Our Journey to Change Delivery plan

2023/24

Who we are and who we care for

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) was formed in April 2006 and was authorised as a foundation trust on 1 July 2008. We provide mental health and learning disability services for the people of County Durham and Darlington, Teesside, North Yorkshire, York and Selby.

From education and prevention to crisis and specialist care — our talented and compassionate teams work in partnership with our patients, communities and partners to help the people of our region feel safe, understood, believed in and cared for.

We're committed to new thinking that improves the wellbeing of our region, and connecting with our communities and partners to deliver mental health care.

We also provide mental health care within prisons, and an immigration removal centre, located in the North East, East Yorkshire, Cumbria and parts of Lancashire.
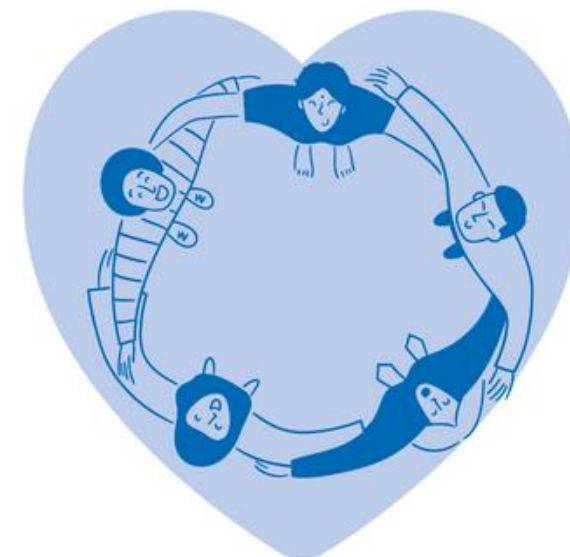
Almost 7,500 staff work across more than 90 sites, including Foss Park, a state of the art 72-bed hospital and research space in York which opened in 2020.

We deliver our services through two Care Groups, which are supported by corporate services. These care groups are:
- Durham, Tees Valley and Forensics
- North Yorkshire, York and Selby

Most importantly, everything we do is guided by **Our Journey to Change** and our values.

Our Journey to Change sets out where we want to be and how we'll get there. It includes our goals that we co-created with patients, carers, colleagues and partners. We are working hard to embed our values and make sure everyone, in every role across our Trust, demonstrates respects and compassion and takes responsibility for the care we give.

Launched in August 2020, Our Big Conversation was the biggest listening exercise in the history of the Trust. Over 2,100 people shared 35,800 ideas, comments and votes, exploring what could be possible if we got everything right and what we must do to achieve this.

We heard that some people had a good experience with the Trust but this wasn't consistent, and we heard that there is a lot we need to work on.

From the rich conversations and feedback, we received from Our Big Conversation, we developed big ideas for change and a new strategic direction called **Our Journey to Change**.

It sets out why we do what we do, the kind of organisation we want to be and how we will get there by delivering our three goals and living our new values of respect, compassion and responsibility all the time.

The big goals we have committed to deliver over the next five years are:
• to co-create a great experience for patients, carers and their families
• to co-create a great experience for our colleagues
• to be a great partner

Our Journey to Change will be at the forefront of everything we do, and all our decision making and 'supporting journeys' will be aligned to it.

We will have five underpinning journeys which are:
• clinical
• quality and safety
• people
• co-creation
• empowering infrastructure

TEWV OJTC delivery plan 23/24

National and Integrated Care Systems' priorities

The NHS has a long-term plan for mental health which identifies several priorities for NHS commissioners and providers, including:

- improving access to existing services such as talking therapies, crisis services and community mental health services for both adults and children
- setting up and expanding new services such as perinatal, individual placement and support into work for people with severe mental health conditions
- transformation of community mental health services through place-based partnerships

The national priorities for learning disability services (known as *building the right support)* are to reduce the inappropriate use of hospitals and to reduce over-medication. Autism priorities nationally include increasing NHS staff awareness of the adjustments that would help autistic people to access health care effectively. A revised Mental Health Bill is moving through its parliamentary stages and if approved, will eliminate the use of detentions for autistic people or a learning disability, but who are not mentally unwell.

The North East North Cumbria ICS and Humber North Yorkshire ICS have both developed integrated care strategies and 'joint forward plans'. HNY also approved a mental health, learning disability and autism strategy in 2021. These set out goals such as increasing life expectancy, improving health service quality and reducing health inequalities. For mental health and learning disabilities, they reference principles such as the importance of preventing the determinants of ill-health, early intervention, trauma informed care and quality improvement. Workforce development and utilising community assets, including the voluntary sector are also common features.

This plan supports and is informed by national and ICS priorities.

Content of this document:

This Our Journey to Change (OJTC) delivery plan sets out:
- The role and importance of our clinical, quality, co-creation, workforce and infrastructure journeys to change
- Our delivery priorities for 2023/24, including completion dates for key pieces of work and the impact we expect them to have
- The standards we have agreed with our commissioners and regulators, that we will deliver during 2023/24
- Our financial and workforce plans for the year ahead

If you have any questions about this document, please contact Chris Lanigan (associate director of strategic planning and programmes): chris.lanigan@nhs.net

Our clinical, quality, co-creation, workforce and infrastructure journeys

Each of our five journeys sets out our ambitions – i.e., what is the clinical, quality, cocreation, workforce and infrastructure destination that we are journeying to. They also set out some of the principles that will guide our journey.

