journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Our Journey to Change Delivery plan

2024/25

Who we are and who we care for

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

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

Almost 8,500 staff work across more than 90 sites, including Foss Park, a state of the art 72-bed hospital and research space in York which opened in 2020. Our other main hospitals are in Durham (Lanchester Road), Middlesbrough (Roseberry Park), Darlington (West Park) and Scarborough (Cross Lane).

While we provide over 700 inpatient beds, we deliver treatment to most people we serve in their own homes or the places they live in.

We also provide mental health care within prisons, and an immigration removal centre, located in the North East, Humber North Yorkshire, Cumbria and parts of Lancashire.

We manage our services through two Care Groups, which are supported by corporate services. These care groups are:

- Durham, Tees Valley and Forensics
- North Yorkshire, York and Selby

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

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

journey to change

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

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

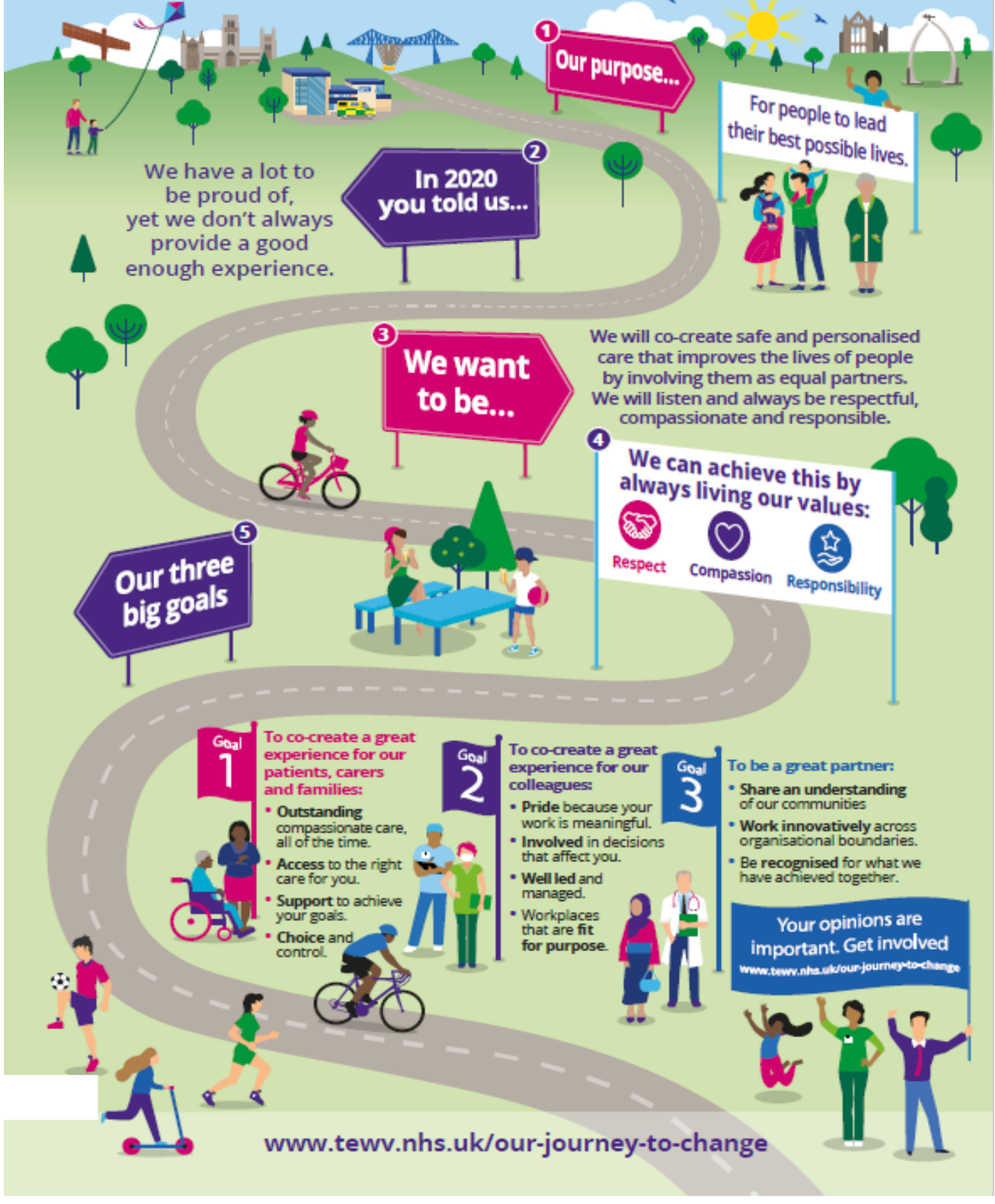
From the rich conversations and feedback we received from Our Big Conversation, we developed big ideas for change and a new strategic direction called **Our Journey to Change**.

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

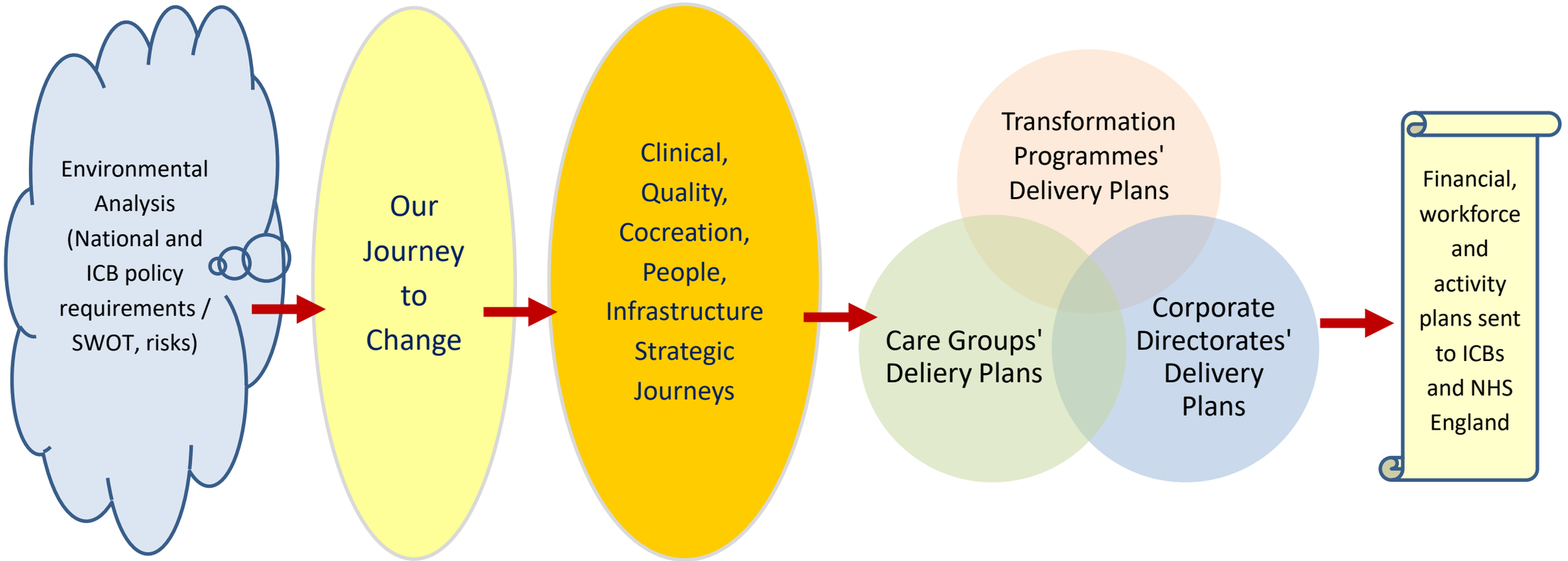
The big goals we have committed to deliver over the next five years are:
- to co-create a great experience for patients, carers, and their families
- to co-create a great experience for our colleagues
- to be a great partner

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

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



Our Planning Framework



This document summarises our environmental analysis, our strategic journeys and our delivery plans. However, the delivery of Our Journey to Change also depends on incremental, day to day improvements that will be driven by our governance systems, and making sure that every interaction between staff, patients and partners is in line with our values of respect, compassion, and responsibility.

Co-Creation of our Delivery Plans

Our Journey to Change commits TEWV to cocreate a better experience for service users / carers, staff and partners. In developing our plans, we:

- Set up a Trust-wide Lived Experience Planning Reference Group.
- Set up a staff Our Journey to Change Champions Group.
- Engaged with our Partners, including commissioners (ICBs) and delivery partners.
- Invited people from all 3 groups to our Trust wide planning workshops.

