



# Public Document Pack

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To: The Chair and Members of the Tees Valley Joint Health Scrutiny Committee

Our Ref: DemServs/  
Contact: Caroline  
Breheny  
Direct line: 01642 444065

Date: 10 March 2026

Dear Councillors,

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE: THURSDAY, 12 MARCH 2026 – ITEM TO FOLLOW**

Please find attached the following agenda item(s) that were marked as 'To Follow' on your original agenda.

6. Tees Esk and Wear Valley (TEWV) NHS Foundation Trust Urgent Care Mental Health Crisis Update 3 - 10
7. Tees Esk and Wear Valley (TEWV) NHS Foundation Trust - Quality Account for 2025/26 11 - 20

If you have any queries about this matter please contact me on the number listed above.

Yours sincerely,

**MR B ARCHER**  
**CHIEF EXECUTIVE**

**CIRCULATION**

Councillors M Besford, Boddy, C Cawley, J Coulson, S Crane, L Hall, C Hannaway, D Jackson, N Johnson, M Layton, S Moore, A Roy and H Scott  
All Members of the Council (for information)  
Corporate Director for Resources  
The Press [except for Confidential item(s)]



# Member Report

## (TEWV) NHS Foundation Trust Adult Mental Health Crisis Services Update

**Report to:** Tees Valley Joint Health Scrutiny Committee

**Report from:** Senior Democratic Services Officer

**Portfolio:** Adults and Health, Welfare and Housing

**Report Date:** 12 March 2026

**Decision Type:** Committee

**Council Priority:** All

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### HEADLINE POSITION

#### 1.0 Summary of report

The Tees Valley Joint Health Scrutiny Committee has previously received a presentation from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust on its delivery of Adult Mental Health Crisis Services and the work undertaken to raise awareness of how to access mental health support through NHS 111. A further update is being presented at the Committee today by representatives of the Trust.

#### 2.0 Recommendation

It is recommended that Members note the updated position and progress made since the previous update.

### BACKGROUND

- 3.1 At the Committee's meeting on 13 March 2025 Members received an update on improvements to the mental health screening and triage service. It was advised that a new 24/7 single point of access had recently been made available through NHS 111 (option 2), where trained staff assessed all calls and directed people to the right support.
- 3.2 The General Manager, Crisis and Urgent Care advised at that time that early signs had shown fewer repeat calls, quicker responses and very low numbers of abandoned calls. It was also noted that TEWV planned to open two new safe havens in the Tees Valley and was working closely with voluntary and community groups to provide earlier help and reduce the need for crisis care.
- 3.2 Jamie Todd, Director of Operations and Transformation and Shaun McKenna, General Manager, Crisis and Urgent Care, Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to provide an update and respond to Members queries on the provision of Crisis Mental Health Services across the Tees Valley.

## **4.0 Background Papers**

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHS held on 13 March 2025.

## **5.0 Contact Officer**

**5.1 Name:** Caroline Breheny

**5.2 Position:** Senior Democratic Services Officer

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**5.4 Telephone Number:** 01642 444065