There are different ways in which we will make the journey from where we are now, to where we want to be – including:

1) changes in everyday working practices and behaviours, which over time become cultural change
2) incremental changes to our 'business as usual', often achieved by teams formally or informally using the 'Plan Do Study Act' (PDSA) cycles, which will be prompted by data and risks discussed through the governance of our Trust
3) developing projects and initiatives to create new services or to change existing services. Some of these are funded by new commissioning investment, but others use the resource already available to the Trust. Where plans involve efficiency savings or significant changes to services, they must pass a quality impact assessment conducted by our medical, nursing and therapies directors before implementation
4) convincing our system partners to do things differently, in line with the ambitions of our journeys

In the past, the Trust's business plans have focused on the projects and initiatives developed by the Trust (category 3), but this OJTC delivery plan should reflect the wider range of things we are doing which will advance Our Journey to Change during 2023/24. All of these four aspects of making our journeys must be successful if we are going to successfully arrive at the destination of our journey to change.

Our 'advancing' Board is where we manage the most urgent and complex cross-cutting transformation projects. These receive additional support from the Trust's change and project management experts. In 23/24 we have purposefully put all of our immediate quality journey areas of focus under this Board along with work to help us reduce pressures on our mental health assessment and treatment and PICU inpatient beds.

Personalising care planning also features, because supporting and enabling patients to develop their own care plans, so that care is tailored to their personal needs and recovery goals is the way to make sure that co-creation is a reality for every person using TEWV's services.

2023/24 - Plan on a Page

journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Clinical
- Community transformation
- CITO implementation
- Autism

Quality & Safety → **Advancing Board**
- Reducing inpatient pressures
- Patient safety
- Harm-free care
- Personalising care planning

Cocreation
- Lived experience posts
- Data collection & learning
- Diversify & expand involvement

People → **Workforce Delivery Plan**
- More People
- Inclusive and Compassionate Culture
- Working Differently

Infrastructure
- One Team TEWV
- Digital and data journey
- Green Plan
- Estates Masterplan

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These will be underpinned by:

- Service user, carer, staff & partner engagement to inform plans & gather intelligence on impact
- Detailed plans (why, how, when, who)
- Measuring impact

Our three big goals

1. **Cocreate a great experience for our patients, carers & families**

2. **Cocreate a great experience for our colleagues**

3. **Be a great partner**

Community transformation

Project/initiative	Aim/reason why	Deadline	Milestones
Adult/older people's community mental health team transformation - DTV	To meet the requirements of the national transformation model and road map requirements to ensure the needs of those with a serious mental illness are met more effectively. To continue to work as a key system partner to implement the required service, workforce and cultural change to deliver improved outcomes.	**March 2024**	• New roles introduced in agreed places (e.g., Teesside community navigators) – (September 2023) • Changes required to provide a consistent rehabilitation and recovery service across DTV completed – (September 2023) • Increase in people offered and accessing evidence-based interventions – (December 2023) • New national PROMS (Patient Reported Outcome Measure) embedded and routinely reported – (December 2023) • New transformed models for adults and older adults in place across the geography, in line with the national roadmap – (March 2024) • A physical health care model in place and demonstrable increase in physical health checks – (March 2024) • Increased compliance with new national four week waiting time standard – (March 2024) • Move away from Care Programme Approach (CPA) embedded in practice – (March 2024)

Project/initiative	Aim/reason why	Deadline	Milestones
Crisis - DTV	To deliver an improved call answer rate and a pathway which is integrated with North East Ambulance Service (NEAS) and offers improved signposting options and direct access for patients to alternative agencies where appropriate. An enhanced workforce model to introduce screening, and improved access for comprehensive assessment for those who need it. This will deliver improved patient safety and staff and patient experience. Working collaboratively with staff, partners and stakeholders to improve the responsiveness of the Durham and Darlington crisis service. To complete the implementation the older person's crisis model.	**December 2023**	• New access model is in place with NEAS with demonstrable improvement in call answer rate, responsiveness, signposting, and assessment processes - (December 2023) • Implementation of the agreed outputs following the Durham and Darlington crisis service improvement event to include measures for patient, staff and stakeholder stated improvements - (December 2023) • Older person's crisis model fully implemented - (June 2023)

Project/initiative	Aim/reason why	Deadline	Milestones
i-Thrive - DTV	To continue to support and influence the system so that a commissioning and delivery plan for a comprehensive i-thrive model is in place. We will implement an improved front door offer, which provides more comprehensive advice signposting and getting help. This will improve access to the 'Getting More Help' service for young people with complex needs. We will continue to improve the pathways and interface with CDDFT to support young people admitted to paediatric beds. The TEWV CYP services will have a clear role in the national family hubs programme as they develop.	**June 2024** **March 2024**	• Implementation of year one actions from the i-thrive transformation plan with an improved front door offer, increased focus on the getting help offer with partners to clarify current provision and gaps and family hub and school-based models further embedded - (March 2024) • Participation, oversight and delivery of the Alliance MH action plan with CDDFT will be achieved and improvement in operational and strategic relationships will be visible - (March 2024) • A completed full CAMHS estate review (ensuring equipment, environment is suitable, seven-day access and availability) - (December 2023) To map and identify accommodation requirements within the respective family hub implementation programme in each place to ensure an increased range of accessible premises/community hubs are provided as the programme rolls out - (December 2023)