The directors leading our Transformation programmes have engaged with people with lived experience (including indirectly through Healthwatch), colleagues and partners through workshops and other methods as they have developed their plans.

Our Care Group Plans were informed by our engagement with service users and carers, and with staff at service level.

Co-creation of our plans is essential because it ensures they are more robust, will tackle the real issues and have wide ownership by all the people whose help is needed to make them a success.

National and Integrated Care Systems' priorities

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

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

During 2023/24 NHSE launched a new **Inpatient Quality Transformation** programme which seeks to improve the therapeutic level of inpatient care, support positive workforce culture, eliminate out of area placements, and develop effective early warning systems that enable support to be offered to struggling wards or hospitals.

23/24 also saw the initial implementation of the **Right Care: Right Person** policy in **police forces** across England. This will reduce the involvement of the police with mentally ill people. This will assist in reducing stigma and avoiding unwarranted involvement in the criminal justice system but will pose some challenges for mental health service providers such as TEWV.

The national priorities for **learning disability** services (known as *building the right support)* are to reduce the inappropriate use of hospitals and to reduce over-medication.

UK prison populations continue to expand, and the impact of mental illness in the **criminal justice system** is well understood nationally. Health and Justice commissioners are increasingly looking to commission specialist, "stand alone" mental health services for prisons.

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

The NHS also has **financial challenges**. Mental Health services also face pressure from **increased demand** (especially from autistic people and children / young adults, which is partially linked to the impact of the pandemic period), insufficient **workforce** supply and limitations in social care and housing capacity which have led to an **increase in inpatients' average length of stay**.

How we are acting on regulators' findings about the Trust

BACKGROUND
The Trust's CQC inspection took place 29 March 2023 to 02 June 2023. As part of the inspection, the CQC visited 59 of our wards/teams. This comprised of inspections of wards/teams from a range of Core Services including Adult Learning Disability Community and Inpatient services, Secure Inpatient Services and Community and Inpatient MHSOP services. The CQC published the results of the Trust's latest trustwide inspection on its website on 25 October 2023.

WHAT THE CQC SAID ABOUT SERVICES PROVIDED BY THE TRUST
The CQC report demonstrates our continuous improvement and the positive impact that this has had on people's experience of the services that we provide. It also acknowledges that we still have more to do.

Importantly, the report recognises the hard work and commitment of Trust colleagues in making improvements. A running theme throughout the report is that our staff are kind and caring and demonstrate our values in the care that they provide. This is something that is seen every day, not just during CQC inspections. We know there is more to do but we're proud that we're moving forward together.

The CQC inspections took place from March to June 2023 and while the Trust's overall rating has stayed at requires improvement, there are no longer any areas that are rated as inadequate and the majority of our services are rated as good. Overall, the CQC recognises that we're making good progress.
This has been a real team TEWV effort. It is of particular note, that Ridgeway Secure Inpatient Services, wards for people with a learning disability or autism and wards for older people had all improved since their last inspection.

Inspectors found that our Trust had a clear vision and strategic direction, which is understood by all staff. They could also see a positive culture change. This was demonstrated by colleagues who felt supported and valued and had confidence in our freedom to speak up process. Most importantly by patients who told inspectors that staff were 'kind and considerate', 'friendly', 'kind and supportive' and that they were 'actively involved in their care planning'.

We all agree that further improvements are needed, however, we have come a long way in a relatively short space of time and in difficult circumstances. The areas for improvement are already in our sights and are being worked on every day. As with other trusts throughout the NHS, successful staff recruitment and retention and development of the excellent staff we have, remains a pressing priority and is key to us achieving all our goals.

Key facts and figures:

- Seven out of 11 of our services are rated ‘good’. Four areas are rated as ‘requires improvement’. This is an improvement since our last inspection in 2021.
- All services were rated as ‘good’ for caring.
- Nine out of 11 services were rated as ‘good’ or ‘outstanding’ for effective.
- No warning notices were served as a result of the inspection.
- No services were rated as ‘inadequate’.

As expected, the areas for improvement include issues seen nationally such as staffing and waiting times. We have also got some more work to do around mandatory training and recording supervision, physical health monitoring and responding to complaints. The backlog of serious incidents is highlighted as a ‘must do’, and we are committed to completing these in a timely way, with significant progress now made in reducing this. There is a clear plan in place to reduce delays and are making good progress.

We know that there is further work to do however, the fact that the CQC has told us we’re making improvements and that these positive changes have impacted on the quality of our care, is a really important step on Our Journey to Change.

ACTION
The Quality Governance Team have co-created the CQC Improvement Plan in collaboration with Care Group colleagues and Specialty/Directorate leads, in response to the CQC Must and Should Do recommendations made within the inspection report. Two Improvement Planning Events were held 31 October 2023 and 01 November 2023 to develop the improvement actions. The events were well-attended and the framework used was well received by those involved.

Improvement actions have been developed taking into account the significant work which has already been completed, avoiding duplication where actions are already being addressed by established workstreams or ongoing improvement plans are being delivered. This includes how we check that there is ongoing assurance of actions being embedded and sustained.

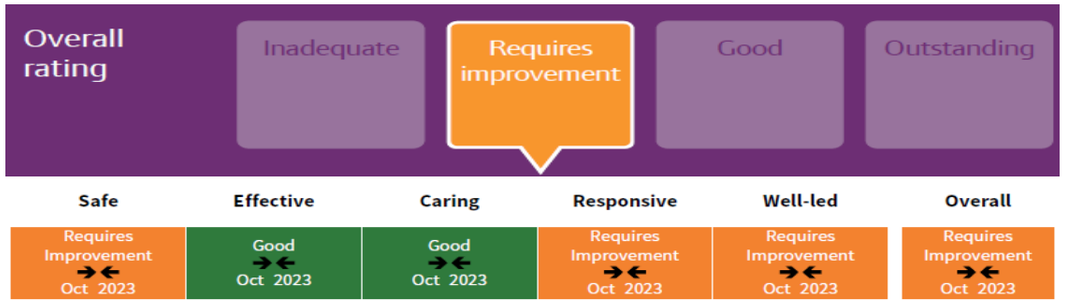
The Trust CQC Improvement Plan against the Must Do recommendations was formally submitted to the CQC 27 November 2023 after approval by the Extraordinary QuAC 22 November 2023. It is acknowledged that minor changes were made in response to consultative comments from Committee members. These were primarily amendments to timescales for some individual actions to ensure effective delivery.

The Quality Governance Team will continue to maintain the evidence repository to provide assurance of completion and implementation of improvement actions. Delivery progress for the CQC Improvement Plan (Must and Should Do actions) will continue to be formally reported to the Quality Assurance Committee, noting where actions are implemented and embedded.

Learning themes from the CQC Improvement Plan informed the Trust wide Learning Event 03 November 2023, where these were triangulated with broader quality governance intelligence, including learning from serious incidents, Quality Assurance Programme data and Complaints/PALS feedback.

Our overall ratings are shown below, and detailed service level ratings on the next page.

CQC Inspection 2023 Ratings



	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023
Wards for older people with mental health problems	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Environmental Analysis (SWOT)

A SWOT analysis looks at what is changing outside and inside the Trust and seeks to log the strengths, weaknesses, opportunities, and threats to achievement of Our Journey to Change. The Trust's analysis was informed by the views of:

- clinicians and managers that work for Care Groups
- our Lived Experience delivery planning reference group
- our Clinical Networks
- corporate teams that work across the Trust
- Board of Directors

The Trust strategy team also considered evidence from internal reports (such as our Integrated Performance dashboard) and external reports about the Trust and its services.

