

**COUNCIL OF GOVERNORS
WEDNESDAY 15TH JANUARY 2025 AT 2.00PM**

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

AGENDA

1.	Apologies for absence	David Jennings Chair	Verbal
2.	Welcome and Introduction	David Jennings Chair	Verbal
3.	To approve the minutes of the Annual General and Members' Meeting held on 16 th October 2024 and the ordinary meeting held on 24 th October 2024	David Jennings Chair	Draft Minutes
4.	To receive any declarations of interest	David Jennings Chair	Verbal
5.	To review the Public Action Log	David Jennings Chair	Report
6.	To receive an update from the Chair	David Jennings Chair	Verbal
7.	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
8.	<p>Governor questions and feedback –</p> <p>a) Governor questions and answers session</p> <p>b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template).</p> <p><i>(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate by Friday 10th January. Please send them to tewv.governors@nhs.net).</i></p>	David Jennings Chair	Schedule of Governor questions, responses and feedback to be circulated

<p>9.</p>	<p>To receive updates from the Board of Directors' Committees:</p> <p>a. People and Culture Committee (PCDC)</p> <p>b. Resources and Planning Committee (RPC)</p> <p>c. Quality Assurance Committee (QAC) and Mental Health Legislation Committee (MHLC)</p> <p>Background Information on the business transacted by the Board of Directors in recent public meetings can be found on our Trust's website – https://www.tewv.nhs.uk/about/board/papers-previous-board-meetings/</p>	<p>Jules Preston Non-Executive Director / Senior Independent Director</p> <p>Charlotte Carpenter Non-Executive Director / Chair of R&PC</p> <p>Bev Reilly Non-Executive Director / Deputy Chair / Chair of QAC</p> <p>Jules Preston Non-Executive Director / Senior Independent Director</p>	<p>Verbal</p> <p>Verbal</p> <p>Verbal</p>
<p>10.</p>	<p>To receive a progress update on the Trust's Operational Services and Crisis Line position:</p> <p>a) Durham, Tees Valley and Forensics Care Group</p> <p>b) North Yorkshire York and Selby Care Group</p>	<p>Naomi Lonergan Interim Managing Director for DTV&F Care Group</p> <p>Martin Liebenberg Care Group Director of Therapies NYY&S</p>	<p>Report</p> <p>Report</p>
<p>11.</p>	<p>To consider a report on the Trust's Strategic Framework (Our Journey to Change)</p>	<p>Chris Lanigan Associate Director of Strategic Planning and Programmes</p>	<p>Report</p>
<p>12.</p>	<p>To receive a progress report on the recommendations made by the Council of Governors' Autism Task and Finish Group</p>	<p>Kirsten White Consultant Professional Lead, Trustwide Autism Service</p> <p>Dr Elspeth Webb Consultant Clinical Psychologist, Trustwide Autism Service</p>	<p>Report</p>

13.	Date and time of next meeting: Wednesday 26 th March 2025 at 2.00pm	David Jennings Chair	Verbal
14.	<p>Exclusion of the public</p> <p>The Chair to move:</p> <p><i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <p><i>(a) the free and frank provision of advice, or</i></p> <p><i>(b) the free and frank exchange of views for the purposes of deliberation, or</i></p> <p><i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs”.</i></p>	David Jennings Chair	Verbal

David Jennings
Chair
7th January 2025

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

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MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 16TH OCTOBER 2024 AT 3.00PM

VENUE: DARLINGTON ARENA, NEASHAM ROAD, DARLINGTON, DL2 1DL AND MICROSOFT TEAMS LIVE

PRESENT:

David Jennings - Chair
 Cllr. Pauline Beall – Appointed Governor, Stockton-on-Tees Borough Council (MS Teams)
 Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
 Mary Booth - Public Governor, Middlesbrough
 Gary Emerson - Public Governor, Stockton-on-Tees
 Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
 Hazel Griffiths - Public Governor, North Yorkshire
 Cheryl Ing - Staff Governor, Corporate Directorates
 Jacci McNulty - Public Governor, Durham
 Alicia Painter - Public Governor, Middlesbrough
 Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council
 Zoe Sherry - Public Governor, Hartlepool
 Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)

IN ATTENDANCE:

Brent Kilmurray - Chief Executive
 Phil Bellas - Company Secretary
 Gavin Barker – Audit Director, Forvis Mazars
 Rob Berry, Service Manager TEWV
 Ann Bridges – Executive Director of Corporate Affairs and Involvement
 Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby Care Group
 Karen Christon - Deputy Company Secretary
 Brian Cranna, Director of Operations and Transformation, North Yorkshire, York and Selby Care Group
 Angela Grant - Corporate Governance Officer (CoG and Membership)
 Naomi Lonergan – Interim Managing Director for Durham, Tees Valley & Forensics Care Group
 Sarah McGreal - Deputy Headteacher, Stokesley School
 Lee Obridge, Senior Clinician TEWV
 Catherine Parker - Consultant in Public Health, TEWV
 Jules Preston - Non-Executive Director
 Beverley Reilly – Deputy Chair / Non-Executive Director
 Alyson Scott, Chief Executive Officer of York MIND
 Patrick Scott – Deputy Chief Executive
 Dr Ranjeet Shah - Group Medical Director for Durham, Tees Valley and Forensics Care Group
 Dr Hannah Crawford – Executive Director of Therapies
 Liz Romaniak – Executive Director of Finance, Estates and Facilities

Members 177
 Non-members 9
 Organisations 20

24-24/25 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Gemma Birchwood - Public Governor, North Yorkshire
Pamela Coombs - Public Governor, Durham
David Coombs - Public Governor, Durham
Cllr Claire Douglas – Appointed Governor, City of York Council
Ashley Douglass - Staff Governor, Durham, Tees Valley and Forensics Care Group
John Green - Public Governor, North Yorkshire
Ross Guy - Public Governor, Durham
Kevin Kelly - Appointed Governor, Darlington Borough Council
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham
Jill Wardle - Public Governor, Durham
Judith Webster - Public Governor, North Yorkshire

Roberta Barker - Non-Executive Director
Dr Charlotte Carpenter - Non-Executive Director
Dr Sarah Dexter-Smith – Joint Executive Director for People and Culture
Dr Kedar Kale – Executive Medical Director
John Maddison - Non-Executive Director
Kate North – Joint Executive Director for People and Culture

24-25/26 WELCOME AND INTRODUCTION

A. Bridges welcomed attendees to the Trust’s Annual General and Members’ Meeting and advised there would be opportunities to ask questions during the meeting.

The Chair advised that, in keeping with the theme of Mental Health in Our Communities, TEWV staff and partner colleagues would speak about how the Trust had worked with schools, local authorities, the voluntary sector and other partners to address health inequalities in the community, assist in community mental health transformation and make a difference to young people’s lives by providing mental health support in schools. The Annual Report and Accounts for the Trust would also be presented, along with reports from the Lead Governor and the Trust’s external auditor.

He proposed the Trust had fundamentally changed since 2023, with items on the agenda which highlighted the progress made and reflected on how the Trust had transformed services, to make a difference in the community.

24-25/27 HEALTH INEQUALITIES IN OUR REGION

C. Parker provided an update on Health Inequalities. She advised that:

- Alongside vibrant communities and stunning natural assets, the Trust served some of the most vulnerable communities in the country, across a variety of rural, coastal and

urban areas and the Trust's services needed to meet the complex demands of the community.

- Some of the drivers behind health inequalities, for those using the Trust's services, had included financial exclusion, deprivation and poverty and hardship which were closely linked to poor physical and mental health outcomes.
- Community transformation work had highlighted that one in six people on the severe mental illness register in Durham had four or more long-term physical health conditions. Expecting people to navigate the current NHS system, to pursue five or more pathways to address each health condition, was an impossible ask.
- There was a high level of drug and alcohol related harm in some communities, with two to three times the level of national drug related deaths.
- Loneliness and isolation were issues in some communities served by the Trust.
- Inequalities were preventable and systemic and, although the Trust was limited in what it could do, it was clear that the Trust was well placed to act in some areas. The Trust had co-created an approach to health inequalities centred around commitments to create a justice-based approach to care and support. It was important how the Trust:
 - Used its data and insights to make decisions.
 - Worked in partnership to identify barriers to access experience and outcomes.
 - As an employer, provided good jobs for local people.
 - Deepened its understanding of the communities it served and the inequalities they faced.
- The way the Trust communicated with people and how it organises their care really mattered.
- The Trust had taken clear action in relation to public health, equality and diversity, inclusion and physical health to address health inequalities and examples had been provided in the presentation at Annex 1. The Trust had partnered with Children North East, to poverty proof its service pathways and make improvements for people who experienced the effects of drug and alcohol related harm.
- It was very important the work be driven by lived experience and consideration needed to be given to the barriers people faced before contacting the Trust. The Trust had worked with a group called 'Sharing the Pen' which aimed to help staff to understand the barriers people had faced before accessing Trust services. Illustrations created by the group, with local artists Josie Brooks and Carmen Marcus, had been included in the presentation at Annex 1, to show the unseen story of inequality outside of formal services.
- A poem in the presentation talked about how the NHS could respond to inequality.
- With regard to learning, two key aspects would carry forward health inequalities work in the Trust:
 1. Carving out time in communities, and at executive meetings, to gain a better understanding of issues.
 2. Senior leadership and executive sponsorship.

She welcomed the strong support provided by the leadership team at TEWV, which had helped set a standard for the organisation.

- There were areas for development, some of which had been outlined in the presentation, and she encouraged the sharing of ideas for inclusion in future discussions.
- The social and economic context in communities the Trust served was challenging and the Trust worked in a more complex system. Aspects that would help the Trust to

make improvements included good relationships with the people the Trust supported, their families, and partners. Major transformation programmes offered opportunities to embed inequalities at the heart of the Trust, and a growing and maturing approach to lived experience and engagement had provided TEWV with much needed challenge and expertise and real time insight into the impact it made. The Trust's research partners provided an opportunity to grow evidence in under researched areas, for the most marginalised communities and Our Journey to Change had provided opportunities to be open to possibilities.

24-25/28 COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

Durham and Tees Valley

Attendees considered a presentation from R. Shah, TEWV Group Medical Director for Durham, Tees Valley and Forensics Care Group about community transformation in Durham and the Tees Valley. It was noted that:

- In 2019 NHS England launched the Community Mental Health Transformation Framework, to support people to live well in their communities.
- In response, the Trust had redesigned and reorganised its place based community mental health teams to create a service that worked alongside primary care, local authorities and the voluntary care sector.
- A slide had been provided within the presentation at Annex 1, on model principles for Tees Valley Community Mental Health Transformation. Although Durham had a slightly different model, the principles were the same and there were dedicated community hubs, in partnership with local authorities, the voluntary care sector and primary care services, that were focused on public and physical health. Treatment and intervention teams also worked in partnership with each other.
- In terms of key successes in Durham and the Tees Valley:
 - Lived experience forums had been developed.
 - Weekly huddles had been held with system partners including the local authorities, voluntary sector and drug and alcohol services.
 - Primary Care Mental Health Practitioners were now in post, with plans for more.
 - Access to psychological therapies had increased.
 - Waiting times for patients had reduced.
 - Significant progress had been made in partnership working.
 - Two teams had been shortlisted for Nursing Times awards - the Dual Diagnosis Team in Middlesbrough and the Adult Attention Deficit Hyperactivity Disorder Team in Durham.
 - The Trust had collaborated with voluntary sector partners to upskill staff by holding 'learning together' sessions. Sessions had included suicide awareness, managing distress, understanding serious mental illnesses and understanding and managing the process of domestic violence.
 - In Middlesbrough the Trust had tried to establish a trusted assessment model so that if someone had been assessed by the voluntary care service, the Trust would not ask them to repeat the assessment. If the model was successful, it would be rolled out into other localities.
 - Substance Misuse Co-ordinator roles had been established.
 - A Distress Brief Intervention Service had also been introduced in Durham, launched in October 2022 in Derwentside. It had been the first of its kind in England with specially trained staff contacting a person within 24 hours of referral and offering them compassionate and problem solving support, along with grounding techniques, in times of severe need.

- Since 2019 there had been a 35% increase in referrals to mental health services. The Trust received limited financial investment and had only achieved this model with the support of local communities, patients, carers, partners and staff.

North Yorkshire, York and Selby

Attendees considered a presentation from B. Cranna and Alyson Scott about community transformation.

B. Cranna advised that:

- TEWV had been working with partners and communities in North Yorkshire to develop a model that was responsive to their needs.
- Consideration had been given to the improvement of existing services, to make mental health care in the community more accessible at an early stage and support people to prevent them needing to access secondary services. The Trust was committed to involving communities in making improvements.
- Plans and models were in place for six local hubs and the first hub had already been established in York.
- In terms of the wider system of transformation, the Trust had worked with teams to remodel existing services and to support local hubs deliver services that met people's needs. This had included plans for specialist roles and services, which incorporated peer support, mental health resource workers, and carers to provide a holistic approach.
- The York Mental Health Partnership provided oversight of partnership working linked to the hub. A programme of work called 'Connecting Our City' had brought together local communities to develop their vision for the future of mental health provision in York and his presentation had outlined that vision. The intention was to use local community facilities, which people were familiar with, rather than Trust premises.

With regard to the hub in York and its future, A. Scott advised that:

- The presentation captured the 10 principles of the Co-designed hub in York, which included that relationships mattered and the importance of being there in good times and bad. The hub would be accessible, for people to come back when they needed to.
- There were plans to open a second 24/7 hub in York to offer people time, compassion and trauma informed care. Unlike the five pilot hubs planned across the country, there had been no plans to have beds at the hub as the community had not asked for more beds.
- The partnership in York had felt genuinely different and real compared to previous partnerships she had been involved in as a member of the voluntary sector.
- A timeline had been provided in the presentation for the 24/7 hub and it was important that all partners worked together.

24-25/29 MENTAL HEALTH SUPPORT IN SCHOOLS: WELLBEING IN MIND

Attendees considered a presentation from R. Berry and L. Obridge from TEWV and S. McGreal, Deputy Headteacher at Stokesley School regarding the Wellbeing in Mind Team, who were responsible for delivery of mental health support in schools across North Yorkshire, York and Selby Care Group.