Project/initiative	Aim/reason why	Deadline	Milestones
Adult LD - DTV	To deliver community and inpatient pathway transformation in line with CQC, peer review reports (Mersey Care) and national guidance. This will include: • New clinical model that promotes early intervention and prevention within mental and physical health. • Design and implementation of the least restrictive care and treatment options. Optimising partnership and systems working.	**September 2024**	• Implementation of the respective improvement plans for inpatient and community provision - (March 2024) • Working with the Trustwide Restrictive practice governance groups, to improve practice and reduction in use of restrictions will be evidenced - (March 2024) • Established links with partners and shared map of respective service provision with network meetings in place for partners to come together to increase connectivity, relationship management and strengthen service provision across the system - (March 2024) • Working with partners/regulators to develop to confirm the future respite service model - (September 2024)
Forensics – establishing a community	• Addressing regulatory concerns. • Ensuring equality of access to services as would be available outside of secure setting. • Providing opportunities for patients to benefit from activities, gain vocational qualifications, paid and volunteer roles. Meeting the physical health needs of patients.	**September 2024**	• Baseline assessment of existing provision across all areas produced – (June 2023) • Focus groups with patients and carers carried out to establish what they would like to have in place – (September 2023) • Business case(s)/proposals produced as required – (December ember 2023) • If business case(s) agreed, implementation plan developed – (March 2024)

Project/initiative	Aim/reason why	Deadline	Milestones
Health and Justice – Reconnect, North Yorkshire	In line with provision currently across North East, commissioners in North Yorkshire will be rolling out implementation of the Reconnect service which aligns to Liaison & Diversion.	**March 2024**	- Timescales TBC in line with Commissioner requirements - Proposal developed for consideration of commissioners which meets the specification and is cost effective - If proposal approved, implementation plan developed and mobilisation commenced Service operational
Older people's community mental health team transformation – NYYS	To support 'place based' provision of care across our care group geography in line with NHSE/ICS direction. Support a system wide approach to rehabilitation and independence. To align service structure with future investment proposals to develop a resilient and sustainable memory service across MHSOP.	**March 2024**	- Develop links with first contact MH worker team managers to support development of MDT working - (June 2023) - Implement senior clinical leadership to build relationships with the hub(s), local medical councils and PCNs - (September 2023) - Capacity and demand analysis (by end June 2023) - identify what is required to ensure ongoing oversight of waiting list - identify capacity required to reduce waiting list. - analysis to inform business case proposal for additional resource - Review the memory service offer (September 2023) - to support development of a consistent memory offer across the care group – inc. medical and leadership provision Produce MAS business case - (March 2024)

Project/initiative	Aim/reason why	Deadline	Milestones
Adult community mental health team transformation – NYYS	To improve the lived experience and life potential of those with enduring mental health. Improve patient and carer experience through seamless care, making the most of system overhaul. Work closer and appreciate the value of our partners to bring about shared benefits for patients and carers.	**March 2024**	• Improved support to access health screening and physical health - (September 2023) • Adopt system-wide approach to rehabilitation and independence - (March 2024) • Progress the development of the community hubs across place-based settings - (March 2024) • To progress the care of the homeless across all place-based areas (inc. implement CYC partnership for York Homeless Project) - (March 2024) • Establish positive relationship and 'trusted partners' that means we stay in step with our partners - (March 2024) Strengthen the participation of active members of our partners in decision making - (June 2023)
Crisis – NYY	To be able to deliver the best experience and outcomes for our patients and carers. To have a fit for purpose telephone mental health support and crisis offer for patients and carers. Improve the consistency, quality and effectiveness of crisis services in NYY.	**March 2024**	• Improve All Age Crisis Telephone service by addressing service response rates and call retention. (LTP funding proposal submitted) - (March 2024) • Implement listening service pilot with VCS partners for mental health crisis support lines to better understand the need for the service long term - (implemented for 6 months through to end June 2023) • Review of models in other areas including the one used in Humber - (June 2023) • Completion of options paper for submission to Care Group and decision on future model for CAMHS - (September 2023) Implementation of agreed model - (March 2024)

Project/initiative	Aim/reason why	Deadline	Milestones
i-Thrive - NYY	To ensure the service offer and model in specialist CAMHS is clear and communicated to our patients, their families, carers and partners. Support partners to understand and contribute to implementation of the I-thrive model by enabling coproduction and buy in that supports implementation across all system partners.	**June 2024**	• To review service specifications with Commissioners - (by June 2024) • To support the i-Thrive event planned by Commissioners and ensure we are key partners in any subsequent re-design work - (by March 2024)

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Cito

Project/initiative	Aim/reason why	Deadline	Milestones
Cito	• Delivery of clinical record • Reduction in time clinical colleagues spend inputting information into digital systems and improvement in data quality.	**From July 2023 onwards**	• Testing signoff – (May 2023) • Phase 1 go-live – (July 2023) • Phase 2 work will then follow once scoped

Autism

Project/initiative	Aim/reason why	Deadline	Milestones
Autism training	• Deliver understanding autism training trust-wide to meet the requirements of the autism legislation and CQC baselines. • Autism diagnostic assessment training and clinical supervision in Durham Tees Valley CMHTs. To increase the quality and quantity of autism diagnostic assessments in DTV CMHT's. • Development and implementation of bespoke autism training in response to trust needs to meet the requirements of autism legislation and CQC baselines.	**March 24** **March 24** **March 24**	• 12 sessions per month • Training course delivered six weekly, and clinical supervision offered monthly to individual teams to embed clinical knowledge and skills • As required

