, Non-Executive Director
A. Pridmore, Interim Company Secretary and Director of Corporate Governance
K. Christon, Deputy Company Secretary
E. Gorrington, Associate Non-Executive Director
A. Grant, Corporate Governance Officer (CoG and Membership) (minutes)
L. Hodge, Deputy Director for People and Culture
N. Lonergan, Interim Managing Director
J. Preston, Non-Executive Director / Senior Independent Director
L. Richards, Non-Executive Director
L. Romaniak, Executive Director for Finance, Estates and Facilities
A. Smith, Chief Executive
C. Wood, Non-Executive Director

17. 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
P. Clough, public, Hartlepool
J. Coles, appointed Governor, City of York Council
D. Coombs, public Governor, Durham

A. Goldie, public Governor, Darlington
 J. Green, public Governor, North Yorkshire
 C. Hague, public Governor, North Yorkshire
 C. Ing, staff Governor, Corporate Services
 E. Kengne Tatuene, public Governor, Durham
 C. Lee-Cowan, appointed Governor, Sunderland University
 H. Leeming, staff Governor, Durham, Tees Valley and Forensics Care Group
 O. Milner, public Governor, City of York and Rest of England
 J. Okonji, public Governor, City of York and Rest of England
 A. Robson, public Governor, North Yorkshire
 L. Robson, appointed Governor, Redcar and Cleveland Borough Council
 A. Roy, appointed Governor, Hartlepool Borough Council
 R. Swiers, appointed Governor, North Yorkshire County Council
 J. Taylor, appointed Governor, Newcastle University
 J. Webster, public Governor, North Yorkshire

D. Butcher, Associate Non-Executive Director
 P. Corrigan, Non-Executive Director
 H. Crawford, Executive Director of Therapies
 S. Dexter-Smith, Executive Director for People and Culture
 K. Ellis, Interim Executive Director for Strategy and Transformation
 K. Kale, Executive Medical Director
 J. Maddison, Non-Executive Director
 B. Murphy, Deputy Chief Executive and Chief Nurse

18. WELCOME AND INTRODUCTION

The Chair confirmed the meeting was quorate and was being held in person to enable Governors attend a development workshop, in the private session, on the Council of Governors' future configuration, in light of the government's proposals in the NHS 10-Year Health Plan.

She also advised that:

- A. Bridges, Executive Director for Corporate Affairs and Involvement, had left the Trust.
- P. Bellas had left his role as the Company Secretary and A. Pridmore had taken the position of the Interim Company Secretary and Director of Corporate Governance.
- Two new Non-Executive Directors, Philomena Corrigan and Len Richards had joined the Board of Directors.
- Governors who had left the Trust since the last Council of Governors' meeting in May 2026 were:
 - Public Governors Gemma Birchwood, Zoe Sherry, Jill Wardle and Joan Aynsley.
 - Appointed Governors Cllr Moss Boddy and Kevin Kelly.
- New Governors who had joined since the last meeting were:
 - Public Governors Graham Robinson for Durham, Peter Irving for Durham and Peter Clough for Hartlepool

- Staff Governor Susan Foggin, Staff for Durham, Tees Valley and Forensics Care Group
- Appointed Governors Cllr Aaron Roy for Hartlepool Borough Council, Cllr Sajna Ali for Darlington Borough Council and Prof John-Paul Taylor for Newcastle University.

[S. Blackamore joined the meeting]

19. MINUTES

Agreed: That the minutes of the meeting held on 13 May 2026 be agreed as a correct record and signed by the Chair.

20. DECLARATIONS OF INTEREST

There were no declarations of interest. The Chair confirmed that all new Governors had signed and returned their declaration of interests.

21. PUBLIC ACTION LOG

Consideration was given to the action log. It was noted that:

- Action 44 (18/02/2026), a meeting still needed to be arranged between J. Kirkbride and K. Kale before the action could be completed.
- Action 8 (13/05/2026), the Chair advised that this needed to be completed by 30 September 2026.

22. UPDATE FROM THE CHAIR

The Chair advised that:

- Governors would have the ability to hold Non-Executive Directors to account if they were provided with sufficient information to do so. Governors could observe meetings of the Board held in public, and she planned to provide a regular performance report to Governors on the work she and the Non-Executive Directors had undertaken.

Action – Chair

- J. Maddison had been appointed as the new Deputy Chair of the Trust, to provide cover when she was on leave or unavailable.
- J. Preston would continue to provide support as the Senior Independent Director.
- She had met operational teams and MPs to better understand their views of the Trust.
- A good governance system was essential, and there were plans to undertake some improvements, which would enable Governors to affectively hold the Board to account.

- She enjoyed her work with the Trust and had been made to feel most welcome in her new role as Chair.

23. UPDATE FROM THE CHIEF EXECUTIVE

A. Smith advised that:

- Following media coverage of a fire at one of the Trust's premises in North Yorkshire, she confirmed that patients and staff were safe and the response to the incident had been immediate and appropriate. She thanked all involved for their swift response. There had been significant damage and people continued to be supported following the incident. Assessments were on-going and continued media reporting was expected. Governors would be updated when more information was available.
- Issues with the registration of therapists had been identified nationally, but all TEWV therapists were appropriately registered.
- The Trust had been asked to review all Band 5 nursing roles as part of an employer led national review.
- The Trust had received recognition for its staff survey results after improving across all seven domains, and she thanked all colleagues who had contributed to that.

24. USE OF EMERGENCY POWERS

Governors accepted a report on the use of emergency powers to appoint Philomena Corrigan and Len Richards as Non-Executive Directors of the Trust. Their appointment had also been confirmed by the Chair and Chief Executive under Standing Order 5.1 of the Trust's Constitution.

The Chair advised that G. Emerson planned to seek expressions of interest from Governors to become members of the Council of Governors' Nomination and Remuneration Committee.

25. TRUST'S PROCESS FOR RESPONDING TO GOVERNOR QUESTIONS

Governors considered a report on the process of submitting Governor questions to Council of Governors' meetings.

The Chair advised that:

- At its last meeting in May 2026, the Council of Governors agreed that a clear process for submitting Governor questions should be established, and for that process to be brought back to Governors for their consideration and ratification. The suggested process was contained within the report.
- G. Emerson highlighted some Governors had not received a response to their questions from the meeting in May 2026. The Chair apologised and confirmed all questions would be answered and those suitable for the public domain would be published.

Action – Chair

It was noted that:

1. G. Restall advised that an item for Governor feedback had previously been on the agenda at Council meetings.

G. Emerson added that the item had been useful for sharing Governor feedback on leadership walkabouts, attending events or highlighting good practice.

The Chair confirmed an item on Governor feedback would be added to future Council meetings.

Action – A. Pridmore

2. M. Booth confirmed she was content with the suggested process for submitting Governor questions and emphasised the importance of Governors having the opportunity to raise concerns.

The Chair advised she supported open and frank dialogue in line with the Trust's values. Whilst she had not objected to the questions received in May 2026 from Governors, she had been concerned that the wording of some questions had not been values-based. She acknowledged the value of the Council of Governors and how they represented their local communities. The Governor role needed to be clearly understood and, whilst complaints should be addressed through the Trust's complaints process, concerns could be raised with the Trust, herself or the Lead Governor.

3. J. Kirkbride asked whether responses to all questions would be sent to Governors and how Governors would know if their question was not appropriate.

The Chair confirmed that responses would be shared with Governors. With regard to questions deemed unsuitable for the public domain, she confirmed that she, or the Lead Governor, would discuss those reasons with the Governor submitting the question.

G. Emerson advised that Governors could email him if they did not feel comfortable speaking to the Chair as he had monthly one to ones with her and could feedback non-urgent concerns.

4. K. Evenden-Prest welcomed the new process and highlighted that Governors had sometimes submitted similar questions to others previously received.

A. Pridmore advised that a register of Governor questions would be created and published online, so that Governors could see previously submitted questions and to avoid duplication.

The Chair added that a register would also assist in identifying trends which the Trust could use to learn and improve.

5. J. Kirkbride asked for a sentence be added to the Governor questions process, to clearly state what would happen to late questions.

The Chair confirmed this would be added to the process.

Action – A. Grant

Agreed – That, subject to adding a sentence to the process, stipulating how late questions would be processed, Governors ratify the process for submitting Governor questions.

26. UPDATES FROM BOARD OF DIRECTORS' COMMITTEES

People, Culture and Diversity Committee

Governors considered a key issues report from the Committee's meeting on 6 May, which was considered by the Board at its meeting on 11 June 2026.

R. Barker advised that:

- The majority of items discussed by the Committee had provided good assurance.
- No alerts were made to the Board.
- There had been an agreement to reduce the risk score for BAF risk 1 regarding safe staffing from 20 to 15.
- Sickness absence levels had not reduced as much as hoped, but the People Team had worked hard to make improvements, and it remained a priority for the Committee.
- Although the meeting had been quorate, the number of members attending committee meetings had been disappointing. It was important to have full representation at meetings.
- The Committee had listened to a story from a colleague with lived experience of the Trust's services and more details could be found within the report. It was hoped they would also share their story with the Board's Quality Assurance Committee, so that the quality aspect of the Trust's services could be considered.

It was noted that:

1. G. Emerson highlighted that C. Hodgson had submitted a question in May 2026, asking whether Trust staff received trauma informed care training. He also enquired as to what cost savings had been made from the second Mutually Agreed Resignation Scheme (MARS) held by the Trust in January 2026.

C. Hodgson advised it was specifically trauma informed care training on inpatient wards that she sought clarity on.

L. Romainiak advised that Governors had previously been provided with information on MARS cost savings, but she would re-circulate them to Governors.

Action – L. Romainiak

L. Hodge advised that she did not have specific information on the delivery of training and confirmed the Trust was a trauma informed organisation.

N. Lonergan confirmed that the question received from C. Hodgson would be answered.

2. J. Kirkbride proposed that the use of acronyms in the report was unhelpful. She asked what the reasonable adjustments team were responsible for.

The Chair confirmed that acronyms should not be used in reports.

L. Romaniak advised that the Reasonable Adjustments Team supported Trust staff with protected characteristics and helped manage the process for requests and claims relating to any reasonable adjustment to support them at work. They also helped people to get the support they needed and had been recognised regionally for that work.

Mental Health Legislation Committee

Governors considered a key issues report from the Committee's meeting on 11 May, which was considered by the Board at its meeting on 11 June 2026.

R. Barker advised that:

- There had been one alert to the Board regarding limited assurance for patient advocacy. The Committee had considered patient advocacy across the Trust and had recognised it was a complex matter. Better understanding was needed in relation to advocacy rights and the Chief Executive and Chief Nurse would need to come back to the Committee at a later date to provide good assurance on this.
- The Committee had considered an individual case study, to better understand clinical and lived experience perspectives regarding the use of the Mental Health Act. The case study had also provided the Committee with greater assurance and outcomes from it would be shared with operational groups.
- Work relating to Section 17 Leave remained on-going and was also linked to the work of the Quality Assurance Committee.
- A Performance Improvement Plan was needed for recording ethnicity and this had been escalated to the Board as an action for consideration.

