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Tees Valley Joint Health Scrutiny Committee

Date: Thursday, 12 March 2026
Time: 10.00 am
Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

Membership: -

Darlington BC: Councillors Johnson, Layton and Scott
Hartlepool BC: Councillors Boddy, Moore and Roy
Middlesbrough BC: Councillors Cooper, Kabuye and Stephenson
Redcar and Cleveland BC: Councillors Cawley, Crane and Hannaway
Stockton-on-Tees BC: Councillors Besford, Coulson and Hall

Agenda	Pages
1. Apologies for Absence	
2. Declarations of Interest	
3. Appointment of Vice Chair 2025/26	
4. Minutes of the meeting held on 11 December 2025	2 - 9
5. North East Ambulance Service (NEAS) NHS Foundation Trust Quality Account for 2025/26	10 - 26
6. Tees Esk and Wear Valley (TEWV) NHS Foundation Trust Urgent Care Mental Health Crisis Update	
7. Tees Esk and Wear Valley (TEWV) NHS Foundation Trust - Quality Account for 2025/26	
8. Work Programme 2025/26	27 - 29
9. Any other items which the Chair considers urgent	

Thursday, 11 December 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 11 December 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillor C Cawley (Chair)
Councillors J Coulson, C Curr, L Hall, J Kabuye and A Roy.

OFFICIALS C Jones, G Jones, C Leng and G Woods.

IN ATTENDANCE Councillor J Bromiley, K McLeod, M Neligan, C Parker, M Short, K Lawson, J Walker and Dr P Williams.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Crane, C Hannaway, N Johnson and M Layton.

29 **MINUTES OF THE MEETING HELD ON 17 JULY 2025**

RESOLVED that the minutes of the meeting held on the 17 July 2025 be confirmed and signed by the Chair as a correct record.

30 **MINUTES OF THE MEETING HELD ON 2 OCTOBER 2025**

RESOLVED that the minutes of the meeting held on the 02 October 2025 be confirmed subject to an amendment regarding Councillor Kabuye's attendance be changed to present, and signed by the Chair as a correct record.

31 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor Cawley:

- Agenda Item 5 – University Hospital Tees – Strategy update, pertaining to a relative who works as a Paediatric Student Nurse at James Cook University hospital.

32 **TEES RESPITE CARE / SHORT BREAKS SERVICE - UPDATE**

The Strategic Head of Commissioning for North East and North Cumbria (NENC) NHS Trust and the Service Manager for Adult Learning Disabilities at Tees, Esk and Wear Valleys NHS Foundation (TEWV) Trust presented an update on the Respite/Short Break Service based at Levick Court which was in its final stages of completion ready for opening in

Thursday, 11 December 2025

February 2026. The timeline for the final stages of the project included, the appointment of the most suitable provider which was awarded to Middlesbrough Council and TEWV, the production and sign off of the final report in November 2025, the mobilisation stage will commence between November 2025 and 1 February 2026 and the official opening was planned for 2 February 2026.

The Trust continued to meet with families throughout the process and most recently held a meeting on the 19 November to answer any questions from families seeking assurance about the service going forward.

As part of the ensuing discussion the following questions/comments were made:

- Members questioned if the service was open access for referrals, how it was advertised and was it oversubscribed. Members were informed that the service is open to everyone across the Tees Valley area however referrals are made via professional services for those patients with the most severe and complex needs, mainly through Continuing Health Care (CHC) referrals. The service is not oversubscribed, and there was additional capacity for additional patients and beds. The service works closely with those referral services to ensure it is understood how many potential residents were in the system to ensure strategic planning of future needs.
- Members sought assurance if emergency referrals would be allowed and was it a digital booking system with built in flexibility. Members were assured that the service could provide services for emergency referrals and the booking system did require additional development, however it was fit for purpose at present.
- Members queried the number of children in the system who would require support from the service once they turn 16 years old. Members were informed that the service continued to work with Children's Services and were aware of a potential 23 children who may transfer into the service by 2028.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. Members be invited to an open day in January with the possibility of meeting families who utilise the service.