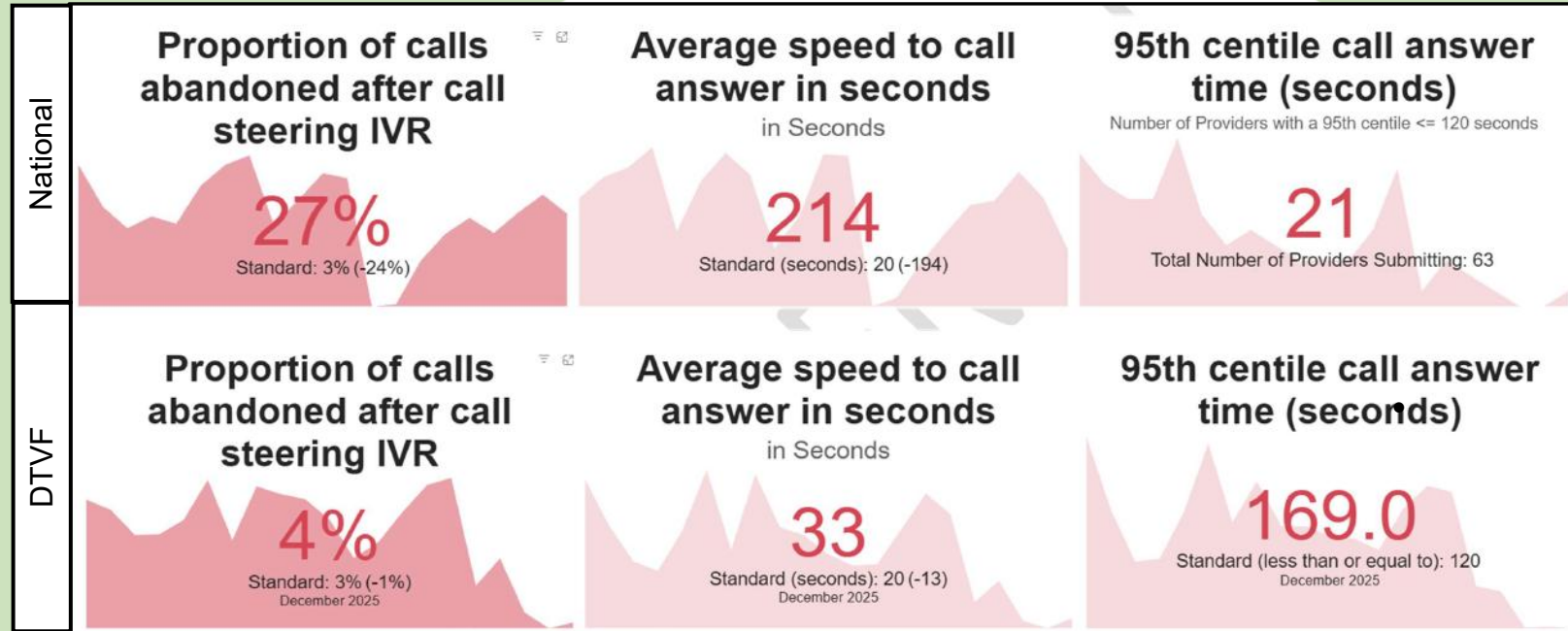
# Tees Valley AMH Crisis Services Update (Dec-25)

**Name of Presenter:** Shaun McKenna

**Position Title:** General Manager

**Date:** 12-03-2026

# All age crisis (NHS 111 select mental health) – December 2025 position

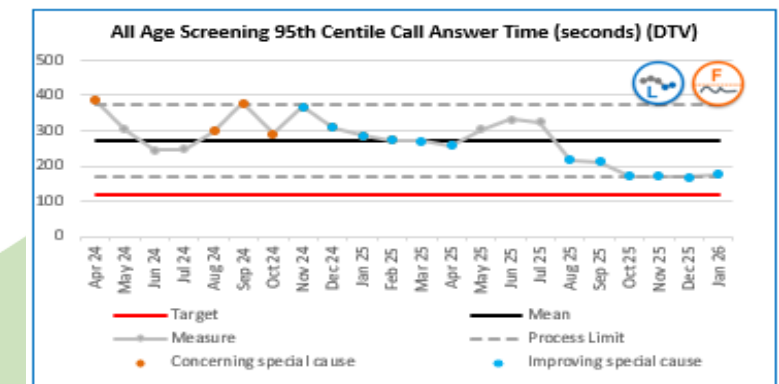
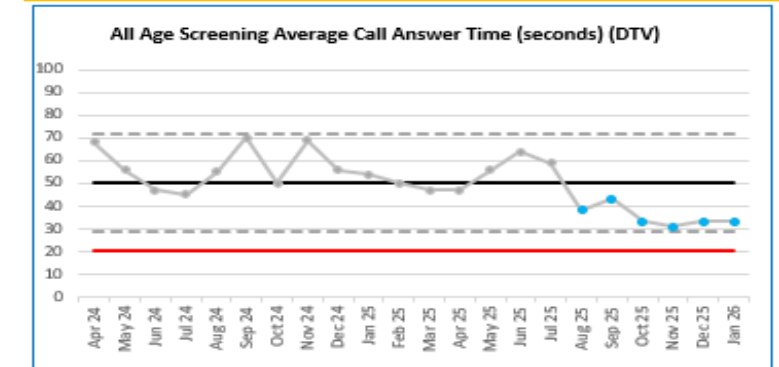
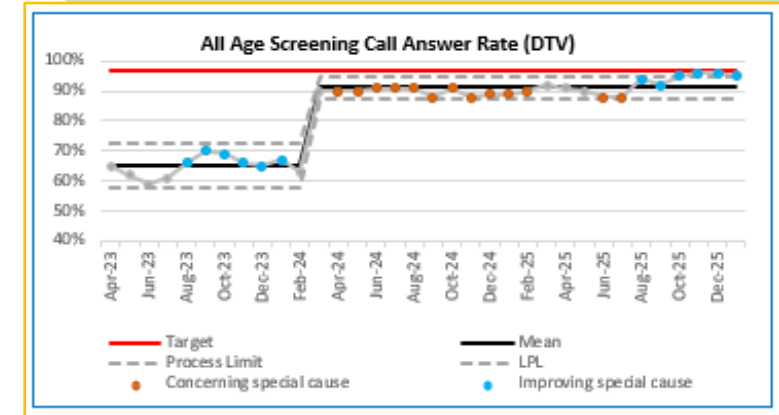