R. Berry advised that:

- The name and logo for the Wellbeing in Mind Team had been co-created with young people.
- The team had consisted of a number of mental health support teams, created as part of a national programme designed to improve access to mental health provision within educational settings. This had been a government commitment in 2017, as part of the 'Transforming Children and Young People's Mental Health Provision: a Green Paper'. The first teams had been established in 2020 and this was expanded in 2021 and 2023.
- Bids for funding the Wellbeing in Mind Team had to be made in partnership with the local authority, an NHS Commissioner and others.
- Much of a young person's social and personal development occurred in school and school was their community. When deciding where to place teams, a number of factors and information were considered. This included understanding those geographical areas with populations with the highest level of need. The team would then contact the schools and ask whether they would like to be involved.
- The relationship between the Wellbeing in Mind Team and schools was key and the aim was to become part of the school and the community they were working with, not just a service that visits schools.
- The team was proud to be working with 60 schools across North Yorkshire.
- The team had three functions:
 1. Support the development of a whole school/college approach to mental wellbeing.
 2. Provide access to informal advice and formal consultation.
 3. Provide direct assessment and intervention for young people with mild to moderate mental wellbeing need.

L. Obridge advised that:

- With regard to a whole school/college approach, a self-assessment baseline would be carried out before working with a school. This would usually be done with a designated mental health lead at a school or members of the school's senior leadership team. A table illustrating the eight areas the assessment would target was provided in the attached presentation. The aim was to add value to a school and focus on areas where improvements were required.

He drew attention to a photograph in the presentation which showed an example of a whole school approach activity, where an assembly had been held for year 11 students in relation to exam stress.

- With regard to informal advice and consultation, it was important to work with the school to find the best approach.
- His team had practitioners trained in low intensity cognitive behavioural therapy and, if a mental health need was identified, the team would meet with the school and young person to identify the most suitable support to provide.
- Details of outcomes for the 2023/24 academic year had been provided in the presentation.

S. McGreal advised that:

- Stokesley School was proud partners of the Wellbeing in Mind Team and the partnership had been established in 2021.
- The school had previously struggled to provide mental health support for students. A baseline survey had been carried out with staff and students, to understand the

mental health support already available. The school had a group of non-teaching staff who had offered support to students in a space called The Lighthouse.

- The school had held focused assemblies, updated its website with helpful information on mental health support, worked with parents and had undertaken some excellent work with year 6 parents to address the anxiety of students starting secondary school. Wellbeing in Mind staff were available at parents' evenings and staff also booked time with the team.
- As the partnership moved into its fourth year, more staff had started to access support.
- When the baseline assessment was carried out again, approx. 96% of students said they had felt safe at school and that they had someone to talk to or somewhere to go if they needed to.
- Working with the Wellbeing in Mind Team had increased staff confidence and teachers had felt they could help students with their mental health.
- The school had moved into phase 2 of their work and there were three separate spaces in the school for this to happen. One was 'Engage' where an occupational therapist cooked with students and carried out a learning environment audit to help the school design better learning environments. The second space was 'Aspire', where the main practitioner would meet with students and the third space was 'Reflect'.
- She considered her school lucky to have the Wellbeing in Mind Team with them for four days per week. Pictures of the school had been provided in the presentation and showed how the Wellbeing in Mind Team were woven into the fabric of the school.

In conclusion, R. Berry advised that the Wellbeing in Mind Team had been approached by the BBC and had appeared in a report on Look North with one of the schools they supported, Clifton Green Primary School in York. A video of the BBC report was shared with attendees in the meeting.

A. Bridges confirmed that the Trust was very proud of teams working in local schools and communities.

24-25/30 QUESTIONS

H. Griffiths noted that she had been very proud of the Trust's co-creation work regarding health inequalities, as co-creation was one of the Trust's strategic priorities. She advised that she had attended a woman's health conference the previous day and asked the Trust and C. Parker to read the 'Woman of the North Inequality, Heath and Work report' produced by Health Equity North, to help break down the barriers that existed.

Question 1

The Wellbeing in Mind Team's work is amazing. How do you reach as many schools as possible and increase the capacity of the teams?

Response

R. Berry advised that, following the general election, NHS England's programme plans had paused but further funding was expected. The Wellbeing in Mind Team had worked with the Integrated Care Boards to demonstrate the impact of the service. Consideration needed to be given to how teams could enable a school to continue without their support to complete its journey and the team could then consider which other schools to help.

A. Bridges advised that Wellbeing in Mind Teams provided invaluable support to approximately 120 schools across Durham and the Tees Valley.

The Chair thanked presenters and commended their work, which was an excellent example of the steps the Trust had taken with partners to transform services and make progress. Although aware that there was more to do, he was proud to be Chair of the Trust, the Board and Council of Governors. He thanked partners for speaking at the meeting.

24-25/31 THANK YOU TO ANN MCCOY, FORMER LEAD GOVERNOR

The Chair advised that the previous Lead Governor, Ann McCoy, had represented Stockton-on-Tees Borough Council on the Trust's Council of Governors for approx. 15 years. She had also been involved with the Trust prior to that and he thanked her for her contribution over the years. Attending over 70 meetings of the Council of Governors, Ann's commitment to the Trust, its values and communities had made a real difference. He had also acknowledged the personal support she had provided to him on his appointment during the first two years. There had been some quite difficult times and she had been subjected to quite vitriolic and direct abuse. However, she had never wavered in her values and had been committed to the Trust.

He thanked her for her support and presented her with flowers.

24-25/32 INTRODUCTION TO ANNUAL GENERAL MEETING

The Chair welcomed attendees to the Trust's formal Annual General meeting.

24-25/33 REVIEW OF THE YEAR AND FUTURE PLANS

B. Kilmurray provided a review of the year and also updated attendees on the Trust's future plans for 2024/25. It was noted that:

- He had considered the Trust's Annual General and Members' Meeting to be one of the most enjoyable days of the year and he welcomed the opportunity to meet colleagues, partners, Governors, members and the public and to hear about positive work in the Trust, including how improvements were being or could be made.
- He thanked the organisers of the event, the stall holders, partners, Governors and the public who had joined the meeting.
- The Trust had been on its Journey to Change for three and a half years and an information graphic of the journey had been provided in the presentation. Our Journey to Change had helped the Trust set out its commitments to service users, carers, families, partners and colleagues and he hoped to highlight progress made by the Trust around the commitments, but also to report on some of the challenges faced.
- There had been extreme changes, with an increase in the demand for Trust services and in the complexity and acuity of the needs of people in the communities the Trust served. Staff had tried to adapt to those changes and had worked hard to support increased caseloads and to provide support to people whilst they waited for services. Increases in demand were not reflected in funding baselines, which in turn had meant the resources available to the Trust had not addressed demand.
- There had been much reflection on health inequalities and challenges faced by people in the presentations delivered at the meeting and it was important to understand the needs of communities, in order to offer appropriate services. The Trust had tried to be more visible and to partner with other organisations to make sure services were in the right places.
- He hoped to gain clarity in the coming weeks on Government spending and advised there would be a spending review in Spring 2025. It was expected that funding would

remain tight in the future and it was important to consider all factors affecting the Trust's financial position for it to be effective and efficient.

- A number of incidents over the last year had sparked media attention and had negatively affected the Trust's public image and the Trust would work hard to restore confidence and trust.
- A slide within his presentation showed the comparison between the Care Quality Commission's inspection of the Trust's services in December 2021 and October 2023 and highlighted there had been significant improvements and recognised that patients had found staff in the Trust to be kind, caring and compassionate. Improved leadership had also been recognised, along with a clear strategy and improvements in key areas of caring, effectiveness and safety. Seven of the Trust's 11 services were now rated as 'Good' and there was still work to do with regard to safety, staffing, learning and incident management.
- In terms of achievements over the last year, he suggested people read the Trust's Review of the Year. He advised that:
 - Co-creation had been fundamental in the Trust and had become a key part of its culture, involving service users and carers in key pieces of work to make improvements across the Trust.
 - Two Co-creation Boards had been launched.
 - The Trust had supported a further 600 people through its Individual Placement Service.
 - InPhase had been introduced as a new system to report and manage incidents.
 - The Trust had made significant progress in the recruitment of staff with 150 newly qualified nurses welcomed into its workforce. It had also reduced its use of whole-time equivalent agency staff by 44.6%, had increased its peer support workforce by 27% and Junior Doctors had ranked the Trust as the top organisation for training in the North East. The focus was on high quality staff with the right skills and training.
 - With regard to the NHS National Staff Survey, the Trust had been recognised the previous year as the most improved mental health Trust in the country.
 - In terms of being a great partner, positive work had been undertaken with partners including universities, social care, primary care and the police, which had focused on transformation and how to adapt and respond to local communities.
 - A number of pictures had been provided in his presentation to show how staff, volunteers, patients and partners had focused on promoting and celebrating their work and involvement in the Trust.
 - Looking forward, and following a change in Government, he anticipated there would be a focus on the report of Lord Darzi regarding the state of the National Health Service in England and the consultation on a new 10 year health plan. Finances were expected to be tight and the Trust aimed to maintain momentum from good work that had taken place and to understand how the Trust could continue to be safe and kind, deliver evidence based, high quality care and attract and retain highly skilled staff. Our Journey to Change remained a focus and work would be undertaken in relation to the model of care, culture, workforce and skills and the digital agenda.
 - He thanked everyone who had been involved with the Trust.

24-25/34 LEAD GOVERNOR'S REPORT

Attendees considered a verbal report from the Lead Governor, Gary Emerson.

He advised that:

- He had been a Governor for 11-12 years and he paid tribute to Ann McCoy and her commitment to the Trust and added that he had encouraged her to become a public Governor.
- Governors of the Trust had a wide range of backgrounds, skills, experience and knowledge. They were unpaid volunteers whose involvement stemmed from wanting to improve mental health services. Their contributions were invaluable and he thanked them for their involvement and support.
- Over that last 12 months Governors had:
 - Received written answers to over 50 questions submitted to the Trust.
 - Received service reports and talked in detail about positive and safe care, with particular focus on the reduction of restrictive practices in hospital and care settings.
 - Agreed significant amendments to the Trust's Constitution which had included the allocation of seats on the Council of Governors to the voluntary sector.
 - Taken part in task and finish groups to consider the role of Governors and make improvements to the Governor Handbook.
 - Taken co-creation very seriously and had a Council of Governors' Co-creation Committee, chaired by M. Booth, which focused on co-creation in the Trust.
 - Received reports from the Board of Directors' People, Culture and Diversity, Resources and Planning and Quality Assurance committees, as part of holding the Board to account.
 - Discussed the Leadership and Management Academy.
 - Reviewed the CQC improvement plans and received updates on the crisis service.
 - Attended monthly Leadership Walkabouts to services with Board members, to see first-hand how services were delivered.
 - Continued to raise key concerns at meetings.
- He had asked Governors to share details of good practice with him. It was noted that:
 - One Governor had been very impressed with the professionalism and caring nature of a psychiatrist they had spoken to in the Trust.
 - Another had taken part in a Leadership Walkabout and had been very impressed with staff they had met.
 - Another Governor had said "What I have noticed for some time now is the strength and compassion the Board and senior officers display, given the heavy load of difficult issues they carry. I have noticed a more open attitude, a real commitment to co-creation, our values and Our Journey to Change. There's a strong focus on patients and recognition of staff's hard work and wellbeing."
- Governors in Stockton-on-Tees had held a 'Meet the Governors' event in February 2024. At the event, he had been quite touched by a meeting with a young man who had told him about the challenges he had faced in his life and the support he had received from a new support group established by the Trust in Stockton. As a result, he was more positive about the future and hoped that his life might improve.
- He wanted to thank everyone associated with the Trust including staff and volunteers, patients and carers, Governors and stakeholders for helping to make a difference to people's lives.

24-25/35 ANNUAL ACCOUNTS 2023/24

Attendees considered a presentation from L. Romaniak on the Trust's Annual Accounts. She advised that:

- It had been a privilege to present the accounts. Listening to the presenters, it was clear that the Trust had worked hard to reach out and better understand the needs of the communities it served. It was important to agree with those communities on how to spend money differently.
- Colleagues had helped to deliver the financial position and she thanked them for their contribution. She considered that, in 33 years of working in the NHS, it had been the hardest year financially. Following large NHS investment during Covid pandemic, the country now faced a huge challenge in returning the funding to a more sustainable level. She thanked her team, who had been under pressure as a result of staff shortages.
- The Trust had an unadjusted financial deficit of £11.6. This had included some technical adjustments that had not been taken into account when the Trust had been assessed by NHS England. The technical charges had included:
 - £9.7m net impairment - building valuations.
 - £1.9m technical adjustments - NHS adopting International Financial Reporting Standards 16 (IFRS16) for Private Finance Initiatives (PFIs).
- The Trust's adjusted position was £4k surplus against a breakeven plan. This had been a significant achievement given the challenges faced by the Trust.
- NHS England financial arrangements had continued to move back towards pre-covid arrangements for services.
- There would be no new funding to support the Trust's new ambitions.
- Key transactions had been supported by £7.4m of national pressures funding.
- Pay costs in the Trust had increased by £8.3m in 2023/24, in part, due to the nationally agreed pay awards for medical staff [6.0%] and agenda for change staff [5.0%].
- The Trust continued to receive Long-Term Plan investments in Mental Health.
- In terms of expenditure, there had been an increase of £1.4m in the cost of healthcare purchased from other providers. The majority of this increase related to commissioned packages of care for adults with complex learning disabilities and establishing a new 111 service for mental health support.
- There had been a helpful reduction in the use of independent sector beds used for adults with an acute assessment need.
- Costs of depreciation had reduced by £1.2m, premises costs had increased by £3.1m and there had also been some increased costs associated with transport, legal and other costs.
- As part of the changes to the valuation of assets, leased assets had been revalued as at 1st April 2023. As a result of the material impact of that accounting impairment, the Trust had agreed with its external auditor's advice to state the prior year values.
- PFI borrowing had increased by £5.8m following the adoption of the International Financial Reporting Standards 16 for PFI contracts and added £2.4m for in-year revaluation.
- Overall expenditure on capital was £17.3m which had been within the capital resources agreed through the Integrated Care System.
- Cash balances had reduced broadly in line with plan by £14.0m to £61.2m. The reduction had been largely accounted for by the significant expenditure on capital. Due to the break even position, there was no cash surplus.