33 **PALLIATIVE AND END-OF-LIFE CARE STRATEGY - DEVELOPMENT / IMPLEMENTATION**

The Deputy Director of Commissioning for the Tees Valley Local delivery Team at North East and North Cumbria (NENC) Integrated Care Board (UCB) presented an update on the development and implementation of the ambitious palliative care and end of life strategy and framework which was co-designed as a result of working with partners in 2022-2023. The

Thursday, 11 December 2025

strategy included specialist care in the community which was quality assured across the Tees Valley to ensure consistency of delivery.

A key focus within the strategy was staff training to ensure considerate conversations were taking place to support families individual needs and wishes. The training included how to broach difficult conversations and it was rolled out to colleagues in all areas of health to give confidence to engage in palliative and end of life conversations.

The NENC ICB utilised a self-assessment tool at the beginning of the process and decided to monitor progress by undertaking it a second time, which evidenced significant improvements in all areas as a direct result of the implementation of the strategy. NENC ICB colleagues recognise however improvements could still be made and would continue to progress them.

As part of the ensuing discussion the following questions/comments were made:

- Members asked if the programme and training include how to engage with hard to reach groups, and how would those families know what service or programme is available to them. Members were informed that part of the training included opening up conversations about what does a good death look like, which would be different for each individual. The programme included working with more than one service, such as GP surgeries and district nurses to ensure that where possible an advanced care plan is established to support families through these difficult times.
- Members sought assurance regarding what the demand on the service was and were teams able to manage that demand. Members were assured that the palliative and end of life care services monitor who may need the service up to 12 months beforehand, enabling proactive conversations and plans to be put into action. The service was managing demand well, no patient needed to be turned away, they were meeting all timeframes for specialist care services which included a 24 hour turn around care.
- Members noted past exclusions of hospices within this vital work and sought assurance regarding partnership working. Members were assured that the hospices were included within discussions and welcomed along the journey to ensure that palliative care was a consistent framework and model care delivered across all services. All frameworks would continue to be reviewed to ensure continuous improvements were made.
- Members noted that bereavement services would benefit families after their loved one had passed away, and queried what was available. Members were informed that there were bereavement services available for families after their loved one had died and including access to mental health bereavement services for

Thursday, 11 December 2025

children and adults.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. The full self-assessment and strategy with action plan be shared with the Committee.

34 **UNIVERSITY HOSPITAL TEES - STRATEGY UPDATE**

The Deputy Chief Executive and Chief Strategy Officer for University Hospital Tees (UHT) Foundation Trust (FT) presented a UHT strategy update as a follow up from the initial presentation given a year ago. Since January 2025 the UHT Group was developed from South Tees Foundation NHS Trust and North Tees Foundation NHS Trust to form the combined UHT FT Trust Group with a revised UHT Group Clinical Strategy which has progressed rapidly over the course of the year.

The rationale behind the proposed service change was a culmination of 20 years of system led reviews which identified four areas for concern which require urgent future proofing and sustainability as follows:

- To address long standing issues in some services relating to resilience in staffing.
- To address the demands of an aging population which includes delivery services closer to home.
- To address the aging estate particularly North Tees Hospital which is beyond its economic life expectancy: and,
- The need to move to a different model to deliver a step change in efficiency and productivity.

The Caring Better Together Strategy was presented which included five strategic objectives, three pillars of reform and five enablers all of which the UHT FT would be measures against and held accountable. Six areas for potential clinical changes included:

- Community Services
- Women's and Children's Services
- Urgent and Emergency Care
- Medicine
- Surgery and Anaesthetics
- Tertiary and Specialist

These changes would be substantial and therefore would be completed in phases which be planned up to 2030 and beyond. The phases include a series of testing and learning, ensuring a consistently high quality of services across the group are delivered and reforming services for the next generation.