Project/initiative	Aim/reason why	Deadline	Milestones
Autism reasonable adjustment support and coordination	• The aim is for all services to have ongoing access to clinical supervision and consultation when working with autistic people. • This will ensure can provide care pathways that can be adjusted to meet the needs of autistic people within both inpatient and community services to meet the requirements of autism legislation and CQC baselines.	**March 24**	• All adult mental health (AMH) inpatient and community team areas will have completed an autism environmental checklist and implementation plan in place – (March 2024) All inpatient working groups to meet monthly to work on the implementation plan
Complex autism case work	• To ensure that the trust can provide appropriate evidence based safe care for autistic people where needs are more than reasonable adjusted care to meet the requirements of autism legislation and CQC baselines. • Aims to provide support and consultation to corporate services in relation to patient safety, complaints and human resources to meet the requirements of autism legislation and CQC baselines.	**March 24** **March 24**	• There will be access to wrap around support from autism clinical experts trust-wide in acuity and complex cases There is a resource to corporate services to ensure that they are complaint with autism legislation and CQC requirements
Adult neurodevelopmental service - DTV	• To seek opportunities to widen provision via a collaborative approach to address the significant waits for access and intervention.	**September 2023**	• Using improvement methodology and events to implement the single pathway to manage ADHD and ASD referrals

Project/initiative	Aim/reason why	Deadline	Milestones
Children and young people neurodevelopmental assessment service - DTV	• To work with partners and commissioners to develop options for sustainable provision which reduces/eliminates the waiting list and maintains an effective accessible service going forward. • This will address the very significant waits and detrimental impact on CYP and their families/carers.	**September 2023** **June 23**	• Implementation of the co-produced action plan to improve early support to families • Development of a paper to identify and evaluate a range of options to increase capacity to complete more diagnostic assessments (ADHD and ASD) • Using learning from other organisations
Children and Young People Neurodevelopmental Assessment Service - NYY	• To ensure we can provide a timely service to our YP and to clearly identify service gaps/challenges and communicate these to our commissioning partners. • Increasing demand for neuro-developmental assessment and the need to develop an appropriately skilled workforce.	**June 2023** **September 2023**	• To complete the data cleanse work on the manual PTL for ADHD • To work with performance team colleagues to develop a dashboard for ADHD for Commissioners like the one we already provide for ASD • To develop a business case for ADHD to increase staffing resource commencing with the Scarborough team
Adult neurodevelopmental service - NYY	• Being better equipped to respond and adapt to the needs of people with ASD.	**September 2023** **March 2024**	• Introduction of a specialist team to support decision making and intervention across AMH • Improved access to ASD expertise and capacity to support interventions supported by Increased ASD training uptake

Reducing inpatient pressures

Project/initiative	Aim/reason why	Deadline	Milestones
Inpatient flow – DTV AMH and MHSOP wards	To reduce bed occupancy through reduction of delays in the patient journey, to achieve the elimination of out of area placements by March 2024.	**March 2024**	• A central bed management policy implemented, supported by refreshed PIPA (Purposeful Inpatient Admission) processes – (June 2023) • Multi-Agency Discharge Forums with LA and other key partners in place and working effectively – (June 2023) • Consider how the exemplar ward framework can be used within older adults wards – (June 2023)
Older adults pathway - NYYS - ensure seven-day availability for assessment and treatment	To enable reduced admissions and an alleviation in bed pressures.	**March 2024**	• Develop options appraisal for seven-day working for presentation to ICB - (June 2023) • Produce operational policy and commence recruitment, progress through HR processes inc. LCC paper as organisational change (funding availability dependent and so date to be determined)
Reducing pressure on inpatient beds programme	To reduce out of area placements in accordance with the agreed trajectory through the reduction in bed occupancy.	**March 2024**	• Develop a trustwide programme plan – (June 2023) • Zero out of area placements – (March 2024)

Project/initiative	Aim/reason why	Deadline	Milestones
Implement bed configuration in line with NE & NC secure services provider collaborative review	A North East, North Cumbria bed model is being developed and TEWV must support this (to ensure the whole system provides high quality provision that meets demand within the available budget).	**October 2025**	• Bed model agreed – (June 2023) • Implementation of pathway changes commenced in line with agreed project plan – (June 2023) • Proposed developments – business cases developed as required

Patient safety

Project/initiative	Aim/reason why	Deadline	Milestones
Patient safety incident response framework (PSIRF)	To ensure TEWV compliance with the patient safety incident response framework (PSIRF) national directive.	**April 2024**	• Governance and quality monitoring – (31/05/2023) • Patient safety incident response planning – (30/06/2023) • Curation and agreement of the patient safety incident response policy and plan – (31/08/2023) • Transition - working under the patient safety incident response policy and plan – (31/12/2023) • Embedding sustainable change and improvement – (30/04/2024)
LFPSE + InPhase	To ensure TEWV compliance with the learning from patient safety events (LFPSE) national directive. To replace the current Datix system with InPhase to support this compliance.	**December 2023**	• Implementation of incidents LFPSE test system – (31/03/2023) • Implementation of incidents LFPSE to live system – (30/09/2023) • Implementation of system module onto system – (30/12/2023) • PSIRF module added to system – (30/10/2023) • Implementation of fit for purpose Risk and Quality management system – (30/12/2023)
Incident reviews	To improve the timeliness and effectiveness of reviews to help support learning and avoid incidents.		• Complete "root and branch" review – (April 2023) • Approve plans for next steps and commence implementation – (date tbc)

Harm free care

Project/initiative	Aim/reason why	Deadline	Milestones
Reducing the use of restrictive interventions	To reduce the use of restrictive interventions by 50% by 31 March 2024.	**March 2024**	To be agreed within the advancing OJTC board - plans are currently being formulated
Safeguarding / parental/carer mental ill health impact on children (PAMIC)	To minimise the impact from parental/carer mental ill health and behaviour on children.	**March 2024**	To be agreed within the advancing OJTC board - plans are currently being formulated
Reducing in sexual safety incidents	To reduce the number of sexual safety incidents to zero by 31 March 2024.	**March 2024**	To be agreed within the advancing OJTC board - plans are currently being formulated
Reducing suicide/misadventure	A target for the reduction of suicide/misadventure related incidents among people in the Trust's care is still being developed, although the ultimate ambition is zero suicide. We are also considering a target of reducing staff sick days that are attributed to suicide related incidents.	**March 2024**	• Offer PIP support to at least 75% of staff involved in a Level 4 or 5 incident • Increase environmental audits undertaken against national standards • Increase proportion of national standard environmental work undertaken against all environmental work • Increase managing distress training in IP units (all staff including non-clinical) • Adhering to NICE Guidance re liaison follow up