The SWOT used to inform this plan is shown below:

Strengths

a) OJTC – clear ambition for the future	b) Career development and opportunities	c) Lived experience/ peer roles
d) Organisational focus / resilience in sticking to its strategy and priorities	e) Medical / Clinical education and training / relationships with higher education institutions	f) Wide range of roles / professions formally represented in governance structure across trust
g) Care Group structure allowing us to engage with two different ICSs	h) Cleanliness of wards	i) Openness to challenge, willingness to learn and organisational memory
j) Workforce – open, transparent, improving culture	k) Estate	l) Workforce commitment / closeness to the communities we serve
m) Development of non-traditional posts	n) Partnership – working improving (operational & commissioning)	o) Project / programme / Quality Improvement capacity, approach and tools (including coaching)
p) Wellbeing offer	q) Co-creation	r) Use of Microsoft Teams / hybrid working

Weaknesses

a) Workforce – gaps in staffing / agency reliance, burnout, high proportion of inexperienced staff & managers – difficulties in releasing staff for training	b) Demand for adult MH bed days higher than we can meet, leading to TEW purchasing care for some patients from the independent sector	c) Transitions – across all services
d) Inconsistency in quality of management / lack of diversity	e) High community caseloads	f) Lack of flexibility to meet individual clinical needs
g) Lack of clarity on what we are paid to deliver now and, in the future,	h) Crisis (response times and variable compassion of response)	i) Information / communication flow through the Trust and externally (related to size of Trust/patch)
j) Variation / inconsistency in service delivery models / practices	k) Stakeholder management – getting the right people to the right meetings to influence effectively	l) Duplication and complication of filing and messaging (Teams/paper/ folders/email/phone)
m) Insufficient capacity to deliver governed therapies	n) Different levels of services commissioned in different places	o) Budget pressures/Cash Releasing Efficiency Scheme (CRES) delivery
p) Hardest jobs often hardest to retain staff	q) Offer to autistic and learning disabilities (perception of mental health centric Trust)	r) Lack of support or investment for innovation
s) Hierarchical relationships in some services	t) Neuro waiting times (i.e., autism, ADHD diagnosis)	

Opportunities

a) Forthcoming New national major conditions strategy and long-term mental health plan	b) University Partnerships / increasing our R&D profile	c) Community transformation / I-Thrive (our future clinical/business model + staffing/skills)
d) One public estate (more efficient use of existing public sector estate)	e) Teesside Medical School proposal	f) Workforce planning and redesign
g) Re-use of estate for supported housing or other relevant services	h) Population health management	i) Bed management
j) Service user and carer involvement (both care planning and process improvement)	k) Levelling up / focus on health inequalities	l) CITO /Electronic Prescribing and Medicines Administration (EPMA)

m) Lived experience and peer roles	n) ICS led reduction of unwarranted place-based variation	o) Technology / automation / AI
p) Recruiting from communities that we're not recruited often from in the past	q) Possible medium term regulatory direction	r) Improved CQC report
s) Increased influence over commissioning	t) New clinical treatments / models	u) Inpatient Quality Transformation national program
v) Provider collaboratives / regional working	w) 111 option 2	x) Governor relationships and role
y) Commissioner investment in alternatives to admission provision	z) Reprovision of long-term continuing care	aa) Evidence-based care
bb) New tenders for MH prison services		

Threats

a) Potential for increasing disparities between Care Groups / ICSs	b) New national major conditions strategy and requirements may not have supported funding	c) Risks of subcontracting to other organisations without quality / performance assurance being fully in place
d) Local Authority finances and capacity	e) Current lack of national measures of mental health, learning disability and autism service quality	f) Patient and public expectations outstrip ability to deliver at the level of resource available
g) NHS funding envelope may not match costs or allow expectations to be met	h) Future regulation / public / workforce expectations of Zero Carbon progress	i) Overused technology leading to a de-personalised service/ digital exclusion or opposition to use of technology by staff or patients
j) Some increasing demand (autism diagnosis, young adults' mental health)	k) Impact of legacy reports, court case and inquests on Trust reputation and staff morale	l) Public desire to see more positive outcomes from spend on mental health services
m) Insufficient social care / housing capacity leading to people who are clinically ready for discharge remaining in our beds	n) Voluntary and Community Sector capacity constraints	o) Stigma about mental health re-emerging / downplaying of the impact / "realness" of mental illness
p) Right care right person (reducing police role)		

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

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

Clinical: development models of care for all children, adults and older people (and for mantal health, autism and learning disabilities) which:

- support community transformation (including multi agency hubs).
- improve the quality of our inpatient services.

Quality: improve outcomes, experience and safety, including continuous improvement to culture and achievement of / exceeding standards.

Co-Creation:

- Value lived experience of life changing mental illness, living with a learning disability and/or neuro divergent, and the wisdom it can bring to our organisation.
- Close partnership working with patients, families, and carers.

Workforce: compassionate and inclusive culture, more people, new ways of working.

Infrastructure: Our ambition is for the Trust's infrastructure to be an invisible helping hand, supporting us to deliver excellent care where:

- Our places work efficiently, contributing to a sense of well-being.
- Our technology & data connects people easily and improves care delivery.
- Our systems and processes release time for clinical teams to care.

2024/25 - Plan on a Page

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Our big three goals

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

2. Cocreate a great experience for our colleagues

3. Be a great partner

- **Clinical Journey**
  - Transforming Community Services
  - Transforming Urgent Care
  - North East & North Cumbria Adult Secure Bed Model
  - Expanding Our Health & Justice services
  - Autism
  - Young Adult Services
  - Reducing health inequalities
- **Quality & Safety Journey**
  - Personalised Care Planning
  - Physical Health
  - Improve patient safety
- **Co-creation Journey**
  - Improve patient experience
  - Further develop our co-creation infrastructure
  - Lived Experience / Peer roles
- **People Journey**
  - Deliver our People Plan
- **Infrastructure Journey**
  - Estates Masterplan
  - Digital & Data Plan
  - Green Plan

Efficiency to help us meet population needs within our budget

These will be underpinned by:

- Service user, carer, staff & partner engagement to inform plans & gather intelligence on impact
- Detailed plans (why, how, when, who)
- Measuring impact, i.e. clinical outcomes, patient experience and clinical safety
- Quality improvement methodology
- Trauma informed care
- Governance

. How will we plan and deliver these priorities?

This diagram shows how we will deliver these priorities through “vertical” transformation programmes, each of which will need to take the principles, and processes developed by our “horizontal” priority leads into account. This is followed by summaries of the plan for each priority. These will evolve during the year as further development work is undertaken.

Transformation Programmes / Cross cutting priorities	**Transforming TEWV Community Teams** Includes CYP, Adult Mental Health, MH Services for Older People, Adult Learning Disability services	**Urgent Care Transformation** 111/Crisis, Pathways, Flow, Inpatient Quality Transformation, workforce development and culture	**Secure inpatient bed model implementation** Supporting the NENC Provider Collaborative programme	**Health and Justice expansion** Responding to relevant tender opportunities
Autism				
16-25 year olds				
Inequalities				
Clinical outcomes				
Safety				
Physical Health				
Improve experience				
Co-Creation				
Lived Experience roles				
People Plan				
Estates				
Digital and Data				
Green Plan				

Transforming Community Services

Executive Sponsor: Zoe Campbell **Priority Leads:** Zoe Campbell / Patrick Scott

What is the reason for this priority?

The NHS England Long Term Plan priority aims to transform community provision for adults and older adults with serious mental illness. It also aims to increase accessibility of mental health support for children and young people and community support for people with learning disabilities (Assuring Transformation). We aim to clarify TEWV's core and unique offer in the context of wider system partners in delivery of community-based support and embed personalized care planning as we move away from the care programme approach. We will shift focus to sustainable early intervention and prevention to reduce the need for more intensive support such as inpatient care.

What will success look like?

- Improved patient experience and outcomes
- Reduced need for inpatient care and crisis care.
- Consistent achievement of new national 4 week waiting time standard (with system partners)
- Increased access to evidence-based interventions.
- Reduced re-referrals and re-admissions.
- Reduced caseloads and reduced time on caseload.

Key areas of focus

- Access to and delivery of evidence-based interventions based on need.
- Delivery of new 4 week waiting time standard for adults and older adults
- Implementation of new outcome metrics
- Workforce development and change
- Specific local solutions for pressures relating to neurodiversity assessment, diagnosis and wider support.
- Alignment of mental health and learning disability services with Integrated Neighbourhood Teams
- Development of appropriate dashboards within TEWV and with partners to demonstrate impact of changes.
- Implementing and embedding the move away from CPA to personalized care.
- Implementation of MH Hub (North York)
- Development of Hubs where these are not already in place.
- Specific local solutions for pressures relating to neurodiversity assessment, diagnosis and wider support.
- Alignment of mental health and learning disability services with new Community MH Hubs
- Development of appropriate dashboards within TEWV and with partners to demonstrate impact of changes.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Alignment with Urgent Emergency Care programme to support sustainable shift to more early intervention and prevention.
- Significant need for data analytics and reporting capacity at place and with system colleagues to evidence impact of changes.
- Significant need to continue working with partners at place.
- Finance and HR support to facilitate different ways of working, including possible shift of activity out of TEWV where appropriate to do so.
- Clarity and assurances regarding resources available

Key Milestones/Deliverables – Durham:

AMH/MH SOP (Severe Mental Illness)

- March 2024 – complete mapping and baseline assessment of current evidence-based intervention offer and delivery (including % of caseload offered and accessing)
- March 2025 – all adults and older adults within TEWV community services are offered appropriate evidence-based interventions.