The Assistant Director for Group Development at UHT gave assurances to Members that the engagement process would follow national guidelines

Thursday, 11 December 2025

including a Strategic Outline Case for funding due to the interdependency with estates, both processes will follow in parallel.

Engagement had commenced with Healthwatch partners ensuring members of the public were consulted very early within the process. The engagement plan sets out clear details on how external and internal; stakeholders and partner organisations would be consulted including health scrutiny committees. The engagement process will commence up to winter 2026/2027 when the decision making business case and agreement will be presented to NHS Englands.

Finally, UHT Officers hoped the Committee could see the scale of the ambition which was a once in a generation opportunity to make changes and a real difference across the region.

As part of the ensuing discussion the following questions/comments were made:

- Members referred to recently established diagnostic centres noting the lack of consultants available to deliver services, and sought assurance if it would be rectified and lessons learned going forward. Members were advised that this service was a prime example of the development of a new delivery model, which was still undergoing change.
- Members sought clarification regarding the proposal for a women's and children's clinical service noting the nearest service was based in Newcastle, which was a huge travel ask for residents in East Cleveland, particularly via public transport. Members were informed that initial exploration included a site at James Cook University Hospital and within Primary Care Trusts.
- Members questioned the vision for the North Tees Hospital, querying whether it was to redevelop the site or would there be a more radical plan. Members were informed that the current hospital is beyond its lifespan, therefore initial thinking includes a new build with modern facilities and services.
- Members referred to current pressures in hospitals regarding the lack of available beds therefore triage was taking place in corridors, and sought assurance how this would be addressed. Members were informed that as part of the strategy hospitals could be planned with more available beds, however, with an aging population with more respiratory, frailty and dementia conditions, all of which pose a risk in hospital of contracting infections. Therefore, listening to feedback confirmed that patients, and their families, would welcome more availability of community services and nurses to attend to patients in the home. This different model of care was being piloted in areas and evaluations were so far positive. Members noted positive outcomes from the reablement services whose work enabled 78% of its patients to avoid going back into

Thursday, 11 December 2025

- hospital after receiving reablement care.
- Members noted a lack of progress with digital systems; having been previously informed internal systems were separate and did not communicate between one another. Members were informed that current systems required modernisation and digitalisation development and it would be a priority within the new strategy. There are potential developments for patient AI systems and AI delivery of care systems which needs to be harnessed properly to support positive progress across all services.
- Members strongly urged health colleagues to ensure transportation and travel routes be a high priority when planning services, especially over different, multiple community locations, to ensure extensive consultation is undertaken with parents noting the Healthwatch survey feedback was quite limited and were respondents able to drive or reliant on public transport when stating they would be happy to travel further for a quicker appointment time. Members were assured that travel links and transportation would be a priority within the consultation and planning processes and would take away an action to further analyse the Healthwatch transport survey. Members further suggested cross analysis with the did not attend register to ascertain if transport issues were the cause for non-attendance.
- Members noted that the regional transport arrangements were a devolved responsibility of the Tees Valley Combined Authority who have recently consulted with individual authorities to devise their next transport strategy. Therefore, health colleagues should ensure consultation was undertaken.

Members thanked health colleagues for presenting the strategy and consultation prior to the start of the process and requested an update be presented to the committee in June or July. Committee Members were informed that health colleagues offered to present at individual authority health scrutiny committees or members briefings, should they be invited.

It was **RECOMMENDED** that:

1. The information in the proposed consultation and strategy outline be noted; and,
2. The Chief Strategy Officer to further analyse the Healthwatch patients survey to understand if respondents could drive or only access public transport and to cross reference answers against the did not show lists.
3. Health colleagues to present an update to the committee in June or July.

35 HEALTH INEQUALITIES

The Public Health Consultant for Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust (FT) presented the Health Inequalities update for

Thursday, 11 December 2025

the Tees Valley region and the approaches being taken to address the inequalities working with partner organisations. The approaches shared were backed up by a high-level framework and a detailed action plan which would be shared with Members.