It was noted that:

1. G. Emerson welcomed information in the report confirming that demand from staff for Mental Health Legislation training was high. He asked whether all staff could undertake the training.

L. Hodge advised it was a sensible suggestion, but she recognised the training commitments required of staff and the need to ensure all training was role relevant and aligned to the requirements of the organisation.

The Chair confirmed that all staff had specific training on the Electronic Staff Record system and only certain roles required mandatory Mental Health Act training, but it seemed a good idea for all staff to do it.

2. J. Kirkbride advised that Governors had previously been provided with Board committee meeting dates.

The Chair confirmed that Board committee meetings needed to increase in frequency, and would be aligned with Board of Directors' meetings, and the new meeting schedule would be shared with Governors when available.

Action – A. Pridmore

A. Smith thanked R. Barker and colleagues for their hard work and for running the Mental Health Legislation Committee in an inclusive way.

Audit and Risk Committee

Governors considered a key issues report from the Committee's meeting on 21 May, which was considered by the Board at its meeting on 11 June 2026.

In J. Maddison's absence, L. Romaniak advised that:

- The Committee's last meeting had been significant, looking back over 2025/26 and also towards 2026/27. Items on the agenda had included the Internal Audit Progress Report 2025/26, the Internal Audit Plan 2026/27 and feedback from the External Auditors who were responsible for check that the Trust's Annual Report and Accounts were accurate.
- In terms of alerts:
 - The Head of Internal Audit Opinion was expected to be reasonable assurance.
 - The Board was aware of two limited assurance reports relating to the Emergency Preparedness, Resilience and Response and clinical supervision.
 - The Executive Risk Group had alerted the Committee to reported incidents at Bankfields Court which related to staff injury arising from the care of one patient. This had included the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and enhanced executive oversight and additional support were now in place for the safety of the patient and staff. An Ethics Committee had been established to consider the implications and mitigate dual workforce and patient safety risks. However, the Audit and Risk Committee had taken care not to stray into the clinical aspects of the case.
- The Committee had considered risks to delivery of the Internal Audit Plan 2026/27. This had included considering what challenges other organisations might face.
- The Committee received a helpful update on the Internal Audit Standards.
- The Committee reviewed tender waivers, and noted 25 waivers had been approved and the number of approved waivers had reduced substantially over the last five years.
- G. Emerson had joined the Committee for a briefing on the Trust's Accounts.
- The Committee had received reasonable assurance that conflicts of interest had been registered in accordance with the policy. It was noted that compliance for recording interests on the Electronic Staff Record system was at 70%.

- The Committee received an update on the Quality Assurance and Improvement Programme and NICE Implementation - 2025/26 Annual Report.
- In terms of Counter Fraud assurance, the Committee had discussed opportunities to strengthen the reach of counter fraud awareness in the Trust.
- The Committee had noted the Executive Risk Group had conducted a deep dive into risks relating to ligatures.
- The Committee had commented on the Trust's draft Annual Report for 2025/26 and completed a review of its performance. There were also some minor changes made to its term of reference.

It was noted that:

1. G. Emerson proposed that TEWV remained one of the best-managed Trusts financially and had not needed to borrow additional funds, despite reduced funding and underfunded services.

A. Smith advised that NHS Foundation Trusts had to demonstrate productivity and value for money against the funding they received and TEWV needed assurance it was doing that. L. Romaniak was recognised nationally as an excellent finance officer who managed the Trust's finances well.

L. Romaniak advised that the Trust was lobbying for more funding. The previous NHS long term plan had invested in mental health services, but the balance had not been correct. The Trust was highly cost effective, but there was always work to do and improvements to be made.

2. J. Kirkbride asked whether lay people were members of the Ethics Committee, referred to earlier in the meeting.

L. Romaniak advised she did not know but would find out and provide the information to Governors.

Action – L. Romaniak

Quality Assurance Committee

Governors considered two key issues reports from the Committee's meetings held on 7 May and 4 June, considered by the Board at its meeting on 11 June 2026.

The Chair advised that the meeting held on 7 May 2026 had been B. Reilly's final meeting as Chair of the Committee, and the meeting held on 4 June 2026 had been the first she had chaired. In future, the Committee was to be chaired by new Non-Executive Director P. Corrigan and would undergo a reorganisation.

It was noted that:

1. G. Emerson noted there had been media coverage regarding the use of prone restraint and Governors had discussed it at their meeting in May 2026. He asked whether assurance on the use of prone restraint was being monitored.

The Chair advised that, although there should be zero tolerance for the use of prone restraint, it was sometimes used for people coming out of seclusion. She confirmed it was always well managed and was also monitored by the Committee.

27. GOVERNOR ELECTIONS 2026

With regard to the 2026 Governor elections, A. Pridmore advised that:

- The elections had concluded in June 2026.
- New and re-appointed Governors had started their term of office on 1 July 2026.
- There had been five appointments made without contest and four ballots were held.
- There had been a 3% turnout for the ballots, which was poor and quite disappointing.
- The Trust had members but did not engage with them enough.
- There were still a number of vacancies on the Council of Governors, but the Trust was awaiting guidance regarding legislation that may affect elections and the Council of Governors in early 2027.

It was noted that:

1. New Governor, P. Irving, advised that he had 35 years of experience and connections with mental health groups and organisations and would have liked to have been voted for. Connection with his constituents was needed.
2. G. Emerson advised that, in 2025, a Governor task and finish group had been established to consider membership. Following the conclusion of its work, the group requested funding be allocated to support public membership recruitment and engagement activity. He advised that he had not received any further information on whether the funding had been agreed.

The Chair confirmed she would seek information on the matter.

3. G. Restall suggested the situation might get worse in terms of Governor elections as she had sensed increased apathy in communities and had noted possible concerns arising from cases in the media where people in public facing roles had been attacked. She had concerns that this might deter people from nominating themselves for the role of a Governor. It was important to raise awareness of Governor elections and responsibilities and she was proud to be a Governor.

A. Pridmore advised that previous turnouts for elections had ranged between 6% and 9%. It was important to communicate with members and raise awareness and interest in taking part in elections.

28. ANY OTHER BUSINESS

No other business was discussed.

29. DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors would be Wednesday 30 September 2026 at 1.30pm. It was also noted that the Trust's Annual General and Members' Meeting would be held on Wednesday 16 September and further details would be shared in due course.

30. 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 2.35pm.

Marie Burnham
Chair
30 September 2026

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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
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	–	K. Kale and E. Webb met with J. Kirkbride on 9 September 2026. A verbal update will be provided by K. Kale at the meeting
18/02/2026	48	An update on the revised Leadership Walkabout process to be provided to Governors at a future Council of Governors' meeting	SDS	30/09/2026	Item 12
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	Completed
13/05/2026	7	Demonstration of how RIO works to be provided to Governors	NB	27/01/2027	For consideration at the meeting on 27/01/2027
13/05/2026	8	A simple guide to be provided to Governors on recent changes to the Mental Health Act	KK	30/09/2026	Completed Emailed to Governors on 21 September 2026
13/05/2026	8	A report on the use of prone restraint to be brought back to the the Council of Governors in six months	BM	27/01/2027	For consideration at the meeting on 27/01/2027
13/05/2026	8	Report to be provided to the Council of Governors on delays in discharging people clinically ready to leave Trust services, including an update on the outcome of a project to address those issues.	NL	30/09/2026	Item 11
15/07/2026	22	Governors to receive a performance report at Council of Governors' meetings on the work undertaken by the Chair and Non-Executive Directors.	Chair	–	Item 9a
15/07/2026	25	Outstanding Governor questions to be answered and shared with Governors.	Chair	30/09/2026	Item 8a
15/07/2026	25	Governor feedback item to be included on the agenda at Council of Governors' meetings	AP	30/09/2026	Item 8b
15/07/2026	25	Wording to be added to the Governor questions process, ratified at the meeting on 15/07/2026, to clearly state the process for responding to late questions	AG	–	Completed The following sentence has been added to the process, under point 1 - "Questions received after the deadline will be deferred to the next ordinary Council of Governors' meeting. However, the Governor raising the question will receive a response as soon as it is available."
15/07/2026	26	Lead Governor, G. Emerson, sought clarity on the cost savings made from a second Mutually Agreed Resignation Scheme (MARS) held by the Trust in January 2026.	LR	–	Completed Email sent to Governors 17/07/2026
15/07/2026	26	L. Romaniak to confirm whether lay members are included in the membership of the Ethics Committee.	LR	–	Completed Email sent to Governors on 14/08/2026, confirming the membership of the Ethics Committee and that lay members are meaningfully represented
15/07/2026	26	New Board of Directors' meeting schedule to be shared with Governors when available.	AP	–	

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Council of Governors

30 September 2026

Governor Questions

Questions awaiting responses

Name and location	Question and Response
<i>Joan Kirkbride, Public Governor, Darlington</i>	Question - Plastic bags I raised concerns last year about carrier bags on wards. I note there was a coroner's inquest reported in the north east whereby it appeared a patient had committed suicide with the use of a bag. Is the Trust satisfied that their policy remains safe? Response The use of carrier bags by a distressed person to cause themselves harm is a significant concern. This is because such an everyday item is highly accessible, difficult to control, easy to conceal and dangerous. In light this we reviewed the management of plastic bags on 23 December 2025. As a result of the review, we made the policy on restricted items, which was already in place, clearer. We changed ward signage, we reviewed and reissued a safety alert, and we worked with all inpatient teams to ensure that how we manage this risk is clear to all. Therapeutic engagement and good therapeutic relationships are the key to mitigating the risk. We will repeat this periodically as this is a risk we cannot eradicate. We reported the steps we have taken to the Executive Risk Group on 2 April 2026, to provide assurance of our approach. We agreed at the Executive Risk Group that we would undertake an assurance activity across all wards to confirm that the action we had outlined had been taken and was having impact. The outcome of the assurance activity was reported into the Care Group Integrated Governance Group on 19 June 2026; the paper will also be provided to the Executive Risk Group as demonstration that the necessary action has been taken. We have assurance that we understand the risk and that we are working consistently across services to manage the risk in the full knowledge that we cannot provide absolute guarantees about service

	users accessing items of risk. Therapeutic working with people in our care and developing a good understanding of them and their risks is key to mitigating this risk. Beverley Murphy
<i>Christine Hodgson, public governor, City of York and Rest of England</i>	Question - Autism Could you please show me evidence that waiting list for a diagnosis of autism is reducing in York and also the level of training for autism/mental health practitioner's that do assessments? Response Autism Assessment Waiting Times The Autism assessment waiting list within York CAMHS continues to increase, reflecting demand that exceeds the capacity currently available within the service. As of June 2026, 842 children and young people were waiting for an Autism assessment, with the longest wait recorded at 995 days. Waiting times have increased between 2025 and 2026, and the service has not yet seen a reduction in the overall waiting list. TEWV is not the provider of adult Autism assessments within York, nor Children and Young People's Autism assessments in North Yorkshire. Discussions are ongoing with the ICB regarding future provision and capacity for both adult and CAMHS neurodevelopmental pathways. Young people on waiting lists are proactively monitored and supported while awaiting assessment or treatment. All young people on the waiting list are contacted monthly by letter and advised to access the team's duty system, which operates Monday to Friday, should their circumstances or mental health needs change. Information is also provided on how to access urgent support via the Crisis Line outside of normal working hours. Waiting lists are managed according to clinical risk, with regular review processes in place to identify any escalation in need. Where a young person's mental health deteriorates, they are prioritised for more urgent intervention. In addition, teams reserve dedicated urgent assessment appointments each week alongside routine assessment capacity, ensuring that young people requiring a more immediate response can be seen promptly. A number of young people may be open to more than one pathway at the same time, for example receiving ongoing mental health support while also waiting for an Autism Spectrum Disorder (ASD) assessment.