CYP

- Working with the DTV partnership, to implement the respective Core Offer for the Getting Help and Getting More Help teams.
- To continue to develop the system neurodevelopment offer and to implement the recovery plan to reduce the neurodevelopment assessment backlog.
- To review PCN ARSS roles and explore options to have full coverage across DTV.
- To expand MH support team in schools' provision in County Durham

LD

- Complete review enhanced offer across Durham alongside review of partnership agreement of integrated arrangements in County Durham

Dementia

- Continue to develop the dementia pathway to meet demand.

Key Milestones/Deliverables – York:

AMH/MH SOP (SMI)
- March 2024 – complete mapping and baseline assessment of current evidence-based intervention offer and delivery (including % of caseload offered and accessing)
- April 2024-2025 - new community hubs operational across City; peer support workers in place in each
- March 2025 – all adults and older adults within TEWV community services are offered appropriate evidence-based interventions.

CYP
- **Apr-Jun 2024** - implementation of all age crisis hub for CAMHS
- **Jul-Sept 2024** – undertake service review of Single Point of Access

LD
- **Jan-mar 2025** - to develop, resource and operationalise the Intensive Support Team within the service.

Dementia
- **Jan-Mar 2025** - work with Commissioners to review the specification for MHSOP service delivery.

Key Milestones/Deliverables – North Yorkshire:

AMH/MH SOP (SMI)
- March 2024 – complete mapping and baseline assessment of current evidence-based intervention offer and delivery (including % of caseload offered and accessing)
- April 2024-2025 - new community hubs operational across City; peer support workers in place in each
- March 2025 – all adults and older adults within TEWV community services are offered appropriate evidence-based interventions.

CYP
- **Apr-Jun 2024** - implementation of all age crisis hub for CAMHS
- **Jul-Sept 2024** – undertake service review of Single Point of Access

LD
- **Jan-mar 2025** - to develop, resource and operationalise the Intensive Support Team within the service.

Dementia
- **Jan-Mar 2025** - work with Commissioners to review the specification for MHSOP service delivery.

Key Milestones/Deliverables – Tees Valley:

AMH/MH SOP (SMI)
- March 2024 – physical healthcare model in place across all 5 Tees Valley localities
- April 2025 - community hubs operational in all localities with offer of appointments with TEWV staff in a range of locations
- March 2025 – all adults and older adults within TEWV community services are offered appropriate evidence-based interventions.
- April 2025 – all Tees Valley AMH community hub referrals assessed within 28 days.

CYP
- March 2025 – working with the DTV partnership, to implement the respective Core Offer for the Getting Help and Getting More Help teams.
- To continue to develop the system neurodevelopment offer and to implement the recovery plan to reduce the neurodevelopment assessment backlog.
- September 2024 - CYP ARRS roles evaluation
- September 2025 - expansion of MHST offer in Darlington.

LD
- Undertake work with partners and key stakeholders, including people with lived experience and family carers to define and move towards sustainable, fair and person-centered model of care.

Dementia
- Continue to develop the dementia pathway to meet demand.

Transforming Urgent Care

Executive Sponsor: Patrick Scott **Priority Lead:** Nicola D'Northwood

What is the reason why for this priority:

Accessible and responsive mental health support is crucial for people of all ages during a crisis. Care closer to home is also vitally important. Compassionate support which is recovery-focused, with an approach that does not keep people in hospital longer than necessary, as outlined in the NHS England Long Term Plan and is part of the Inpatient Quality Transformation programme. It is essential that our services consist of crisis pathways which meet the needs and preferences of people accessing crisis care. Therapeutic environments are also essential to aid a person's recovery and services must promote wellbeing, dignity and be respectful to people's needs and wishes. Carer and family involvement is also the focus of this priority and effective joined-up care at the right time, in the optimal care setting, to improve the experience and outcomes for people using our services.

What will success look like:

- Patient experiences of urgent care will improve.
- More care provided closer to people's own homes.
- Staff will feel more supported to deliver care that makes a difference to people's lives.
- Partners will report that services are more joined up, meeting the needs of people in crisis.
- More therapeutic interventions will be available to people using our services.
- Carers and families feel listened to and valued partners in their loved one's care planning.

Key areas of focus:

We have identified key areas of focus as follows:

- Patient Safety/Patient Choice & accessibility of services and information
- Responsiveness/Accessibility of services & Transitions
- Workforce development, Inclusivity & Culture
- Personalised care/Care closer to home.
- Neurodevelopmental (Autism)
- Joined up care/Partnership working.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Alignment with Community Transformation programme/s (CMHT for AMH&MHSOP /BRS for ALD and iThrive for CAMHS) to support sustainable shift.
- Continue working with partners to enable transformation across the urgent care pathway.
- Data analytics and reporting capacity at place to evidence impact of changes.
- Significant level of support required to ensure effective co-creation.
- Quality Improvement and Project/Programme Management Office (PMO) support for improvement and project management of change.
- Communications support to help with any campaigns, flow of information.
- Finance, Human Resources and Planning support to facilitate different ways of working.

Key Milestones/Deliverables

- Cocreating a long-term vision for urgent care and transformation programme (March 2025)
- Implementing and embedding the Crisis 111 Option 2 (April 2024)
- Completing the cultural support offer programme for inpatients (March 2026)
- Implementation and embedding of the OPTICA system (March 2025)
- Fully implement 4 stages of RCRP (March 2025)

North East & North Cumbria Adult Secure Bed Model

Executive Sponsor: Naomi Lonergan **Lead:** Clare Abley

What is the reason why for this priority:

There are significant patient flow pressures across the North East & North Cumbria (NE&NC) Adult Secure (AS) Service footprint, which are predominately associated with the male mental illness pathway and an under occupancy in the female pathway. A consequence of these pressures has led to an increase in the number of patients waiting to access a secure inpatient bed, the length of time a patient waits to access a secure inpatient bed and the number of patients who are receiving their care in out of area placements. This is attributing to a significant forecast overspend position for the NE&NC AS Provider Collaborative.

hat will success look like:

- A bed base which meets the needs of the local population:
  - Reduce the time waited for admission.
  - Work towards meeting the national aim for prison transfer within in 28 days from referral.
  - Reduce the number of out of area placements associated with insufficient capacity.
- An effective patient flow system, supported by real time data and a decision-making framework

Key areas of focus

Reconfiguration of our bed base and additional beds will help in isolation, they do not solve the problem. The refreshed bed model is one of four key enabler workstreams that have been identified to support delivery of a sustainable solution. The other three workstreams are:

- **Patient Flow –** all parts of the patient journey giving equal focus to admission, transfer, and discharge.
- **Service Delivery -** collaborative development our non-secure pathways with our internal and external partners
- **Workforce Strategy -** A joint workforce strategy, by profession will support our response in the medium to longer term the resource and skills needed to deliver our future deliver model.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) as lead Provider
- Health & Justice Directorate
- Support from: Planning & Business Development; Finance; People & Culture; Digital & Data; Nursing & Governance; Estates & Capital Planning
- System partners (Integrated Care Board, Local Authorities, Third Party Providers to support with discharge planning and alternatives to admission).

Key Milestones/Deliverables

- Female Model December 2024
- Individualised Care Area Model of Care July 2024
- Low Secure Male Mental Health September 2024
- Male Learning Disabilities and Autism Spectrum Diagnosis Model July 2024
- Medium Secure Male Mental Health TEWV August 2024
- Medium Secure Male Expansion Mental Health Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust December 2024
- Low Secure Male Mental Health Expansion Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust December 2024
- Strategic Forward View December 2024

Expanding our Health & Justice Services

Executive Sponsor: Patrick Scott **Priority Lead:** Lisa Taylor

What is the reason for this priority?

We have a good market share currently with previous successful applications for provision of mental health and learning disability services across the Health & Justice sector. We have proven ability to mobilise awarded contracts outside of TEWV's immediate geographic boundaries and proven model of care which delivers high quality, effective care for patients. These services have gained good CQC feedback and there is successful partnership working across the service which strengthens our model and affords further opportunities for development of services.