- The national standard stipulates that 97% of calls to the “NHS 111 Select Mental Health” service must be answered, with an abandonment rate of less than 3%.
- The technical requirement is that calls must be physically answered following transfer from the Interactive Voice Response (IVR) system; call-back offers are excluded from the calculation of the call answer rate for screening calls.
- As of December 2025, the national average call answer rate stands at 73%, with 27% of calls being abandoned.
- The national standard requires that calls to the “NHS 111 Select Mental Health” service are answered, on average, within 20 seconds, with the 95th centile of calls being answered in less than 120 seconds.
- As of December 2025, the national average call answer time is 214 seconds. Although official benchmarking data is pending, an internal review of national data indicates that TEWV North East North Cumbria is ranked 7 out of 54 submitting organisations for the 95th centile call answer rate (nil submissions excluded). Benchmarking for average call answer rate is not yet available.

# All age Durham Tees Valley crisis screening data trends - December 2025

- All-age screening call volume and call answer rates across Durham, Tees Valley (DTV) have demonstrated sustained special cause improvement since the inception of the screening service in March 2024.
- The establishment of the screening team has facilitated more timely responses to incoming calls, which is believed to have reduced the need for patients to make multiple attempts, thereby decreasing overall call volume.
- There is a sustained improvement trajectory noted across all measures, improving access and quality standards for patients.

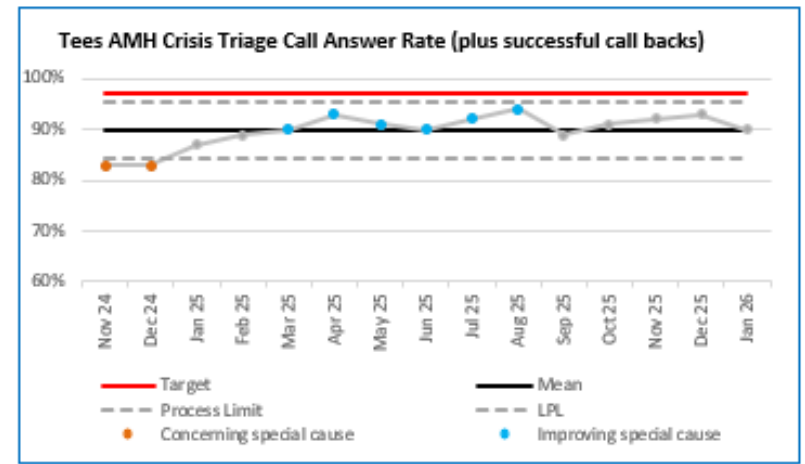
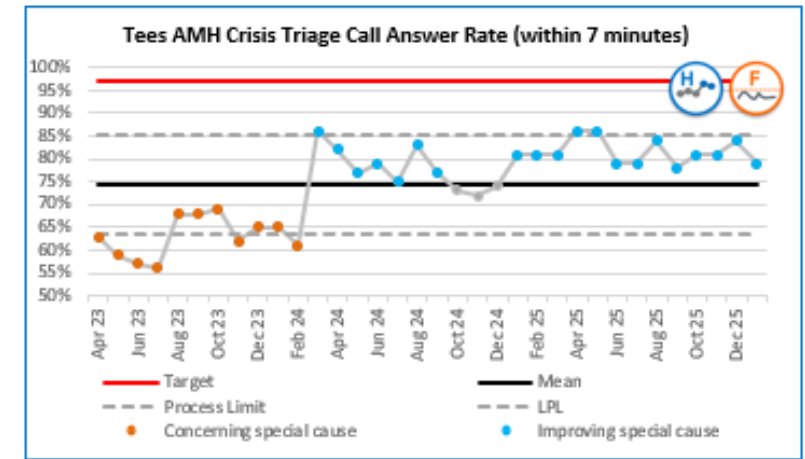
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# Tees adult mental health crisis triage data trends - December 2025

- The performance of the adult mental health (AMH) crisis triage service across Durham and Tees Valley has shown significant improvement since early 2023.
- While call answer rates within seven minutes remain below the desired position, overall responsiveness, including successful callbacks, has reached a sustained and much-improved position.
- The gap in achieving call answer rates, before the call back option at 7 minutes, remains a priority.
- Continued focus on workforce planning, resource allocation, and process optimisation is essential to ensure compliance with service expectations. At the same time, the strong performance in callbacks demonstrates resilience and commitment to patient safety, providing assurance that overall responsiveness is being maintained.