	Young people and their families are signposted to a range of support services whilst awaiting a diagnostic assessment, many of which are provided outside of TEWV. An information pack is routinely shared with families and young people, providing details of organisations, services, resources and sources of support that may be helpful during the waiting period. The information pack is designed to ensure that young people and families are aware of the support available to them and can access appropriate advice, guidance and community resources while awaiting their appointment. A copy of the information pack has been provided for reference. Training / Staff Skill Mix The York CAMHS Autism pathway is delivered by a dedicated multidisciplinary team comprising CAMHS Nurses, Occupational Therapists, Clinical Psychologists and Assistant Psychologists. All clinicians undertaking Autism assessments are trained in the Autism Diagnostic Observation Schedule (ADOS), a nationally recognised assessment tool that forms a key component of the diagnostic process. This ensures assessments are delivered consistently, in line with recognised clinical standards and best practice. Naomi Lonergan
<i>Christine Hodgson, public governor, City of York and Rest of England</i>	Question - Trauma informed care Could you show if there any procedures put in place in all inpatient hospitals for trauma informed care training? Could you also please show me evidence that skills for trauma training are being used in the Trusts hospitals? Response Service model Trauma informed care (TIC) is now embedded across adult mental health services within TEWV including but not limited to training and forms a core part of how care is delivered, how staff are supported, and how services are designed and governed. For over more than a decade, the trust has moved from increasing awareness of trauma to implementing a whole-system approach that recognises the impact of trauma, adversity and life experiences on mental health and recovery. This is supported by the growing number of peer workers in our inpatient services.

	Trauma-informed care is not delivered through a single policy. Instead, it is embedded across clinical models in each speciality, operational policies (e.g. the safety and risk management policy), supervision arrangements, workforce development programmes and service governance structures. This supports consistent standards and ongoing service improvement while maintaining a focus on safety, dignity, collaboration and recovery-oriented care. The current approach to developing trauma informed care has executive level support through the executive director of therapies and patient experience and is embedded within business as usual for the organisation, rather than a standalone programme. <i>We are currently drawing some recommendations together to take through executive clinical leaders group with senior lived experience colleagues to progress the trauma informed work further.</i> The trust's trauma clinical link pathway (trauma CLiP), developed with staff and people with lived experience, has played an important role in supporting implementation across services. In inpatient services, trauma-informed practice is now embedded within routine assessment, care planning, discharge planning and reducing restrictive interventions programmes. Those wards who have been part of the national Culture of Care pilot programme have an additional source of support in that it is underpinned by trauma-informed principles: <i>"The purpose of inpatient care is for people to be consistently able to access a choice of therapeutic support, and to be and feel safe. Inpatient care must be trauma informed, autism informed and culturally competent."</i> NHS England co-produced vision for inpatient care. We are now in the process of mapping out this becoming business as usual for all adult wards. In crisis services, trauma-informed approaches are supporting improved crisis assessment, stabilisation and discharge planning, helping staff respond more effectively to people experiencing trauma-related distress. Workforce and staff wellbeing A significant strength of the programme is its whole-workforce approach. Trauma-informed care is recognised as a core competency across multidisciplinary teams. Training includes trauma-informed practice, formulation, managing emotions, stabilisation skills, compassionate communication and psychologically informed approaches to care. The trust has also recognised that staff working within mental health services are exposed to significant emotional pressures. Supervision, reflective practice, consultation, employee support services and psychological support are established across services to promote
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	wellbeing and reduce risks associated with burnout and vicarious trauma. Training Our harm minimisation training is the key provision and is at 92% compliance. This training competence is 'attached' to all clinical staff, career grade medics and resident doctors (being 'attached' to a role in the online workforce system means that we can monitor compliance). The e-learning training is currently under review in line with the new risk and safety management policy (which has trauma informed principles embedded throughout). Updated face-to-face training is being prioritised for adult inpatient services. In addition, further training on brief trauma stabilisation interventions and psychological wellbeing interventions (PWBI) is available to specific groups of staff as part of our workforce planning. Sarah Dexter-Smith and Rachel Weddle
<i>Christine Hodgson, public governor, City of York and Rest of England</i>	Question – in-school support for self-harm Could you please show me evidence that children in secondary schools are being supported for self-harming as reports show there are high rates in York? Response Self-harm is not routinely recorded as a standalone presenting issue and is often part of a broader mental health presentation, such as anxiety, low mood, emotional dysregulation or trauma-related difficulties. As a result, available data is likely to underestimate the number of children and young people where self-harm has been discussed or addressed. The York Wellbeing in Mind Team supports 19 education settings, including four secondary schools. During the current academic year, the team recorded 19 advice and consultation discussions where self-harm was the primary concern. Half of these required further risk assessment and consideration of mental health intervention, while the remainder resulted in advice, resources, guidance or signposting to appropriate services. The team received 202 referrals for direct intervention during the same period. Whilst none identified self-harm as the primary referral reason, this does not indicate an absence of self-harm within the cohort, as referral categories typically reflect the main presenting difficulty, with self-harm often recorded within accompanying clinical information.

	Beyond individual casework, the team has delivered over 1,500 Whole School and College Approach interventions across York this academic year. This work focuses on promoting emotional wellbeing, strengthening protective factors, improving staff confidence in identifying and responding to emerging mental health needs, and supporting schools to respond appropriately to children and young people at risk, including those who self-harm. The Wellbeing in Mind Team is also a key partner in city-wide children and young people's mental health initiatives, working closely with City of York Council, schools and system partners. Through this collaborative approach, emerging themes are identified and translated into targeted support and school-focused action plans, ensuring a proactive response to local need. Naomi Lonergan
<i>Karl Evenden-Prest, Staff Governor, Durham, Tees Valley and Forensics Care Group</i>	Question - redeployment Can governors please be provided an update regarding the implications on services of re deployment? Has there been any recent form of review into the redeployment process regarding efficiency for service and patient care? Response The aim of redeployment is to support staff who find themselves in a potential redundancy situation or unable to carry out the role they are employed to do due to a disability/long term health condition or other health reasons. It is therefore a process to try to find suitable alternative employment and maintain person's employment within the Trust. It occurs when colleagues are very vulnerable and we are committed to doing what we can to help them maintain employment. This is different to the internal transfer process which is a voluntary request to move to a comparable role and which we are reviewing. However, the redeployment process should not have any significant impact on services or patient care as the person has to be able to fulfil the role and, when successful, allows a vacancy to be filled in a much shorter period of time than the normal recruitment process. When a vacancy is released from vacancy control, it is screened by the redeployment team. The redeployment team screen vacancies daily and also meet three times a week to review all individuals currently registered in redeployment.

	If a vacancy is potentially matched to an individual who is registered in redeployment, the individual is required to respond to the team within two days. The redeployment team then liaise with the recruiting manager to arrange the suitability assessment. If the suitability assessment is successful, the individual is offered the role and a four-week trial period is put in place. Sometimes depending on extenuating circumstances this may be extended. Following the trial period, the individual then takes up the role. Occasions where a trial period is unsuccessful or where a trial period is successful but after a short period of time the individual finds themselves struggling in the role are rare. However, when this does happen the team work to support the individual to come back into redeployment if appropriate. Unfortunately, this does then mean the recruitment process needs to commence again. But the situations where that does happen are far outweighed by the ability to put all steps in place to safely ensure someone remains in employment where possible. Although this is difficult if someone was interested in a move or a potential promotion, our first responsibility has to be to those who are facing losing work and income. Sarah Dexter-Smith
<i>Cllr Jo Coles, appointed governor, City of York Council</i>	Question – Springwood fire Please can I ask what the partnership engagement was for the Springwood fire announcement given the implications for other agencies and what assessment was made of the political sensitivity of putting this information in the public domain in this way? Response Following the incident, the Daily Mail and BBC were in contact with North Yorkshire Fire and Rescue Service on several occasions asking about a cause. We had notification on Monday that the communications team at North Yorkshire Fire and Rescue Service had been advised that the probable cause was solar panels – and if asked by the media, that would be their response. We have not had a report yet as this is managed as part of the loss adjuster's process. Other comms leads from partner organisations were included in these communications. Shortly after, the Daily Mail requested an update from North Yorkshire Fire and Rescue Service. We were conscious that we didn't want our colleagues (including those who worked at Springwood) and our partners who were involved, to see this update for the first time in the media. We also felt it was important to provide reassurance (particularly to our colleagues) around our existing safety measures and additional checks across our sites. As you may have seen on our website, we shared the same

	information that was going to be issued to the press – but also used this as an opportunity to provide some reassurance, to thank the response services and community - and we shared some specific guidance and signposting in our staff message. We communicated this to our Springwood colleagues, before sharing a message internally and externally. We also linked in with some of our partners who were closely involved. We were able to share these updates swiftly before it appeared in the media, but as I'm sure you can imagine it was a really tight timescale – with just a few hours to do this. Throughout there has been, and continues to be, partnership engagement. However, I do appreciate it was not as extensive as we would have wanted. However, this felt like the most appropriate approach in this situation, and in such tight timescales, enabling us to give some context and assurance in any reporting. The investigation into the fire at our Springwood ward is ongoing, with a full report expected in the coming weeks. Our loss adjusters have not yet submitted their full report (which will include structural engineering and an independent fire review) so we will be sharing more detail once we have this received as it will inform our next steps. If it's helpful to have a catch up and talk through, I'm always more than happy to. But I hope that gives a useful overview of the situation and our approach. Alison Smith
<i>Christine Hodgson, public governor, City of York and Rest of England</i>	Question – Patient transport van at Roseberry Park The patients transport van at Roseberry Park Hospital assigned to all the wards has recently failed its MOT and is legally grounded. At present the ward team have been unable to confirm a repair date. Could you please find a resolution time frame from the internal department when this will be looked at? The Roseberry Park Hospital need the van to support the patients Mental Health and Wellbeing. The patients transport van is a big asset to the wards and is used to take patients safely into the community with staff. Response Thank you for your query. We can confirm that the van is currently active and available for use. The van has recently had had its MOT

