



Tees Valley Joint Health Scrutiny Committee

Date: Thursday 13th March 2025

Time: 10.00 am

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

Membership

Darlington Borough Council - Cllr Holyroyd, Cllr Layton, Cllr Scott
Hartlepool Borough Council - Cllr Boddy (CH), Cllr Moore, Cllr Roy
Middlesbrough Council – Cllr Cooper, Cllr Morrish, Vacancy
Redcar and Cleveland Borough Council – Cllr Cawley (VC), Cllr Crane, Cllr Kay
Stockton Borough Council - Cllr Besford, Cllr Hall, Cllr Miller

Agenda

Item No.	Item	Time
1.	Apologies for Absence	10:00am
2.	Declarations of Interest	
3.	Minutes of the meeting held 9th January 2025 (to confirm)	
4.	North East Ambulance Service (NEAS) NHS Foundation Trust Quality Account for 2024/25 – Assistant Director of Quality and Safety, NEAS	10:05am
5.	Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust Quality Account priorities update 2024/25 – Chief Nurse, TEWV	10:35am
6.	Crisis Screening, Triage and Assessment Overview - Durham and Tees Valley – General Manager, Adult Mental Health – Urgent Care, TEWV	11:05am

7.	Work Programme for 2024/2025 (to note)	11.35am
8.	Any other items which the Chair considers urgent	11.40pm

Meeting Schedule for TVJHSC 2025/26

DATE*	VENUE	TIME
Thursday 8 th May 2025	Council Chamber, Civic Centre, Ridley Steet, Redcar, TS10 1TD	10am – 1pm

*Dates for future meetings will be confirmed in due course.

Tees Valley Joint Health Scrutiny Committee

MINUTES AND DECISION RECORD

9 January 2025

The meeting commenced at 10.05am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Darlington Borough Council - Cllr Holroyd
Hartlepool Borough Council - Cllr Boddy (CH), Cllr Roy
Middlesbrough Council - Cllr Cooper, Cllr Morrish
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane,
Stockton Borough Council - Cllr Hall, Cllr Besford, Cllr Coulson (substitute for Cllr Miller)

Also Present:

Matt Neligan, Chief Strategy Officer, University Hospital Tees (UHT)
DR Michael Stewart, Chief Medical Officer, UHT
Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)
Katie McLeod, Deputy Director of Delivery, (NENC ICB)
DR Nicky Miller, Clinical Lead, (NENC ICB)
Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service (NEAS)
Victoria Court, Deputy Chief Operating Officer, NEAS
Kimm 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)
Hannah Warburton, Communications Manager, TEWV

Officers:

Claire Jones (MC)
Gemma Jones, (HBC)
Caroline Leng (R&CBC)
Chris Lunn (MC)
Joan Stevens (HBC)
Gary Woods (SBC)

22. Apologies for Absence

Cllr Kay, Cllr Layton, Cllr Moore, Cllr Miller, Cllr Scott and Hannah Miller.

23. Declarations of Interest

None

24. Minutes of the meeting held on 7th November 2024

Confirmed.

25. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 9th August 2024 (to note)

Noted. Members requested that the most recent meeting notes be brought to a future committee.

26. Clinical Services Strategy Update – Group Model - *Group Chief Medical Officer and Group Chief Strategy Officer, NHS University Hospitals Tees*

The Committee received information on this item in 2023, this included the progress and ambition for working as a group across North Tees NHS Foundation Trust (FT) and South Tees Hospitals NHS FT.

An update was presented to the Committee on the progress of the development of the Clinical Services and Group (now known as University Hospitals Tees) strategy. Areas of discussion also focussed on identifying areas that will require further engagement with Local Authorities and Partners.

The primary drivers for joint working as a Group were outlined and included –

- Better tackling of population health challenges
- Delivering high quality and sustainable services
- Creating a voice for the health needs of communities
- Making the most of estates
- Addressing disparities in care by adopting joint models
- Collaborative working across sites

Representatives advised the Committee on the ways in which the two separate trusts of North Tees and South Tees were now working together, including joint governance arrangements and a joint executive leadership team.