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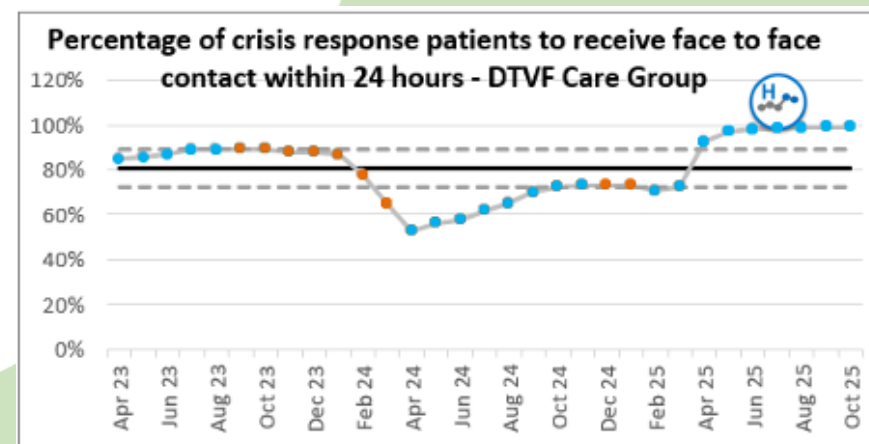


# Tees Valley adult mental health (AMH) crisis access metrics

- We aim to see **95% of very urgent** adult mental health patients referred to the crisis team within 4 hours.
- A total of **179 very urgent** patients were referred to the crisis team, **168** were seen within 4 hours of referral, returning a compliance rate of **93.85%**. However, post validated position reported at **98.24%**.
- Of the **11** adults reported as not being seen by a crisis team within 4 hours of a very urgent referral a total of 8 related to data quality issues and a further 3 were true breaches due to acuity, patient choice and interpreter availability.

## National Oversight Framework (NOF) Performance

- We aim to see **95% of urgent** adult mental health patients referred to the crisis team within 4 hours.
- There were 11387 new urgent referrals to crisis services with a first face to face contact in the 3-month period ending October 2025, of which 11203 (98.38%) were seen within 24 hours of referral, which is an improvement on our quarter 1 published position. In Durham, Tees Valley and Forensic Care Group 98.97% of urgent referrals were seen within 24 hours of referral.
- Organisations are scored on a ranked absolute percentage where higher is better. We are currently ranked 2 out of 45 Trusts. Our Trust published value was 97.70% (NOF score 1.07) compared to an average value of 58.00%, a ranking of 2 out of 45 Trusts. There were no peer Trusts reporting better response times in the NOF quarter 1 assessment.





# Crisis assessment suite

## Referrals

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Aug-25	Sep-25	Oct-25
Crisis Assessment Hub	716	700	717	694	797	677	811	957	879	865	875

The referrals to the crisis assessment hub are overall referrals to the Tees service and not only to the crisis assessment suite.

Data held by the service reflecting walk in's and drop offs:

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
Self referral / walk in's	100	86	100	69	78	99	103	104	145	113	125	130	1252
Police	41	36	25	49	46	51	47	63	45	52	41	59	555
Ambulance	12	14	18	15	18	19	17	27	25	25	19	20	229
Diverted from ED	8	4	3	1	2	1	3	3	2	1	2	6	36



# Member Report

## (TEWV) NHS Foundation Trust Quality Accounts 2025/2026

**Report to:** Tees Valley Joint Health Scrutiny Committee

**Report from:** Senior Democratic Services Officer

**Portfolio:** Adults and Health, Welfare and Housing

**Report Date:** 12 March 2026

**Decision Type:** Committee

**Council Priority:** All

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## HEADLINE POSITION

### 1.0 Summary of report

Representatives of TEWV will be in attendance to outline performance against the Trust's quality priorities for 2025-2026 and to inform the Committee of the emerging priorities for 2026-2027.

### 2.0 Recommendation

The Trust produces a Quality Account as part of this process. The Committee is invited to prepare a statement of assurance for inclusion in the final published version.

