



Tees Valley Joint Health Scrutiny Committee

Date: Friday 13 March 2020

Time: 10.00 am

Venue: Council Chamber, Hartlepool Civic Centre, Victoria Road,
Hartlepool, TS24 8AY

Membership:-

Darlington BC: Councillors W Newall, I Bell and vacancy.

Hartlepool BC: Councillors G Hall (CH), B Harrison and B Loynes.

Middlesbrough BC: Councillors A Hellaoui, J Rathmell and E Polano.

Redcar and Cleveland BC: Councillors D Reese, N Cooney (VC) and S Smith.

Stockton-on-Tees BC: Councillors E Cunningham, C Gamble and L Hall.

Agenda

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the meeting of 17th January 2020 (attached)
4. Quality Accounts 2019/20:-
 - i) Covering Report - *Statutory Scrutiny Manager*;
 - ii) North Tees and Hartlepool NHS Foundation Trust (Presentation);
 - iii) North East Ambulance Service NHS Foundation Trust (Presentation);
 - and
 - iv) Tees, Esk and Wear Valleys NHS Foundation Trust (Report Attached).
5. Annual Hand-Over of Chair and Support and Joint Committee Work Programme 2020/21 (Attached)
6. Any urgent items which in the opinion of the Chair can be considered.

For information: Date of the next meeting to be confirmed in the new Municipal Year

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

17 JANUARY 2020

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Hartlepool Borough Council: Councillors G Hall (Chair) and B Harrison.

Middlesbrough Borough Council: Councillors A Hellaoui and E Polano.

Redcar and Cleveland Borough Council: Councillor S Smith.

Stockton-On-Tees Borough Council: Councillors E Cunningham, C Gamble and L Hall.

Also Present: Mark Cotton and Victoria Court, North East Ambulance Service NHS Trust (NEAS)

Alastair Monk, North East NHS Commissioning Support

Chris Lanigan, Paul Foxton, Dominic Gardner and Elizabeth Moody,

Tees Esk and Wear Valleys NHS Foundation Trust

Officers: Joan Stevens, HBC Statutory Scrutiny Manager
Angela Armstrong, HBC Scrutiny Support Officer
David Cosgrove, HBC Democratic Services Team

20. Apologies for Absence

Councillor J McTigue (Middlesbrough Borough Council)

Councillor N Cooney (Redcar and Cleveland Borough Council)

21. Declarations of Interest

None.

22. Minutes of the meeting held on 17 January 2020

Confirmed.

23. Presentation: Performance Update *(Director of Operations and Deputy Director of Operations, North East Ambulance Service)*

The NEAS representatives gave a presentation to the Joint Committee outlining the service's performance over the past twelve months. The presentation outlined the following key points: -

- The savings made within the organisation together with the additional funding from Commissioners.
- Vehicle resources and locations.
- Performance against targets.
- Performance of double crew ambulances.
- Recruitment.
- Reducing conveyance and improving system efficiency.
- Improving hospital turnarounds.
- Performance against response targets.
- Long waits performance.
- Increasing incident demand
- Performance of hospital handovers over 1 hour
- Key drivers to increasing demand.
- NEAS performance measured against the national picture.
- Additional innovations in operations and system leadership.
- Additional resources delivered for the Winter Plan.

During the debate and discussions Members sought clarification around abstractions. The NEAS representative stated these were the incidents when a paramedic was not in a vehicle to respond to calls. These included sickness, training, annual leave. It was highlighted that the sickness rate was down 2%. It was explained that the investment from Commissioners of £10.4m was staged over 5 years with some frontloading to support recruitment. The resources to meet the Winter Plan had come from internal NEAS resources.

There was some concern among Members at the handover statistics at hospitals. NEAS commented that rates at North Tees Hospital were very good but James Cook University Hospital were poorer mainly due to the closure of the Friarage A&E. Members did welcome the positives particularly around recruitment and staff retention.

Decision

That the presentation be noted.