- There had been significant achievements related to a reduction in the use of agency staffing and costs had reduced in 2023-24 by 16% or £3.3m year on year. Agency Whole Time Equivalents (WTE) reduced by 38.9% to 133.96 WTE by March 2024.
- The Trust had been assessed against the Better Payment Practice Code for the payment of external supplier invoices within 30 days. It had achieved 94% against a target of 95%.
- In terms of operating income, the Trust had received significant public funding of £501.6 m, most of which came from the Integrated Care Board. A pie chart had been provided within the attached presentation to show a breakdown of all funding.
- In terms of operating expenditure, the Trust's largest costs were staffing at approximately 79% of all operating expenses, and a pie chart had been provided within the presentation to show types of expenditure.
- Looking forward to 2024-25, the Trust would enter its second year of NHS 0.2% real terms growth and needed to find 4.5% cash releasing efficiency savings to reduce cash flow. There would be a focus on external agency staffing, community transformation and acute care pathways. It was important to work with partners to understand which patients were ready for discharge and blockages to that.
- In terms of the new government and economic challenges, she had reflected on her earlier comment that 2023-24 had been the most difficult year financially. To give some context she explained that she had joined the NHS in 1992 when the NHS budget had been £37 billion. The NHS budget was now £180 billion in 2024. In 1999, NHS funding was approx. 26% of government spend and was now around 43%. This increase could be attributed to new treatments, new technologies and new assistive support in the NHS. Public expectations had also increased and there had been significant changes to ways of working that had brought increased efficiency to previously long processes.

24-25/36 **EXTERNAL AUDITOR'S REPORT**

G. Barker, Audit Director for Mazars LLP advised that:

- The name of the External Auditor had changed from Mazars LLP to Forvis Mazars. There were no changes to local arrangements, however, the company had merged with a large Audit and Accountancy firm in America.
- The External Auditor's responsibility was defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the code') issued by the National Audit Office ('the NAO').
- Forvis Mazars had three key areas of responsibility in the audit, which had been completed by the 28th June deadline. Those responsibilities were:
 - To provide an opinion on the financial statements.
 - To look at the Trust's Value for Money Arrangements and report any significant weaknesses that were identified.
 - To report their findings to the National Audit Office and that the Trust's consolidation schedules which go into the NHS accounts are consistent with the audited financial statements they had seen.
- They had provided an opinion that the financial statements gave a true picture of the Trust's financial position at 31st March 2024.
- They had provided an unqualified opinion, with no caveats.
- He thanked L. Romaniak and her team for their assistance with the audit process.
- With regard to the Value for Money Arrangements, the auditors considered the Trust's financial sustainability, its governance and its improvements in economy, efficiency and effectiveness related to the way it managed and delivered its services. No significant weaknesses had been identified and there were no exceptions to

report from the review of the arrangements. Two significant weaknesses had been identified in 2022/23 and the auditors had been satisfied that those had been addressed and were removed from the 2023/24 report. As accountants, the auditors were not experts in the services delivered by the Trust and had relied on the Care Quality Commission assessment of operational delivery. Recent Care Quality Commission inspections had found there were no longer any areas of the Trust rated as inadequate, which was a significant achievement.

- The auditors had taken into account the challenges mentioned at the Annual General and Members' Meeting in relation to increased demand for services, how they would be delivered and the issues facing communities. There had been a positive outcome on financial sustainability with an adjusted financial surplus, after technical adjustments, of £4k against a target break even position, albeit this would also bring challenges in the future.
- The Trust had:
 - Sound governance arrangements in place.
 - A well-developed risk management process.
 - A Board Assurance Framework.
 - Internal auditors that reviewed services and provided assurance.
 - A clear Annual Report and Annual Governance Statement.
 - The Trust's integrated performance approach had provided an up to date, evidence based, assessment of financial and operational performance so any issues could be identified and action taken promptly.
- The Trust was considered to be self-aware, honest and open and happy to discuss the issues it faced. It had considered past failings and the improvements needed and had taken action to address them.
- It had been a pleasure to work with the Trust and he looked forward to working with them in the future.

24-25/37 QUESTIONS AND ANSWERS SESSION

Question 1

I noticed that the Trust has contracted out internal audit. Fraud is a significant concern in the NHS, with large amounts of 'stuff' and a lot of public access to the places where the 'stuff' is kept. What fraud has been discovered this year through Audit One and can we be assured that it's not as big a problem as it might be?

Response

L. Romaniak advised that the Trust contracted out its local counter fraud services as part of the overall Audit One internal audit function. That gave the Trust access to a range of specialists and expertise that it would not otherwise have had access to. The Board had oversight of the findings of Audit One through the Board Audit and Risk Committee, which considered reports on the pro-active work of the local counter fraud specialists. Audit One visited Trust sites to talk about fraud awareness and encourage staff to raise concerns about fraud from an independent perspective. In some cases, that had led to prosecutions or internal disciplinary or dismissal process. The Trust also undertook responsive work to identify patterns in areas such as expenditure or rosters. Most examples of fraud had related to pay, rosters and declarations of false qualifications. There had been relatively low levels of fraud but, where fraud had been proven, the Trust had a proactive service in place. There was evidence from the Audit and Risk Committee that awareness and referrals regarding fraud had increased and the Trust had strong arrangements that were assessed annually.

Question 2

Following The Lampard Inquiry, which had been an independent statutory inquiry investigating the deaths of mental health inpatients in Essex, why was there not a public inquiry into the deaths of patients at TEWV?

Response

B. Kilmurray acknowledged that there had been a long-standing call from some members of the community for a public inquiry into the Trust, following historic events. The Lampard Inquiry had been a statutory inquiry, determined by the Secretary of State, and had looked at circumstances related to a high number of deaths, over a number of years. It had also focused on a large geographic area covering a number of organisations. There were similarities and differences between the circumstances in Essex and those in the Trust and the judgement from the Secretary of State and the ministerial team was that the Trust was heavily regulated and was under significant scrutiny and specific events had been independently investigated and reviewed. The Trust had improvement plans in place to address key issues and had worked hard over the last few years to demonstrate how issues had been addressed. The ministerial team had been satisfied that progress had been made and it would not serve the public interest more widely to follow the same route as the Lampard Inquiry. The Trust would move forward in its next steps in Our Journey to Change.

M. Boddy advised he had been a Governor for nearly two years and, when he had first arrived in the organisation, could not believe how much the Trust had “beat itself up”, which had been quite painful to listen to, at times. However, over the last two years, that had changed and this had been reflected in the presentations at the meeting.

Question 3

On the financial report, there was a column that said ‘other’ at £9.7 million. What is other?

Response

L. Romaniak advised she would respond to M. Boddy outside of the meeting to confirm expenditure was included.

Question 4

In the finance report, you mentioned that the agency figure was 2.6% of £379 million. I am a Governor representing Hartlepool Borough Council and local authorities get stung by the private sector for the provision of care facilities for adults and children because they know local authorities can't provide those facilities. Are agencies aware of the vulnerability of NHS trusts and do they sting the Trust by charging us too much?

Response

L. Romainak advised that previously, the Trust spent £21 million on agency staffing which had been 5.4% of its expenditure and the reduction to 2.6% of expenditure was a significant achievement. A number of changes had been introduced to make sure the Trust always used framework arrangements, which were nationally negotiated contracts with agencies, that provided access to reasonable rates of pay, with the appropriate checks undertaken through agencies. A ban on all non-clinical agency staff had been implemented and the Trust was only allowed use of bank arrangements or permanent staffing. The Trust had eliminated all direct engagement arrangements, to ensure the price it paid was as cost effective as possible. There had been a relatively small number of price cap breaches in

difficult areas such as medical staffing, which reflected national challenges in recruitment of Psychiatry staff. The Trust had developed a medics charter to ensure it had the right conditions to retain colleagues, and this included providing a good offer of employment, a good place to work and having effective training in place. Low numbers of medical students posed a challenge and the Trust had undertaken international medical recruitment in India and had started to develop a pipeline of candidates. In prisons, the Trust had contracts across Cumbria, Yorkshire and the North East where it had provided mental health support in prisons. The expenditure being paid and the premia rates for both medical staff and prisons had been on a downward trajectory so progress had been made. The Board and its Resources and Planning Committee were sighted on value for money and it was subject to significant scrutiny through performance improvement plans.

Question 5

A question for the Auditors. I heard you say you are not experts in service provision so how can you possibly comment or make judgement on effectiveness and efficiency if you are not experts?

Response

G. Barker advised that the experts in the delivery of services that the Trust provided was the Care Quality Commission. Their findings were considered, rather than duplicating work and the auditors did have a lot of knowledge and skills in all of the areas they assessed in terms of value for money, financial sustainability and governance.

D. Jennings advised that the Trust had worked closely with both the internal and external independent auditors, to help them understand how the Trust worked and how it differed from other NHS trusts.

Comment

A. Bridges read out a statement from Matt Brown, the Managing Director of the North Eats, North Cumbria NHS Provider Collaborative, which was "Well done to you all at TEWV on your journey, for the fantastic, compassionate job you all do. A great pleasure to listen to such excellence this afternoon".

Question 6

I'm sure the Trust are very pleased to get the payments of agency fees down but, inevitably, that's going to have an impact on the use of bank staff and overtime. Can the Trust give a commitment to the balance and provision of both of those?

Response

B. Kilmurray advised that the Trust's priority was to provide safe staffing across all services, despite the financial constraints highlighted by L. Romaniak earlier in the meeting. There had been a commitment from the Board to prioritise safety and quality over money.

L. Romaniak advised that in terms of levels of whole time equivalent staff, whilst the reliance on agency staffing had reduced, the whole time equivalent had not reduced. Agency spend had been the obvious area to focus on as the Trust may pay more for agency colleagues than others. The opportunity for having bank staff in other services, such as the Finance or Estates Directorates, was an alternative to consider. The Trust worked closely with staff side to discuss proposals related to payments for bank staff, to make sure there was an attractive employment package on offer.

Question 7

G. Emerson advised that the Trust had recently recruited for new Non-Executive Directors and one of the questions posed to candidates had related to the Secretary of State's comments on the NHS being broken and how that could de-motivate staff.

I wondered whether you would like to share a message that might try to turn the tables on that unhelpful negativity?

Response

The Chair advised that the Secretary of State had subsequently said that the NHS was broken but not beaten and he proposed that the event gave no sense of a Trust or NHS that was either broken or beaten. The Trust acknowledged it had more to do and the Board had absolute clarity on that. The Board and the Council of Governors were immensely proud of all staff that worked for the Trust, who had worked in challenging times with increased levels of demand and acuity, and who had maintained the Trust values in delivering the best care in the most appropriate way.

B. Kilmurray advised the Darzi review had clearly set out the diagnosis of the state of health across the country. He had reflected on that in terms of the Trust's circumstances and echoed the Chair's comments about the Trust's achievements over the last few years. He acknowledged working in a system that needed to change if it was to be sustainable long-term. The financial challenges were clear and the Trust would consider how to address that. There would be opportunities arising from the 10 year health plan and the Trust would keep a strong focus on transformation and delivery of great services to its communities. Difficult conversations and change would be a challenge for people. There would be new ways of working but he remained optimistic. A change in Government provided stability for a set amount of time and there would be a chance to see what the strategy for the country would be around health so the Trust could take steps confidently in its transformation and the direction it followed.

A. Bridges advised that the new health plan was expected to be published in early summer 2025.

24-25/38 MEETING CLOSE

A. Bridges thanked attendees, speakers and colleagues for joining the meeting. She also thanked colleagues, stakeholders and voluntary sector organisations for their time to support the market place event prior to the meeting. Finally, she thanked colleagues who had organised the event and partners for their support.

The meeting closed at 5.21pm.

David Jennings
Chair
15th January 2025

**MINUTES OF THE PUBLIC SESSION OF THE COUNCIL OF GOVERNORS' MEETING
 HELD ON 24TH OCTOBER 2024 AT 2.00PM AT THE WORKPLACE, HEIGHINGTON
 LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND ON
 MICROSOFT TEAMS**

PRESENT:

David Jennings - Chair
 Cllr. Pauline Beall - Appointed Governor, Stockton-on-Tees Borough Council (MS Teams)
 Gemma Birchwood - Public Governor, North Yorkshire
 Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
 Mary Booth - Public Governor, Middlesbrough
 David Coombs - Public Governor, Durham (MS Teams)
 Pamela Coombs - Public Governor, Durham (MS Teams)
 Gary Emerson - Public Governor, Stockton-on-Tees (MS Teams)
 Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
 John Green - Public Governor, North Yorkshire
 Hazel Griffiths - Public Governor, North Yorkshire (MS Teams in-part)
 Cheryl Ing - Staff Governor, Corporate Directorates
 Joan Kirkbride - Public Governor, Darlington
 Catherine Lee-Cowan - Appointed Governor, Sunderland University (MS Teams)
 Jacci McNulty - Public Governor, Durham
 Alicia Painter - Public Governor, Middlesbrough
 Gillian Restall - Public Governor, Stockton-on-Tees (MS Teams)
 Zoe Sherry - Public Governor, Hartlepool (MS Teams)
 Jill Wardle - Public Governor, Durham (MS Teams)
 Judith Webster - Public Governor, North Yorkshire (MS Teams)

IN ATTENDANCE:

Roberta Barker - Non-Executive Director (MS Teams)
 Phil Bellas - Company Secretary
 Ann Bridges - Executive Director of Corporate Affairs and Involvement
 James Burman - Stakeholder and Engagement Lead (MS Teams)
 Zoe Campbell - Executive Managing Director for North Yorkshire, York and Selby Care Group (MS Teams)
 Dr Hannah Crawford - Executive Director of Therapies (MS Teams)
 Dr Sarah Dexter-Smith - Joint Executive Director for People and Culture
 Dr Kedar Kale - Executive Medical Director (MS Teams)
 Brent Kilmurray - Chief Executive Angela Grant - Corporate Governance Officer (CoG and Membership)
 John Maddison - Non-Executive Director (MS Teams)
 Beverley Murphy - Executive Chief Nurse
 Jo Nadkarni - Director of Therapies - Durham, Tees Valley and Forensic Services
 Jules Preston - Non-Executive Director
 Beverley Reilly - Deputy Chair / Non-Executive Director
 Liz Romaniak - Executive Director of Finance, Estates and Facilities

24-25/39 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Cllr Claire Douglas - Appointed Governor, City of York Council
Ashley Douglass - Staff Governor, Durham, Tees Valley and Forensics Care Group
Ross Guy - Public Governor, Durham
Kevin Kelly - Appointed Governor, Darlington Borough Council
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Jean Rayment - Public Governor, Hartlepool
Graham Robinson - Public Governor, Durham
Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council

Dr Charlotte Carpenter - Non-Executive Director
Kate North – Joint Executive Director for People and Culture
Patrick Scott - Executive Managing Director for Durham, Tees Valley & Forensics Care Group/Deputy Chief Executive

24-25/40 WELCOME

The Chair welcomed attendees to the meeting. He advised he had attended the Trust's Annual General and Members' Meeting on 16th October and the Trust's Star Awards on 23rd October and was proud of all TEWV staff.