It is recommended that:-

- a) Members consider and comment on the update on performance in 2025-2026 and the priorities for quality improvement in 2026-2027.
- b) A statement of assurance be prepared on behalf of the Committee and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

## BACKGROUND

3.1 NHS Trusts are under a duty to produce an annual 'Quality Account' – these are intended to set out:

- What an organisation is doing well.
- Where improvements in service quality are required.
- What the priorities for improvement are for the coming year.
- How the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

3.2 Quality in the NHS is defined under the headings of 'Patient Experience', 'Patient

Safety', and 'Clinical Experience. Being able to consider the Quality Account and associated information is a key mechanism for Members to review the performance and quality of local health services. As such, each year, the Committee has an opportunity to review the quality performance of TEWV.

3.3 Scrutiny committees also have the opportunity to provide a statement of assurance to be included in the published version of the Quality Account. Following the meeting, it is proposed that a draft statement of assurance is prepared and circulated to the Committee, with final agreement delegated to the Chair and Vice-Chair.

3.4 Ahead of the meeting, and for wider context, Members may wish to familiarise themselves with the following:-

- TEWVs published Quality Account for the previous year (2024-2025)  
[Quality-Account-24-25-FINAL.pdf](#)
- The Committee's last statement of assurance (submitted to TEWV on 19 May 2025) – see Appendix 1.
- The slides and discussion points from last year's Quality Account presentation  
[13 March 2025: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council](#)

3.5 Chris Morton, Lived Experience Director and Leanne McCrindle, Associate Director of Quality Governance, Tees, Esk and Wear Valleys NHS Foundation Trust are scheduled to be in attendance at this meeting. A presentation had been prepared and can be found at Appendix 2.

#### **4.0 Background Papers**

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHS held on 13 March 2025.

#### **5.0 Contact Officer**

**5.1 Name:** Caroline Breheny

**5.2 Position:** Senior Democratic Services Officer

**5.3 Email address:** Caroline.Breheny@redcar-cleveland.gov.uk

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### **Tees Valley Joint Health Scrutiny Committee (Received 19/05/2025)**

The Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Account presentation was considered by the Tees Valley Joint Health Scrutiny Committee at its meeting on the 13th March 2025.

The Committee welcomed the content of the presentation in relation to the quality account improvement priorities for 2024/25, in particular –

- Patient experience: Promoting education using lived experience
- Patient Safety: Relapse prevention
- Clinical effectiveness: Improving personalisation in urgent care.

Attention was drawn to Priority 3 (clinical effectiveness), Members noted the improvements being made towards personalisation in urgent care, in particular the training module that had been made available to staff. Members are interested to observe the impact this will have and look forward to the findings of the evaluation. Members also supported the continuing work with services users to identify the priorities for the year ahead.

Members received an overview of the Niche assurance review commissioned by NHS England and its findings and the recent Care Quality Commission (CQC) inspection of the Mental Health Crisis Service and health-based places of safety. Members were pleased that the service had received a rating of 'good'. Referring to the most recent CQC well-led inspection of October 2023 Committee Members again expressed concern due to the number of service areas, under the 'safe' domain, listed as 'requires improvement'. Members noted the improvement plan and the subsequent audit that was taking place to ensure the effective completion and embeddedness of internal response to CQC recommendations.

Attention was drawn to the recording of clinical supervision and assurance was given by the Trust that improvements to staff training and the recording of clinical supervision were being embedded.

In relation to future priorities the Committee continues to be concerned about capacity issues identified in relation to the demand on the Child Adolescent Mental Health Services (CAMHS) and those waiting for assessments by neurodevelopmental services. The Committee emphasised the importance of addressing these issues and whilst being assured that ways to manage this were being explored, the Committee would like to receive further information about how this was being achieved.

TEWV continue to co-operate with requests for attendance at Committee meetings to provide information on a range of topics, and Members are grateful for the time and

input of Trust Representatives. The 2024-2025 municipal year saw senior officers address the Committee regarding several service areas including changes to the respite care provision and the development of the 111 service for those in need of mental health support.

The Committee was keen to note the improvements and developments to service provision. However, Members also highlighted there was still significant improvements needed and the Committee looks forward to receiving further progress updates.