The Group Objectives were in development and had included drawing on extensive engagement with the public and involving Healthwatch Hartlepool in working towards identifying what people want from the service. The Group Chief Strategy Officer praised the work of Healthwatch Hartlepool for their help on this matter. The report highlighted that people wanted to be provided with good care and have good communication with their hospital. It had also informed on issues such as hospital parking.

The Group Chief Medical Officer presented to the Committee the highlights of the work across the Group. This included patient and community voice,

staff engagement / communications, Group clinical strategy development and digital enablers.

Clinical boards had welcomed the findings of the Healthwatch report and were developing proposals to reduce waiting times, standardise care and ensure expensive equipment is used to capacity. Making sure that patient care is delivered as close to home as possible was also key. Members were also informed about plans to develop a single point of access across the Tees Valley including one phone number across services and the development of the hospital at home model. Plans also included the number of hospital at home beds to be scaled up to 500 and to continue to develop Women and Children's services in the community. University Hospital Tees was intended to be viewed as one service operating from multiple hospital sites.

Some services have been identified for testing as a single service with consideration being given as to how to bring services together and make them stronger and more resilient. This also included the better use of estates and plans to attract more colleagues. Some elements of the plan may require further consultation and engagement with patients, families and carers. It was discussed that future updates could be brought back to the Committee on this issue.

Members were invited to ask questions, the following information was ascertained–

- Significant work is ongoing to address health inequalities such as thinking about how services are tailored and creating better health literature and education in schools.
- Hospital and communities do experience staffing challenges. Work is ongoing with Teesside University, Local Authorities and the Health and Social Care Academy to address some of these issues.
- The increase of hospital at home beds to 500 is a long-term plan with gradual growth happening over time. All plans are designed to manage the growing demand for hospital services.
- It was acknowledged that the issue of large waiting lists was challenging and that no one solution would resolve this. The intention was for waiting lists to begin to reduce and that the community hubs would contribute to this.
- Alternative routes were being designed to assist those that may not be able to access technology to use digital services. There are also work streams on digital poverty.
- Work continues in moving towards the integration of different electronic records and a link between hospital computer systems.
- Improvements have been made to the time taken to discharge patients from hospital to home. Nurses and allied health professionals also provide support to enable patients go home faster. This includes a push on integrated neighborhood teams.
- Referencing concerns expressed by Members regarding patients having to travel between hospital sites, Representatives explained that it was the plan for more services to be delivered closer to home,

with a concentration of services in one place and an increase in elective care through the hubs.

Representatives were thanked for their updates on this item.

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Decision

- (i) The content of the presentation was noted.
- (ii) That the Healthwatch Hartlepool report be circulated to Members of the Committee.
- (iii) That Representatives be invited to a future meeting to provide further updates on the Group strategy.

27. NEAS: Staff Safety and performance update – Deputy Chief Operating Officer and Assistant Director of Communications and Engagement, NEAS NHS Foundation Trust

Representatives from NEAS provided the Committee with an update on performance data and staff safety. Information presented to the Committee referred to call performance data and it was reported that this has improved significantly in the last 3 years. There are now more health advisors and a new call centre in operation in Stockton. There has been a small but steady increase in 111 calls where the outcome is visits to Urgent Treatment Centres and a small decline in visits to Primary Care services. Calls have also increased in the winter months. Call handlers are trained to take both 111 calls and 999 calls and Hear and Treat rates are not as high as other areas in the UK. Due to having dual trained call handlers there has been significant improvements to Hear and Treat cases. Future plans include extra health advisors and extra clinicians.

An overview was given in terms of Ambulance response times which are split into 4 categories, category 1 being the most serious. Data was provided in terms of the NEAS response times for all categories as detailed in the presentation. It was recognised that although NEAS has the fastest response times to Category 2 calls, work continues towards improving those targets. In terms of hospital handovers, NEAS are also the fastest performing in the country. It was recognised that hospitals were under significant challenges such as bed capacity and pressures due to flu and norovirus. It was also highlighted that patient transport had significantly improved over the last 3 years.