It was TEWVs aspiration to utilise data better to inform future and strategic planning of services. It is planned to undertake more formal reviews of services to report back to Governors and Scrutiny Committees to be transparent and help accountable.

The Foundation Trust worked with a service who carried out a poverty proofing audit and reported back highlighting key areas of focus such as financial hardship which directly impacts residents' ability to attend appointments. Digital exclusion was a focus for the Trust however the poverty proofing audit highlighted that many families preferred to be contacted by email, in contradiction to the belief that many families struggle to access information and appointment in this way.

Examples of best practice will be systematically shared across the Trust to ensure colleagues also learn from positive examples of good working practices. Members were presented with two case studies giving examples of positive partnership working to look at an individual's circumstances holistically, often focusing on multiple issues at once.

As part of the ensuing discussion the following questions/comments were made:

- Members queried what actions were being taken to address race and ethnic minority inequalities. Members were informed that training sessions had been delivered to many staff regarding culture of care for race and equality across the Trust. Action plans have been established with specific actions for service areas to focus upon to inform a more considered delivery of practice.
- Members sought assurance regarding how training for staff would be monitored and evaluated? Members were informed that the Trust is working to establish a baseline of all staff skills to plan strategically where training needs to be delivered. This training would then be monitored and evaluated through data returns and most importantly patient surveys.

It was **RECOMMENDED** that:

1. The information in the update be noted, and
2. The detailed action plan to be circulated with Members.

36 **WORK PROGRAMME 2025/26**

Members reviewed and **NOTED** the Work Programme.

37 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

Thursday, 11 December 2025

The Chair **APPROVED** for an urgent item to be included regarding future Work Programme items.

The following items were recommended to be included within the Work Programme for 2026/27:

1. Low Level Needs
2. Vaping Legislation follow up (information item only)
3. Maternity Mental Health Service
4. University Hospital Tees (UHT) update around June 2025 to follow up from today's meeting.

At this juncture the meeting was no longer quorate, therefore these items would be added to the suggested items list of the Work Programme to be approved at a future meeting, **NOTED**.



North East
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2025/26 Quality Account Update

Tracy Gilchrist
Deputy Director of Quality & Safety

Page 10

Agenda Item 5

Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2025/26 quality priorities

Overview of quality report requirements

- NHS Improvement provide detailed guidance on the requirements of the report
- Report must be shared with commissioners, governors, staff, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year

2025/26 performance



North East
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NHS Foundation Trust



1st April- 31st December 2025*

Page 13



Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Patient Safety Incidents



3,389

Patient Safety Incidents

2.7% per 1,000 calls answered

6

Patient Safety Incident Investigations

12

After Action Reviews

3,371

Local level Investigations

Patient Experience/ Feedback



367

Complaints

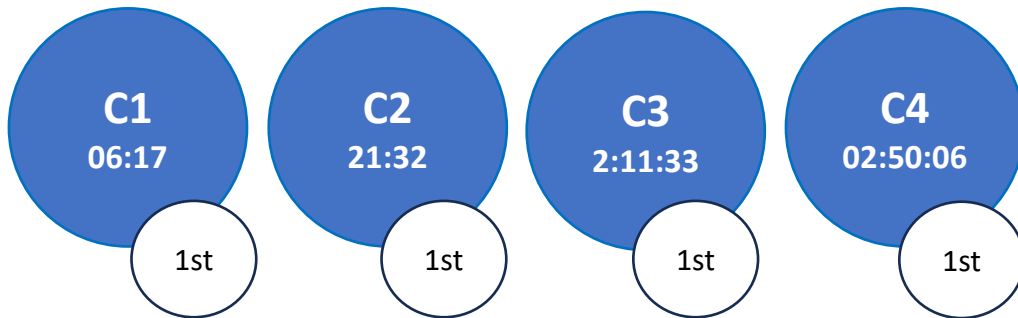
0.2% per 1,000 calls answered

987

Appreciations

page 14

Ambulance Response Times



Taken from Ambulance Quality Indicators: Systems Indicators December 2025

Friends & Family % of satisfaction good/very good

95.3%
Unscheduled Care (999)
see & convey

91.8%
Patient Transport Service

92.7%
Unscheduled Care (999)
see & treat

82.4%
111 service

2025/26 quality priorities update

Patient safety

- Understand, and develop initiatives to improve our care for patients requiring resuscitation