Councillor Moss Boddy

Chair of Tees Valley Joint Health Scrutiny Committee 2024/25



Tees, Esk and Wear Valleys  
NHS Foundation Trust

# Tees, Esk and Wear Valleys NHS Foundation Trust

## Quality Account and Quality Priorities Progress

**Tees Valley Joint Health Overview and Scrutiny  
Committee**  
**12 March 2026**

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Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data  
Chris Morton, Lived Experience Care Group Director DTV&F

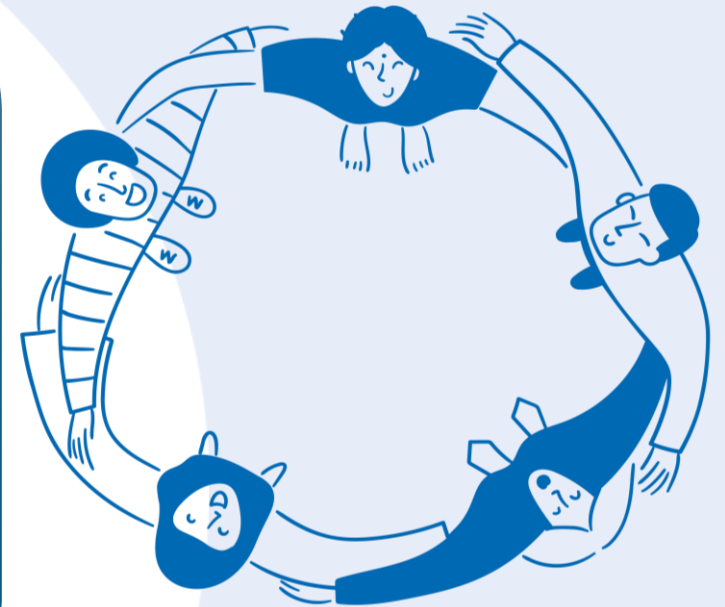


# TEWV Quality Account

All NHS Providers have a Statutory Duty to develop and publish an annual Quality Account by the 30 of June each year.

At the time of reporting, TEWV continues to collaborate with relevant senior leaders and subject matter experts to enable all contributions to be collated covering the period April 2025 to March 2026. The Quality Account will include completion of mandated statements regarding quality, an update of progress made with the Trust's Quality Priorities, and details of those priorities where milestones/ measures will continue to be embedded into the following financial year. This presentation includes progress on TEWV Quality Priorities, and the full Quality Account will be shared during the stakeholder consultation period. The timeline for stakeholder consultation, internal review/ approval and publication is detailed as follows:

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**30/04/2026 -  
31/05/2026**  
Stakeholder  
Consultation

**04/06/2026**  
Quality Assurance  
Committee

**June 2026**  
Board of Directors

**22/06/2026**  
Audit and Risk  
Committee

**By 30/06/2026**  
Publication

# TEWV Quality Priorities Progress

## Background:



In April 2024, the Trust's Quality Assurance Committee endorsed a new co-creation approach to developing Quality Priorities, with each priority co-led by people with lived experience. This ensures that the voice of service users, carers and families is at the heart of quality improvement.

The quality priorities will be sustained and carried forward over a three-year timeline to ensure sustained continuous improvement and a steadfast commitment to delivering of high-quality care. These are some of the most important priorities for people who use our services, and we are therefore committed to supporting a strategic approach that aims to embed these priorities over the next 3 years, within our operational framework.

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**Quality Priority 1**  
**Patient Experience:**  
Promoting education  
using lived experience



**Quality Priority 2**  
**Patient Safety:**  
Relapse Prevention



**Quality Priority 3**  
**Clinical Effectiveness:**  
Improving Personalisation  
in Urgent Care





### Why is this important?

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories, we will establish a cycle of learning, which will be shared with key Partners.



# Quality Priority 1

## Patient Experience: Promoting education using lived experience



Tees, Esk and Wear Valleys  
NHS Foundation Trust

### Measures already delivered to support this Quality Priority:

- ✓ A Training Lead was recruited to the Involvement and Engagement Team and commenced in post October 2024. Their role is focused on consolidating existing training packages that the Trust currently use about lived experience and coproduction. This review will incorporate training on personalised care planning. Another function of the Training Lead role will be supporting the training roll out across the Trust.
- ✓ The Trust Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people will be collated and used in Safeguarding Training and other key work in relation to the impact of parental mental health on children to increase awareness and support early identification of needs for families.
- ✓ Training and development sessions have been co-created on the new 'Co-creation Framework' and are available to all teams.
- ✓ The induction and training programme for Involvement and Engagement members has been re-designed and rolled out. Work continues into the new year to co-create a development programme for Involvement and Engagement members.
- ✓ Partnerships with local acute Trusts have been strengthened and a range of training opportunities have been made available to enhance care for patients. Health and Justice also continue to deliver training to HMPs and Partner organisations.