What will success look like?

- Number of opportunities responded to co-created with partner organisations.
- Number of opportunities responded to co-created with Service Users & Carers.
- Number of opportunities responded to and successfully submitted.
- Number of opportunities where submission is successful.
- Increase in market share across Health & Justice services.
- Increase in contract income and contribution to Trust overhead.

Key areas of focus:

- As agreed by Executive for those services subject to a competitive tendering process the focus will be as follows:
  - Mobilisation of HMP Full Sutton & Millsike following successful contract award
  - Maintaining our existing business
  - Response to business opportunities within HMPs within the agreed geographical area
- Submission of further bids in response to development opportunities and Commissioner requests ~~e.g.~~ increases in population capacity, new services
- Increased visibility in the wider H & J arena – conferences and training
- Development of wider robust quality and assurance processes.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Support in responding to opportunities and if successful mobilisation, required from:
  - Planning & Business Development
  - Finance
  - People & Culture
  - Digital & Data
  - Nursing & Governance
- Rethink Mental Illness (our partner in the delivery of the Model of Care within Prisons)
- Partners identified dependent upon geography and service specification requirements.
- Interdependencies aligned to the Programme to Implement the NENC & HCV Provider Collaborative Clinical & Bed Model.

Key Milestones/Deliverables:

- Mobilisation for contract commencement HMP Full Sutton – June 2024
- Mobilisation of HMP Millsike for contract commencement - April 2025
- Review of individual opportunities using the Trust Business Model to confirm rationale prior to progressing – as opportunities advertised – ongoing.

Autism

Executive Sponsor: Lisa Taylor **Priority Lead:** Kirsten White/Elspeth Webb

What is the reason for this priority?

1-2 % of population is Autistic. More than 25% of autistic people receive two or more diagnoses of mental health problems and 15% of autistic people are hospitalised due to a mental health problem. Autistic people will have disproportionately higher levels of contact with TEWV services than neurotypical people. Prevalence of autism within an adult psychiatric outpatient service was 19%. TEWV data suggests that at least 17% of people accessing our services have an autism marker on Paris (TEWV's patient record system).

Autistic people have poorer health and social outcomes: 8 out 10 autistic people have co-occurring mental health conditions and autistic people with mental health problems are 4 times higher (51%) than neurotypical people (11%). 6 out of 10 autistic people have considered suicide, more than 3 out of 10 autistic adults have attempted suicide. Overall, autism and autistic traits are risk factors for suicidal behaviour.

What will success look like?

- Culture across the organisation of Autism informed compassionate care in the context of mental health service delivery.
- Standardised, safe, quality service for Autistic people accessing TEWV.
- Organisational compliance with Autism legislation and statutory guidelines
- Deliver a sustainable autism informed structure within TEWV to ensure that the needs of Autistic children, young people and adults accessing our services are met.
- Ensure that the trust can provide care pathways that can be adjusted to meet the needs of autistic people within both inpatient and community services to meet the requirements of autism legislation and CQC baselines.

Key areas of focus:

- Develop and embed sustainable Mandatory Autism Training in line with NHS England Code of practice.
- Sustainable and continued Autism support and consultation to clinical and corporate services.
- Developing Autism informed evidenced framework within Trust Wide Patient Safety practices and system.
- Embed Autism informed care across all systems.
- Enable and inform organisational compliance with Autism legislation and statutory guidelines.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- CITO (new Electronic Patient Record system)
- Care group plans
- Adult and Children Autism diagnostic services
- Communications team
- Workforce Planning team under Sarah Dexter-Smith
- Mental health Community Transformation
- NENC/ NYH ICB
- Development of inpatient services
- All Clinical Networks

Key Milestones/Deliverables:

- Delivery of mandatory autism training over 3 years.
- All Trust wide Services have access to ongoing autism consultation/supervision to deliver reasonably adjusted mental health care 24/25
- Advocate the Autistic Voice- employment of Autistic person within the Autism service with 24/25 (June 24)
- Develop an Effective Autism communication strategy within 24/25 (July 24)

Young Adults Services

Executive Sponsor: Kedar Kale / Hannah Crawford **Lead:** Jamie Todd

What is the reason why for this priority:

To ensure that young people continue to have their mental health needs met with the right approach within a local system by the right person/service whilst moving from adolescence to adulthood. If we get this right, we think that we can make a difference to the lives and experiences of this group of people by reconfiguring the way we operate services within TEWV and across the system.

Evidence: The Inbetweeners and Niche Reports. Data including No of people aged 18-25 on wards / Length of stay (detained/informal)/ community offer for 16-25/SI's/ current experiences of our patients and feedback we have received.

What will success look like:

We will improve our understanding of the Quality, Safety and Experience for young adults who use our services by

- Increasing the proportion of young adults who feel safe in our care.
- Understanding more about the care and experience of young adults (18-25) within inpatient services including numbers of admissions, lengths of stay and develop proposals for improvement.
- Ensuring the revised Transition procedure is embedded across all services.

Key areas of focus

We will:

- Define a clear vision purpose and scope.
- Focus on inpatient, community and crisis care, quality and safety.
- Review the experience of 18–25-year-olds in the context of the urgent care and community transformation programmes.
- Develop a governance framework and establish a steering group.
- Use data and a 'missed opportunities' deep dive to support the work going forward.
- Engage across the trust and across specialties.
- Review progress after 6 months and set new priorities where appropriate.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

This piece of work is:

- Trust wide /Across Care Groups and all specialities (not MHSOP) inc SIS/H&J
- System wide, especially Local Authorities
- Closely linked to the Urgent Care and Transforming community services programmes
- Reliant on Corporate support, inc Planning & Performance/PMO /Digital and Data/People and Culture/Nursing & Governance

Key Milestones/Deliverables

As this work is at an early stage, timescales are currently to be confirmed. However, the following is proposed:

- Agreement from the Trust to support this priority and move forward including appropriate resources. June 2024
- Establishment of Steering group – including monthly meetings to identify priorities in the following areas: inpatient, crisis, community and quality and safety June 2024
- Define vision, purpose and scope. September 2024
- Undertake initial scoping work:
  - Data collection and analysis. December 2024
  - Learning from 'missed opportunities' work to develop revised proposals for how we oversee services for young adults. December 2024
  - Engagement across specialties. March 2025
- After scoping a clearer programme of work will be developed. March 2025

- **We will seek to review progress after 6 months and set new priorities where appropriate.**

Reducing Health Inequalities

Executive Sponsor: Kedar Kale/Hannah Crawford **Priority Lead:** Catherine Parker

What is the reason for this priority?

The area covered by TEWV contains some of the most deprived neighbourhoods in England with some of the country's poorest social, physical, and mental health outcomes. We know people do not access or experience our services equitably and it is recognised in our clinical journey and Trust Approach to Health inequalities that we must take action to identify and remove the systematic barriers to high quality care for all. National requirements aligned to this include NHS England's Inequality Duty for NHS Trusts, Equality Duty, Use of Force Act and The Patient Carer Race equity framework (PCREF).

What will success look like?

- Increased staff awareness of health inequalities and its impacts
- Improved pathways and formal joint working between community, inpatient and substance misuse provision
- Reduction in DNA/WNB in pilot areas/teams
- Improved use of inequalities data in decision making and accountability
- Readiness for delivery of the PCREF
- Higher levels of engagement between services and Gypsy, Roma Traveller communities

Key areas of focus:

- Building awareness and understanding of inequalities across staff groups
- Improving access to and quality of our data on inequalities
- Poverty Proofing our service pathways
- Dual Diagnoses partnerships
- Gypsy Roma Travellers engagement
- Patient carer and race equity
- Closing the gap in did not attend/was not brought
- Expand a community engagement approach to increase service accessibility and inclusive employment

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- People plan – specific focus on using employment approaches to support this agenda
- Patient safety journey- preventing suicide plans
- Physical Health workstream
- Local authority public health teams and commissioned substance misuse services

Key Milestones/Deliverables:

- Development of a suite of staff education materials on inequalities by October 2024
- Launch of the equality and diversity dashboard by June 2024
- Launch A health inequalities team challenge by June 2024
- Trial a model of closing the gap on Did not attend/was not brought by March 2025
- Roll out the learning from poverty proofing review across specialities (including implications for staff) by March 25
- Embed inequalities in Action plan for delivery of compact with Teesside university by March 25
- Develop a strategic Approach to dual diagnosis By October 24
- Ensure data sets are developed to support to report on and implement PCREF by March 25
- Review and identify best practice and recommendations from the Gypsy, Roma, Traveller engagement/consultation work being carried out by York University by July 2024
- Promote and celebrate Gypsy, Roma Traveller History Month by July 2024

Personalised Care Planning

Executive Sponsor: Zoe Campbell **Priority Lead:** Chris Morton

What is the reason for this priority?