24. Presentation: Repeat Prescription Ordering Service (*Medicines Optimisation Pharmacist, North of England Commissioning Support (NECS)*)

The NECS representative gave a presentation to the Joint Committee updating Members on the roll out of the Repeat Prescription Ordering System (RPOS) across the region. The systems was designed to encourage patients to take back control of their repeat prescriptions from third party ordering systems. The presentation outlined the work undertaken with GP practices and the information being issued to patients. GP practices had now identified patients that needed to be contacted to inform them of the changes outlining the methods of ordering repeat medications. Generally, the implementation of the new system had been

successful with the new system now being seen as the norm. The numbers of patients using online ordering was increasing and the number of prescription items issued was decreasing reducing costs.

The Chair indicated that he was aware of issues with patients being issued with medipacks; this was a particular problem for elderly patients. The NECS representative stated that within primary care networks there should be a lead pharmacy identified; the system was still relatively new and while embedded for most medications, there were still some issues. Members reported some patchy implementation of the new system, with much often depending on an individual pharmacist. There was also concern that most elderly patients would not be able to use electronic ordering and the system didn't seem to be universal with GP practices. The NECS representative indicated that there had been a huge amount of work done with pharmacies but acknowledged that it sometimes did depend on an individual pharmacist. The NECS representative undertook to take Members comments back.

Decision

That the update report be noted.

25. Half-yearly Quality Account Progress *(Director of Operations – Tees, Head of Planning and Business Development and a representative of Director of Quality Governance – Tees Esk and Wear Valley NHS Foundation Trust (TEWV))*

Representatives from TEWV outlined the details of the Quality Account Update (Q2) circulated to Members. Most performance indicators were on track although some patient feedback statistics were below expectation, though these were reported to be improving during quarter 3. It was reported that there was also to be a Quality Account Stakeholder event on 4 February to be held at Scotch Corner with Members welcome to attend.

Members raised some concerns around the patient feedback with only two wards being described as 'safe' and particularly high use of physical restraint. The TEWV representatives commented that there were issues across North Yorkshire with bed numbers and availability which were reflected in some of the figures which covered the whole Trust area. There were fewer beds now, so the people that did come into hospital tended to be more unwell. It had raised questions around whether more beds were needed so people could be brought in earlier.

Members also expressed concern that many patients were often confused by the different teams that were involved in their care often leading to confusion. The TEWV representatives acknowledged this stating that over time teams had become more specialised leading to an increased number of teams and this did need to be simplified both from a management and patient perspective.

In relation to the 'feeling safe' statistics, the TEWV representatives did state that across Teesside there was a reduction in adult beds due to the ongoing building work with higher occupancy rates and higher turnover of patients. In response to the concerns around restraint it was indicated that the figures included West Lane Hospital which was one of the few centres where feeding under restraint was permitted, though all these occasions were properly recorded. There had also been some closures of private facilities that had led to a number of patients coming into TEWV. Members asked if there was any analysis of the figures without the feeding under restraint statistics. The TEWV representative stated that there was and they did make a significant difference.

Members also expressed concerns around the transition of young people from children's care to adult care and how some had described the services as 'dropping off a cliff' at this transition point. The TEWV representatives stated that this was a concern for the organisation as well and they were looking to the introduction of a 6 month transition period leading up to a young person's 18th birthday to assist them through this change.

Decision

That the report be noted.

26. Roseberry Park – Update on Ongoing Remedial

Works (*Director of Operations – Tees and Director of Estates, Capital Planning and Facilities Management – Tees Esk and Wear Valley NHS Foundation Trust (TEWV)*)

The TEWV representatives gave an update presentation outlining the construction and remedial work underway at the Roseberry Park site. The presentation outlined the phasing of the works and the complexity of managing all the various elements of the projects and why they would take until 2024 to complete. The safety and security of patients and the site were being given high priority and the organisation was happy with the quality of the work being undertaken by the contractor.