### Further areas in progress to support delivery of this Quality Priority:

#### Strategic Carer Involvement

- During Quarter 3 25/26, conversations across Patient Experience and Patient Safety.
- The Working Carers Network, Peer Support, Nursing, and Care Group leadership identified that significant carer-focused work is already taking place, but that it is fragmented and insufficiently connected at a strategic level.
- As a direct response, an introductory Trust-wide workshop on carer involvement was convened on the Thursday 27 November with Carers from the Trust involvement register, external carer organisations and Internal teams spanning patient experience, patient safety, involvement & engagement, peer support, nursing, and care groups
- The purpose of this session was to begin a collaborative conversation about how carers' voices can more meaningfully inform strategic decision-making, and how existing work can be better aligned and strengthened.
- This approach reflects a shared decision-making (SDM) perspective, recognising carers as partners in shaping improvement rather than consultees at the end of the process.

#### Clear Mapping of Existing Carer-Related Activity

- In preparation for this work, a comprehensive overview of **current carer involvement across the Trust** has been developed and shared, drawing together:
- Patient Experience activity (including carer awareness training, Triangle of Care accreditation, metrics and reporting)
- Patient Safety work (PSIRF, family involvement in After Action Reviews, bereavement support and language guidance)
- Involvement & Engagement structures (Co-Creation Boards, locality involvement groups, Trustwide forums)
- Care Group delivery (Triangle of Care self-assessments, carer champions, local initiatives across DTVF and NYYS)
- Workforce support through the **Working Carers Network**
- This mapping exercise has been critical in **making visible both the scale of existing effort and the inconsistency of strategic oversight**, which was a key concern raised in earlier assurance discussions.

#### Strengthening Assurance Through Strategic Dialogue

- Rather than treating carer awareness as solely a training issue, Quarter 3 has reframed this as a governance and assurance challenge:
  - How carers are involved in decisions about care, safety, and service change
  - How learning from carers is captured, shared and acted upon
  - How assurance moves beyond accreditation or attendance metrics to consider quality and influence
- The November workshop is therefore positioned as the first step in a longer-term strategic approach, enabling clearer next steps around governance routes, leadership ownership, and alignment with Quality Priorities.

#### Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with improved confidence that the gap around carers has been explicitly recognised rather than minimised, action being taken is **system-wide and collaborative** and not isolated, and carers are being engaged as contributors to strategy, not only service-level feedback. However, assurance is **not yet full**, as this work is at an early stage and will require follow-through to demonstrate impact on experience and decision-making.

### Why is this important?

This priority is focused on timely and proactive access to support, for patients who experience relapse, in order to minimise harm, particularly through the effective use of well-being plans.



# Quality Priority 2

## Patient Safety: Relapse Prevention



Tees, Esk and Wear Valleys  
NHS Foundation Trust

### Measures already delivered to support this Quality Priority:

- ✓ A review of Wellbeing Plans has been progressed, and further work continues on best practice examples for people using community services. Relapse prevention will be further supported through the implementation of the new Personalising Care Planning Policy, which will be live from February 2025. A communication and engagement campaign is currently in development and will last 6 months to embed the new policy. Practice guidance, best practice approaches and documentation to support clinicians and staff is also being developed to help embed the policy.
- ✓ Outline guidance for wellbeing plan content is also now available to all staff via the 'Ask Cito' robot.
- ✓ The Quality Assurance and Improvement Programme tools include regular review of patient's safety plan and its co-production with the patient (or significant person involved in their care where they are unable to). This is where wellbeing and relapse prevention needs are documented on the electronic patient record.

### Further areas in progress to support delivery of this Quality Priority:

During Quarter 3, work under this priority has focused on **embedding the foundations for improved relapse prevention**, strengthening governance challenge, and preparing for more detailed assurance work in Quarter 4.

Key areas of progress include:

**Coproduced training resources and animations** on relapse prevention and safety planning have been launched, aligned to the Personalising Care Planning and Safety & Risk Management policies.

Ongoing use of the **Quality Assurance & Improvement Programme** continues to demonstrate improving compliance with safety planning requirements, while also surfacing variability in quality and consistency.

**Co-Creation Board discussions** have provided clear and constructive challenge, highlighting:

The risk of over-reliance on tick-box safety plans

Inconsistent post-discharge follow-up

The need to strengthen meaningful involvement of carers and support networks

These discussions have supported a deliberate shift in focus from *whether plans exist* to *whether plans are personalised, accessible and effective in preventing relapse*.