To meet the needs and expectations of people who use our services are met as we move towards more holistic and integrated care. To comply with NHS directives and policies promoting personalised healthcare as a means to enhance patient engagement and outcomes. To address inefficiencies within the care progamme approach framework and to streamline processes and improve care delivery. We will leverage innovations in care planning and delivery to set benchmarks within the community mental health framework by ensuring seamless care transitions. This includes support across various health and social care services and prioritising mental health and wellbeing with a bespoke approach to support recovery and resilience.

What will success look like?

- Every patient receives care tailored to their specific needs, preferences, and health goals.
- Meaningful Coproduction in care planning, leading to improved satisfaction and health outcomes.
- More efficient and effective use of healthcare resources, reducing unnecessary procedures and interventions.
- better overall health and wellbeing through comprehensive, holistic care approaches.
- Stronger partnerships between healthcare providers, community and voluntary sector organisations, and people who use services, fostering a supportive, proactive care ecosystem.
- Clear metrics and evidence demonstrating the benefits of personalised care planning, serving as a model within the NHS.
- Meaningful and appropriate carer and family involvement throughout peoples care journey.

Key areas of focus:

- **The move from CPA to Personalised Care represents a programme of work focused on a number of key stands (Responsible organisation(s)):**
  - Policy development (TEWV and system wide) - covering roles, responsibilities and accountability for care and safety of patients (TEWV, Partner Orgs)
  - Co-produced care planning - implementing DIALOG to support this. (TEWV)
  - Increasing access to evidence based psychological therapies and psychosocial interventions (TEWV)
  - Workforce development: identifying and addressing skills deficits & training needs. (TEWV)
  - Implementation of the key worker role (ICS - all partner orgs including TEWV)
  - Interoperability (ICB)

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Strong interface with the Care Group and frontline workforce through co-creation networks and governance structures, via Lived Experience Directors.
- Effective partnership with local authorities, other NHS trusts, and VCS organizations to share resources and expertise.
- Developing interoperable IT systems for efficient patient information exchange across services.
- Ensuring organizational policies across partners support personalized care principles and practices.
- Joint workforce development initiatives to standardize care practices among partners.
- Integration of services to provide seamless transitions for patients across different care settings.

Key Milestones/Deliverables:

- Ratify Trust Policy on Personalised Care Planning (May 2024)
- Roll out of DIALOG to enhance co-produced care planning now that CITO has gone live. (Ongoing)
- Develop and implement strategy to increase access to evidence based psychological therapies (June 2024)
- Establish Workforce Development group to support delivery of transformation (May 2024)
- Work with ICBs and partner organizations to establish the role and responsibilities of the Key Worker (May 2024)
- Work with ICBs to establish effective interoperability between systems (Ongoing)
- Ensure there is a comprehensive communications plan to ensure all stakeholders are aware of developments and the related implications (June 2024)

Physical Health

Executive Sponsor: Beverley Murphy **Priority Lead:** Helen Day

What is the reason for this priority?

Addressing mental health equally with physical health, referred to as *parity of esteem* was enshrined in law by the Health and Social Care Act 2012. Despite a plethora of evidence connecting the impact of severe mental illness on physical health outcomes and vice versa there is still much to do locally and nationally. Good physical health is one of the core building blocks of good mental health, whilst poor physical health can be both a cause and consequence of mental health. In turn, mental health problems can worsen the impact of poor physical health leading to poorer overall outcomes.

What will success look like?

- A workplan, consisting of a delivery and improvement plan, with clear outcomes, measurement approach and clear oversight/governance.
- Clinical Advisory Groups (CAG) focused on continual improvement with outcomes developed by staff, service users and carers which are aligned to local and national recommendations.
- An approach to physical health, for people using our services, that is known about and talked about locally and with system partners.

Key areas of focus:

- Improve integration of care with physical health care providers, including primary and acute care, to support service users receiving ongoing and / or specialist physical health care.
- Enable a system wide approach to the management of major heath inequalities such as diabetes.
- Clinical Advisory Groups objectives and achievable targets for clinical outcomes, education and competency and patient feedback with identified methods to measure impact including audit results, patient feedback, staff feedback, partner feedback.
- Communication and engagement plan

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Support and partnership working with Clinical Effectiveness Department
- Support from Care Group directors to embrace physical healthcare to be an integral part of identified and agreed key roles such as Personal Development Plans.
- Support and partnership working with external, partners in ICB, acute and primary care colleagues. This may need the support of TEWV Executive board in light of ongoing complex and multiple system pressures.

Key Milestones/Deliverables:

1. Scoping of recommendations to inform final Clinical Advisory Group and overarching plans complete: end of April 2024
2. Clinical Advisory Group priorities, workplan and targets: end May 2024
3. Communication plan developed by end April 2024 and engagement through to June 2024
4. Final approach to physical health, for people using our services, presented to Executive Directors and Quality Assurance Committee June 2024

Improve Patient Safety

Executive Sponsor: Beverley Murphy **Priority Lead:** Dawn Jessop

What is the reason for this priority?

In line with TEWV Journey to Change (OJTC) a 5 year strategy was set out including the Quality and Safety journey. Four areas linked to patient safety were identified within this and continue to be an ambition and focus for patient safety. We are committed to a shared single view of quality where, working in systems, we will deliver care that is:

- Safe
- Effective
- Well led.
- Equitable
- Provides a positive patient experience that is responsive, personalised and kind

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in our Quality Journey, through continuous learning and improvement using a range of key tools and enablers.

What will success look like?

- PSIRF and learning will be embedded through a monthly Organisational Learning Group (OLG) to have oversight of themes, and to increase the triangulation of learning across our internal system and with partners.
- InPhase modules will be developed and implemented to ensure compliance with LFPSE and increased visibility on themes of incidents and learning.
- Reduced use of restrictive interventions including the use of Prone restraint.
- Physical health strategy will be in place and visible throughout the organisation.
- Harm reduction and suicide prevention work to be embedded within patient safety.

Key areas of focus:

- Four workstreams to support the Quality and Safety elements of OJTC: Implementing the new National patient safety Incident Response Framework (PSIRF), Switching to the National Learning from Patient Safety Events System (LFPSE), implementing a new incident reporting system (replacing Datix with InPhase) and to clear any backlog of patient safety incidents.
- Physical Healthcare
- Reducing Restrictive Interventions
- Triangulated learning from complaints, safeguarding and serious incidents and other areas of soft intelligence.
- Aligning suicide prevention and harm reduction work with patient safety priorities

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Trust wide working between Patient Safety, Care Groups and Corporate Teams
- Ensure suicide prevention work is integrated in ICB/patient safety.
- Embedded positive and safe practitioners within each care group.
- Roll out of Physical health strategy within care groups.

Key Milestones/Deliverables:

- September 2024 – implementation of further InPhase modules
- January 2024 – Implementation of PSIRF and inaugural meetings of OLG
- February 2024 - May 2024 – Integration of suicide prevention leads to patient safety.
- March 24 – positive and safe leads to commence in care groups.
- August 2024 – review of priorities and setting of further milestones.

Improve Patient Experience

Executive Sponsor: Ann Bridges **Priority Lead:** Chris Morton/Emma Haimes

What is the reason for this priority?

To comply with fundamental standards of care as stipulated in the Health and Social Care Act. To proactively identify areas of concern and risks to patient safety and experience and to highlight areas of good and exceptional practice for learning. To respond to national patient experience benchmarking indicating areas for improvement. To ensure that patients feel safe on the wards and address any identified gaps in the availability of staff and the provision of activities, which are crucial for a positive patient experience. To identify areas requiring improvement through patient experience metrics and narrative feedback, pointing to issues such as waiting times, access to services, and the overall feeling of safety and care.

What will success look like?