The impact on patients had been a major issue with the decant of patients to other venues and the arrangements around those moves. The patients currently at Sandwell Park in Hartlepool would move back to Roseberry Park in the early summer with some further works to be undertaken at Sandwell Park before the next patients were moved there to allow further works at Roseberry Park. A further impact of the current high occupancy rates was an increase in staff sickness. Staff turnover was, however, still lower than other regions.

Decision

That the progress report be noted.

27. **Presentation: Right Care Right Place Programme**

(Director of Operations – Tees, Tees Esk and Wear Valley NHS Foundation Trust (TEWV))

The TEWV representatives outlined the background to the Right Care, Right Place Programme (RCRP) and the aims around improving pathways for patients and improving case management. There was a concern that there were often too many teams involved with patients and services and finances needed to be focussed on those in most need. There had been stakeholder involvement in the process.

The main aims of the programme were to: -

- Improve the Access model to reduce the number of multiple re-referrals and the number of referrals signposted with limited involvement;
- Enhance the community rehabilitation services;
- Improve the home treatment services and create genuine alternative options to admissions by enhancing the crisis model for all ages;
- Ensure provision of coordinated care planning with key partners, including IAPT and substance misuse services within Tees Valley
- Develop a service which supports in identifying and effectively supporting patients who regularly present at multiple providers which lead to organisations providing care within silos?
- Ensure timely advice and Support was available for referrers / partners;
- Ensure care for individuals within care homes is coordinated between community matrons, social services, GPs and mental health services;
- Improve support for patients with a suspected delirium which includes detecting, diagnosis and supporting patients within the community;
- Improve support for dementia patients who were presenting with complex behaviours within the community;
- Improve access and care for patients with ADHD and Autism across Tees (Adults);
- Improve access to psychological therapies.

The Chair referred to the specialist nurses for patients with delirium in hospital wards at North Tees hospital who were receiving very positive feedback. The TEWV representative stated that these nurses were one of the success stories. The challenge was to make such nurses available further 'upstream' to GP practices. The Chair also questioned the large scale of the area served by the Trust and whether there was any question of reducing the size. It was acknowledged that with 2 million people, the TEWV area was one of the biggest in the country but it did have the benefits of economies of scale which a reduced area would not. The main questions around areas were linked to the development of the Integrated

Care Systems and how these would integrate with mental health service areas.

Decision

That the report be noted.

28. Any Other Items which the Chairman Considers are Urgent

None.

The Hartlepool Statutory Scrutiny Manager indicated that copies of the presentations would be shared with lead officers in each authority.

The Joint Committee noted that the next meeting date would be on Friday 13 March 2020 at the Civic Centre, Hartlepool.

The meeting concluded at 12.15 pm.

CHAIR

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

20th March 2020

Report of: Statutory Scrutiny Manager

Subject: DRAFT QUALITY ACCOUNTS 2019/20 – COVERING
REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from the following organisations who will be in attendance at today's meeting to update the Committee on performance against their quality priorities for 2019-20, and engage with Members in respect of their emerging priorities for 2020/21:

- North Tees and Hartlepool NHS Foundation Trust;
- North East Ambulance Service NHS Foundation Trust; and
- Tees, Esk and Wear Valleys NHS Foundation Trust.

2. BACKGROUND

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Accounts to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office. Quality Accounts are required 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; and
- How the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

- 2.2 Receipt of Quality Accounts, and associated information, is a key way for Members to consider the below information and formulate Third Party Declarations for submission to the respective Trusts:

- Performance against the priorities for 2019/20, as had been identified in the 2018/19 Quality Account; and
- Proposed priorities for quality improvement for 2020/21, to be included in the draft Quality Account for 2019/20.

2.3 Utilising the report and presentations provided by the below Trusts, Members are asked to identify any views or comments they wish to be included in a Tees Valley Joint Health Scrutiny Committee's 'Third Party Declarations':

- North Tees and Hartlepool NHS Foundation Trust (Presentation to be given);
- North East Ambulance Service NHS Foundation Trust (presentation to be given); and
- Tees, Esk and Wear Valleys NHS Foundation Trust (report attached at **Appendix A**).