Personalised care planning

Project/initiative	Aim/reason why	Deadline	Milestones
DIALOG+ full implementation through Cito	To manage the transition to DIALOG+ where all patients will have a Care Plan that is coproduced with them and their carers/family, that is managed via Cito. This will mean that, patients will receive care that is formulated around their experiences and meets their needs. This is central to the community mental health framework and refocus of CPA. It should improve patient satisfaction and reduce suicide rates.	**July 2023**	• Cito and pre-cito dialogue training complete – (June 2023) • Planning workshop held – (June 2023) • Cito module goes live – (3 July 2023) • A shared action plan developed - (September 2023) • Delivery of agreed actions within the shared action plan - (September 2023)

Expand and develop lived experience posts

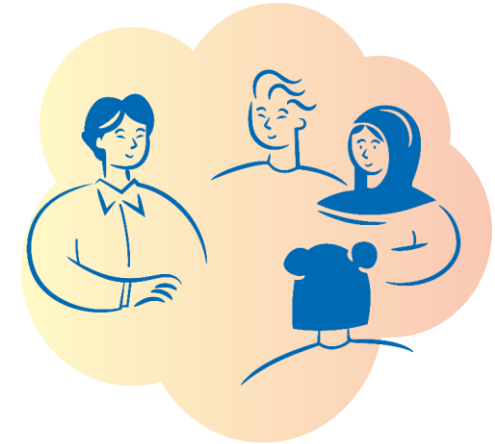| Project/initiative	Aim/reason why	Deadline	Milestones
Expand and develop lived experience roles and leadership, including peer support workers	• Target growth for peer support roles across TEWV - TBA at executive level (60 per year minimum across whole Trust. • Peer relationships can facilitate personal recovery and wellbeing. We should take steps to implement and support peer relationships, and diversity MDT workforce. By growing this workforce, we can offer peer support across the whole range of places and services.	**Initial development by December 2023, but expansion will continue after this**	• Enhance and develop peer support operational and training infrastructure • Agree banding for leads and training and development roles • Continue to roll out carer/autism peer support roles • Ensure staff lived experience is factored into development of peer support and lived experience roles • Spaces for staff to safely consider and factor their lived experiences and how it may impact both positively and or negatively on their work – (June 2023) • Continue to ensure services receive appropriate preparation/training to embed lived experience roles • Explore potential for discreet project work for involvement members/zero hours contracts/ time limited – (December 2023)

Collecting and learning from patient and carer data

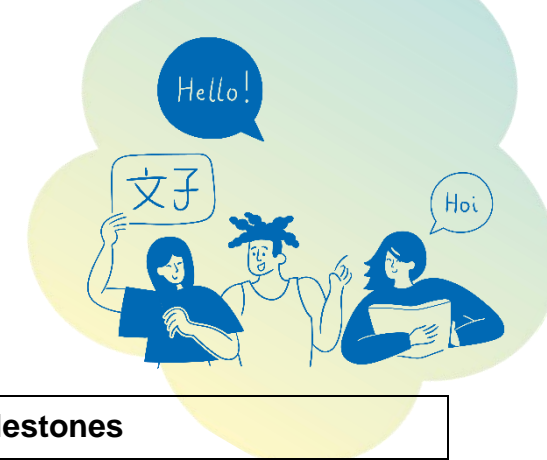| Project/initiative	Aim/reason why	Deadline	Milestones
Improve and accurately capture patient experience data **Undergo review and transform PALS and complaints pathways in line with cocreation principals**	Capturing, reviewing, and learning from patient feedback is central to outstanding patient experience. Good complaint handling provides a direct and positive connection between those who provide services and the people who use them. Complaints offer a rich source of learning to help improve services for everyone.	**January 2024**	• Formal scoping of work complete – (May 2023) • Further QI work/refinement from consultation/proposals/policy development – (November 2023) • Policy refreshed/launch – (Jan 2024)

Diversity and expand involvement

Project/initiative	Aim/reason why	Deadline	Milestones
Embed and grow co-creation across the organisation	Co-creation is one of our three goals. By co-creating we will create an open, compassionate culture that listens to patients and carers, and learns from their experience of quality patient care. To facilitate increased co-creation some process and capacity development is needed, which this initiative focuses on. Care Groups have day to day responsibility for co-creating care with patients and carers.	Initial development by **October 2023** but work to embed and grow will then continue	• Develop co-creation governance structure – (April 2023) • Develop and implement co-creation networks TEWV and wider partnerships – (May 2023) • Develop shadow governance mechanism to work interdependently with new TEWV governance structures – (July 2023) • Explore human rights informed approaches to be embed co-creation work and models of delivery – (October 2023)