24-25/41 MINUTES OF PREVIOUS MEETINGS

Z. Campbell confirmed she had attended the Council of Governors' meeting held on 3rd June 2024 in person and not on MS Teams as the minutes had stated.

G. Emerson advised that a previous request to invite representatives of the Integrated Care Board to attend Council of Governors' meetings had not been included on the Action Log.

The Chair advised that this would be added to reflect his request.

Action - Chair

Agreed – That, subject to an amendment to reflect that Z. Campbell had attended the ordinary meeting on 3rd June 2024 in person, the minutes of the public Council of Governors' meeting held on 3rd June 2024 and the special meeting held on 22nd August 2024 be approved as a correct record and signed by the Chair.

24-25/42 DECLARATIONS OF INTEREST

None received.

24-25/43 PUBLIC ACTION LOG

Consideration was given to the Council of Governors' Public Action Log.

It was noted that:

- J. Kirkbride advised that Governors had not yet received a summary of work undertaken by the Trust as part of the Personality Disorder Review, which Dr Elspeth Webb had spoken about in her presentation at the Council of Governors' meeting held in June 2024.

B. Murphy confirmed she would provide a copy of this to Governors.

Action – B. Murphy

- M. Boddy advised he was Chair of the Tees Valley Joint Health Scrutiny Committee and requested that a representative from the Trust speak to members of the Committee regarding Child and Adolescent Mental Health Services waiting times, particularly in relation to learning disabilities and Autism.

A. Bridges advised that there were already plans to do this and input from TEWV, to the Committee, had been well received. There were also plans to provide information on health inequalities and male suicide.

The Chair provided assurance that waiting lists was a priority for the Board.

- With regard to action 24-25/22 (22/08/24) and how TEWV BAME colleagues would have direct conversations with Governors, S. Dexter-Smith advised that she was sensitive to the vulnerabilities of colleagues sharing their story.

The Chair confirmed that further consideration would be given to this action, which would need to be in line with the Trust's values.

- With regard to closed action 24-25/09 (03/06/24) and a request from M. Boddy regarding Trust waiting times, G. Emerson confirmed that he had received a written response [circulated to Governors on 03/07/24] regarding neurodiversity waiting times. Staff at the Annual General and Members' Meeting had expressed concern to him that Attention Deficit Hyperactivity Disorder services were not a high priority for the Board and he suggested it would be useful to have regular updates on waiting times.

The Chair noted an article on waiting times for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in the Health Service Journal, which had stated that 12,000 people were awaiting specialist assessment, with people potentially waiting for up to ten years. The Board had requested regular updates on waiting times at its meetings and would provide updates to Governors.

K. Kale advised that waiting times were a national issue and had been for some time. The Trust was working with other organisations to reduce waiting times but it also needed to consider issues relating to medication shortages for Attention Deficit Hyperactivity Disorder and the GP Collective Action regarding shared care. With regard to the GP Collective Action, he advised that some practices had not wanted to undertake shared care and monitoring patients with the Trust and had suggested it take over full care of some patients.

B. Kilmurray reassured Governors that the ADHD service was a priority and was regularly discussed in relation to service provision and waiting times. The Board was also briefed regularly on the service and the Board's Quality Assurance Committee had taken a particular interest. Governors would be kept sighted on this matter.

J. Kirkbride advised that, when she had attended a Leadership Walkabout to the Child and Adolescent Mental Health Services in Darlington, the conversation had included Autism waiting times. She asked whether there was a difference between adult and child waiting lists and whether children would be prioritised over adults.

B. Kilmurray advised that child and adult services were managed separately to each other and it would not be a simple process to move staff from one service to the other in order to prioritise certain patients.

A. Painter suggested that adults who were autistic, but undiagnosed, were more susceptible to suicide and mental illness. Although she understood how difficult the situation was, and the perspective of prioritising children on waiting lists, she was not aware of evidence that existed to support that approach.

K. Evenden-Prest spoke of his experience of Autism, Dyslexia and Attention Deficit Hyperactivity Disorder. He highlighted a questionnaire, used by another Trust, which would aim to provide teams with a brief history of the patient's presentation and highlight signs or symptoms of Autism Spectrum Disorder / Attention Deficit Hyperactivity Disorder, to provide assessment teams with information more quickly. He confirmed that he was awaiting a response to whether the questionnaire would be appropriate to use and fit in with Trust policies.

- With regard Actions under 24-25/12 (03/06/24) and the 111 [option 2] service, J. Nadkarni advised that the Trust did not receive information on the outcomes of people contacting the service, who were then referred to services external to the Trust. In terms of how the Trust would know when the service reached capacity, she advised that teams working within the service had clear information on the volume of calls received and the capacity of the team. It would be the responsibility of the manager to intervene, should the maximum capacity be reached.
- H. Griffiths advised she had not been satisfied with the response she received to her question about the National Autism Training Programme, found in the Governor Questions report. People in North Yorkshire had been lobbying for the Trust to meet its obligations, as they had not been able to request adjustments until they were diagnosed.

The Chair noted that this was also a national issue.

- G. Emerson expressed concern about medication shortages and GPs that sent patients back to NHS Trusts without engagement with them. He proposed that, whilst it was important that Governors highlight patient issues, they should avoid getting into operational details.

The Chair advised that he hoped Governors had been assured that issues related to the crisis service, assessments and waiting times were being monitored closely by the Board and were a priority.

L. Romaniak reminded Governors that performance data would be found in the Integrated Performance Report, which had been provided as background information.

24-25/44 CHAIR'S UPDATE

The Chair provided a verbal report on his activities in the Trust since the last meeting of the Council of Governors. He advised that:

- He had attended and enjoyed the Trust's Annual General and Members' meeting on 16th October 2024. The event had been a demonstration of the Trust's pride in its work and an opportunity to provide examples of effective partnership working.
- He had attended the Trust's Star Awards on 23rd October 2024. It had been an emotional evening with staff who had spoken honestly and profoundly about their nominations.
- The Trust was revising its plan for Our Journey to Change.
- A number of Board members had attended 'Show Racism the Red Card' training, which had proved to be a sensitive but important subject
- Governors had the opportunity to become Equality and Diversity Champions if they were interested.
- He congratulated Hazel Griffiths on her contribution to a national campaign, The Oliver McGowan Mandatory Training on Learning Disability and Autism project, which had won an award from the Government.

It was noted that:

- A. Painter asked how someone would become an Equality and Diversity Champion. S. Dexter-Smith advised that interested people would be asked to complete a form to clarify why they wanted to be a champion and why it mattered to them. Training was also available.

P. Beall advised that Stockton Borough Council had been involved for a number of years in the appointment of Equality and Diversity champions and was happy to speak to people about that work if they required more information. As councillors, she and her colleagues had tried to embed equality and diversity throughout their organisation, every day.

The Chair expressed gratitude to P. Beall and thanked her for the offer of support.

24-25/45 CHIEF EXECUTIVE'S UPDATE

Governors received a verbal report from the Chief Executive, which had updated them on important topical issues.

B. Kilmurray advised that:

- There had been changes in the Executive Management Team as follows:
 - M. Brierley had left the Trust and had been replaced by P. Scott who was the new Deputy Chief Executive overseeing planning, performance and stakeholder engagement.
 - N. Lonergan had been appointed as the Interim Managing Director for Durham, Tees Valley and Forensics Care Group.
 - N. Black had been appointed as the Chief Information Officer.
 - S. Dexter-Smith and K. North had been appointed as Joint Executive Directors for People and Culture.

The appointments would be reviewed in 2025, to evaluate the changes made.

- There would be further engagement in 2025 on the review of Our Journey to Change.
- In relation to the Care Quality Commission's rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008, all NHS trusts had been asked to review their policies and procedures in relation to the findings. The Trust had considered how it would identify people who posed a risk to the public and further guidance was expected in the future.
- Significant work had been undertaken on the Humber and North Yorkshire collaborative. The Integrated Care Board would provide a £400 million commissioning budget and had asked partners to work together to consider how best to invest the money, to meet the needs of the community. This included development of a strategy, governance structures and management of risks. The proposals would result in a fundamental change to existing arrangements. It was hoped the new partnership arrangements could be in place by 1st April 2025.
- GP Collective Action was a Trustwide issue, based on the risks it posed, and would also be an issue in the broader healthcare system in the winter. The Executive Medical Director, K. Kale, was working alongside GP committees and Z. Campbell was also involved as part of her role as the Accountable Officer for Business Continuity. The British Medical Association was not expected to drop the action.

The Chair confirmed that arrangements were in place to mitigate issues that might arise with GP practices.

It was noted that:

- H. Griffiths asked whether people with lived experience had been involved in the development of the Humber and North Yorkshire joint venture.
B. Kilmurray advised that work to date had dealt with technical issues, however, when considering the strategy, it would be essential to engage with those with lived experience.
- G. Emerson asked how much of the £400 million budget the Trust would receive.
B. Kilmurray advised it would be approximately £120 million.
- J. Green expressed concern that Valdo Calocane had been discharged into the care of his GP, despite not taking his medication.
B. Murphy confirmed that it had been a concern and B. Reilly would comment further as part of her update from the Board's Quality Assurance Committee.

24-25/46 GOVERNOR QUESTIONS

Consideration was given to a report containing a number of questions submitted by Governors and the responses provided by the Trust. It was noted that:

- With regard to the question from J. Kirkbride on male suicide, the Chair advised that he had spoken to Catherine Parker, Consultant in Public Health for the Trust, about the Suicide Strategy and it would be beneficial to share that information with Governors at a Governor Development session.

G. Emerson advised that he had also spoken to C. Parker and she had agreed to present at a Governor Development session. Governors would be notified of the details once arranged.

- With regard to H. Griffiths' question on how many Trust psychiatrists had accessed the National Autism Training Programme for Psychiatrists, she advised that she had been asked by a member of the public to ask the question and they had not been satisfied with the response. She added that personalised support was needed for Autistic people.

J. Preston advised that, following the recommendations made by the Council of Governors' Autism Task and Finish Group, an update on progress would be provided at the January or March Council of Governors' meeting in 2025.

K. Kale advised that the National Autism Training Programme for Psychiatrists was national tier 3 training for psychiatrists in the Autism Service. It was not mandatory training and therefore the Trust did not hold information on attendance. The Trust had considered whether to consolidate all continuing Professional Development training but that information was not held in one place at present.

The Chair proposed that, if strategic significance was placed on such training, the Trust needed to know the impact of the training and who had completed it.

H. Griffiths advised that Autism training was for all staff, not just psychiatrists.

- With regard to her question on people being searched on their return to a ward, J. Kirkbride expressed concern about potential drug use on wards and asked whether there was a policy in relation to taking carrier bags onto the wards.

B. Murphy agreed to share the policy.

Action – B. Murphy

She also advised that the Trust did not search everyone who returned to a ward but would refuse entry to anyone they suspected of concealing illegal drugs. The Trust was in contact with the police regarding this matter and drug dogs had been used in some circumstances. These issues had been experienced at a number of sites.

The Chair noted that he had seen takeaways delivered to wards and had wondered how staff knew what is in them.

- J. Kirkbride asked whether the Trust intended to change its policy to retrieve salaries paid to staff who had been suspended on suspicion of an offence and was then subsequently found guilty.

S. Dexter-Smith advised that the Trust was not able to reclaim money that had been paid as a salary and she would speak to J. Kirkbride outside the meeting to provide further information on this.

Action – S. Dexter-Smith

B. Murphy advised that the Trust worked closely with designated officers in local authorities in relation to staff who had allegedly engaged in concerning activities. Staff under the disciplinary process were also monitored and although the majority of

allegations were unfounded, it was important to take each one seriously. Where a member of staff did not present a risk, they were able to work in another part of the Trust.

- With regard to her question on female suicide, J. Kirkbride advised that she looked forward to hearing more on the Suicide Strategy at a Governor Development session and she was not completely satisfied with the response she had received.

24-25/47 GOVERNOR FEEDBACK

No Governor feedback received.

24-25/48 BOARD OF DIRECTORS' COMMITTEES

Consideration was given to verbal updates provided by the Chairs of the Board's committees, on key issues considered at their meetings and reported to the Board, to provide assurance to Governors that the Board was sighted on key issues and areas of concern in the Trust.

People and Culture Committee (PCDC)

J. Preston advised that:

- He had chaired the last meeting of the People, Culture and Diversity Committee on 16th September 2024 following the departure of the previous Chair, J. Murray.
- The key issues report for the Committee could be found in the public Board papers from the meeting held on 10th October 2024. These could be accessed on the Trust's website.
- At the meeting, he had been impressed by the stories of two members of the Estates, Facilities Management Service, in relation to their respective roles in supporting the care of patients. One, a housekeeper, had spoken of how she would speak to a patient the day before if she needed to access their room, just to make sure they were comfortable.
- The Committee had considered the Annual Volunteers Report.
- The Committee had discussed the 'Show Racism the Red Card' education programme and being an upstander rather than a bystander. This had linked with a presentation the Board had considered on the Trust's Black, Asian and Minority Ethnic staff and the issues they had faced during the 2024 riots.
- The Committee had noted several areas of improvement relating to health and wellbeing from responses to the staff survey. There had been a particular improvement in the reduction of staff who experienced musculoskeletal problems as a result of work activities, fewer staff who worked unpaid hours and a static sickness rate.
- The Committee had noted that significant work continued to be undertaken to reduce violence and aggression at work.

S. Dexter-Smith advised that the next meeting of the Committee would focus on static risks.

Resources and Planning Committee (R&PC)

J. Maddison provided an update in C. Carpenter's absence.

It was noted that the Committee had:

- Been assured that the Trust remained ahead of plan but were aware of a range of financial challenges. This could be seen in the Integrated Performance Report provided as background information [at Item 9i on the agenda].
- Received good assurance on capital projects and had considered the Trust's Financial Plan.
- Considered the Trust's Board Assurance Framework and the Corporate Risk Register.
- Considered a business case for perinatal care.
- Considered the Committee's future work plan.

L. Romaniak advised that:

- The Committee had also considered the North East and North Cumbria Integrated Care Board Infrastructure Strategy and the Trust had shared its view of capital requirements. Feedback from NHS England had been that the strategy was exemplary.
- There was expected to be a £4 billion funding gap in the NHS. The Trust understood shared priorities and objectives and consideration would be given to whether assets provided an opportunity to work with partners.