3. RECOMMENDATIONS

3.1 That for each of the Trusts, identified in Section 2.3, the Tees Valley Joint Health Scrutiny Committee:-

- i) Consider and comment on:
 - Performance against the priorities for 2019/20, as had been identified in the 2018/19 Quality Account; and
 - Proposed priorities for quality improvement for 2020/21, to be included in the published version of the Quality Account for 2019/20.
- ii) Formulate views / comments to inform the Committee's Third Party Declaration, to be included in the published version of the Quality Accounts for 2019/20.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

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BACKGROUND PAPERS

No background papers were used in preparation of this report.

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Headlines

Progress on Quarter 3 actions has been good, with 50/56 (89%) either completed or on track for their planned completion date (see Appendix 1)

In terms of Quality Metrics, **4 of 10 (40%)** are reporting green. We are reporting red on **6 of 10 metrics (60%)**. This is an identical position to last quarter. (see Appendix 2)

We have agreed our Quality Improvement Actions with our stakeholders and are working up the final detail of the actions to support these which will feature in the Quality Account document to be shared with stakeholders for comment in mid-April.

Progress – 19/20 Quality Improvement Actions

The most significant delays are for the personalising care planning priority. The planned further roll out of training has been paused until the new documentation is available on CITO in Q2 20/21. Focus groups with service users have confirmed that the proposed DIALOG system is a positive step towards more personalised care planning from their viewpoint.

Although the Quarter 3 action has been delivered, it is likely that some of the Dual Diagnosis Quarter 4 actions may not be delivered by the end of March. Support is being given to the clinical lead for this priority to re-plan the quarter 4 actions and to accelerate progress where possible.

All of the actions for the other two quality improvement priorities have been delivered on time.

Quality Improvement Metrics

The improvement seen in the % of patients feeling safe on the ward seen in Q2 has not been sustained. Addressing this issue will be a Quality Account improvement priority for 20/21.

The improvement in the use of physical restraint is linked to the closures of the Children and Young People's wards at West Lane during Q2. However, there is further work to do to reduce restraints, particularly in wards where there have been high levels of acuity and service users with behaviours which challenge.

- Clinical guidance on the safe use of mechanical restraint will be completed during March 2020
- Information for patients around the use of restrictive interventions has been developed and is currently being reviewed by ward staff and patients
- Specialist training in Positive Behavioural Support (PBS) for staff working in Learning Disabilities will commence in April 2020
- A feasibility study to assess the benefits of the use of Body Cameras is ongoing. Locality agreements are now in place for services to pilot the approach. Final technical checks are currently ongoing, following final approval, the pilot is expected to commence on the 1st April 2020

On other metrics there continue to be minor quarter to quarter variations. The most positive of these is that 'Percentage of patients who reported their overall experience as excellent or good' metric, was only 0.1 percent below target in Q3 (and better than target in Teesside and Forensics).

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Quality Improvement Actions for 2020

During 2019/20 TEWV held two Quality Account events for stakeholders. These took place in July 2019 and February 2020. The output from these meetings has influenced our choice of quality improvement priorities for 2020/21.

These priorities are shown below with some explanation about why these are important and what our actions will focus upon:

CYP to Adult Service Transitions

The preparation and planning around moving 17 year olds on to services for people 18+ can be an uncertain time for them. There is evidence of service gaps where there is a lack of appropriate services for Young People to transition into, and evidence that Young People may fail to engage with services without proper support. TEWV has had useful input from the national NHS Transitions Collaborative and is keeping this as a Quality Account priority so that we can implement their recommendations. We will also be improving how transitions panel operate.