Clinical effectiveness

- Develop clinical & professional practice to improve the safety and enhance the quality of patient care

Patient experience

- Improve our engagement and involvement with all our service users
- Improve our response and support for colleagues involved in incidents, complaints and violence and aggression incidents

Understand and develop initiatives to improve our care for patients requiring resuscitation



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NHS Foundation Trust



Page 16

What we achieved

- We reviewed our clinical records, incidents, claims & complaints
- We reviewed the role of specialist paramedics in the critical care desk
- We reviewed and updated our resuscitation education and training
- Reviewed our risk management and escalation arrangements during times of demand

What we need to do

- Complete the next review of specialist paramedic impact and make improvements based on the findings
- Finalise and launch new training and guidelines
- Keep improving the way we record and share information about resuscitation
- Strengthen our process for collecting resuscitation data and support clinical teams to use real time data to drive improvement

Develop clinical & professional practice to improve the safety and enhance the quality of patient care



North East
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NHS Foundation Trust



Page 18

Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

What we achieved

- We developed a collaborative approach to research and innovation
- We developed a clinical leadership framework
- We launched and implemented a new clinical career framework
- We developed the capabilities of our workforce in urgent, emergency, critical, and remote care

What we need to do

- Continue strengthening our research partnerships and sharing learning nationally
- Fully embed the clinical leadership framework
- Expand the Clinical Career Framework and evaluate its impact
- Grow the skills of clinicians working in urgent, emergency, critical, and remote care
- Continue developing our clinical model so even more care can be provided safely in the community

Improve our engagement and involvement with all our service users



North East
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NHS Foundation Trust



Page 20

What we achieved

- We took part in the NHS Learning Disability Improvement Standards benchmarking
- We improved how we analyse patient feedback and safety data
- We created ambulance specific learning disability and autism training
- We improved communication for disabled people
- We engaged more with patients and the public
- We began work to create a Patient Experience Panel

What we need to do

- Launch the Patient Experience Panel
- Complete the work on the Accessible Information Standard
- Strengthen our engagement with people with learning disabilities and autism
- Develop better communication tools for patients and families
- Build a fully functioning triangulation dashboard to drive improvement
- Gather more patient stories and use them to shape service design

Improve our response and support for colleagues involved in incidents, complaints and violence and aggression incidents



North East
Ambulance Service
NHS Foundation Trust



Page 22

What we achieved

- We strengthened compassionate leadership
- We continued building a culture that protects personal safety
- We improved our policies to support staff after incidents
- We listened more closely to staff and acted on their feedback
- We reviewed our health and wellbeing support
- We improved how we spot and respond to patterns of violence and aggression

What we need to do

- Strengthen support after traumatic events
- Improve how managers check in with staff
- Expand mental health and wellbeing services
- Improve reporting so we spot risks sooner
- Increase joint work with police and CPS
- Improve learning from complaints, claims and FFT
- Encourage more patient involvement in shaping staff support improvements

Our quality priorities for 2026/27



North East
Ambulance Service
NHS Foundation Trust



Page 24

Patient safety

- Embedding Learning from Patient Safety Incidents to Improve Care and Culture
- Enhancing Patient Safety through Improved Medical Device Governance

Clinical effectiveness

- Develop clinical & professional practice to improve the safety and enhance the quality of patient care

Patient experience

- Driving service improvements through patient feedback and complaints



**North East
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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2025-2026