	inspection and work required to be agreed with the leasing company meant a longer delay than was expected or would be usual. Jamie Todd
<i>Christine Hodgson, public governor, City of York and Rest of England</i>	Question – Maple ward staffing Could you please show me evidence that the staffing on Maple Ward is the correct number of staff for 20 patients? On observation when I visited the ward there did not seem enough staff to carrying out their duties to give effective care for 20 patients. The ward did seem over stretched. On discussing this with Clinical Lead on the ward, it was said they only had 3 nurses yesterday as 2 people called in sick, we only have 5 nurses to 20 patients. Could you please look into the staffing on Maple Ward to make sure this is appropriate for 20 patients for effective care. Response Where possible, a response will be provided at the meeting.
<i>Adrian Robson, public governor, North Yorkshire</i>	Question – Hummingbird House 24/7 centre A question arising from the workshops I am attending regarding the hummingbird House project. A large number of participants including myself questioned why there is a constraint on using the existing hummingbird House as its completely unsuitable and even with a makeover could not come close to the offering in York, which was allowed to have a bespoke space. The York project had funding for internal works but also a new space not tied to existing NHS buildings. Please can I get an answer as to why the Harrogate project has a hard constraint in that it has to be hummingbird House when other projects were given the freedom to have a new space. The second option proposed was the mind building in Harrogate which would be a significant improvement on hummingbird House but it was rejected for some reason Response Where possible, a response will be provided at the meeting.
<i>Nicola Hutchinson, public governor, Durham</i>	Question - Pharmacotherapy Thank you for the detailed response to my February question on pharmacotherapy training. While it outlined undergraduate and postgraduate resources, it also stated that detailed training on

	mechanisms of action, polypharmacy risks, deprescribing, and evidence-based indications “isn’t an organisational responsibility.” I’m genuinely perplexed—if this is not the Trust’s responsibility, whose is it? Given that pharmacology is continually evolving, with new research regularly informing best practice, training cannot rely solely on initial qualification. How does TEWV ensure that relevant staff remain up to date with the evidence most important to clinical practice and patient safety? It is also notable that I have had to come back and ask where responsibility sits, as I would have expected this to be clearly defined and proactively set out from the outset. For proper Board assurance on patient safety, I would be grateful for responses to the following: 1. How does the Board ensure prescribing competencies are applied consistently across inpatient and community services? 2. What metrics, audits, or safety incident reviews relating to pharmacotherapy does the Board receive, and how frequently? Do these include identification of polypharmacy or overmedication being misinterpreted as disease progression? 3. What gaps have been identified, and what are the plans and timelines to address them, including training oversight, named leads, and milestones? Response My original response describes the responsibilities from undergraduate through to working in TEWV / the NHS. Individual professionals have a personal responsibility to maintain competency in their area of practice. This is a responsibility outlined in professional standards and forms part of revalidation processes. I described the role that we play in TEWV in keeping colleagues across the organisation up to date. This was covered in the “resources available to TEWV”. To expand on this, I would note that pharmacy maintain a suite of approximately 200 documents designed to give individuals the information they need at the time they need it. We centre this around our medicine’s optimisation interactive guide. These documents cover alternatives to prescribing, prescribing considerations and deprescribing – amongst other issues pertinent to the topic. There is a six-monthly Pharmacy and Medicines Optimisation report submitted to the Quality Assurance Committee which covers the work of the Drug and Therapeutics Committee and assures QuAC on
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	progress against the Medicines Optimisation and Pharmacy Framework. Metrics related to medication incidents are reported to QuAC monthly as part of the Quality Dashboard. Audits are reported bimonthly as part of the Quality Assurance and Improvement Programme report. Chris Williams / Kedar Kale
<i>Nicola Hutchinson, public governor, Durham</i>	Question - ECT As a Public Governor for TEWV, I am writing to express serious concern following the South West Durham News article published on March 27 2026, titled “Urgent inquiry call into Trust’s ‘overuse’ of controversial ECT therapy.” The article highlights deeply troubling findings regarding TEWV’s use of Electroconvulsive Therapy (ECT) and associated coercive measures, drawing on NHS England data and an independent audit led by Dr John Read, Professor of Clinical Psychology at the University of East London. The audit indicates that TEWV continues to administer ECT at one of the highest rates nationally, with around 70.7% of treatments reportedly delivered without patient consent — roughly double the national average. It further points to inadequate tracking of outcomes and adverse effects, raising serious questions about both clinical practice and the Trust’s commitment to safeguarding vulnerable service users. These figures, combined with claims of coercive use of treatment and the lack of informed consent, present an unacceptable ethical concern and risk further erosion of public trust—particularly during the ongoing statutory public inquiry into TEWV. While Dr Kedar Kale’s comments within the article attempt to justify current practice, they do not adequately address the evidence or the human impact behind these numbers. Given the gravity of these allegations, Governors and the public deserve immediate clarity and accountability. I am therefore formally requesting that the Board and Executive team: • Provide a full and transparent response to all Governors addressing these findings and the specific issues of consent, coercion, and data reporting. • Confirm what immediate steps are being taken to review ECT practices within the Trust.

	- Engage Communications, Legal, and Clinical Governance teams to ensure a consistent and transparent public statement is issued without delay. This is a matter of public confidence, human rights, and governance oversight. It must be treated with the seriousness it warrants, and Governors must be updated at the earliest opportunity. Additional questions submitted: - What assurance does the Board have regarding ECT consent processes and outcomes monitoring? - What steps have been taken since 30 March to review ECT practices, particularly in relation to consent, coercion, and data reporting? - May I suggest that Dr John Read be invited to present his findings directly to governors? Dr Read's 2026 audit for South West Durham indicates that TEWV has the second-highest ECT usage nationally, with 71% involving coercion — around double the UK average. What review has been carried out in response to this, and when will governors be given the full data? Response Response provided to N. Hutchinson. Can be provided upon request.
<i>Nicola Hutchinson, public governor, Durham</i>	Question - Oxevision What is the current situation regarding people being able to see Oxevision screens through staff room windows, and what action is the Trust taking? Response We first reviewed our approach to this issue on 21 February 2025 following receipt of a complaint from a service user that they had been able to see screens for CCTV and Lio (formerly Oxevision) from a ward garden. This is not acceptable. We undertook a full review of screen visibility across all inpatient units which was reported into the Environmental Risk Group on 20 March 2025. Action was taken on wards and in community bases where screens were visible.

	We also took a decision to periodically review the positioning and visibility of screens in recognition that the use of environments or how they are used changes. We therefore consider this a risk to be actively managed. The last review of this issue was reported into the Environmental Risk Group on 16 May 2026, where an ongoing annual assurance process was agreed. Beverely Murphy
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For General Release

Meeting of:	Council of Governors
Date:	30 September 2026
Title:	A report on the Chair and Non-Executive Directors' performance
Executive Sponsor(s):	Marie Burnham, Trust Chair
Author(s):	Wendy Johnson, Office manager and PA to Marie Burnham – Chair

Report for:	Assurance	☒	Decision	☐
	Consultation	☐	Information	☐

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

1: To co-create high quality care	☒
2: To be a great employer	☒
3: To be a trusted partner	☒

Relevant BAF risk/s (name and number)	Relevant control
All	As members of the Board of Directors, the Chair and Non-Executive Directors are responsible for ensuring the Trust has a robust internal control framework that supports the delivery of its strategic objectives. Through effective leadership, governance, scrutiny and constructive challenge, they provide oversight of strategic risks, support assurance across the Board Assurance Framework, and help ensure risks are appropriately identified, managed and aligned with the Trust's priorities.

Executive Summary

Purpose

The purpose of this report is to provide the Council of Governors with an overview of the activity of the Chair and Non-Executive Directors between 1 July 2026 and 31 August 2026. The report supports Governors in their role of holding the Chair and Non-Executive Directors to account by demonstrating how they have met their governance, assurance, stakeholder engagement and leadership responsibilities during the reporting period.

Proposal

The Council of Governors is asked to take assurance that the Chair and Non-Executive Directors continue to perform in accordance with their roles and responsibilities.

Overview

During July and August 2026, the Chair and Non-Executive Directors provided oversight through Board activity, service visits, stakeholder engagement and recruitment, supporting the Trust's governance responsibilities.

Prior Consideration and Feedback N/A

Implications: No additional implications.

Chair and NEDs' activities and meetings

The Chair and NEDs attend a wide range of meetings, committee meetings, service visits, recruitment panels, development opportunities and stakeholder engagement events to support effective governance and oversight of Trust activities.

Our Chair and Non-Executive Directors undertook the following diarised activities from 1 July 2026 to 31 August 2026. This report includes scheduled meetings, events and engagements only and excludes undiarised activity such as telephone calls, Teams calls, emails, mandatory training and other ad hoc issues.

Marie Burnham, Chair

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Menopause Cafe - Network meeting (1 July 2026)
- Introductory meetings with Cathy Hassell and Himanshu Garg (2 July 2026)
- Quality Assurance Committee (2 July 2026)
- Meeting with Luke Charters MP (3 July 2026)
- Annual Leave (6 - 10 July 2026)
- Meeting with Anna Pridmore (13 July 2026)
- 1:1 meeting with Jules Preston (14 July 2026)
- Catch up with Wendy Johnson (14 July 2026)
- Meeting with Anna Pridmore (14 July 2026)
- 1:1 meeting with John Maddison (14 July 2026)
- 1:1 meeting with Gary Emmerson, Lead Governor (14 July 2026)
- 1:1 meeting with Nini Adetuberu (14 July 2026)
- Meeting with DAC Beachcroft (14 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Meeting with Elspeth Devanney (15 July 2026)
- Regular catch up with Alison Smith (15 July 2026)
- Council of Governors Meeting (15 July 2026)
- Meeting with Len Richards and Philomena Corrigan (16 July 2026)
- Send off for governors leaving who have long-service (16 July 2026)
- Meetings with Anna Pridmore (20 July 2026)
- Voices Within Premier (21 July 2026)
- Governor Induction (21 July 2026)
- Catch up with Wendy Johnson (23 July 2026)
- Meeting to review the August Board agenda with Alison Smith (23 July 2026)
- 1:1 With Roberta Barker (23 July 2026)
- West Park service visit (23 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- Meeting with Simon Adamson (23 July 2026)
- Meeting with Sarah Dexter-Smith (23 July 2026)
- Meeting with Allison Thompson, Chair, South Tyneside and Sunderland FT (23 July 2026)
- BoardEffect Training (27 July 2026)
- 1:1 With Catherine Wood (28 July 2026)
- NED and Chair catch up (28 July 2026)
- Regular Catch Up with Anna Pridmore (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)