Quality Assurance Committee (QAC)

B. Reilly advised that the Committee:

- Had been observed at its last meeting by the Directors of Nursing from the Integrated Care Boards. This had been helpful to highlight to them, areas in which the Trust had experienced difficulties. They had also observed the quality assurance committees of other trusts and had commented that they had been very impressed with the Trust's committee and had asked if others could also observe its meetings.
- Had considered three items of assurance and four themes of concern.
- Had been sighted on the delivery of the Care Quality Commission's Improvement Plan and had requested a root and branch review.

B. Murphy advised that:

- In relation to the Niche Report on the safety and quality of Child and Adolescent Mental Health Service provision at West Lane Hospital, the Trust had received formal and informal feedback from Niche and proposed to undertake an audit of serious incidents.
- Consideration had been given to how pronouns were recorded in the Trust's patient record system, CITO.

B. Reilly advised that:

- With regard to the Care Quality Commission's rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008, the Committee had received a presentation on the outcome of the review.
- The Committee had alerted the Board to concerns about high bed occupancy levels and consideration had been given to the flow of people in and out of the Trust's inpatient areas, and people who were not able to be discharged.
- The Committee was focused on the impact of the transformation agenda and it was important that partners contributed fully.

[B. Murphy left the meeting]

It was noted that:

- J. Kirkbride asked whether the Prime Minister would consider a public inquiry into the Trust.

The Chair advised that it would be the Secretary of State's decision whether or not to hold a public enquiry.

B. Kilmurray advised that the Trust had engaged with newly elected MPs and there had been no mention of an inquiry.

- J. Green asked whether high bed occupancy levels were a national issue and if that suggested there were not enough beds available.

The Chair confirmed it was a national issue.

Mental Health Legislation Committee

R. Barker advised that the Committee had:

- Received good or substantial assurance on most matters it had considered and one issue with reasonable assurance had been escalated at the private Board meeting.
- Received good quality data which had shown clear trends.
- Noted the establishment of a Mental Health Legislation Operational Group, made up of members from core groups in the Trust.
- Noted that an app had been launched in June 2024 to record the use of section 136, which aimed to simplify the process.
- Considered a case study on the use of the Mental Health Act and the Trust's Lived Experience Directors had been invited to the Committee's meeting. This had been positive and had provided a good level of assurance.

It was noted that:

- M. Boddy asked whether the remit of the Committee extended to other providers the Trust worked with.

R. Barker advised that the Committee's remit applied to the Trust, however, the Trust was part of a Multi-Agency Mental Health Legislation Operational Group, attended by the police and other agencies to consider the use of the Mental Health Act.

- M. Boddy expressed concern about the ethical use of Mental Health Legislation in the private sector.

B. Kilmurray acknowledged M. Boddy's concerns and advised there were deprivation of liberties arrangements in place. He encouraged people to inform the Trust if they were aware the Mental Health Act was being used inappropriately.

To respond to M. Boddy's concerns, the Chair asked that consideration be given outside of the meeting as to what assurance the Trust had that when a person was discharged into the care of another provider, they had received good care.

Action - K. Kale

24-25/49 OPERATIONAL SERVICES AND CRISIS LINE

Governors considered two reports on operational services in the Trust, which had included an update on the Trust's crisis line.

Durham, Tees Valley and Forensics Care Group

J. Nadkarni advised that:

- The Trust had given notice to the Integrated Care Board that it could no longer support the provision of an Adult Learning Disability Respite Service. There was an opportunity to bring about necessary change and improvements for future respite care and the Trust was committed to working with the Integrated Care Board to support them to engage with families, stakeholders and the community on how to take that forward.
- There had been improvements made to crisis triage as a result of a new screening service, with a call-back facility for people waiting for more than seven minutes.
- A wellbeing hub had opened in Stockton in July 2024.
- The biggest pressures in Secure Inpatient Services had related to male mental health secure beds.
- In terms of changes in the care group, in addition to Naomi Lonergan taking on the role as the Interim Managing Director, Jamie Todd would oversee Secure Inpatient Services, Child and Adolescent Mental Health Services and Learning Disability Services as Director of Operations for an interim period and Dawn Jessop would be Care Group Director of Nursing and Quality until November.

It was noted that:

- With regard to crisis screening, J. Kirkbride asked for more information on the call rate reduction mentioned in the report and how that had related to an increase in the call answer rate.

J. Nadkarni advised she would speak to Joan outside of the meeting.

Action – J. Nadkarni

- G. Emerson asked whether there had been any legacy issues related to the Learning Disability Service and costs for complex packages of care.

J. Nadkarni advised that there had been a marked improvement but there remained some delays in transfers of care, however, some learning disability care could be accessed via adult mental health services.

North Yorkshire, York and Selby Care Group

Z. Campbell advised that:

- A celebration event had taken place in York on 17th September 2024 with voluntary sector colleagues, regarding the work undertaken to support the delivery of the Connecting Our City Programme.
- General Managers had continued to build relationships and seek new opportunities with colleagues in North Yorkshire.

- There had been a successful bid by the York Mental Health Partnership to deliver a 24/7 mental health hub in York.
- There had been on-going issues related to the recruitment of staff into the crisis service and this had impacted the crisis line. There had also been challenges related to other vacancies.
- There were updates in the report on community transformation plans and planned workshops and training with partner organisations, including the delivery of trauma informed training.
- The Co-Creation Board would undertake work to foster an understanding of Fundamental Standards among its members.
- The Perinatal Service had moved out of business continuity planning and in to business as usual, which had been a positive step forward.

It was noted that:

- M. Booth advised that she had been impressed to hear at the Trust's Annual General and Members' Meeting about the new York Mental Health Hub. She asked how long the funding would last for.

Z. Campbell advised that the funding for the 24/7 crisis avoidance hub was only available for two years, however, the hub was expected to be self-sustaining.

24-25/50 NON-EXECUTIVE DIRECTOR APPOINTMENTS

Governors considered a report on the appointment of members to the Council of Governors' Nomination and Remuneration Committee.

Agreed – That G. Emerson and J. Wardle be appointed as members of the Council of Governors' Nomination and Remuneration Committee for a period of three years.

24-25/51 THE ROLE OF AN NHS GOVERNOR TASK AND FINISH GROUP

Consideration was given to the final report of the Council of Governors' Role of a Governor Task and Finish Group. Governors were asked to note the report and to approve the Governors' Charter which had been developed by the members of the group.

Agreed – That the Governor Charter be approved.

24-25/52 COUNCIL OF GOVERNORS' CO-CREATION COMMITTEE

Governors considered a report from the Council of Governors Co-creation Committee meeting held on 19th August 2024.

M. Booth advised that:

- The Committee had sought to understand how the Trust's Co-creation Journey had progressed.
- The future priorities of the Committee would be considered in more detail following the establishment of Co-creation Boards.
- She appealed to Governors to consider becoming members of the Committee.

24-25/53 DEVELOPMENT OF A TRUST MEMBERSHIP STRATEGY

Governors considered a report on the development of a Trust Membership Strategy.

A. Bridges advised that public member numbers had been static for a number of years and the Trust wanted to co-create a Member Strategy. The report had proposed that a governor-led task and finish group be created in November 2024 to take this work forward. The strategy would then be brought to the Council of Governors' meeting in January 2025 for approval.

G. Emerson acknowledged how important it was for the Trust to engage with members, and Governors to represent them.

Agreed – That a Council of Governors' Task and Finish Group be set up to co-create a Membership Strategy for the Trust.

24-25/54 TEWV COMMUNICATIONS STRATEGY

Governors considered a report on the development of a new Trust Communications Strategy.

A. Bridges advised that the report had contained details on progress made in developing a new Communications Strategy for the Trust, aligned to the Trust's updated organisational priorities in Our Journey to Change. It also contained key messages which the Trust would aim to promote to the media in a proactive, confident and consistent way. Timescales for finalising the strategy had not been confirmed and would be shared with the Board when available.

24-25/55 DATE OF NEXT MEETING

The next meeting of the Council of Governors would be held on Wednesday 15th January 2025 at 2pm.

24-25/56 CONFIDENTIAL RESOLUTION

Confidential Motion

Exclusion of the public:

“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:

Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.

Information which, if published would, or be likely to, inhibit -

- (a) the free and frank provision of advice, or*
- (b) the free and frank exchange of views for the purposes of deliberation, or*
- (c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs”.*

The public session of the meeting closed at 5.07pm.

David Jennings
Chair
15th January 2025

DRAFT

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
04/12/23	23-24/59	Regular updates on Crisis Service to be provided to the Council of Governors.	PS/ZC	–	Implemented
04/12/23	23-24/63	Regular progress updates on CQC action plan to be provided to Governors.	BM	–	Implemented
03/06/24	24-25/12	Confirmation to be provided on whether TEWV is notified of the outcomes for people who are referred to services outside of the Trust when calling NHS 111 (option 2).	NL	–	Completed
03/06/24	24-25/12	Update on how the Trust will know when its 111 (option 2) service has reached capacity.	NL	–	Completed
22/08/24	24-25/22	Consideration to be given as to how TEWV BAME colleagues can have direct conversations with the Council of Governors	SDS/KN	–	Open
24/10/24	24-25/41	ICB Colleagues to be invited to Council of Governors' Meetings	AB	–	Open
24/10/24	24-25/43	To provide Governors with a summary of work undertaken by the Trust as part of the Personality Disorder Review	BM	–	Open
24/10/24	24-25/46	To provide J. Kirkbride with the Trust's policy on the use of carrier bags on inpatient wards	BM	–	Closed 'Searching of Adult Inpatients, their Property, Environment and Visitors' policy emailed to J. Kirkbride 21/10/24 Note: Following learning from patient safety incidents, a safety briefing was developed on the management of the risk posed from plastic bags.
24/10/24	24-25/46	S. Dexter-Smith to contact J. Kirkbride about the Trust's policy on salary payments to staff under investigation who are then found guilty of a criminal offence	SDS	–	Closed Contact made via email 10/12/24
24/10/24	24-25/49	J. Nadkarni to contact J. Kirkbride regarding her query about an increase in answered calls and reduction in call rates in relation to the Trust's crisis line performance.	JN	–	Closed Contact made via email on 27/10/24
24/10/24	24-25/48	Information to be provided to Governors on what assurance the Board has that proper care is being provided to patients who are discharged from the Trust to another provider and that mental health legislation is being used appropriately by those providers in relation to their care.	KK	–	Mar-25

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Council of Governors

January 2025

Governor Questions

<i>Name and location</i>	<i>Question and Response</i>
<p>Karl Evenden-Prest (Staff Governor)</p>	<p>Question</p> <p>Are all staff employed by TEWV required to attend CPR level 1 training or are some are excluded from the training?</p> <p>Response</p> <p>We have a range of resus training:</p> <p>Resuscitation Level 1 – Cardiopulmonary Resuscitation (CPR) – this is for staff who do not have access to a red bag – it is mainly for community clinical staff which includes HCAs, Nurses, Therapies. This is a face-to-face course for 2 hours annually.</p> <p>Resuscitation Level 2 – Basic Life Support (BLS) – this is for clinical staff who have access to a blue bag and would be expected to use it. It does include some community team staff, but the majority are inpatient nonregistered staff and some Therapies. This is a face to face 4-hour course annually.</p> <p>Resuscitation Level 3 – Immediate Life Support (ILS) – this is for inpatient registered nurses, medical and physical health practitioners. This is a 4.5-hour course annually – staff need to complete a pre-read prior to the course and then an e-learning assessment post training.</p> <p>Sarah Dexter-Smith</p>
<p>Karl Evenden-Prest (Staff Governor)</p>	<p>Question</p> <p>What is the current time from a new position being made available to the job advert being published for applicant?</p> <p>Response:</p> <p>To provide governance of our finance, workforce plan and employment requirements, posts currently have to go through a vacancy control panel before they can go to advert (this was already in place as part of our own governance but is now also an ICB requirement).</p>

	<p>Assuming the post has financial approval and local service support that process usually concludes within a week.</p> <p>However, if there are questions about how the post fits in the strategic plan then the post will be rejected or deferred while further information is provided for consideration.</p> <p>Following the vacancy control panel, the post will first go to people in redeployment, to ensure that we seek alternative posts for people whose previous role has been removed through organisational change processes.</p> <p>After that we aim to get the advert out within five working days. It's worth pointing out that our 'time to recruit' data includes the period from an advert going out, through shortlisting, interview, checks, confirmation and final offer.</p> <p>It's not just the period from interview to someone receiving confirmation of a role.</p> <p>The time between someone being offered a job and the pre-employment checks taking place has historically been longer than we would have liked. This period has now significantly reduced since we took the digital checks period back in house (reducing from 51 to 31 days on average) with our shortest period being two days.</p> <p>Sarah Dexter-Smith</p>
<p><i>Karl Evenden-Prest (Staff Governor)</i></p>	<p>What DBT treatment is available in TEWV and if possible is it being looked into whether there could be more of a push for it in services?</p> <p>Response</p> <p>Within TEWV, Dialectical Behaviour Therapy (DBT) is currently provided to those members of our community accessing services within the adult, children and young people and health and justice specialities. Model-adherent DBT is offered both as an intensive offer (i.e. all five modes of treatment) and, in some areas as an evidence-based adaptation (i.e. DBT-SE skills training only) intervention. Additionally, some access to well-being services offer a "DBT-informed" brief (five session) intervention aimed at helping service users to learn skills in emotion regulation.</p> <p>Access to DBT is not as consistent as we would wish across all areas of TEWV. Provision in the Durham Tees Valley Care Group is greater than within the North Yorkshire and York (NYY) Care Group, with most areas offering DBT across all specialities.</p>

	<p>In NYY there are some gaps in DBT provision. There is no current DBT offer for children and young people in the NYY care group and no provision for adults within the Scarborough, Whitby and Ryedale locality.</p> <p>It has been difficult for DBT provision within TEWV to be sustained across the Trust for a variety of reasons and work has been done recently to identify and understand the causes of this and to create a strategy to sustain and build upon current provision in the longer term.</p> <p>DBT's requirements for model-adherent delivery are different and more complicated to those of other therapies. DBT is a community of therapists treating a community of clients, therefore teams of DBT trained staff are required. Sustaining the staffing within the DBT consultation teams has been challenging due to resourcing issues within the Trust, natural turnover of staff and difficulties in securing longer term training, supervision, support and funding for services. Progress has been made in appointing a therapy lead for DBT who has been working on creating a clinical strategy, increasing access to clinical supervision for therapists to enable them to pursue clinical accreditation. Additionally, the support of the Trust in creating trainee Psychological Therapy roles to enable therapists to focus solely on delivering therapy rather than trying to juggle multiple roles has begun to increase staff retention and improve the quality of therapy on offer. As a community, we would welcome any further support that can be offered to expand and sustain delivery.</p> <p>Hannah Crawford</p>
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For General Release

Meeting of: Council of Governors Meeting
Date: 15th January 2025
Title: Durham, Tees Valley and Forensics Report Jan 2025
Executive Sponsor(s): Naomi Lonergan, Interim Managing Director, DTVF
Author(s):

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

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

<i>1: To co-create a great experience for our patients, carers and families</i>	<input type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input type="checkbox"/>
<i>3: To be a great partner</i>	<input type="checkbox"/>

Executive Summary:

Purpose: The aim of the slides are to provide information to and update the Council of Governors on information from the Durham, Tees Valley and Forensics Care Group

Proposal: Council of Governors to receive the slides as an update from Durham, Tees Valley and Forensics Care Group.