Meeting Date	Topic	Attendance
8 th May 2025	<p>TVJHSC: Appointment of Chair & ViceChair</p> <p>TVJHSC: Protocol / Terms of Reference</p> <p>TVJHSC: Work Programme Timetable</p> <p>North Tees and Hartlepool NHS Foundation Trust Quality Account for 2024/25</p> <p>South Tees Hospitals NHS Foundation Trust Quality Account for 2024/2025</p>	<p>Deepak Dwarakanath, Medical Director Beth Swanson, Director of Nursing Diane Palmer, Interim Deputy Director of Quality University Hospitals Tees Rachel Scrimgour, Compliance and Regulation Manager</p> <p>Lindsay Garcia, Director of Nursing Diane Monkhouse, Medical Director</p>
17 th July 2025	<p>NHS Dentistry Update</p> <p>Tees, Esk & Wear Valley NHS Foundation Trust - CAMHS Update</p> <p>Tees Respite care/Adult Learning Disability update</p> <p>Community Diagnostic Centre (Tees Valley Community Diagnostic Centre, Stockton)</p>	<p>David Gallagher, Chief Procurement and Contracting Manager (NENC ICB)</p> <p>Jamie Todd, Care Group Director of Operations and Transformation, TEWV</p> <p>Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Joe Walker, Service Manager, Adult Learning Disabilities, TEWV</p> <p>Kelly Smith, Head of Radiology, South Tees Hospitals NHS FT (ST NHS FT)</p>
2 nd October 2025	Suicide Prevention Strategy	Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner

	<p>Community Mental Health Transformation</p> <p>Vaping / Nitrous Oxide – Public Health</p> <p>North East and North Cumbria Integrated Care Board: Winter Plan Update</p>	<p>John Stamp - Associate Director of Partnerships and Strategy, TEWV</p> <p>Rebecca Scott, Public Health Principal, Public Health South Tees John Stephenson, Strategic Manager for Health Improvement Services- Public Health South Tees</p> <p>Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB) Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT)</p>
25 October 2025	Visit to Community Diagnostic Centre (Tees Valley Community Diagnostic Centre, Stockton)	Gail Griffiths, Diagnostic Services Lead, (North Tees & Hartlepool NHS Foundation Trust)
11 th December 2025	<p>Clinical Services Strategy Update – Group Model</p> <p>Tees Respite Care / Short Breaks Service – Update</p> <p>Palliative and End-of-Life Care Strategy – Development / Implementation</p> <p>Health Inequalities</p>	<p>Matt Neligan, Chief Strategy Officer, University Hospitals Tees (UHT) James Bromiley, Assistant Director Group Development, University Hospitals Tees (UHT)</p> <p>Kim Lawson, Strategic Head of Commissioning (Tees Valley), (NENC ICB) Joe Walker, Service Manager, Respite Day and Residential Services, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)</p> <p>Katie McLeod, Deputy Director of Delivery, (NENC ICB)</p> <p>Catherine Parker – Public Health Lead, TEWV Sarah Paxton - Head of communications, TEWV</p>
12 th March 2026	North East Ambulance Service: Quality Account 2025-2026 (to include staff safety and performance updates)	<p>Julia Young, Director of Quality & Safety (NEAS) Tracey Gilchrist, Deputy Director of Quality & Safety (NEAS)</p>

	<p>Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2025-2026 (to include performance updates)</p> <p>Urgent care / NHS111 / mental health crisis line update</p>	<p>Beverley Murphy, Chief Nurse, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Sarah Paxton - Head of communications, TEWV</p> <p>Shaun McKenna, General Manager, Adult Mental Health – Urgent Care, TEWV</p>
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Items to be scheduled 2026/27

- Low Level Needs
- Vaping Legislation follow up (information item only)
- Maternity Mental Health Service
- University Hospital Tees (UHT) update June 2026

- Recruitment and Retention Planning (ICB) Julie Bailey
- Chronic Pain Services – Paula Swindale
- NHS England: CQC: Update
- The impact of waste incinerators on health