- Meeting with Steph Addison re Ridgeway Recovery Awards (29 July 2026)
- Catch up meeting with Wendy Johnson (30 July 2026)
- Meeting with Tom Gordon MP (30 July 2026)
- Meet with Christine Murphy, Derwent Clinic (31 July 2026)
- Meeting with Liz Twist MP (31 July 2026)
- Board Governance Meeting (4 August 2026)
- Hummingbird House, Harrogate visit (4 August 2026)
- Mental Health Chairs Conference Call (5 August 2026)
- Regular Catch up with Alison Smith (5 August 2026)
- Roseberry Park visit with Sir Jim Mackey (6 August 2026)
- Meeting with Bill McCarthy (6 August 2026)
- NYY Locality Governor Meeting (6 August 2026)
- 1:1 meeting with Gary Emmerson, Lead Governor (6 August 2026)
- Meeting with DAC Beachcroft (6 August 2026)
- Call with Alison Smith (7 August 2026)
- Amos and Ockenden Reviews discussion with Penny Dash and Duncan Burton (10 August 2026)
- Meeting with Jamie Todd (11 August 2026)
- 1:1 meeting with Nini Adetuberu (11 August 2026)
- What Follows Council of Governors session (11 August 2026)
- Regular catch up with Wendy Johnson (11 August 2026)
- Meetings with Anna Pridmore (11 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Priorities and Programmes of Work (12 August 2026)
- Governor long service event (12 August 2026)
- Autism Mandatory Training (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- Regular Catch up with Alison Smith (13 August 2026)
- Staff Lived Experience Network (14 August 2026)
- Annual Leave (17 - 21 August 2026)
- Regular catch up with Wendy Johnson (25 August 2026)
- 1:1 meeting with Jules Preston (25 August 2026)
- NED and Chair catch up (25 August 2026)
- 1:1 meeting with Catherine Wood (25 August 2026)
- Meetings with Anna Pridmore (25 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)
- 1:1 meeting with John Maddison (26 August 2026)
- 1:1 meeting with Roberta Barker (26 August 2026)

John Maddison, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Annual leave (2 – 7 July 2026)
- Resources & Planning Committee (8 July 2026)
- Annual Report meeting with Sarah Paxton (9 July 2026)
- 1:1 with Chair (14 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Catch up meeting with Anna Pridmore (16 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- NED & Chair meeting (28 July 2026)
- New NED Introduction Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)

- BoardEffect training (4 August 2026)
- NED Governance Session (4 August 2026)
- RPH rectification contract site visit (10 August 2026)
- NE&Y RO Trust Finance Committee Chairs Forum (11 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- NED & Chair meeting (25 August 2026)
- Meeting with Edward Gorringe (25 August 2026)
- Audit & Risk Committee induction call (25 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)
- 1:1 with Chair (26 August 2026)
- Audit & Risk Committee review meeting with Liz Romaniak/Anna Pridemore (27 August 2026)

Roberta Barker, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Annual leave (3 – 10 July 2026)
- Council of Governors Meeting (15 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- 1:1 with Chair (23 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- NED & Chair meeting (28 July 2026)
- New NED Introduction Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Involvement and Engagement catch up (30 July 2026)
- Board Governance Meeting (4 August 2026)
- BoardEffect training (4 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- TEWV Strategic Review (26 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)
- 1:1 with Chair (26 August 2026)
- People, Culture & Diversity Committee (27 August 2026)

Jules Preston, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Recruitment interviews and panels for consultant appointments (2 July 2026)
- Recruitment interviews and panels for consultant appointments (6 July 2026)
- Resources & Planning Committee (8 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Council of Governors Meeting (15 July 2026)
- Meeting regarding Charitable Funds Committee (17 July 2026)
- Recruitment interviews and panels for consultant appointments (20 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- NED & Chair meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Quarterly Freedom to Speak Up Meeting (13 August 2026)
- Board of Directors Meeting (13 August 2026)
- Charity catch up (14 August 2026)
- Formal full panel and interview session for consultant appointment (17 August 2026)
- TEWV Strategic Review (20 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

- 10-point plan for resident doctors (27 August 2026)
- Finance & Performance Committee (27 August 2026)

Nini Adetuberu, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Mental Health Act Leads Meeting (1 July 2026)
- Trust Welcome Induction (6 July 2026)
- Fire Safety Training (7 July 2026)
- Consultant Interview Panels (13 July 2026)
- 1:1 with Chair (14 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Council of Governors Meeting (15 July 2026)
- Fire Safety Training (20 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- MHCL Briefing (24 July 2026)
- BoardEffect Training (27 July 2026)
- NED & Chair Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Quality Priorities Planning Workshop (6 August 2026)
- 1:1 with Chair (11 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Mental Health Legislation Committee and Workplan Review (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

Catherine Wood, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Quality Assurance Committee (2 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Council of Governors Meeting (15 July 2026)
- NHS NEDs Forum (22 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- BoardEffect training (27 July 2026)
- NED & Chair Meeting (28 July 2026)
- 1:1 with Chair (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)
- Hummingbird House, Harrogate Visit (4 August 2026)
- Quality Priorities Planning Workshop (6 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- Charitable Funds Committee (24 August 2026)
- NED & Chair Meeting (25 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

Philomena Corrigan, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Meeting with Marie Burnham and Len Richards (15 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- NED & Chair Meeting (28 July 2026)
- New NED Introduction Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)

- Introductory Meetings with Trust Executives and Senior Leaders (5 August 2026 to 14 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- Non-Executive Directors Session (17 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)
- Quality Assurance Committee Agenda Planning (27 August 2026)

Len Richards, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Chair, CEO & NED Catch Up meeting (15 July 2026)
- Council of Governors Meeting (15 July 2026)
- Meeting with Marie Burnham and Philomena Corrigan (16 July 2026)
- Digital/EPR and RiO Introduction Meeting (16 July 2026)
- Introductory Meetings with Trust Executives and Senior Leaders (27 July 2026 to 20 August 2026)
- NED & Chair Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)
- BoardEffect Training (4 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors Meeting (13 August 2026)
- Meeting with Alison Smith and Anna Pridmore (17 August 2026)
- NED & Chair Meeting (25 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

Edward Gorringe, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Quality Assurance Committee (2 July 2026)
- Council of Governors Meeting (15 July 2026)
- Nominations and Remuneration Committee (23 July 2026)
- BoardEffect Training (27 July 2026)
- NED & Chair Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Board Governance Meeting (4 August 2026)
- Armed Forces Network Meeting (6 August 2026)
- Annual leave (6 – 11 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- NED & Chair Meeting (25 August 2026)
- Audit & Risk Committee Induction Call (25 August 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

David Butcher, Non-Executive Director

- Chair, CEO & NED Catch Up meeting (1 July 2026)
- Resources & Planning Committee (8 July 2026)
- Annual leave (13 – 24 July 2026)
- NED & Chair Meeting (28 July 2026)
- New NED Introduction Meeting (28 July 2026)
- Chair, CEO & NED Catch Up meeting (29 July 2026)
- Trust Welcome Induction (3 August 2026)
- Board Governance Meeting (4 August 2026)
- BoardEffect Training (4 August 2026)
- Chair, CEO & NED Catch Up meeting (12 August 2026)
- Board of Directors meeting (13 August 2026)

- NED & Chair Meeting (25 July 2026)
- Chair, CEO & NED Catch Up meeting (26 August 2026)

Recommendations: The Council of Governors are invited to receive and take assurance from this report.

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Key Issues Report	
Report Date: 7 August 2026	Report of: Resources and Planning Committee
Date of last meeting: 8 July 2026	Membership Numbers: Quoracy: met Apologies: Roberta Barker, Non-Executive Director, Alison Smith (Chief Executive), Anna Pridmore (Interim Company Secretary and Director of Corporate Governance)
1	Agenda: Committee considered the following: • Corporate Risk Register • Strategic Environment Review • Emergency Preparedness, Resilience and Response (EPRR) • Partnerships and strategy update • Medium Term Plan update • Data Security and Protection/BAF 7 • Electronic Patient Record (EPR) Update • Finance Update: in-year financial performance • Clinical sub-contracts • National Cost Collection Submission • Corporate Benchmarking Submission • Premises Assurance Model (PAM) Report and Action Plan • Green Plan – assurance on delivery • PIPs update • Internal Audit findings • Annual review of committee performance • Committee forward workplan • Meeting review and consideration of BAF Risks
2a	Alert: The Committee alerts members of the Board to the following: EPRR: the Trust has received an assurance outcome of ‘partial compliance (77%)’ reflecting the position for governance, business continuity documentation, training, assurance processes and risk management arrangements. On behalf of Audit and Risk Committee, which will not meet until September, Committee received a positive update on urgent actions about which ARC had requested more immediate updates. It noted concerns regarding actions to address the internal audit limited assurance opinion due to the senior EPRR lead vacancy, which presents a risk to the pace of delivery of the improvement programme, although recruitment is underway and mitigation is in place. It was noted that some of the current action plan timescales may compromise improvements required in support of the 2026/27 Data Security protection Toolkit and committee requested that these be revisited and reported back. Medium Term Plan (MTP): delivery of the MTP remains dependent on delivering planned bank cost reduction plans. Continued scrutiny is required to ensure planned benefits are realised. Committee supported a refreshed (internal only) Board Assurance Self-Assessment and noted that People, Culture and Diversity Committee would need to oversee sickness absence reductions. It would expect to receive more detail on delivery of planned bank expenditure reductions, if expected outcomes were not delivered. Committee noted the significance of Bank and Agency reductions in the context of revised draft National Oversight Framework metrics, which reference both delivery of planned reductions and proportion of pay bill, with rankings from performance compared to peers. In-Year Financial Performance: delivery remains dependent on achieving planned efficiency savings, with bank expenditure currently above plan (on plans phased per original plan)