More people

Project/initiative	Aim/reason why	Deadline	Milestones
New starters and onboarding	Making sure at the earliest opportunity information is gathered to support new starters gaining access to systems, equipment, information and resources to be productive for their first day at work.		• Under development
International recruitment	Inability to recruit sufficient qualified and skilled staff. Aim**:** The overall aim of this strategy is to address the staffing shortfalls which not only places our existing staff under continuing pressure but impacts on the care we provide, along with reducing the reliance upon temporary staffing.	**By December 2023 and then ongoing**	• Review international nurse recruitment process and set implementation plan – (June 2023) • Recruitment of full international recruitment team – (June 2023) • Delivery on batched cohorts of nurses as per implementation plan – (by December 2023 and then March 2024)
Workforce planning	Current demand and expectation for workforce planning high across the Trust with limited capability and capacity to deliver Aim: To design, implement and embed a consistent and evidence-based approach to WFP across the Trust. Together with our services, co-design effective, innovative workforce plans to deliver the right staff, with the right, skills at the right time and place.	**September 2023**	• Hold a series of design workshops – (May 2023) • Implement new workforce planning processes – (September 2023)

Compassionate and inclusive

Project/initiative	Aim/reason why	Deadline	Milestones
Leadership development programme	Currently need to understand and realign the Trust's leadership offer to align with organisational values. Aim: To design and deliver a refreshed leadership offer, working together to co-create opportunities for all our staff, teams and services to thrive.	**ongoing**	• The recently redesigned leadership development programme will continue to be rolled out
Health and wellbeing council	The health and wellbeing of all our employees is vital to providing the best experience for our staff, impacting on the care we provide and our ability to partner in the wider system. The aims of the new health and wellbeing council are to: • involve a diverse network of people (considering the varied experience of the communities within which our staff live) in decisions about how charitable funds are raised and allocated. • communicating clearly to all colleagues how to access funding for provision of health and wellbeing initiatives with a proactive focus on ill-health prevention. • support fundraising events in line with health promotion activities. • promote the activities of the council within their areas of work to build the sense of community in TEWV.	**March 2023, then ongoing**	• The new health and wellbeing council will meet for the first time in March 2023 and then every two months prior

Working differently

Project/initiative	Aim/reason why	Deadline	Milestones
Workpal	We do not currently have a clear line of sight from employee through to Board to understand whether individual objectives are contributing to OJTC and living the Trust values. Aim: move from a paper-based system to an online accessible 24/365 system, with targeted development plans and staff experience of quality appraisals.	**1 March 2023 go live and full implementation completed by end Feb 24**	• Implementation plan for embedding appraisal function of workpal within the organisation – (June 2023) • Enable reporting on appraisal completion and alignment (golden thread) via the IIC Q3 – (December 2023) • Embed use of appraisal within workpal throughout the origination – (March 2024) • Scope and set up implementation plan for the transfer of supervision recording onto workpal – (June 2023)
Smarter working	The smarter working approach supports Our Journey to Change and a 'Great Place to Work'. The plan is to help the Trust to offer a more flexible approach as to where, when and how a job could be done to deliver better services and to organise work in ways that improve a healthy work/life balance.	**Phase 1 already complete** **Phase 2 – to be confirmed**	Phase 2 projects likely to include: • room booking system • hot desk equipment • smarter meeting rooms • smarter offices and buildings

One Team TEWV

Project/initiative	Aim/reason why	Deadline	Milestones
Robotic process automation **Mental Health Act tribunal monitoring check**	Automate the process to verify outcome and referral meetings set up and alerts adding freeing up mental health administrators.	**October 2023**	• process confirmed – (5 May) • development of process completed – (29 September)
Full review of corporate service staff lists, and reconciliation of data held on Oracle and ESR	To improve budget management and reduce re-work needed when staff lists on finance system are different to what is on ESR.	**June 2023**	• Finance systems fully updated (i.e., staff all in correct cost centres) – (23 June 2023)
Develop digital and data service standards	Having clear standards ensures TEWV staff are clear on the service they should be getting and will empower them when they are not getting this – helping to protect digital and data staff with any unreasonable requests.	**January 2024**	• To be developed by data projects assurance group (DPAG)

Project/initiative	Aim/reason why	Deadline	Milestones
Set up a new corporate services leadership group	Creates one place where Care Groups or project leads can discuss issues with all corporate services present. Also helps to create a joined-up culture among corporate leads.	**July 2023**	- Terms of reference agreed by current deputies group/corporate reps at exec time out session – (May 2023) - Terms of reference and membership signed off by execs – (June 2023) - First formal meeting of new corporate leads group – (July 2023)
Voluntary and community sector provider grants scheme	To make it easier for the Trust to fund voluntary sector provision of non-clinical services for which a full procurement and contracting regime is disproportionate and/or likely to cause unnecessary delay to commencement.	**To be confirmed**	- Receive and consider legal advice on draft scheme – (April 2023) - Scheme approved by strategy and resource committee – (May 2023) - New scheme in place and ready to be used by TEWV budget managers – (July 2023)

Digital and data journey

Project/initiative	Aim/reason why	Deadline	Milestones
Electronic prescribing and medicines administration (EPMA)	The project will deliver electronic prescribing and medicines administration across the organisation for inpatient and community services.	**March 2025**	• Pilot go live – (May 2023) • Go live inpatient services – (September 2023) • Post pilot implementation approach review – (July 2023) • PID for community services – (March 2024) • Complete roll out inpatient services – (June 2024) • Initiate and complete community roll out – (March 2025)
Improving connectivity	The project aims to improve the service available to colleagues regarding network connectivity and network response times, an updated Wi-Fi provision with replacement of aging access points across the Trust and the delivery for a new approach to how our patients can access the internet.	**July 2023**	• Implement new LAN (local area network) design – (April 2023) • Wifi replacement of new controllers (Roseberry Park, West Park and Foss Park) – (April 2023) • Wifi replacement of new controllers (all sites) – (July 2023) • Patient access to the internet (PATTI) options appraisal – (June 2023) • Patient access to the internet (business case) – (September 2023)