- Improved scores in patient experience surveys and FFT results.
- Achievement of national average or above in patient satisfaction metrics.
- Positive feedback on safety, care quality, and responsiveness to patient needs.
- Demonstrable improvements in areas previously identified as requires improvement.
- Increased participation in patient and carer experience surveys and feedback mechanisms, demonstrating active engagement and willingness to contribute to service improvements.
- Service specific Patient and Carer Experience Groups.
- Rise in positive feedback about feeling safe while in care, with particular emphasis on improved staff availability and the provision of meaningful activities on wards.
- Reduction in the number of complaints received, alongside faster resolution times, indicating a more responsive and patient-centric service.
- better communication with patients and carers about how their feedback has led to tangible changes in care ("You Said, We Did" initiatives), fostering a sense of involvement and co-creation in service improvement.
- Demonstrated ability to swiftly adapt services in response to patient and carer feedback, leading to continuous improvements in the quality of care.

Key areas of focus:

- **Comprehensive Quality Improvement Initiative:**
  - Implementation of a Trust-wide quality improvement initiative specifically targeting enhancements in patient and carer experience.
  - Inclusion of co-creation methods with patients, carers, and families to ensure that improvements are genuinely user centred.
- **Engagement and Feedback Mechanisms:**
  - Strengthening of the patient and carer feedback mechanisms to ensure comprehensive and real-time capturing of experience data.
  - Utilisation of patient focus groups, especially on topics like feeling safe, to identify and prioritize areas for improvement.
- **Procurement of New Patient Experience System:**
  - Cocreated steps towards the re-procurement of new data capture system
- Initiatives aimed at increasing the response rates to patient experience surveys. Strategies to enhance engagement with carers.
- Patient and Carer Experience Group becomes more governance-oriented, providing robust assurance and facilitating effective triangulation with other sources of intelligence.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Strong interface with the Care Group and frontline workforce through co-creation networks and governance structures, via Lived Experience Directors.
- Improved relationships with clinical networks and clinical practice to embed patient experience.
- Strengthened partnerships with VCS and community forums.
- Sustainable budget to support patient experience.
- QI support to undertake a comprehensive review of Patient and Carer Experience using co-creation methodologies.
- Expanding the Local Issue Resolution (LIR) process trust-wide

Key Milestones/Deliverables:

- Achieve a significant increase in survey response rates, especially reducing wards/teams with zero responses by August 2025.
- Full review and enhancement of the patient and carer experience program using co-creation methodologies by August 2025.
- Re-procurement and implementation of the new data capture and analysis software (e.g., Meridian System) to better gather and utilize patient experience feedback by August 2025.
- Continuous benchmarking against National Friends and Family Test (FFT) Data with a target to improve positioning by August 2025.
- Expansion of the Feeling Safe Measure to better capture all aspects of patient safety and well-being by August 2025.
- Ensure Complaint Themes and Trends are shared with the Organisational Learning Group for service improvement by July 2024.

Further develop our co-creation infrastructure

Executive Sponsor: Ann Bridges **Priority Lead:** Liam Corbally

What is the reason for this priority?

Meaningful co-creation has the potential to improve patient and carer experience in harnessing better relationships between patients and their loved ones, our staff and the organisation. Improving patient outcomes through better understanding what matters to people is a benefit for all involved. Improved patient safety through considering how people feel safe in our care and in supporting staff to have better and more authentic relationships and develop greater insight with patients, carers and families, this will improve experiences all round. Partner experience, through a culture of being more collaborative and respecting different types of knowledge and expertise will also be enhanced. There will also be the opportunity to create more space for user led organisations to work with TEWV through valuing lived experience.

What will success look like?

- For patients, this will mean that they feel they have a voice and are listened to and are given opportunities to meaningfully engaged to support change in TEWV through co-creation.
- Our patients will feel able to make a difference in service development, decision making and delivery, and that their needs are better met when they are involved in an equal and reciprocal relationships with staff and others.
- For our carers and families, this will mean they feel recognised and heard a valuable resource and asset, than can help inform services and help improve care of their loved ones.
- For our staff, to work in partnership and mutual, collaborative relationships to gain a better understanding of the people they support to co-creation and feel really connected to and understand their lived experience, through a deeper understanding of the people, not processes.
- Our partners will feel confident to work closely with us as equal partners, in the design, delivery and evaluation of services to improve quality, safety and responsiveness.

Key areas of focus:

- Further development of the final chapters of co-creation framework, including reimbursement, support and training for staff, support and training for involvement members, and safeguarding.
- Increasing diversity across co-creation to involve different people that represent all the communities we serve.
- Agree the structure and grow the resource and capacity within the team.
- Secure dedicated co-creation budget to support involvement of patents and carers.
- Identify key areas of involvement work in the Care Groups and corporate services.
- Develop patient and carer network, across the Care Group areas, and strengthen links into / out of the Co-creation Boards.
- Develop different specialty support for services outside of AMH and MHSOP.
- Increase awareness and promote co-creation.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Strong interface with the Care Group and frontline workforce through co-creation networks and governance structures, via Lived Experience Directors.
- Collaborative working with peer support on shared objectives that value and growing lived experience roles at all levels of the organisation.
- Improved relationships with clinical networks and clinical practice to embed co-creation through trauma informed approaches.
- Strengthened partnerships with VCS and community forums.
- Sustainable budget to support co-creation and involvement.

Key Milestones/Deliverables:

- Involvement and engagement team lead role recruitment complete – May 2024.
- Co-creation communication and engagement strategy developed– June 2024.
- Co-creation framework development complete and roll-out to commence – Sept 2024.
- Training and support requirements for the team, and for involvement members agreed – Oct 2024.
- Further development of co-creation network to create spaces for staff to be upskilled on co-creation– Dec 2024.

Lived Experience/ Peer Roles

Executive Sponsor: Ann Bridges/ Hannah Crawford **Priority Lead:** Liam Corbally/Mark Allan

What is the reason for this priority?

Peer support can have a transformative impact on service user's lives and the care delivered by a team. Embedding lived experience expertise in real time, throughout all we do, is a key component of developing safe and high-quality rights-based services in the Trust. It is also a core part of assurances to CQC and the public; OJTC Clinical and Cocreation agendas; Transformation work in all areas.

What will success look like?

- Lived experience roles at all levels of the Trust.
- Increase in peer leadership roles to cover all key localities, workstreams & specialities.
- Notable - planned and responsible - increase in peer supervisor and peer worker roles.
- Continuation of strong recruitment and retention data through expansion.
- Continuation of positive experience feedback from services users, peer workers, and colleagues on teams.
- Increased notable system leadership and partnership initiatives.

Key areas of focus:

- Partnership working and system leadership
- Continuing to develop high quality and safe peer practice
- Supporting peer worker wellbeing
- Supporting workforce development: into & within peer structures
- Expanding number of services we support and the number of roles
- Collecting Feedback, evaluating pilots and celebrating success

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Significant Peer role expansion requires mainstreaming peer role creation (and peer leadership input) within Trust and Care Group workforce planning processes.
- Trust Commissioning Processes
- Strong interfaces with Cocreation to support mutual goals and avoid duplication.
- Peer support central to transformation work (Crisis / Community / Inpatient etc).
- Strong recruitment support interface to create positive onboarding experience.

Key Milestones/Deliverables:

- Systemwide Lived Experience Strategic Leads Network / Community of Practice – April 2024
- Supervision Protocol (required by CQC action plan) – June 2024
- Celebration event – August 2024
- Year on year increase in number of roles – December 2024
- S.I.S (including Carer) roles appointed to – March 2025
- Roll out regional networks to Durham and Y&S – March 2025

Deliver our People Plan

Executive Sponsor: Sarah Dexter Smith **Priority Lead:** Kate North

What is the reason for this priority?

Our biggest strength is our staff/people with our greatest risk not having the experienced, skilled, trained staff we need to deliver excellent care for our patients. Fundamentally underpinned by the Big Conversation and subsequent People Journey aligns with the national NHS People Plan.

What will success look like?

- Increased retention rate and low turnover (11%) with sickness absence consistently reduced (to 5.5%).
- Responsive health interventions with staff telling us they have a healthy work-life balance and career opportunities.
- Staff Survey showing 60% of staff recommending the Trust as a great place to work.

Key areas of focus:

1. Health & Wellbeing: work-life balance, sickness absence, staff support offer, Occupational Health & Gold Award
2. Leadership and Development: develop and implement Academy to succession plan and grow future leaders
3. Inclusive Cultures: community engagement, staff networks, staff survey, reasonable adjustments.

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

People & Culture is an enabler providing expert advice/guidance across the Trust; therefore success is dependent upon close and collaborative working across the Trust.

Workforce Planning and Safe Staffing will be key to ensure predictable and appropriate staffing levels.