Reduce the Number of Preventable Deaths

Sometimes healthcare teams can make mistakes, or parts of the system do not work as well together as well as they could. This means that when things go wrong, a death may have been preventable. In order to reduce preventable deaths, it is also important that learning from deaths is shared and acted on with an emphasis on engaging families and carers in this learning. The recent Safety Summit and forthcoming Family Involvement event will form the basis of our detailed plans. We will also be updating our zero suicide plan and introducing automatic follow up with service users within 48 hours of discharge from hospital.

Personalising Care Plans

NHSE advises mental health providers to 'Recognise people as individuals who have strengths and preferences and putting them at the centre of their own care and support. Personalised approaches involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives'.

Feedback from service users shows that our current approach to Care Planning does not always promote personalised approach. We are about to implement the DIALOG system and so have made this one of our Quality Account priorities again for 2020/21.

Increasing the % of inpatients who feel safe on our wards

Feedback from our Stakeholders during 2019/20 has indicated that they see the percentage of inpatients who feel safe when they are on our wards as very important and so we have agreed to include this as our fourth Quality Account priority for 2020/21. This is also identified as a priority for Trusts in the NHS Long-Term Plan (2019).

This has been one of our key quality strategy targets – but of all the key targets it is the one where our actual performance is regularly the furthest away from our desired performance. It is also an area where the current processes to encourage improvement have not had sufficient impact and so we think a renewed and concentrated focus on it is required.

Our plans include trialling technology such as sensors (Oxehealth), bodycams for staff and increased use of drugs dogs, all of which should improve inpatients' perceptions.

Detailed Improvement Plans

Our Quality Account includes our detailed improvement plans. This will be circulated to stakeholders for comment on 14th April.

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Appendix 1 – Review of Progress on Actions in the current Quality Account 30/09/2019

Green: Action is on track

Red: Action is not on track and has either been extended or wording amended

Grey: Action is not on track but is due to circumstances outside of the Trust's control

<u>Priority</u>	<u>Green Actions</u>	<u>Red Actions</u>	<u>Grey Actions</u>	<u>Comment</u>
Make Care Plans more Personal	6	5	0	<ul style="list-style-type: none"> As at end December 2019, there have been 231 people who have undertaken the CPA training. However, this training has been paused with no sessions of the original co-produced training package held during Q3 2019/20. This is because it will be more effective once the new DIALOG system and CITO can be shown to clinicians as part of the training. The embedding of the DIALOG product as a solution to the simplification of some of the processes associated with the CPA (i.e. assess, plan, review) has taken longer than first anticipated. There is now a consensus that DIALOG needs to be used where possible, but that for a truly consistent approach we may need to adopt a DIALOG 'style' approach but further develop this product to make it more accessible and meaningful to more people. This needs to be discussed in the CITO development group, and also the Clinical Outcomes Group, as it could impact on the potential for using DIALOG as an outcome measure. The first pilot of CITO in a live environment is currently scheduled for Summer 2021, with non-live User Acceptance Testing just prior to this around Easter 2021 The audit is now 'live' within the Central Audit Team and the registration has been approved. All cases to be audited are a repeat audit from the previous sample and they have all been identified and ready for data collection via an Excel workbook. Data collection will be early Q4 and the audit report will be produced by the end of Q4

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services	12	0	0	
Reduce the number of Preventable Deaths	7	0	0	
Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	15	1	0	<ul style="list-style-type: none"> A report on the findings of the Dual Diagnosis network review has not been undertaken, although the review is now complete. Learning actions from the review are however embedded into the work surrounding the networks, for example, regularly reviewing attendance at network meetings, identifying gaps and proactively encouraging attendance from under-represented groups There are a number of actions due for completion in Quarter 4 but there is a risk that some of these might not be completed on time based on the level of progress at the end of Q3. These will be re-profiled into 20/21
Review our urgent care services and identify a future model for delivery	9	0	0	

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Appendix 2: Performance against Quality Metrics at Quarter 3