Overview: The update includes information on;

- Celebrations
- ALD Respite and CAMHS Neuro
- Crisis Screening, Triage and Assessment Overview
- Spotlight on Secure Inpatient Services
- Temporary CGB Changes
- Forward look
- Questions

Council of Governors

Durham Tees Valley & Forensics (DTVVF) Care Group Update

Naomi Lonergan
Interim Managing Director (DTVVF)

15th January 2025

Contents

- **Celebrations**
- **Spotlight on:**
 - ALD Respite and CAMHS Neuro
 - Crisis Screening, Triage and Assessment Overview
- **Proud to be Ops Launch**
- **Temporary CGB Changes**
- **Key areas of Focus**
- **Forward look**
- **Questions**

Celebrations



6 Star Award winners where from the DTVF care group; all winners are below
Partnership Working - Durham Integrated LD Teams
Excellence in Learning – Sarah Dallal
Involvement Member – Anem Sharif
Co-Creation in action – Arch Recovery and Recovery College Online
People’s star – Laura Wilkinson
Wellbeing Contribution – Emma Brookshaw and TEWV 10k
Volunteer of the Year – Pat Hind
Rising Star – Lauren Griffiths
Living Our Values – Natalie Calvert

STOMP from ALD DTV Physical Health Team won at the Woman Achieving Greatness in Social Care Awards.

Dedicated new webpages co-produced for CAMHS are now live.

A number of our teams were nominated for the Nursing Time Awards held in London.

Awarded Gold level for Better Health at Work Award

ALD Respite Service - update

In September 2020, we served notice to the Integrated Care Board (ICB), as the organisation that commissions respite care in Teesside for adults with learning disabilities, on the contract for this service.

This has allowed us to work with them, as commissioners, to start looking at the best option for future respite care. This is a real opportunity to bring about necessary and much needed change and improvements to our ALD respite services.

Changes are needed to ensure that:

- The service provides the highest quality of care for people.
- We comply with regulations set out by the Care Quality Commission (CQC). For example, the current buildings need significant updates as they no longer provide the best environment for people in our care.
- There is enough staff to provide safe and kind care.
- The service offers value for money.

We appreciate that change can feel worrying, especially for the families whose loved ones we care for and for our colleagues in the service. Engaging with our families and our staff at every step of the journey is key to developing the future model and this engagement is being led by the ICB.

ALD Respite Service - update

In addition to the continuous engagement with families, staff, ICB and other stakeholders, the key next steps involve:

- ✓ Development of the quality impact assessment to ensure any quality risks are identified and mitigated.
- ✓ Ongoing monitoring of business continuity metrics to highlight reductions in key performance indicators that will impact service delivery.
- ✓ Engaging with trust Estates department regarding the de-commissioning of Aysgarth and Unit 2.
- ✓ Prepare for the submission of a bid to provide health input into the future model – if required.

We are fully committed to a process of ongoing engagement with all stakeholders to ensure they are informed as and when developments emerge.



CAMHS Neurodevelopmental Service

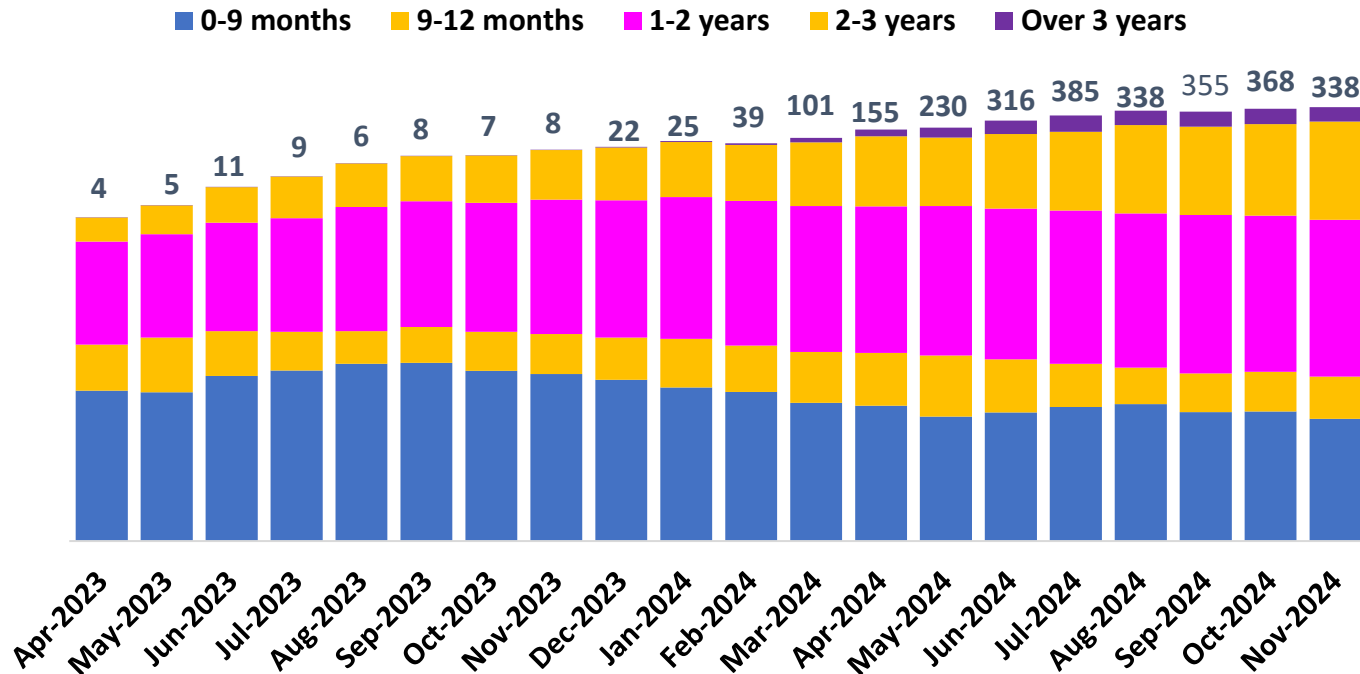


Tees, Esk and Wear Valleys
NHS Foundation Trust

- We continue to have over 10,000 children and young people waiting for a neurodevelopmental assessment in Durham Tees Valley, with more than half waiting more than 1 year.
- We have developed a recovery plan and a range of actions to mitigate the clinical risks by reducing waiting times and allow the service to recover more quickly,
- However, we are aware that the actions we are taking within the Trust will not fully address the issue.
- We recognise that the service is on an exponential trajectory at the present time and will be unable to recover the position without additional support, in order to revert to business as usual.
- We are working closely as a system to make urgent improvements. Key actions include:
 - ✓ Developed and implemented a revised clinical protocol for assessments with focus on those waiting more than 104 weeks.
 - ✓ Working across the Durham Tees Valley system to develop, implement and embed a needs led profiling tool.
 - ✓ Advisory Teacher roles in Durham supporting schools.
 - ✓ In Tees Valley, we will be offering training into schools.
 - ✓ Scope numbers of YP being held in Getting More Help (GMH) teams and we are piloting in Middlesbrough the GMH teams completing assessments.
 - ✓ Refreshed the management of the Patient Tracker List (PTL) with focus on capacity and chronological booking.
 - ✓ Validated the waiting list, including plan to write to all patients to 'opt out' if they feel they no longer require an assessment.

CAMHS Neurodevelopmental Service

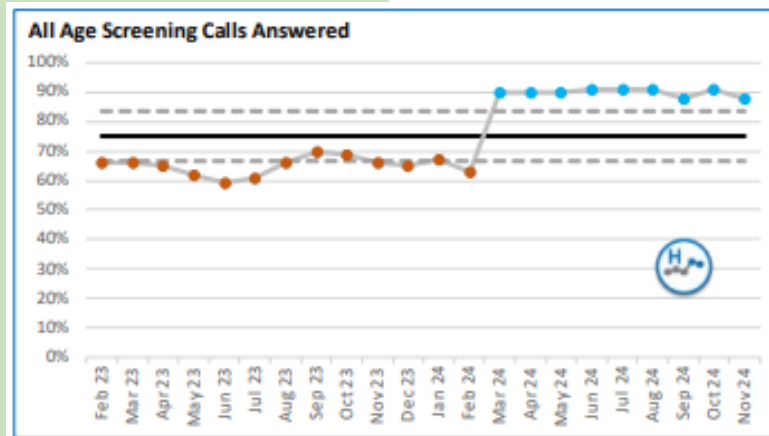
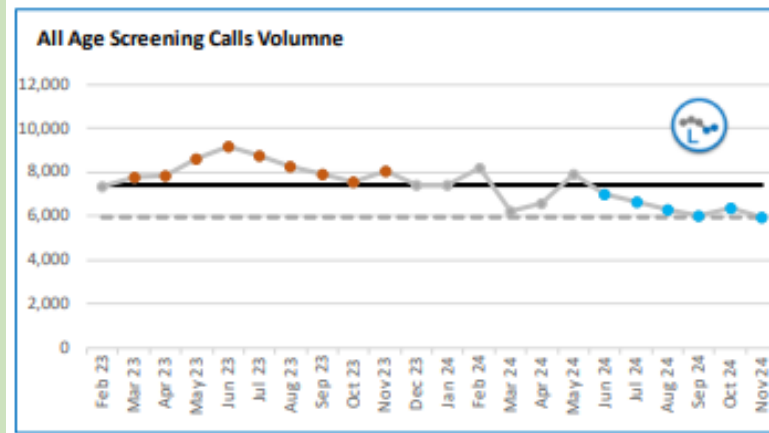
CYPS Waiters by Time Band



- Attendance at the NENC ICB all age Neurodevelopment board. The purpose of the board to provide a regional wide response to the ongoing Neurodevelopment pressures. Providing a steer to improve and engage systems.
- The Leadership Team continue to closely monitor progress on a weekly basis – scrutinising every appointment available and the outcome by geographic team.
- The table demonstrates an improved position for those waiting for the longest since the start of the pilot of the condensed protocol in June.
- However, the pilot does not address the critical backlog issues within the system which will continue to affect the longest wait.

Crisis Screening, Triage and Assessment Overview

Durham Tees Valley Overview



- The service have seen a consistent reduction in call volume since implementation of the screening team. This is believed to be caused by a reduction in “repeat callers” as their calls are answered earlier.
- Consistent special cause improvement in call answer rates, since screening team implementation. On average calls have been answered within 56 seconds (KPI <20).
- Although overall call answer rate has seen a maintained improvement across DTV both at screening and triage within crisis, this is not currently meeting the NHS England KPI of 97%.
- There is an evident reduction in the number of calls reaching crisis services for triage as a direct result of the new screening service (31% conversion rate).

Durham Tees Valley – December 2024

All Age Screening Service

Total number of calls
(Screeners queue)

6251

% Answered calls

89%

% Abandoned calls

10%

Adult Assessment Service

Total number of assessments

311

4 Hour Assessment

Pre-validation 79.65%

Post-validation 94.30%

24 Hour Assessment

Pre-validation 90%

Post-validation 100%

Adult Triage Service

Total number of calls
transferred to Triage
queue

1353

% Answered calls

73%

% Abandoned calls

14%

Adult Professional Line

Total number of calls
(Professional lines
queue)

1813

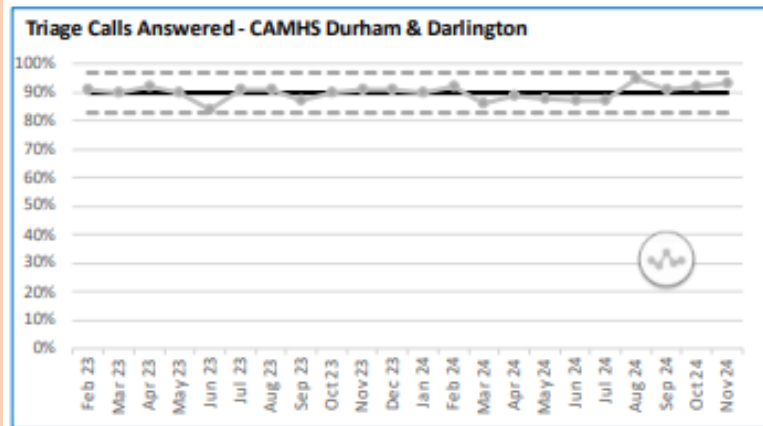
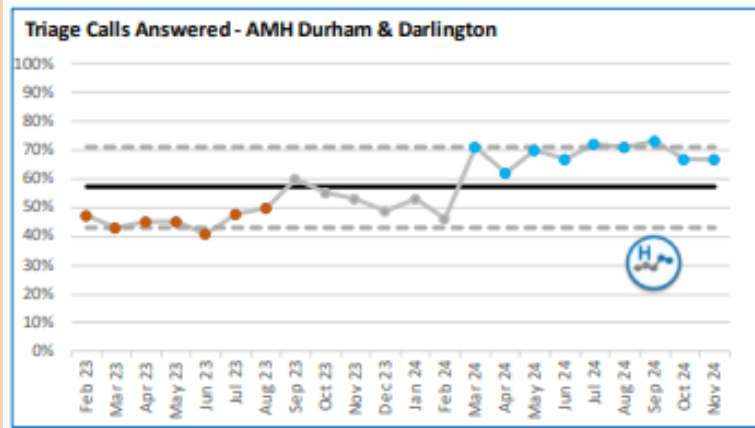
% Answered calls

78%

% Abandoned calls

16%

Durham & Darlington Overview



- Consistent and sustained special cause improvement in triage calls answered for Adults.
- Improved recruitment position with a combined 15% vacancy & absence rate (prev. 46%).
- Significant volume of ‘professional line’ calls (more than patients).
- Sustained normal variation for CAMHS, with an average of 90% calls answered.