Key Milestones/Deliverables:

- Newly procured Occupational Health Service in place - June 2024
- Further development of Health & Wellbeing offer with Better Health at Work Gold Award submission – April 25
- Development and launch of TEWV Leadership Academy Dec 24 with annual implementation review - Dec 25
- Inclusive Engagement programme developed and in place with staff networks, allies and stakeholders - Sept 24

Estates Master Plan (EMP)

Executive Sponsor: Liz Romaniak **Priority Lead:** Simon Adamson & Sarah Clarke

What is the reason for this priority?

To support delivery of Our Journey To Change's Infrastructure Journey + to deliver space and financial efficiencies.

- Creating better, smaller, and greener
- Operating transformed services within smarter places
- Adding value and increasing efficiency

What will success look like?

- Improved access to high quality and fit for purpose facilities.
- Increased co-location with system partners.
- Reduced operating costs.
- Capital generation from disposal and bidding opportunities.
- Increased efficiency including estate reductions in, size, carbon output, age, % of vacant space and improved utilisation (time), average m² or cost avoidance.

Key areas of focus:

- Becoming more community facing at Place working with system partners.
- Better aligning the clinical strategy to inform estate masterplan.
- Trauma/Neuro developmentally informed design – creating environments that feel safe and take account for sensory processing issues.
- Increased involvement with lived experience partners to better inform design

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Smarter working
- Clinical strategy including bed trajectories.
- One Public Estate (OPE) opportunities.
- Public sector authorities and other community and voluntary services.

Key Milestones/Deliverables:

May 24	Detailed Design Sign Off and lease agreement for Catterick Integrated Care Centre (CICC)
Mar 25	Scope capital works required for Trustwide seclusion (subject to agreement of clinical model)
Jul 24	Catering Infrastructure complete (Phased Approach)
Mar 25	Operational services to confirm preferred option for Roseberry ward (subject to clinical mode)
Sept 24	Medical Education service operating from Lanchester Road Hospital
Sept 25	Hartlepool One Life feasibility (utilisation of ICB void space) – Dependent on Community Ventures plan.
Dec 24	OPE pipeline Business Case developed for Billingham public services hub - led by Stockton Borough Council (SBC). Programme pending.
Mar 25	Harrogate Community Hub (Jesmond House)
Mar 25	Trust Collaboration & Leadership Hub (Stockton)
Mar 25	Assistive Technologies (Sensor Doors and Oxehealth – Phased/continuous handover throughout programme)

Digital and Data Plan

Executive Sponsor: Mike Brierley **Priority Lead:** Lorraine Sellers

What is the reason for this priority?

Achievement of Digital and Data objectives aligns to *Our Journey to Change* priorities. Embedding co-creation and clinical ownership (Strategic goal 1) reducing / mitigation of current digital risks and adherence to CQC requirements (particularly Inpatient Internet availability) achievement of Data Security and Protection Toolkit requirements, Data Protection Act/Information Governance legislation and overall achievement of core digital capabilities by 31 March 2025 is key to our goal.

What will success look like?

- Patients will have visibility of own care records.
- Clinical and service user / carer cocreation
- Improvement to current availability of internet access for inpatients allowing greater use of recovery internet-based tools.
- Increased adherence to records management standards.
- Saving of clinical time due to easy-to-use intuitive EPR and EPMA systems
- Increased system interoperability to work with partner organisations.

Key areas of focus

- Embedding CITO (Electronic Patient Record - EPR) system
- EPR Developments – Summary Care Records (SCR), Visual Display Boards (VDB), App's, Pathways, Reporting
- Establishing System Integration & further Robotics Processing Automation (RPA)
- EPMA community roll out.
- Providing inpatient internet to all wards
- Electronic Document Management Strategy (EDMS) development
- Development of a Patient Portal
- Review / Update of Digital Strategy 2024 onwards
- Asset Management development – Phase 2 software, Phase 3 Mobile Telephony
- Records disposal and retention
- Use Artificial Intelligence & Data Science for data analysis.
- Cyber security
- Improvements to network infrastructure

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

- Care group / clinical engagement with development of EPR systems and embedding CITO.
- Service user / carer and lived experience support with establishing patient portal.
- Partner organisations input into Digital and Cyber strategies and system integration.
- NHS England frontline digitisation team finance and support
- Finance partner support
- Pharmacy team resource for EPMA
- Alignment with PMO Software / reporting standards

Key Milestones/Deliverables

- By end July 2024, move Business Intelligence system to cloud.
- By end July 2024, deliver increased network bandwidth across 20 Trust sites experiencing performance issues and deliver Multi Factor Authentication (MFA) to all NHSmail users.
- By end July 2024, Phase 2 and 3 of Asset Management will be fully complete.
- By end of October 2024, clinical records that have achieved retention will be identified and appraised for destruction.
- By end December 2024, pilot wards have inpatient internet and a review of this will have been undertaken.
- By end December 2024, an updated Digital and Data strategy will be written and approved.
- By end December 2024, VDB's for CITO are located in each ward area.
- By end March 2025 a Trust EDMS will be written and approved.
- By end March 2025, requirements for a patient portal will have been co-created.
- By end March 2025, full EPMA community roll out is achieved.
- By end March 2025, all inpatient wards have inpatient internet.
- By end March 2025, CITO technical developments will mean that development of appropriate clinical apps and further pathways will be achieved, clinical input into SCR is possible, and an Integration engine will have been procured with a proof of concept undertaken.

Green Plan

Executive Sponsor: Liz Romaniak **Priority Lead:** Simon Adamson & Ken Tench

What is the reason for this priority?

To progress NHS England's commitment on '*Delivering a Net Zero NHS*' all NHS providers and Integrated Care Boards (ICBs) are required to submit a Green Plan setting out aims, objectives and methods for carbon reduction.

Our Green Plan explores how we can deliver exemplary health care, whilst reducing emissions and resource consumption, in the face of a changing climate.

What will success look like?

- We have calculated our carbon footprint from 2018/19 to 2020/21, using the financial year 2020/21 as our baseline.
- This baseline is used to determine the emissions reductions trajectory needed to meet the NHS' net zero targets 'NHS Carbon Footprint' and 'NHS Carbon Footprint Plus' in 2040 and 2045 respectively.
- This equates to target reduction of approximately 4% year-on-year from all emission sources.

Key areas of focus:

Our Green Plan is divided into nine Areas of Focus:

- Workforce & Systems Leadership
- Sustainable Models of Care
- Digital Transformation
- Travel and Transport
- Estates and Facilities
- Medicines
- Procurement
- Food and Nutrition
- Climate Change Adaptation

Interdependencies and requirements from corporate services / partners / other programmes / Care Groups:

• People and Culture	(Focus area 1)
• Dietetics	(8)
• Communications	(All)
• Estates /Facilities and Capital	(All)
• Business Continuity Plan Lead	(2)
• Information Technology	(3)
• Finance	(7)
• Care Groups	(All)
• Clinical Teams	(2/8)
• Pharmacy	(8)

Key Milestones/Deliverables:

- Key areas of focus – Energy and Sustainability manager to identify workstream leads and milestones for 2024/25 by Sept 2024.
- Heat Decarbonisation Plan – Bid submitted to Carbon Skills Fund by May 2024. If successful, surveys will be undertaken, and outputs reported in Q2 2024. Capital requirements will be identified and submitted in 2025/26 business plan. *Note* There are likely to be central funding opportunities over the course of 2024/25.
- Installation of additional electric charging points across TEWV estate – An additional 16 charging units were installed in 2023/24 and a charging tariff was introduced in April 2024. Early indicators show show that consumption has reduced. The associated carbon reduction will be monitored. There are no plans to install additional charging units in 2024/25 due to capital constraints.
- 'Pledge for Greener' - Launched May 2023. Energy and Sustainability Manager scheduled to join Trust 03.06.24 and will be instrumental in establishing and delivering the milestone plan, including refreshing the Green Plan following delayed implementation (end of Q3). Delivery of the plan will require whole organisation input.
- Due to slow progress in 2023/24, a catch-up plan is required for 2024/25 to establish quick wins (end of Q2). This will link to the Estates Masterplan and estate reconfiguration. Any decommissioned buildings will have a significant impact on our carbon output.
- A bid of c.£800k was made against a central fund for the installation of LED lighting. We were successful in our bid for the full amount. This work completed in April 2024 and the associated reduction in carbon is expected to be c.429,480. kgCO2e. This will be monitored through utility reports. Future opportunities will be explored in anticipation of further central funding announcements.