	submission, rather than plans considered by committee under MTP agenda item). There are significant financial risks associated with a small number of complex care packages and the Trust will continue system discussions regarding funding where care needs create significant financial, safety, workforce or operational pressures. Data Security & Protection – BAF Risk 7: there is limited assurance in relation to Information Asset Register (IAR) and Subject Access Requests (SARs). Despite progress, as demonstrated by dynamic review of the live IAR at Executive Directors Group (EDG), IAR completion and quality remains below standard and SAR performance is challenged by increasing demand. The Trust's Data Security and Protection Toolkit (DSPT) was published with a 'standards not met' status, pending review by NHSE of the submitted improvement plan. There will be active executive oversight of improvement actions through EDG and Digital Programme Assurance Group. PIPS: recruitment and retention of suitably skilled staff remain a principal operational risk for PIPS, with increased reliance on agency in some areas, including newly commissioned support for individuals with highly complex care needs. Committee requested PIPS develop trajectories to forecast and reduce agency costs to ensure alignment with the Group target. Securing suitable accommodation and developing new commissioned schemes continues to present a challenge to future growth. National Cost Collection: the anticipated reduction in inpatient activity linked to reduced occupancy means inpatient unit costs have increased, which may adversely impact the Trust's relative position in national benchmarking for inpatient currencies and on the overall cost index. Internal Audit Findings: no new committee-related internal audit reports had been issued since March 2026. However, Committee noted that the Trust's overall 2025/26 Head of Internal Audit Opinion was confirmed as reduced from good to reasonable assurance, with limited assurance findings previously reported for EPRR contributing to this position.
2b	Assurance: The Committee assures members of the Board about the following: Corporate Risk Register: Committee took good assurance that governance and oversight arrangements for corporate risks remained effective, with 100% compliance for risk reviews across all risks aligned to the Committee, and 88% action compliance. Positive changes were noted in relation to: reduction in risk score and closure of risk for delivery of the 2025/26 financial plan, following submission of the audited annual accounts and related clean audit opinion; reduction in risk score for external reporting reflecting strengthened mitigation; and reduction in risk score for critical infrastructure, following network improvements. EDG has agreed the need to tolerate residual risk relating to patient records in Cito, while migration to the new Electronic Patient Record System progresses. Strategic Environment Review: committee was assured that environmental intelligence is being actively used to assess emerging national and system developments and to inform strategic decision-making, transformation planning and delivery of the Trust's 5 Year Plan; and that robust governance arrangements are in place to identify, assess and respond to significant external changes. Committee was unable to assign an assurance rating at this stage and agreed to review this in future as the approach becomes further embedded and evidence of impact develops. EPRR: Committee was assured that the Trust retains effective operational, tactical and strategic arrangements and is able to respond to incidents and maintain service continuity, supported by established command structure, on-call arrangements and business continuity processes. Two significant business continuity incidents have been successfully managed using these arrangements. Committee was assured that a structured improvement programme, governance arrangements and clear milestones were in place to address compliance gaps. Committee was unable to provide an assurance rating at this stage and requested continued oversight of delivery against milestones and progress through the agreed governance route. MTP: committee received good assurance that strengthened governance arrangements for the MTP are now embedded and that NHSE plan conditions had been satisfied, considering a detailed review of the related bank reduction plan which reflected more granular analysis and the alignment of the bank reduction and sickness absence plans. Committee noted that delivering bank

reductions remained challenging and took reasonable assurance on bank reduction delivery at this stage and that risks related to the delivery of the wider MTP were being effectively managed.

Data Security & Protection – BAF Risk 7: committee received assurance that significant progress had been made to strengthen data security and protection arrangements, deliver improvements to the IAR programme and reduce the SARs backlog. Committee endorsed the good assurance rating for digital skills and knowledge, digital infrastructure, asset management and cyber security.

Electronic Patient Record: Committee took assurance that overall programme delivery remained on track and supported the 'Amber' programme rating. Progress was reported in data migration, system configuration and programme planning, supported by governance and oversight arrangements. Two programme workstreams relating to reporting capacity and a Business Change Manager vacancy were highlighted as areas that may impact programme delivery.

In-Year Financial Performance: Committee received good assurance from strong year-to-date performance that the Trust expects to deliver its approved 2026/27 break-even plan, with a favourable month 2 position, and on completion of NHSE plan conditions. Positive progress has been made on cash-releasing efficiency schemes, although a proportion of schemes remain high risk. Committee received reasonable assurance regarding the delivery of NHSE plan conditions, particularly in relation to bank cost reductions, where expenditure is currently above plan and where meeting the plan condition may initially require recruitment (non-cash-releasing), meaning over-achievement will be required to deliver planned efficiencies.

Clinical Sub-Contracts: Committee received good assurance regarding baseline clinical sub-contract controls, with evidence of effective contract management arrangements and no red-rated risks across the portfolio. Committee received reasonable assurance regarding formal clinical oversight, with known risks actively managed through established mitigation and escalation processes and oversight at Quality Assurance Committee. Committee endorsed the continued rollout of the enhanced tiered governance model to strengthen clinical, quality and financial oversight.

PIPS: Committee received good assurance that PIPS continues to operate effectively and remains financially viable. The subsidiary delivered a stronger-than-expected financial outturn in 2025/26, generated a profit and has repaid half of the Trust loan, with the remainder expected to be repaid in 2026/27. Progress has been made in expanding provision, including development of a three-place children's home in partnership with Durham County Council. Committee recognised the positive contribution made by PIPs to support alternatives to inpatient admission and delayed discharge pathways, supporting Trust objectives.

National Cost Collection: Committee received good assurance regarding the integrity of the 2025/26 National Cost Collection submission, with costs reconciled to the audited accounts and activity reconciled to national data sets, compliance with NHSE guidance confirmed and no material validation issues identified. Committee noted that, using inflation-adjusted prior year comparators, it was estimated that, all other things being equal, the Trust's overall cost position was anticipated to remain broadly favourable, with improvements in the Trust's community cost and activity inputs offsetting some deterioration in inpatient unit costs arising from reduced bed occupancy.

Corporate Benchmarking Submission: Committee received good assurance that the Trust complied with national benchmarking requirements and had met national submission deadlines. The submission demonstrated continued delivery against NHSE expectations for reducing corporate costs, with the Trust significantly ahead of the national target. Committee received assurance that the benchmarking information is being used to support planning and value for money assessments, which supports Board Assurance Statements accompanying annual plan submissions. Committee received reasonable assurance that benchmark performance may improve in a number of areas, although final rankings are not confirmed and reflect peers' relative performance. Continued benchmarking with peers, through mechanisms previously established for inpatient ward-level benchmarking, would be used to identify further efficiency opportunities and support financial sustainability.

Internal Audit Findings: Committee received good assurance that no internal audit or counter fraud recommendations were overdue against either their original or revised implementation dates.

	Assurance was received that processes for monitoring and implementing audit recommendations remained significantly improved, supported by regular oversight through executive and audit governance arrangements. The status of audit recommendations remained consistent with that reported to the Audit and Risk Committee in June 2026.
2c	Advise: The Committee advises members of the Board that: Medium Term Plan (MTP): Board/committee may need to consider delegated authority arrangements or a special meeting in October to support the time-critical approval of the Durham Crisis Assessment Suite Full Business Case, in order to meet NHSE submission timescales. Annual Review of committee performance: Committee received a report on the outcome of its annual evaluation, which considered if the committee had discharged its functions effectively. It was agreed that the report would be deferred to the next development session alongside a number of other matters for consideration. Board Assurance Framework: No new risks were identified during the meeting.
Recommendations: <i>That Board:</i> i) <i>Receives the report and notes the assurances provided.</i> ii) <i>Notes that a special Board/Committee meeting may be required in October to approve the Crisis Assessment Suite Full Business Case.</i>	
3	Report compiled by: John Maddison, Interim Chair, Liz Romaniak, Executive Director of Finance, Estates & Facilities, Karen Christon, Deputy Company Secretary



Tees, Esk and Wear Valleys
NHS Foundation Trust

Committee Key Issues Report

Report Date: 13 August 2026

Report of: Audit and Risk Committee (ARC)

Date of last meeting:
22 June 2026

Membership Numbers: Quoracy met

This report provides a written summary of matters considered at the ARC special meeting held on 22 June 2026. Board received a verbal update at the meeting held on 25 June 2026.

Agenda: The Committee considered the following matters:

- Internal Audit Annual Report 2025/26 (including Head of Internal Audit Opinion)
- 2026/27 Internal Audit Plan
- External Auditors' draft Audit Completion Report 2025/26 including the draft Opinion and Letter of Representation
- In light of the above to make recommendations to the Board of Directors with regard to the approval of the Annual Report and adoption of the Annual Accounts for 2025/26.
- To recommend the Quality Account 2025/26 for approval by the Board of Directors
- Cyber Assessment Framework (CAF) – Aligned Data Security and Protection Toolkit (DSPT)

2a **Alert**

The Committee alerts the Board to the following matters:

- The Internal Audit Annual Report 2025/26 gave a 'reasonable' Head of Internal Audit Opinion, reduced from 'good' in the previous year, reflecting two limited assurance reports for clinical supervision and emergency preparedness, resilience and response (EPRR), alongside findings from the Data Security and Protection Toolkit (DSPT) assessment, and a reduction in substantial assurance audits compared to prior year.
- The Trust would submit the DSPT-CAF return as 'Approaching Standards', rather than 'Standards Met', with key gaps remaining around Essential Functions, Security Information and Event Management (SIEM) capability, and Information Asset Registers (IARs).
- The DSPT-CAF position was principally impacted by issues relating to EPRR. External Audit work was substantially complete; however any additional findings would be reported in a follow-up letter to the report considered by ARC.

2b **Assurance:**

The Committee draws the following positive assurances to the attention of the Board:

- External Audit identified no significant or material issues or control deficiencies and no significant weaknesses in relation to financial sustainability, governance, efficiency or effectiveness. They indicated that work was on track to meet the required deadline of 26th June 2026 and anticipated that an unqualified audit opinion would be issued.
- Committee reviewed and supported the Annual Report and Accounts 2025/26, taking account of internal and external audit assurances, previous committee scrutiny and a detailed accounts briefing and seminar discussion with Non-Executive Directors (and the lead Governor).
- Committee recommended for Board approval the Annual Report and Accounts 2025/26, Letter of Representation and related documentation for submission to NHS England and Parliament.
- Committee recommended for Board approval the Quality Account 2025/26 for submission to the Department of Health and Social Care prior to publication taking into account feedback from the Quality Assurance Committee which had reviewed the draft Quality Account 2025/26, considered the feedback received

		from Stakeholders, and provided assurance that it provided a fair, accurate and understandable description of the quality of the Trust's service quality with a robust preparation process. • AuditOne assigned a high level of confidence in the Trust's DSPT-CAF assessment of 'standards met'. • The Head of Internal Audit Opinion reflected that 90% of all audit recommendations, and 100% of 'high' risk rated recommendations due for implementation in-year had been implemented, with revised dates agreed for others. Internal Auditor independence, objectivity and effectiveness were considered to have been maintained. • The 2026/27 Internal Audit Plan was approved and aligned to strategic objectives, principal risks, regulatory requirements and the Board Assurance Framework.
2c	Advise:	The Committee wishes to advise Members of the Board that: • Committee requested some minor amendments to the Annual Report and Accounts, including to clarify specific wording on CQC improvement plan actions, Mental Health Legislation Committee attendance, and a minor adjustment relating to financial liabilities. • Committee requested that the versions of the Annual Report and Quality Accounts made available to the public be improved in terms of format, accessibility, transparency and usefulness for service users, staff and other stakeholders. It requested that actions commence earlier for 2026/27 to enact this for subsequent years. • Monitoring of progress on the DSPT-CAF action plan, which would be submitted to NHSE, would be through the Digital Performance Assurance Group reporting into Executive Directors Group via the Board Assurance Framework digital risk reporting process, and with assurances provided into Resources and Planning Committee for all digital BAF risks and ultimately to ARC in respect of CAF-DSPT. AuditOne would consider progress to implement agree actions through their annual cycle of work. • Committee emphasised the importance of maintaining close partnership working with AuditOne to keep the audit cycle on track. • Committee advised that the clinical supervision audit should not be delayed given its significance and link to quality assurance oversight.
2d	Review of Risks – Committee did not consider there were any new risks to add to the BAF.	
3	Actions to be considered by the Board: Following the receipt of satisfactory assurances, there are no specific actions to be considered by the Board. Recommendation: <i>i) That the report be received and noted</i>	
4	Report compiled by	John Maddison, Chair of Committee/Non-Executive Director, Liz Romaniak, Executive Director of Finance, Estates & Facilities and Donna Keeping, Corporate Governance Manager