Durham & Darlington – December 2024

Adult Triage Service

Total number of calls transferred to Triage queue

589

% Answered calls

72%

% Abandoned calls

13%

Adult Assessment Service

Total number of assessments

108

4 Hour Assessment

Pre-validation 53.33%

Post-validation 82.69%

24 Hour Assessment

Pre-validation 85.42%

Post-validation 100%

Adult Professional Line

Total number of calls (Professional lines queue)

916

% Answered calls

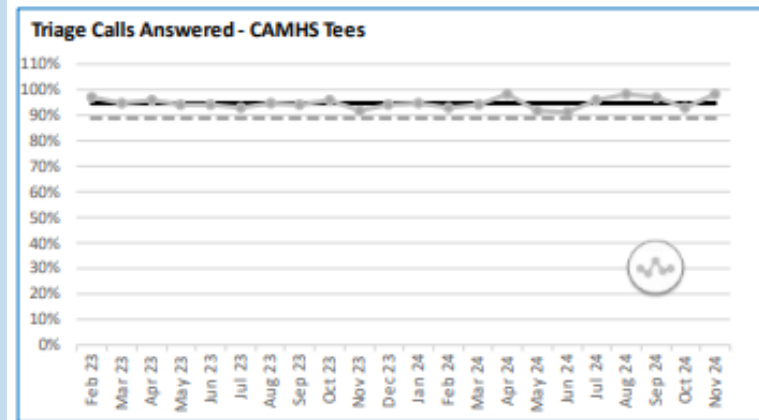
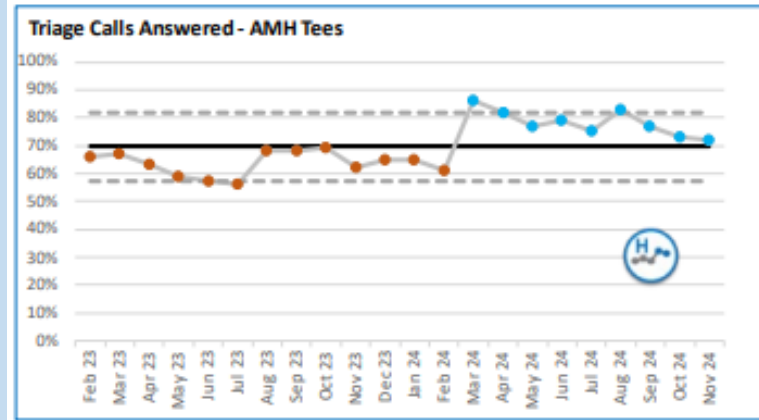
69%

% Abandoned calls

22%

52

Teesside Overview



- Sustained special cause improvement in triage calls answered for Adults.
- Significant volume of 'professional line' calls (more than patients).
- Sustained normal variation for CAMHS, with an average of 95% calls answered.

Teesside – December 2024

Adult Triage Service

Total number of calls transferred to Triage queue

766

% Answered calls

74%

% Abandoned calls

14%

Adult Assessment Service

Total number of assessments

203

4 Hour Assessment

Pre-validation 88.89%

Post-validation 100%

24 Hour Assessment

Pre-validation 96.88%

Post-validation 100%

Adult Professional Line

Total number of calls (Professional lines queue)

916

% Answered calls

69%

% Abandoned calls

22%

54

Next Steps

- **Offer of a call back if waiting for 7 minutes or longer on the phone.** *This is an automated function and maintains position in queue to prevent patients and professionals having to wait on the phone. Completed.*
- **Manual call back process for patients who 'abandon' their call.** *This is for patients who have been screened as requiring triage. This is dependent upon demand and contact details being available. Due: Jan-25.*
- **Crisis Line Governance.** *Trust wide crisis line governance group established to share learning and continuously improve.*
- **Continued recruitment into Crisis Teams to ensure vacancies are filled.** *Predicting 8% vacancy rate in D&D in Jan-25. Due: Feb-25.*
- **Demand modelling.** *To identify peak call times and ensure appropriate levels of resource are in place. Completed.*
- **Data Validation.** *Assessment compliance is not accurate due to system changes, this is being validated to give a more representative picture. Due: Apr-25.*
- **Professional Line.** *Communications poster to share with GP's outlining function of Crisis Professional Line. Due: Jan-25.*

Proud to be Ops Launch – January 2025

#Proud2bOps
@TEWV

- The Operational Leadership Network provides a professional ‘home’, not only for specified operational leaders, but also for roles within key supporting functions such as planning and business management.
- 120 people from across the Trust have been invited to the launch day on 30th January 2025.

By coming together, we provide a platform for idea exchange, problem-solving, and collaboration, with the ultimate aim of improving patient care and outcomes, whilst offering opportunities for our members to connect, learn from one another, and grow as professionals.

Temporary CGB changes

Dominic Gardner, Director of Operations for AMH and MHSOP, has been successful in a 12 month secondment to Nottingham Trust.

From 1st December 2024;

Lisa Taylor is Director of Operations for Health & Justice, Trustwide Autism Services, ALD & MHSOP.

Jamie Todd is Director of Operations for Secure Inpatient Services, CAMHS & Adult Urgent and AMH Planned.

Key areas of focus

- Focus on Mand & Stat Training for all staff. A review hopes to lead multiple reductions in the training demand, changes in duration, frequency and who must do each course.
- CITO user confidence workshops taking place face to face starting 21st Jan and focussing on inpatients, community and specialist services.
- Hospital Virtual Tours are planned to go live early 2025 giving an opportunity to view 360 virtual tour of a ward.
- Estates Masterplan event has taken place in December 2024 to consider future options for our estate and we can share outputs when available.
- Durham AMH community team restructure.
- Planned Clinical models workshops.
- Review of Trust wide Rehab model.
- Embedding of clinical outcomes.

Forward look....

- Business Planning Priorities and planning for 2025/2026
- Finance – CRES planning for 2025/2026.
A Trustwide event is planned for 31st January 2025 for both Business Planning and CRES

Thank You

Any questions?

For General Release

Meeting of: Council of Governors Public Meeting

Date: 15th January 2025

Title: North Yorkshire Care Group report January 2025

Executive Sponsor(s): Zoe Campbell, Managing Director North Yorkshire, York & Selby Care Group

Author(s):

Report for:

	<i>Assurance</i>		<i>Decision</i>	
	<i>Consultation</i>		<i>Information</i>	✓

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

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

Strategic Risks relating to this report:

This reports relates to *all* risks in the BAF *other than*:

7: Cyber Security.

- **Executive summary:**
- **Purpose:** The aim of this report is to provide information to and update the Council of Governors (CoG) on behalf of the North Yorkshire Care Group.
- **Proposal:** CoG receive the report and associated presentations as an update from the NYYS CG.
- **Overview:** This update provided by presentation includes:
 - Celebrations
 - Director of Operations Update
 - Spotlight on:
 - Workforce
 - Cocreation
 - Challenges

Council of Governors

NY&Y Care Group Update

Zoe Campbell
Managing Director (North Yorkshire & York)
January 2025

Contents

- **Celebrations**
- **Director of Operations Update**
- **Spotlight on:**
 - **Workforce**
 - **Cocreation**
- **Challenges**
- **Questions**

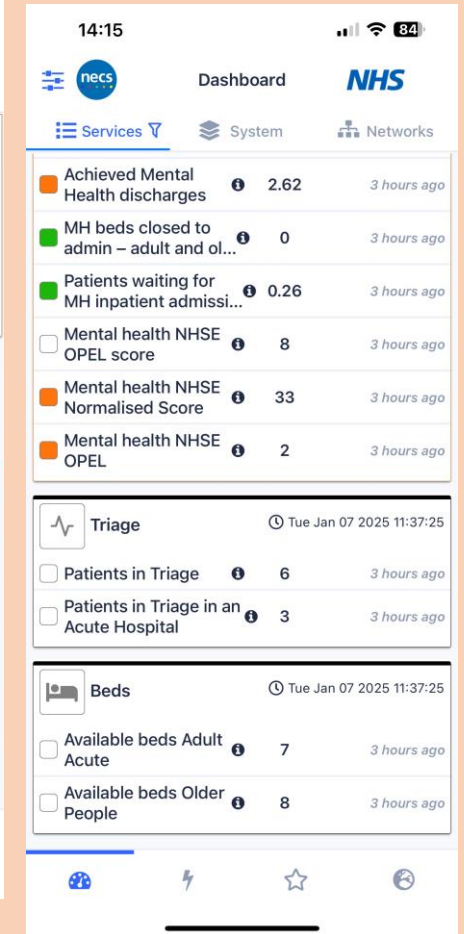
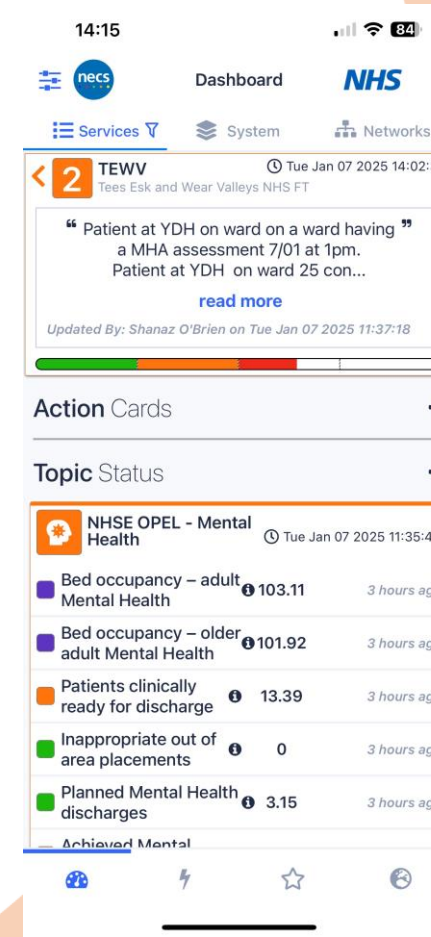
Celebrations



- Staff wellbeing initiatives, for example
 - Yoga and movement sessions
 - Coffee and cakes, regular evening meals
 - Team activities and wellbeing events
 - Team star award
- MHSOP: Harrogate have completed a very successful QI event looking at how resources can in reach into the care home sector. Strong commitment from Care Home providers.
- MHSOP: The BASIL Research Project (tackling social isolation for older people): the General Manager and a member of the co-creation group, the latter who had been part of the project group, met with R&D and York Uni to look at how MHSOP could support the implementation phase of the project.
- MHSOP: Total of 12 admissions prevented to the acute trust in Sept and Oct due to the bladder scanner being available at Foss Park Hospital.
- CAMHS Nurse Preceptorship programme has commenced The service has recently onboarded 7 newly qualified nurses the largest number for several years.
- CAMHS: Selby Team linked with an English School in Spain for “Global Be Well Day” with 100 “Hope Letters” being written by peers to share with young people.
- Excellent feedback from the GP Event AMHS services attended in Ham & Rich with GPs
- CAMHS: York WiMT Team showcasing their work on Look North recently and on local Radio in September
- ALD: Speech & Language Therapist has successfully passed Makaton training and will now be offering inhouse training dates for her colleagues.
- ALD: Presentation at Nursing Conference on work around accessible version of DIALOG
- ALD: “Jar of Joy” created in Scarborough as an innovate way to collect staff feedback and comments.

Director of Operations Update

- The ICB continue to lead daily system calls to monitor and address whole system pressures TEWV continues to be a great partner and supports these daily calls. TEWV are now reporting into the ICB against the new mental health (Operational Pressure Escalation Levels) OPEL framework.
- We continue to have a challenges around our crisis teams across the Care Group in relation to service delivery. Improvement/Recovery plans in place
- Monthly operational meetings – focus on performance, finance, planning and operational delivery ongoing.
- The York Community Mental Health Hub is continuing with the delivery of a phased approach within Clarence Street. The joint delivery board continues to meet and workgroups have been refreshed to support the board.
- Work continues on the development on the new base within Harrogate town centre. An oversight group meets regularly and all teams involved are engaged in the process.
- General Managers continue to build relationships with colleagues in North Yorkshire Council regarding a number of issues and will continue to develop those relationships and seek new opportunities. There is a current focus on reviewing inpatients who are clinically ready for discharge
- The continued challenge in meeting the performance standards for completion of clinician and patient reported outcome measures is being addressed by the development of a Trust wide Performance Improvement Plan.
- The current position for 24/25 CRES is broken down within the finance report. The September position is positive with £1.13M against a target of £1.08M. Next years plans are being finalised



Spotlight on: Workforce

- **Staff in NYYS recommending Trust as a place to work** 44.89% updated July (previous 40.76% April)
- **Staff in NYYS Headcount** 1948 November almost the same as 1944 October
- **Appointment of external candidates** 56.41% November - (75.47% August).
- **Length of time to hire (weeks)** 10.21 November (12.93 August).
- **Mandatory and Statutory Training** 85.00% compliant November (86.94% August) - standard 85%
- **Sickness Absence Rate** 4.86% November (4.74% August)
- **Staff (Headcount and WTE) leaving** – 16 staff left in November, (29 staff left in August)
- **Leaver rate** 12.74% November (12.24% August)
- **Current Appraisal** 84.75% November, (85.10% compliance August) Target 85%
- **Bank & Agency usage** Bank 40.8% November (46.8 August). Agency 30.83% November, (37.19% August)
- **Referrals to Employee Support** 168 YTD November, (117 YTD August)
- **Psychology Service** 37 referrals YTD November (18 YTD August)
- **Number of new Grievance /inc. Bullying and Harassment Cases** 1 November , Nil August
- **New Disciplinary Cases** 0 November 3 August
- **Occupational Health Appointments attended after management referral** 347 YTD November (175 YTD August)
- **Concerns raised via Freedom to Speak Up** 2 November, 2 August.