Project/initiative	Aim/reason why	Deadline	Milestones
IIC re-procurement and migration	The project will deliver the data migration from the existing IIC platform to a cloud hosted environment, to ensure we future proof the IIC to be able to support us being a gold standard provider of business intelligence in healthcare services.	**July 2023**	• Migration to Cloud – (Apr 2023) • Sign off data stage – (May 2023) • Dashboards tested and signed off – (May 2023)
RPA (Robotics)	Delivery of software that allows for the automation of business processes through use of digital 'worker / bots' – these 'bots' can be taught to execute transactional tasks consistently thereby releasing time savings for existing staff and improving data quality.	**October 2023**	• Sign off the Project Initiation Document – (March 2023) • Delivery into live environment of six processes – (October 2023) • Transitioned into business as usual through sign off a service delivery model – (October 2023)
Enhancing collaboration	The enhancing collaboration project will embed the use of the Office 365 suite and its many applications and opportunities for communication, joint working and information sharing to colleagues across the organisation. This will enable them to collaborate with each other and partners from within the NHS and wider health and social care community.	**June 2023 (ongoing)**	• Document management position statement – (April 2023) • Targeted communication and support for main Office 365 applications – (June 2023) • BAU support model established – (June 2023)
Asset management	The project will introduce centralised asset management for IT equipment into the organisation. This will reduce delays in ordering and receiving equipment for colleagues and deliver savings through improved lifecycle management and a consolidated approach to purchasing hardware and software licenses.	**March 2024**	• Review and refinement of new asset management processes – (September 2023) • Establish CAM KPI's and Q1 reports – (September 2023) • Development of estate asset profiles (e.g., model office/ward) – (September 2023) • Software management processes – (March 2024) • Telecommunications review – (March 2024)

Green plan

Project/initiative	Aim/reason why	Deadline	Milestones
Embedding the green plan and carbon reduction	To reduce the environmental impact of our activities and direct and indirect carbon emissions. The NHS is the largest employer in the UK, responsible for around 4% of the nation's Green House Gas emissions. We have a moral duty to reduce these and help deliver the UK's carbon reduction goals.	The NHS carbon footprint for the **emissions we control directly - net zero by 2040** The NHS carbon footprint 'plus' for the **emissions we can influence - net zero by 2045**	• Produce options paper appraising models for delivery of the Trust's green plan – (31 May 2023) • Establish green plan 'community of interest' to lead and scope workstreams and co-produce a phased implementation plan which will work towards NHS Net zero by 2040 – (September 2023)
Heat decision plan	The plan will focus on replacing fossil fuel heating systems with green renewable technologies.	**September 2023**	• Site surveys – (June and July 2023) • Plan delivery – (September 2023) • Capital bid for funding measures 2024/25 (tbc)
Installation of additional electric charging points at trust properties	Continue to encourage the take up of zero carbon vehicles across the trust, cleaner air initiative.	**December 2023**	• May surveys complete • June surveys out to tender • Carry out installations (three months lead time)

Project/initiative	Aim/reason why	Deadline	Milestones
Trust environmental pledge - 'pledge for greener'	Search for commitment for take up of green measurable pledges and launch trustwide.	**Ongoing throughout 2023/24**	• Launch July 2023 with second phase initiative winter 2023
Look to address the carbon footprint from supplier to door when procuring goods	Consider travelled miles of supply and look to engage more local providers where possible.	**Ongoing throughout 2023/24**	• Form small working group to consider select list as a pilot

TEWV OJTC delivery plan 23/24

Estates

Project/initiative	Aim/reason why	Deadline	Milestones
Health, safety and assistive technology	To improve health, safety and resilience in our core inpatient estate for the benefit of patients, staff and members of the public.	**Ongoing programme**	• Complete the next phase of Tees essential safety programme including procurement and delivery of significant capital works supported by enabling schemes. • Business case for procurement of Phase 2 works and Phase 3 enabling strategy drafted for approval. – (June 2023) • Complete installation of next phase of assistive technology including sensor doors and Oxehealth installations – (March 2024) • Evaluation of quality impact of technologies underway to inform prioritisation and scoping for next phase of programme
New base for Stockton AMH services	To tackle inequalities in the quality of environment, targeting buildings which are no longer fit for purpose and making better use of our existing estate. This will enable the vacation of council properties which have been identified for disposal whilst supporting new clinical co-locations and avoiding new rental costs.	**June 2023**	• Purpose-designed modular building on Durham Road site in Stockton installed

Project/initiative	Aim/reason why	Deadline	Milestones
Medical education facilities	To support medical recruitment and retention and provide high-quality facilities in line with Health Education England recommendations.	**June 2023**	• Complete interim scheme at Roseberry Park • Develop business case for purpose-designed facility in Durham and Darlington
One public estate participation	The aim is to improve opportunities for education, employment, health and housing, through better quality, efficiency and sustainability of public services. By collaborating with public sector organisations across traditional organisational boundaries, we will be able to better use our region's public estate to benefit our population.	**ongoing**	• Active participation in the Tees Valley OPE partnership to complete collective asset mapping across Tees Valley – (June 2023) • Cushman and Wakefield appointed by Tees Valley strategic estates group to complete asset mapping and identify emerging opportunities across the NHS, council, and blue light estate • Develop a pipeline of agreed local regeneration, growth and community cohesion opportunities in readiness for any funding opportunities – (December 2023) • One public estate funding secured to support partnership working between Stockton Council and TEWV. • Multi-agency 'discovery' work commenced in Hartlepool, exploring opportunities for vacant retail space. • Identification of OPE/multi-agency estates networks across North Yorkshire and County Durham – (September 2023). • Tentative discussions commenced with Durham County Council regarding children and young person's estate.
Strategic estates planning	To understand the vision for the estate, our needs and opportunities.	**March 2024**	• TEWV estates plan developed for implementation – (approval April/May 2023) • Provider collaborative estates framework developed by estates directors across NENC ICB. This will inform an ICB-wide estates strategy – (March 2024)