Committee Key Issues Report		
Report date to Board of Directors – 13 August 2026		
Date of last meeting: 02 July 2026	Report from the Quality Assurance Committee (quoracy met)	
	Chaired by Marie Burnham, Chair of the Trust	
1	Agenda - The Committee considered the following matters: - Minutes of meeting held on 7 May 2026 and 4 June 2026 - Action Log - Patient Story – Hilary Nozedar - Summary of Executive Directors Group Quality and Performance meeting, 26 May 2026 - Quality Governance Triple A Report including: CQC Improvement Plan, Quality Dashboard (Appendix 1), Quality Risks QAI Programme (Appendix 2), Quality Assurance and Improvement Programme and NICE Guidance Implementation Update (Appendix 3) - Safe Staffing - Impact of Statutory/mandatory compliance on regulation – verbal update - Clinical Outcomes Improvement Plan - Equality/Quality Impact Assessments - Health and Justice Services - Compliance with Clinical Supervision - Services requiring additional support (SRAS) - Q4 2025/26 data for Learning from Patient Safety Incidents	
2a	Alert	The Committee wishes to alert the Board to the following matters: There is limited controls assurance linked to actions/mitigations in place for services requiring additional support (SRAS) in: NYYS - Ebor & Minster Wards, Ripon and Harrogate Integrated Community Team (additional Executive oversight), DTVF Services/SIS inpatients - Ridgeway (Ivy Clover, Sandpiper and Kestrel Kite), and CAMHS Crisis and Getting More Help South Durham. There are reasonable controls assurance for the remaining services across the care group. There is close monitoring of all services in SRAS with regular reporting to Executive Directors. A review of organic beds across the Trust including Springwood is underway. Fourth month of high use of prone restraint reported. The incidents relate to the complex care of two people, one person in Adult Learning Disability services (ALD) Bankfields and one in SIS. With regards the person in ALD services, liaison with the ICB and LA's continues to source suitable placements. Increase in prone restraint in SIS is in relation to seclusion exits. A range of approaches have been put in place to address the issues including Mersey Care NHSFT to provide some training to adopt an alternative method for seclusion entry and exit. Safe Staffing: SIS - use of Safe Care is in place. Daily oversight is in place to manage overtime, shifts over 13 hours and missed breaks. There are a high number of staff on alternative duties, including Registered Nurses. DTVf Adult Learning Disabilities: Bankfields have started to use HCA agency staff with Executive approval, to manage the impact of short- and long-term sickness.
2b	Assurance	The Committee received the following positive assurances:

		Good assurance in relation to the delivery and oversight of Health and Justice services, Committee has requested a further paper to the September meeting to describe assurances linked specifically to quality. There has been no use of tear proof clothing since January 2026. No regulation 28 notifications received from Coroners.
	Advise	The Committee wishes to advise the Board that: Patient Story - Committee listened to a mother of an adult with profound and multiple learning disabilities. The Chair has requested a training session for Board members/Committee members on the BAF and the risk register and how they link. Two change requests were approved to the Quality Assurance and Improvement Programme (1) to include a 'Did Not Attend/ Was Not Brought' clinical audit project within the 2026/2027 Programme and (2) to extend the completion timeframe from the end May 2026 to 31 July 2026, for the NICE225: Self-harm clinical audit project within the 2026/2027 Programme to allow collection of sufficient data. Statutory/Mandatory compliance training and the impact on regulation: It has been approved that the renewal period for Oliver McGowan Mandatory E-learning will be removed and become a one- off training module. This is a positive step. E-learning currently sits at 96%. Compliance for tier 1 and 2 autism remains on track for compliance to be reached by end 2026/27. Observation & Engagement E-learning – This has been unavailable on ESR since 6 May as is being reviewed and new e-learning is being developed, which will be available by the end of July. This has resulted in people not being able to complete the e-learning, although it remains over 85%. Mental Capacity Act training is not available at a national level due to changes in legislation. NHS England national safeguarding leads are currently reviewing content and plan to release updated sessions by August 2026. Most teams are over 85% compliance, however there are some which are below this and a list of teams is being gathered for local support where necessary from the Mental Health Legislation team. Reasonable assurance is provided in relation to: The effective oversight and monitoring of arrangements for section 17 leave and time away from the ward. There is ongoing variation in compliance evidenced from the inpatient quality audit tool. A policy refresh following an event in June 2026 has supported overall improvements. Improvement plans are in place where there is variation this is monitored through the governance structures. The Trust-wide Clinical Outcomes Improvement Plan remains on track, with routine governance oversight, closure of relevant actions, and continued monitoring of the remaining actions. Of the 12 actions previously reported, one has been completed and eight CITO-related actions have been closed, leaving three actions under continued monitoring. Of these, two are complete but remain on the plan to monitor impact in July 2026. These relate to the implementation of quarterly webinars to support clinical engagement and the meaningful use of outcomes data at all levels. The remaining open action is paused due to external factors outside the Trust's control, relating to the requirement for a Reliable Change Index for a small number of CYP PROM measures. There is good assurance on the awareness of the QEIA pipeline, however, for the period from mid-May 2026 to present day there is only reasonable/limited assurance on the QEIA pipeline, which primarily focuses on Cash Releasing Efficiency Savings

		(CRES) schemes that require a QEIA assessment. Proposed changes to the QEIA policy and process will shortly go out to all staff for a six week consultation period, including recommendations and comments from lived experience leaders. There is reasonable assurance linked to progress to improve compliance for clinical supervision; however, improvement is variable and there are inconsistencies across the care groups. Overall compliance has increased to 57% for Q1 compared with 47% in Q1 2025/26. (DTVF 59% and NYY 46%). Data for Learning from Patient Safety Incidents from Quarter 4 25/26 has revealed that the Trust has demonstrated a strong reporting culture, with high levels of data completeness, timely reporting, and a high proportion of no-harm incidents. Nationally, the Trust compares favorably for reporting quality (ie completeness of data), with only 2.0% of incidents recorded without a specified harm level, compared with 8.0% nationally. The denominator used is incident rates per 1,000 bed days and does not allow for other comparators such as type of services included and weighted population.
2d	Review of Risks	Overall, the Committee is assured that risks are being actively identified and managed, whilst recognising that further work is required to strengthen assurance and to demonstrate the scrutiny and consideration of reports before being presented to the committee. The Committee paid particular attention to the following risks: ▪ Secure Inpatient Services – Ridgeway, the three wards managing challenging behaviours, reported high acuity, as well as staffing issues. (Sandpiper, Kestrel/Kite and Ivy/Clover). ▪ Teams with increased executive oversight - Bankfields Court and Ripon/Harrogate ICT. ▪ The increase in restrictive interventions related to 2 specific areas, noting the plans with MerseyCare to introduce new methods of training for exiting and entering seclusion in SIS. ▪ The challenges with the Electronic Patient Record. ▪ That training is required for Board and Committee members on the Board Assurance Framework, scoring of risks and controls assurance.
3	Actions to be considered by the Board	Items for Escalation to the Board ▪ No matters were identified for escalation to the Board. ▪ No formal escalations or amendments to the BAF risks were noted at the meeting.
4	Report compiled by	Marie Burnham Interim Chair of the Committee, Chair of Trust, Hannah Crawford, Executive Director of Therapies, Donna Keeping, Corporate Governance Manager

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Key pressures and how they are being managed

Access and demand

- Organic, neurodevelopmental and community waiting times remain challenging.
- North Yorkshire & York Triage experienced reduced ability to answer calls timely. Intensive support plan has been implemented.
- Some waiting lists and longest waits are reducing.

Older people: 1,349 waiting | average 6 weeks | longest 29 weeks

DTVF CYP neuro: 3,633 autism | 3,826 ADHD | 1,524 combined

Adult crisis within 4h: 73.17% Durham | 93.27% Tees | standard 95%

Workforce resilience

- Service Requiring Additional Support oversight remains in place for services with staffing and access pressures.
- Recruitment, recovery plans and enhanced monitoring are under way.
- North Yorkshire and York Therapy vacancies and sickness continue to affect capacity.

Trust sickness 6.90% | DTVF 7.42% | NY&Y 6.32%

Trust target: 5.5%

Flow and infrastructure

- Clinically Ready for Discharge delays continue due to placement, legal and funding barriers.
- Complex transitions need multi-agency management.
- Prison estates, vetting and Information Technology limitations affect delivery.

59 Clinically Ready for Discharge patients occupied 15.86% of 372 acute beds

Improved from 63 patients and 16.94% at 30 June



ASSURANCE AND MITIGATION

Safety and governance

Weekly Service Requiring Additional Support oversight, executive escalation and active risk management support safe care.

Responsive care

Urgent referrals are prioritised and resources are reviewed against patient need.

Quality assurance

Positive Care Quality Commission findings, peer reviews, accreditation and patient feedback provide assurance.

Recovery trajectory

Recruitment, transformation and pathway improvement actions are progressing across services.

OVERALL POSITION

Significant pressures remain, but strengthened oversight and targeted recovery actions are in place.

Positive developments and areas for Governor awareness

Access and transformation

- Tees Valley Getting Help and Durham Tees Valley & Forensic 111 screening continue to improve responsiveness.
- North Yorkshire and York show improved screening call answer rates and waiting times.
- Community Mental Health and neurodevelopmental transformation programmes are progressing.
- Neighbourhood hubs, resource centres and pathway work continue.

COMMUNITY ACCESS, ROLLING 12 MONTHS TO JULY 2026

Adults and older adults accessing transformed community mental health services: 8,416
County Durham | 9,316 Tees Valley | 5,001 North Yorkshire | 2,594 York

Quality and experience

- Patient and carer feedback remains positive across several services.
- North York & Yorkshire Children & Adolescent Mental Health Service reports 96.6% rating care good or very good.
- North York & Yorkshire Adult Learning Disability reports 100% of respondents rated care as good or very good and 100% of referrals seen within 28 days.
- Durham Tees Valley Children & Adolescent Mental Health Service recently received a Good rating from a CQC inspection.

Partnership and co-production

- Bluebell Apartments supports step-up/step-down care through partnership working.
- Co-production includes prison self-help guides and patient/carers groups.
- Multi-agency working supports discharge and safeguarding.

Innovation and recognition

- Stopping over medication of people with a learning disability and autistic people (STOMP) continues to receive local and national recognition.
- Two Health Service Journal Award nominations have been received.
- PATTERNS, Extended Reality, dementia and autism pathway work are progressing.
- Quality accreditation achieved at Langley and Oakwood.
- Primrose maintained Enabling Environments Award for 10 years.

GOVERNORS ARE ASKED TO NOTE

The balance of operational challenge, evidence of safe oversight and continued service improvement.

Transformation and Neighbourhoods: Service Highlights



Crisis Assessment Suite

Same-day specialist care

A therapeutic alternative to acute emergency departments, designed to improve flow and support lower bed occupancy.