### National Alignment and Governance Development

During Quarter 3, exploratory work has also begun to align local practice with the emerging **NHS England Personalised Care Framework (Modern CPA)**, which places personalised safety assessment, formulation and management at the centre of care delivery.

Key developments include:

- Initial discussions with senior clinical leaders and business case development regarding the **transition of the Personalised Care Framework into business as usual**, with proposed future oversight through the **Executive Clinical Triumvirate**.
- Agreement that further work is required to clarify governance, accountability and assurance arrangements, ensuring this does not recreate process-heavy CPA practices.
- Planned Care Group Director and Executive Development sessions to inform formal consideration by in Quarter 4.

This provides a strong strategic foundation for addressing the quality and consistency issues already identified through local assurance and co-creation.

### Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear caveats:

- Policy, training and strategic alignment are in place.
- Evidence of consistent, high-quality practice is still emerging.
- Post-discharge support, plan usability and carer involvement remain key areas for improvement.

Importantly, these gaps are now **explicitly recognised and informing next steps**, rather than being obscured by aggregate compliance measures.

### Why is this important?

This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.



# Quality Priority 3

## Clinical Effectiveness: Improving Personalisation in Urgent Care



Tees, Esk and Wear Valleys  
NHS Foundation Trust

### Further areas in progress to support delivery of this Quality Priority:

### Measures already delivered to support this Quality Priority:

- ✓ The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.
- ✓ The Policy was circulated for Trust wide and external consultation and is due for approval and launch (supported by communication and training campaigns).
- ✓ The training package has been reviewed and updated.
- ✓ Planning of the training programme has commenced including a face-to-face training day. This is instead of the online training module on personalising Care Planning previously delivered. The new face-to-face training will reflect the interdependency of the policies mentioned previously and will include training on the new Safety and Risk Management Policy, Personalising Care Planning Policy and Working with People being in distress. Roll out of the training programme will continue into 2026 for all applicable staff.
- ✓ Personalised Care Planning webinars have been held to provide staff with valuable insights and all the tools, approaches and skills required to develop meaningful and personalised care plans for those we care for.

During Quarter 3, activity under this priority has focused on **targeted workforce development, system enablers for information sharing, and strengthening clinical leadership oversight.**

Key areas of progress include:

- **Targeted training for urgent care teams** has been accelerated, with a specific focus on validating existing care plans and patient narratives rather than re-assessing by default.
- **Digital prompts within the Electronic Patient Record (EPR)** have been introduced to remind staff to check for existing care plans, safety plans and patient narratives before initiating further assessment.
- **Culture of Care sessions for medical staff and delivery to leadership** have been launched, focusing on compassionate, person-centred practice in urgent and inpatient settings. These sessions explicitly reinforce the principles of personalisation, shared understanding and appropriate information use. Early feedback indicates increased awareness among clinicians of the impact of repeated questioning and the importance of validating what patients have already shared.

### Information Sharing and "One Person, One Assessment"

During Quarter 3, progress has been made in developing **Trust-wide Information Sharing Guidance**, co-produced with VCSE partners facilitated by Teesside Mind and people with lived experience, to support more personalised and effective urgent care.

The guidance responds to persistent challenges that undermine personalisation, including variable information sharing between organisations, unnecessary repeat assessments and referrals, and limited feedback to individuals about referral outcomes.

It promotes a **"One Person, One Assessment"** approach, grounded in shared principles of common language, proportionate and purposeful information sharing, trauma-informed conversations, and professional confidence in information gathered by partner services.

Work is now underway to seek **organisation-wide agreement and adoption through combined governance structures**, supporting consistent implementation across urgent, community and inpatient pathways.

### Culture of Care and Urgent Care Interfaces

Culture of Care work in inpatient services continues to make an important contribution to this priority, particularly at the **interface between urgent, inpatient and discharge pathways.**

This work reinforces:

The importance of **relational continuity**, especially when people move rapidly between services.

Practices that reduce distress and harm caused by fragmented communication and repeated questioning.

The role of compassionate, trauma-informed care in improving both patient experience and clinical effectiveness at moments of crisis.

The integration of Culture of Care principles into medical and leadership development strengthens the conditions for more consistent personalisation in urgent care settings.

### Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear evidence of action and early impact.

The combination of **Information Sharing Guidance** and **Culture of Care workstreams** provides a strong and coherent foundation for improvement. Further work is required to achieve consistent personalisation in urgent care, particularly in embedding information sharing practices and ensuring all staff reliably validate what has already been shared by patients.