Glossary

Term	Description
24/7	24 hours, 7 days a week
AMH	Adult mental health services (i.e., services for people aged 18 to 64)
BAU	Business as usual
Board	A decision-making body with significant responsibility for resources and / or policies or plans. The Trust has a Board of Directors, but both Care Groups also have their own Boards.
CAMHS	Child and adolescent mental health services
Care Group	The main way in which our services are organised and governed (as of April 2022). There will be two care groups in TEWV (aligned to ICSs), which are 1) North Yorkshire, York and Selby and 2) Durham Tees Valley and Forensics
Cito	An IT system which TEWV is introducing to make it easier to input information into and extract information from our electronic patient record (PARIS)
CLD	Child learning disability services
CPA	Care programme approach
CQC	Care Quality Commission – body that regulates quality for NHS healthcare providers, including Mental Health Act inspections.
CYP / CYPS	Children and young people (aged under 18). The "S" is for "services"
DTV	Durham and Tees Valley (i.e., County Durham, Darlington, Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland)

Term	Description
Dual Diagnosis	The coexistence of a mental health issue and other health issue. In the context of Mental Health provision this most often refers to mental problems coinciding with drug / alcohol dependency / usage.
EIP or EiP	Early intervention in psychosis service
ePR or EPR	Electronic patient record
ESR	Electronic staff record (a national NHS system)
GP	General practitioner – the 'family doctor' who is usually the first contact with the NHS when a patient becomes ill.
Foundation Trust (FT)	A group of hospitals / community health services. FTs are accountable to their local populations through their Membership and Council of Governors. They are regulated by NHS England and the Care Quality Commission (CQC) TEWV is an FT.
IAPT (now known as Talking Therapies)	Improving access to psychological therapies – a national programme to make talking therapies available to people with milder forms of mental illness to reduce the proportion who go onto develop serious mental illness.
IIC	Integrated information centre – The Trust's data repository which provides data for a variety of internal and external reporting.
Inpatient service / inpatients	Our services provided for patients who require treatment in a hospital for a period of time rather than treatment in the community.
ICS / ICB / ICP	Integrated Care System which since 1 July 2022 has consisted of an Integrated Care Board and Integrated Care Partnership. TEWV serves part of the North East North Cumbria ICS and part of the Humber and North Yorkshire ICS.
Journey	As well as Our Journey to Change (see below), TEWV has several sub-strategies that support the overall journey. These sub strategies are known as Journeys.

Term	Description
Learning Disability (LD)	People with an IQ below 70 are generally regarded as having a learning disability. People in this group are more likely to have a mental illness than other people.
Lived Experience	People who have had experience of being assessed and treated my mental health or learning disability services (or are the carer of someone with this experience
Local Authority	An elected body which commissions social care, public health and other services for a geographical area. Often also referred to as a *Council*.
MHSOP	Mental health services for older people (generally 65 years or older, although MHSOP services can cover younger people with early onset dementia).
N&G	Nursing and governance directorate
NICE	National Institute of Clinical Excellence
NHSE	NHS England
NY&Y	North Yorkshire and York (please note that this is not coterminous with the boundaries of North Yorkshire Council because this TEWV Locality covers the City of York, Pocklington (East Yorkshire) and Wetherby (Leeds) areas, and it does **not** cover the former Craven District (e.g., Skipton and Settle) services to that part of North Yorkshire are provided by Bradford District Care Trust and commissioned by the West Yorkshire ICS).
OJTC	Our Journey to Change – this is TEWV's strategic framework which sets out the vision and mission for the Trust, its values and its goals.
Pathway	A standard "route" through treatment for all patients with the same diagnosis. This can include choices of alternative evidence-based treatments at appropriate points in the pathway.
Place / Place-based	In the NHS, 'place' is usually used to mean the area of a local authority. Where there are very large local authorities, we sometimes use 'place' to refer to a town or district, but the NHS sometimes uses 'neighbourhoods' to mean this.
Peer workers	A person who has past personal insight into how it feels to be assessed / treated / supported and uses this insight to support the recovery of people currently being assessed / treated / supported in that kind of service. Peer workers can also be known as lived experience workers.

Term	Description
PMO	A team within TEWV dedicated to supporting the programme and project management of complex plans for change (and to supporting the development of project and programme management skills across the Trust).
Program or Programme	A long-term initiative that focuses on designing and embedding significant changes that will lead to benefits. A program consists of several projects or workstreams and is governed by a programme board.
Provider Collaborative	The term is used for any formal grouping of providers who work at system-level but in the context of regional, specialist or tertiary services such as secure inpatients, CYP inpatients and perinatal services are also a governance mechanism which allows providers to come together to determine the needs, and plan the provision for these in their ICS area.
Project plan	A plan that sets out how a one-off change is going to be delivered, including deadlines for key actions (also known as milestones.)
Q	This stands for quarter of a year – quarter one ends on 30 June, quarter two on 30 September, quarter three on 31 December and quarter 4 on 30 April.
QI	Quality Improvement
QuAC	Quality assurance committee
STOMP	Stopping over medication of people with a learning disability
Tees / Teesside	Geographical area including the boroughs of Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland.
Tees Valley	Same geographical area as Teesside (see above) but also including the Borough of Darlington.
VCS	Voluntary and Community sector. This includes charities and community interest companies.