£1.85m capital • NHSE approval Q3



Adult Urgent Care

Improve crisis response

Reduce length of stay and Clinically Ready for Discharge delays, while embedding culture-of-care and workforce development.

CAS forms part of the urgent care programme



Adult Learning Disabilities

Community-first pathway

Build on Intensive Support Team and Bluebell for rapid, multidisciplinary step-up and step-down support closer to home.

250 hospital bed days saved



CAMHS / CYPS

Earlier help and crisis alternatives

Strengthen Getting Help, school partnerships, pathway navigation and consistent crisis response.

Earlier access • fewer avoidable admissions



MHSOP

Reduce reliance on beds

Increase community support, integrate with 24/7 mental health centres and strengthen frailty and dementia pathways.

Community support • dementia pathway

EVIDENCE OF THE WIDER NEIGHBOURHOOD SHIFT

69%
reduction waiting

≤48h
review requests

≈3 weeks
first appointment

40,000
primary-care appointments

COMMON DIRECTION

→

Earlier help • stronger community alternatives • safer inpatient care when required



GOVERNOR TAKEAWAY

Transformation is focused on preventing crisis earlier, expanding local alternatives and using inpatient care only when needed. Delivery depends on partnership working, sustainable workforce and revenue arrangements, and continued programme oversight.

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For General Release

Meeting of:	Council of Governors
Date:	30 September 2026
Title:	Clinically Ready for Discharge: Current Challenges and CRFD Reduction Programme Update
Executive Sponsor	Naomi Lonergan – Interim Managing Director
Report Author(s):	Andrea Jaworski, Business Manager

Report for:	Assurance	☒	Decision	☐
	Consultation	☐	Information	☒

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

1: To co-create high quality care

2: To be a great employer

3: To be a trusted partner

☒
☐
☒

Strategic risks relating to this report:

BAF ref no.	Risk Title	Context
2	Demand	There is a risk that people will experience unacceptable waits to access services in the community and for an inpatient bed caused by beds being occupied by patients who are clinically ready for discharge, resulting in a poor experience and potential avoidable harm.
4	Quality of Care	There is a risk that patients who are clinically ready for discharge do not receive the right care, in the right place at the right time, which may result in re-lapse or deterioration of mental health.
9	Partnerships and System Working	There is a risk that failure to engage effectively in partnerships across our Integrated Care Systems, Provider Collaboratives, 'places' and 'neighbourhoods' will compromise our ability to effect service improvement, transformation and population health of the communities we serve.

1. EXECUTIVE SUMMARY:

Purpose:

This report provides the Council of Governors with an overview of the current challenges affecting the timely discharge of patients who are clinically ready for discharge (CRFD), the impact on patients and services, and the action being taken through the Trust-wide CRFD Reduction Programme.

The report is presented for information and provides assurance on the planned arrangements to strengthen discharge planning, oversight, escalation and partnership working.

2. CURRENT POSITION

2.1 Overview

A patient is considered clinically ready for discharge when hospital-based care is no longer required and discharge to an appropriate onward care setting can be progressed. Some patients remain in hospital because the required placement, accommodation, package of care, funding agreement or external approval is not yet available.

A Trust-wide review undertaken on 16 July 2026 identified 80 patients who were clinically ready for discharge across all Trust sites and specialties. The length of delay ranged from 2 days to 2,473 days, with an average delay of 234 days.

For adult acute services, the position reported as of 30 June 2026 showed 63 patients clinically ready for discharge in Adult Mental Health, Mental Health Services for Older People and Psychiatric Intensive Care Unit beds. This represented 16.94% of the 372 acute beds open to admission and 2,168 bed days lost during June 2026. The two figures cover different patient groups and should not be interpreted as a direct comparison.

The current CRFD measure is an end-of-month snapshot. Work is planned to develop measures that provide a fuller understanding of the number of bed days lost throughout each reporting period.

2.2 Key Issues Affecting Discharge

The main barriers to timely discharge are the availability of suitable placements, access to packages of care, housing and accommodation constraints, funding decisions, external assessments, provider capacity, and legal or regulatory processes.

Placements and Accommodation

Some patients require residential, nursing, supported living, care home or specialist provision before discharge can take place. Suitable provision can be difficult to secure, particularly where a patient has complex needs or requires bespoke accommodation. In some cases, a provider has been identified but an appropriate property is not yet available.

Packages of Care

Discharge can also be delayed while a package of care is agreed or mobilised. Progress may depend on provider capacity, recruitment of suitably skilled staff, confirmation of funding and the availability of appropriate accommodation. Patients without an identified provider, package of care or indicative discharge date are at greatest risk of an extended inpatient stay.

External Decisions and Complex Pathways

A number of discharge arrangements depend on decisions or processes outside the Trust. These include commissioner funding decisions, social care assessments, best-interest processes, tribunal timescales and Ministry of Justice approval. Patients with complex mental health needs, autism or high-dependency presentations may also require specialist provision and bespoke staffing arrangements, which can take longer to establish.

Consistency of Discharge Processes

The Trust-wide review found that local arrangements were in place to oversee and progress discharge. However, approaches varied between specialties and there was no consistent Trust-wide framework for reporting, assurance and escalation. These findings have informed the development of the CRFD Reduction Programme.

3. IMPACT ON PATIENTS AND SERVICES

Delayed discharge can mean that a patient remains in hospital after inpatient treatment is no longer required and is unable to move to the most appropriate care setting. This may affect patient experience, continuity of care and wellbeing.

The continued occupation of inpatient beds by patients who are clinically ready for discharge reduces bed availability for people requiring admission and contributes to wider flow pressures, including the potential use of out-of-area placements. Long and complex discharge arrangements also place additional demands on ward teams and operational services.

Many discharge barriers cannot be resolved by the Trust alone. Sustained improvement requires coordinated action with local authorities, Integrated Care Boards, housing partners, care providers and other agencies.

4. TRUST-WIDE CRFD REDUCTION PROGRAMME

4.1 Programme Aim

The Trust-wide programme has been developed to reduce avoidable delays, improve patient flow and establish a consistent approach to discharge planning and escalation. The programme aims to reduce the CRFD position from approximately 17% to 12% by March 2027 and achieve a 10% reduction in lost bed days.

Work will be undertaken across Adult Mental Health and Mental Health Services for Older People, with a more intensive initial focus on Mental Health Services for Older People, where the largest opportunity for improvement has been identified.

Workstream	Planned action	Intended benefit
Standardisation and governance	Introduce a Trust-wide standard operating procedure, common definitions, standardised reporting and a consistent escalation framework.	A consistent approach across services and geographical areas.
Purposeful admission and discharge planning	Embed discharge planning from admission, including a 72-hour formulation, purpose of admission, estimated discharge date, discharge-planning meetings and a standard multidisciplinary process.	Earlier identification and management of potential discharge barriers.
Transfer of care and discharge infrastructure	Evaluate Transfer of Care Hub arrangements in South Tees and Durham and the MHSOP Discharge Lead role, then develop a preferred operating model and implementation plan.	Improved coordination and earlier engagement with system partners.

Escalation and performance management	Introduce weekly 30, 60 and 90-day reviews, director-led reviews, clinical escalation and monthly system-level escalation.	Clear ownership and earlier senior intervention for unresolved barriers.
Measurement and intelligence	Develop a performance dashboard, lost bed-day reporting, daily operational measures and trajectory tracking.	Improved visibility of performance and earlier intervention.

5. Implementation Plan

Phase	Period	Key planned activity	Target
Phase 1: Mobilisation and early implementation	September to December 2026	Establish programme governance; implement the DTVF MHSOP approach within NY&Y MHSOP; embed weekly escalation; establish Multi-Agency Discharge Events; and commence dashboard development.	Reduce CRFD to 15% or below and reduce lost bed days by 5%.
Phase 2: Embedding and standardisation	January to March 2027	Agree the Transfer of Care Hub model; implement the Trust-wide standard operating procedure; embed AMH and MHSOP discharge-planning models; and fully implement escalation and performance-management arrangements.	Reduce CRFD to 12% or below and reduce lost bed days by 10%.

6. GOVERNANCE AND ESCALATION

The planned governance arrangements include a weekly Operational Improvement Group to monitor CRFD performance, review the longest waits, track actions and support services. A monthly System Escalation Group will support director-to-director escalation of barriers relating to local authorities, funding, placements and complex discharge pathways.

Programme reporting will be supported through ward and multidisciplinary team reviews, the weekly Operational Improvement Group, Hospital to Community Board, CRFD Programme Board, Executive Directors Group and Resource and Planning Committee.

7. ASSURANCE AND NEXT STEPS

The Trust has identified the principal causes of delayed discharge and has developed a structured improvement programme with defined workstreams, implementation phases, performance targets and escalation arrangements. This provides a framework for strengthening internal processes and working with system partners to address external barriers.

Delivery remains dependent on implementation of the planned programme, the availability of suitable community provision, timely funding and social care decisions, provider capacity and effective participation by partner organisations. Future reporting will therefore need to demonstrate progress against the agreed trajectory, changes in lost bed days and longest waits, implementation of standardised processes, and resolution of placement and package-of-care barriers.

9. RECOMMENDATIONS

The Council of Governors is asked to:

1. Note the current CRFD position and the impact of delayed discharge on patients, inpatient capacity and access to care.
2. Note the principal barriers to timely discharge, including suitable placements, packages of care, accommodation, funding decisions, provider capacity and complex legal or regulatory processes.
3. Note the planned work through the Trust-wide CRFD Reduction Programme to strengthen discharge planning, governance, measurement, escalation and partnership working.
4. Note the programme aim to reduce the CRFD position to 12% and achieve a 10% reduction in lost bed days by March 2027.
5. Receive future updates on programme delivery, patient impact, performance against trajectory and the resolution of system-level barriers.

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For General Release

Meeting of: Council of Governors

Date: 30 September 2026

Title: Appointment of two Governors to serve on the Council of Governors' Nomination and Remuneration Committee

Sponsor(s): Anna Pridmore, Interim Company Secretary and Director of Corporate Governance

Report Author: Angela Grant, Corporate Governance Officer (CoG and Membership)

Report for:

Assurance	☒	Decision	☐
Consultation	☐	Information	☐

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

☒
☒
☒

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
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 seek approval for the appointment of two Governors to serve on the Council's Nomination and Remuneration Committee.

Proposal:

That Joan Kirkbride, Public Governor for Darlington, and Graham Robinson, Public Governor for Durham should be appointed as members of the Council's Nomination and Remuneration Committee, for a period of three years.

Overview:

The Nomination and Remuneration Committee was 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.

Other members of the Committee are Gary Emerson, Lead Governor and Public Governor for Stockton-on-Tees, and Mary Booth, Public Governor for Middlesbrough.

Prior Consideration and Feedback:

Not applicable.

Implications:

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

Recommendation:

That the Council appoints Joan Kirkbride and Graham Robinson as members of the Council of Governors' Nomination and Remuneration Committee. All Governor seats on committee will be filled following their appointment.