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Safety Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	88.00%	65.59%	88.00%	79.17%	88.00%	66.48%	61.50%	62.30%	N/A
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</i>	0.35	0.10	0.35	0.21	0.35	0.19	0.18	0.12	0.37
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	19.25	38.18	19.25	31.03	19.25	24.25	33.81	30.65	20.26
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Clinical Effectiveness Measures	Target	Actual	Target	Actual	Target	Actual	Actual	Actual	Actual
<i>Metric 4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</i>	>95%	95.5%	>95%	98.23%	>95%	97.43%	96.49%	94.78%	98.35%
<i>Metric 5: Percentage of clinical audits of NICE Guidance completed</i>	100%	100%	100%	100%	100%	N/A	100%	100%	100%
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</i>	<30.2	23.25	<30.2	25.47	<30.2	25.64	24.70	27.64	30.08
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</i>	<52	69.89	<52	64.69	<52	68.42	66.53	67.00	78.08
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Experience Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 7: Percentage of patients who reported their overall experience as excellent or good</i>	94.00%	92.12%	94.00%	90.76%	94.00%	93.90%	91.41%	90.50%	90.53%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	94.00%	88.07%	94.00%	89.16%	94.00%	85.66%	85.70%	85.90%	N/A
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	94.00%	86.60%	94.00%	86.56%	94.00%	86.78%	86.9%	87.20%	86.58%

Quality Account Update (Quarter 3)

Local Authority Update – March 2020 –

Appendix 1: Performance against Quality Metrics by Locality

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire & York	Forensic Services
Patient Safety Measures					
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	66.48%	68.03%	64.52%	57.55%	75.00%
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients</i>	0.19	0.18	0.20	0.39	0.06
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	24.25	14.19	49.50	16.79	14.57
Clinical Effectiveness Measures					
<i>Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:</i>	97.43%	N/A	N/A	N/A	N/A
<i>Metric 5: Percentage of Clinical Audits of NICE Guidance completed:</i>	N/A	N/A	N/A	N/A	N/A
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards:</i>	25.64	19.95	25.10	27.27	N/A
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:</i>	68.42	66.06	63.54	76.59	N/A
Patient Experience Measures					
<i>Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'</i>	93.90%	92.66%	96.00%	91.17%	100.00%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	85.66%	84.91%	89.10%	82.66%	84.00%
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	86.78%	87.67%	88.31%	86.24%	79.41%

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

13 March 2020

Report of: Statutory Scrutiny Manager

Subject: ANNUAL HAND-OVER OF CHAIR AND SUPPORT
AND JOINT COMMITTEE WORK PROGRAMME
2020/21

1. PURPOSE OF REPORT

- 1.1 To update the Committee on annual hand-over arrangements for Chair and administrative support and the Work Programme items to be carried over into 2020/21.

2. ANNUAL HAND-OVER ARRANGEMENTS FOR CHAIR AND ADMINISTRATIVE SUPPORT

- 2.1 The Committee is asked to note that, on a rotational basis, during 2020/20 the Tees Valley Joint Health Scrutiny Committee will be Chaired and supported by Redcar and Cleveland Borough Council. Appointments to the positions of Chair and Vice Chair to be made at the first meeting of the Committee in the new municipal year.

3. WORK PROGRAMME ITEMS TO BE CARRIED OVER INTO 2020/21

- 3.1 The Committee is asked to note that the following Work Programme items are to be carried over into the 2020/21 municipal year.

June 2020

- Tees and Darlington Suicide Prevention Plans
- Suicide and the Criminal Justice System
- Breast Cancer Screening / Cancer Mortality
- Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee Update
- Teesside Rehabilitation Services Development
- West Lane Hospital Update
- Respite and Short Breaks Update
- Hearing Services Contract

December 2020

- NEAS - Performance Update
- TEWV - Half-yearly Quality Account progress

September 2020

- No items identified at the present time

March 2021

- Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account
- FT Quality Accounts
- CCG Quality Accounts

4. RECOMMENDATIONS

- 4.1 That Members note the report.

BACKGROUND PAPERS

No background papers were used the preparation of this report.

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