Spotlight on: CoCreation

- Co Creation workplan signed off in November – live document with regular review. Main areas of focus are:
 - Links with Fundamental Standards Group including wider membership of those with lived experience, also the 2025 Fundamental Standards peer review schedule is to include for Involvement members
 - Developing a Co-Creation Toolkit
 - Enhancing carer involvement and engagement
- Co-Creation Board members have requested consideration for Board meetings to be held ‘off site’
- AMH: open forum with Everyturn for service users and carers to get to know the Everyturn leadership team and provide them with an opportunity to ask them questions directly. This has been agreed with Everyturn who have welcomed the opportunity and have offered an honest and open discussion regarding questions around staffing levels, budget, training and service review, as requested by co-creation members. Further event to be held to enable a wider group to attend, and for Everyturn to respond to some of the more details questions raised
- 2025/26 business plans are being drafted with co-creation support to identify and prioritise key themes
- Co-created development meeting held for crisis service and NHS 111 MH Option. Feedback design undertaken. Outcomes will be shared via Urgent Care Programme Board.
- MHSOP: PDSA of Co-Creation Feedback Forms with drop-in sessions (3 months) – positive support for approach from the Co-Creation Board.
- Young people from NYY involved in creation of the new CAMHS section of the trust website. A group is to be established to ensure the site is monitored and up to date
- Young People’s panel in Harrogate involved in the Jesmond House hub work with consultation groups taking place.
- Improving Together (IT) Group supporting work around the Big Discussion and the planned Trustwide ALD summit taking place later in the year

Challenges

- High vacancy rates continue within Crisis Teams
- Community transformation - Delay and lack of clarity in the flow of funding has significantly impacted on progress of the transformation work and led to anxiety and uncertainty amongst our VCS partners.
- We currently have several teams in business continuity - each has a robust action plan and weekly monitoring process in place
- Increasing number of Delayed Transfer of Care DToC
- Continued significant vacancies across specialties and professions
- IT connectivity issues across some sites
- Continued CITO issues affecting quality and safety of services and staff wellbeing
- Emerging issues relating to GP collective action
- Finance: main areas of concern remain
- Flexible staffing
- Use of Overtime when Trust Bank is available (80% is nursing)
- Unfunded posts (reduction plan in place)

Thank You

Any questions?

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Meeting of: Council of Governors
Date: 15 January 2025
Title: Strategic Framework (Our Journey to Change) revision
Executive Sponsor(s): Patrick Scott, Deputy Chief Executive
Author(s): Chris Lanigan, AD Strategic Planning and Programmes

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 | <input checked="" type="checkbox"/> |
| 2: To co-create a great experience for our colleagues | <input checked="" type="checkbox"/> |
| 3: To be a great partner | <input checked="" type="checkbox"/> |

Strategic Risks relating to this report:

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
All		Our strategic framework should be informed by and be aligned with all of the risks contained in the BAF.

Executive Summary:

Purpose: This report updates the Council of Governors on the work to update TEWV’s strategic framework, *Our Journey to Change*.

Proposal: It is proposed that governors note the Board’s progress in updating of Our Journey to Change and the proposed engagement with stakeholders prior to the finalisation of this.

Overview: Our Journey to Change (OJTC) is the strategic framework for our Trust. By setting out a mission, vision, goals, objectives and values/ behaviours it helps set the strategic direction for the Trust’s planning and delivery. The current version was approved by the Board of Directors in January 2021.

To date, the process to update Our Journey To Change has been as follows:

- March 2024: Exec agree to commence refresh process.
- July 2024: Big Conversation, results reported to Exec / Board in September.
- Sept 2024 – Board Workshop, then Oct Board of Directors’ meeting agreed which elements of OJTC would and would not be revised and development process / timetable. This included the need for a business strategy discussion rather than a document.

- Oct 2024 – Board’s process and timetable shared with and discussed by the Council of Governors (also Big Conversation headlines).
- Nov / Dec – Resources Committee and BoD (private session) commented on a rough redraft of OJTC. Informal feedback sought from Trust Leadership Group and Lived Experience Strategy Reference Group.

A further rough draft of OJTC was discussed in the Board Workshop which took place on 9 January. Board members determined that before this is shared more widely further work is needed to:

- Improve the vision statement.
- Highlight the importance of clinical outcomes.
- Reflect the importance of both working with partners to jointly improve clinical outcomes, and our role as an “anchor institution” in our partnership goal.

It is anticipated that the redrafting will be completed over the next fortnight which will allow the revised *draft* OJTC to be released for a short, focussed piece of check and challenge engagement during February with the feedback given to the Board at a workshop in mid-March. This will enable a final version of OJTC to be agreed at the Board meeting of 10 April. However, the Board noted that given the importance of our strategic framework, they are prepared to push back the approval date if more time is needed to get the right wording for the updated version.

Given the large amount of national, regional and local consultation and engagement currently taking place and the fact that we are merely updating the existing OJTC, the Board intend the engagement around the wording of OJTC to be tight and focussed. The stakeholder engagement plan is shown below:

Stakeholder	Groups to be engaged
Lived Experience Community	<ul style="list-style-type: none"> • Lived Experience Boards • Lived Experience Strategy Reference Group
Staff	<ul style="list-style-type: none"> • Front Line staff via online events (e.g. “coffee mornings, Chief Executive’s webinar) • Our Journey to Change staff champions group • Management Group
Partners	<ul style="list-style-type: none"> • North East North Cumbria Integrated Care Board • Humber North Yorkshire Integrated Care Board

Governors should also note that Board’s intention is to focus on the impact that our work to implement OJTC is having. This means that:

- The actions within Care Group, corporate and other Trust plans will be monitored using existing Trust governance, with exceptions escalated to Executive or Trust Board committees as required.
- The Board will review the impact of our work through using relevant numerical indicators and qualitative feedback relevant to our goals / objectives

Prior Consideration and Feedback

The Trust's Lived Experience Planning and Strategy Reference Group and Trust Leadership Group have been involved in the OJTC development process. The Trust's Board of Directors have considered it at several board seminars and meetings (as detailed on page 1 and 2 of the report).

Implications:

There are no immediate financial or other implications arising from this report, but over time our revised strategic framework will influence how we deploy our available resources.

Recommendations:

Governors are asked to note the progress being made on updating Our Journey to Change and the plans for engagement once the draft version has been completed.

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For General Release

Meeting of: Council of Governors
 Date: 15th January 2025
 Title: Autism Task and Finish Group update
 Executive Sponsor(s): Dr Kedar Kale/ Jules Preston
 Author(s): Kirsten White and Elspeth Webb

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
3	Involvement & Engagement	<p>A fragmented approach to service user and carer engagement and involvement might prevent us from co-creating a great experience.</p> <p>We might not always provide a good enough experience for those who use our services, their carer’s and their families, in all places and all of the time.</p> <p>Failure to effectively undertake and embed learning could result in repeated serious incidents. Regulatory Action</p> <p>Further regulatory action could result in loss of confidence and affect our reputation among service users, staff, and other key stakeholders.</p>
4	Experience	
6	Safety	
9	Regulatory action	

Executive Summary:

Purpose: *The Council of Governors established a task and Finish group in November 2022 to consider the experience of autistic people accessing TEWV services and how that could be improved, the Trustwide autism service have been requested to update on the progress across the trust.*

Proposal: Provide and update to give assurance that Tewv is providing a better experience for autistic people and offer the opportunity for questions and discussion following the action plan in June 2024.

Overview: A Powerpoint Presentation detailing the updates from when the report was compiled to be delivered to the COG.

Recommendations: The Council of Governors is requested to note the progress made since last update in June 2024. Further updates/reports to be brought to the Council of Governors as requested in the future.

Council of Governors Autism Task and Finish Group Recommendations - Update

Kirsten White Elspeth Webb

Service Manager and Autism Clinical Lead

January 2024

‘Meeting the needs of autistic adults in mental health services: Guidance for integrated care boards, health organisations and wider system partners’ (NHSE 2023):

‘Good mental health care for autistic people can be provided by all mental health services: not just those commissioned specifically for autistic people’.

An explicit message that good mental health care for autistic adults should be provided by all mental health services - this guidance reflects the Trust position and OJT

Celebrations/Good News

- **Band 6 Lived Experience role recruited**
- **Posts have been advertised for AMH Clinical Specialist posts following external funding agreement from ICB. Interviews were successful on November and 2 WTE Clinical Specialists have been recruited. The third post will go out in the New Year.**
 - To improve the quality of care for autistic adults **without a learning disability** accessing Tees Esk and Wear valleys NHS trust Adult Mental Health (AMH) services within the North Yorkshire, York, and Selby Care Board locality by:
 - Enhancing TEWV AMH community and inpatient teams' knowledge, skills, and confidence in working with autistic adults.
 - Supporting TEWV AMH clinicians with autistic patient transitions to and from inpatient settings and across services.
 - Supporting TEWV AMH clinicians providing a crisis response to autistic people without a learning disability
 - Working towards a reduction in the use of inpatient AMH services and to provide direct support to TEWV AMH inpatient staff to enhance discharge planning and timely discharge.
 - Working alongside TEWV staff to support the interface with the NYY C(E)TR's teams within AMH in-patients and community services, and via the NYY DSR.
 - Supporting a reduction in the reliance on restrictive practices in TEWV AMH inpatient settings for autistic or suspected autistic patients.

Council of Governors Autism Task and Finish Group

Themes from the recommendations:

- **Training for clinical staff**
(nb: topics including diagnostic overshadowing, autistic burnout etc)
- **Co-production**
- **Good understanding of the communication needs of autistic people**
- **Importance of reasonable adjustments as part of routine practice**
- **Working with partners**
- **Crisis provision**
- **Personality disorder review**
- **Importance of data**
- **Cultural change**

The Role of the Trustwide Autism Service:

- Training (mandatory and specific/bespoke)
- Supervision and consultation for clinical and staff across all specialities (660+ over the last six months)
- Support to corporate services
- Support to MDTs
- Sensory / environmental work
- Support for pathway development/reasonable adjustments
- Input into patient safety and risk management processes
- Trust policy development
- Strategic direction
- Links with partners – regionally and nationally

Autism mandatory Training

TEWV AUTISM MANDATORY TRAINING COMPLIANCE (November 24)

				NYYS	DTVF	CORPORATE	TOTAL
Total Number of staff December 2024	Advertised sessions.	Additional sessions	Total sessions	No of Registered delegates/ Attendees from NYYS (% of NYYS staff)	No of Registered Delegates/ attendees from DTVF (% of DTVF staff)	No of Registered Delegates/ attendees from Corporate (% of corporate staff)	Total number delegates / attendees within the trust (%)
	74	11	85	14% (271 / 1933)	32% (1534 / 4794)	24% (506 / 2129)	26% (2311 / 8856)

TEWV PROJECTED AUTISM MANDATORY TRAINING COMPLIANCE- November 2024 data (31st March 2025)

				NYYS	DTVF	Corporate	Total
Total number of predicted staff based on August 2024.	Advertised sessions.	Additional session	Total sessions	No of delegates completed or registered to complete by 31 March 2025 (% of NYYS staff)	No of delegates completed or registered to complete by 31 March 2025 (% of DTVF staff)	No of delegates completed or registered to complete by 31 March 2025 (% of DTVF staff)	Delegates / attendees within the trust (%) who have registered or complete by 31 March 2025 (Numbers/%)
	121	24	145	30%	45%	31%	38%

Training

- **The Trustwide Autism Service is offering a minimum of 10 sessions (half a day) per calendar month Trust wide (120 per Year) across trust venues with up to 30 people trained each session**
- **The current ratio is 3 or 4 sessions in NYYS and 6 or 7 in DTVF. Dates have been released from Jan 25- December25.**
- **In addition, we provide training in both Nursing Preceptorship induction, clinical psychology doctorate training at Teesside University (first year induction) and additional sessions for teams who want to have the training delivered across a full day (AMH wards at Roseberry Park, Birch Ward, Minster Ward etc.) or want tailored training (MHSOP Clinical Network)**
- **Lack of training rooms for the Mandatory Autism Training in NYYS raised via the locality. More rooms available in 2025 (but we are still looking!)**

Training Feedback

On track to complete training compliance within three years.

Feedback:

- **97% said that it fully met the objectives for the training**
- **87% said that it was well structured and paced**
- **90% said that it was appropriate to their role**
- **Between 75% - 80% said that it would change their practice.**

Clinical Advice/Consultation Update

Autism Consultation/ advice/ Supervision offered. (October 24)	DTVF	NYYS	Corporate	Inpatient visits	Total
August 2024	64	29	5	15	113
September 2024	65	21	0	19	105
October 2024	46	48	1	19	114
November 2024	92	32	2	22	147
Total 2024/2025	267	129	8	75	479

- Increasing demand month on month, infographic is being shared across all services and visits are being made to teams across both Care Groups.
- Consultation offered in a variety of ways – ad hoc, ongoing, drop in
- Increased demand for attendance at formulations, MDTs, complex case discussions

Consultation/ Advice Feedback

- *Very helpful discussion and came away from it with more knowledge and better equipped to support my patient and family members.*
- *Great to be able to discuss a client I've been struggling with and get some ideas about adapting therapy to make sessions more useful for him....although the consultation was specific to a current client it's helped me reflect on past work and think about how to consider future neuro-divergent clients. Good to know the service is there and will not hesitate to contact again if needed. Thank you!*
- *It was really helpful that clinicians explored what I wanted from the consultation and helpfully provided ideas and support rather than just telling me information*
- *I learnt so much from this consultation - I have been working in children's mental health for 25 years and was shocked to learn how our approach needs to be so different. What a great service!*
- *I felt listened to and validated. I'm a senior doctor in TEWV yet the perspective from the autism team ... was hugely helpful and not something I've had anyone offer for one of my patients before. I am glad this approach means adjustments can be made without formal diagnosis as I believe they will make a positive difference to how he is treated in future. Thank you.*

Some examples of specific projects:

Clinical

- AMH Inpatient Project
- Eating disorder services (inpatient and community)
- North Yorkshire, York and Selby Adult Mental Health Enhanced Offer
- Crisis/Intensive Home Treatment Team/Liaison Psychiatry support (Durham Tees Valley)

Within the Trust:

- Clinical Networks
- Organisational Learning
- Physical Health Group
- Urgent Care Board
- NYYS QUAIG/ DTVFCare Group Board
- Positive and Safe trustwide
- SIGs – autism and psychosis etc
- Research

Out with the Trust

- ICB (both NENC and HNY) e.g. Waiting Well, All Age ADHD & Autism Pathway Transformation Project, Community of Practice, NYYS Learning Disability/Autism Operational Group
- NHS England – autism and psychosis
- BPS – Faculty for the Psychology of Older People
- Local Autism Strategy Groups

Trustwide Autism Service

Multi-disciplinary team:

- **Service Manager**
- **Trustwide Clinical Lead (1 WTE and 0.2 dedicated to AMH NYYS)**
- **Nurse Consultant**
- **Team Manager**
- **Highly Specialist Clinical Psychology (2 WTE)**
- **Higher Assistant Psychology (2 WTE)**
- **Clinical specialists (2.4WTE)**
- **Autism Lived Experience Lead (1 WTE)**
- **Dedicated clinical specialists (3 WTE AMH NYYS)**
- **Administrator (0.8 WTE)**

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QUESTIONS ?

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