Members were also provided with data relating to staff safety. It was explained that regrettably the number of assaults against staff had increased. This could partially be explained by the use of better reporting mechanisms, but NEAS had also seen a visible increase. Concerns were expressed that convictions were only pursued in 1 in 8 cases of assault with some lower-level assaults against staff being reported as 'being part of the job'. This was deemed unacceptable but could explain the lower levels of reporting. Alcohol misuse and mental health issues were deemed to be contributing factors with the use of weapons also increasing. Over half of the assaults against staff reported had taken place in the patient's home.

Members commented the data and information around assaults against staff was appalling and expressed concern for staff.

With reference to the data regarding Ambulance handover times, Members questioned if any ambulances were being diverted from James Cook Hospital to North Tees Hospital. Representatives commented that James Cook Hospital had carried out intensive work regarding this issue and had seen significant improvements in ambulance hand over times.

Reflecting upon information provided regarding the increase in staff on the Hear and Treat service, Members were interested to find out if there was data available regarding this. Whilst exact figures were not available, Representatives were able to confirm that front line staff numbers had increased by 400. It was explained that recruitment was improving and that strong links with Local Universities were attributed to there being more qualified paramedics. In terms of extra ambulance vehicles, some are provided through private companies due to not having big enough ambulance stations to store them. This is something to be considered as part of the long-term estates strategy.

The issue of staff safety was discussed. Responding to a question about the use of body cams for the safety of the paramedic's team the Committee was informed that all paramedics wear them. In a response to a question about the underreporting of assaults and the increase in reports of sexual assaults it was determined that NEAS were targeting encouraging reporting of all assaults. Individual addresses are also flagged up if there were potential for there to be incidences at the property.

Representatives were asked what measures had been in put in place following the report by the CQC in 2022. Members were advised that NEAS had worked hard to address the areas of concern flagged in the report. The oversight from NHS England and the Integrated Care Board had now come to an end. Representatives explained that NEAS have made strong improvements in certain areas such as the management of controlled drugs and the adoption of the new wider patient safety incident report framework. After an independent review, commissioned by NHS England, they were satisfied that the significant improvements and changes to the service had meant the service was now moving in the right direction. NEAS also confirmed, in response to a Member question, that NEAS takes part in the NHS staff survey and results from this had improved. The hope is that this would improve again once the next one takes place in March 2025.

Concerns were raised about patients potentially missing appointments if the patient transport was not on time. It was confirmed that only 4% are late. NEAS had received no feedback suggesting appointments had been missed due to late patient transport.

Concluding the discussion and returning to the issue of staff safety a question was raised about lone working. It was confirmed that there are

strict criteria in place for single responders. Crews are trained in carrying out risk assessments and that police support is available if necessary.

Representatives were thanked for their presentation.

Decision

- (i) The content of the presentation was noted.

28. Improving Palliative and End of Life Care across the Tees Valley - *Deputy Director of Delivery and Clinical Lead, Tees Valley Local Delivery Team, NENC ICB*

Representatives were in attendance to present an update on improving palliative and end of life care across the Tees Valley. Members were advised of the engagement work with families, carers and providers which formed the basis of the Palliative and End of Life Care Strategy. Surveys and workshops were also carried out. Feedback on this matter was welcomed to enable improvements and change to services and provisions. Key themes that were important to providers was also discussed and included the willingness to explore new funding models and how to work collaboratively. The strategy has been co-produced with colleagues from the Foundation Trust. Although work has not finished there has been some significant achievements to date. An investment programme has been agreed with some additional funding. Other aspects considered were the training packages available and utilising one phone number to access support across the service. The importance of focussing on relationships with providers was also discussed. This work has gained very positive feedback. Representatives indicated they could come to a future meeting to provide further updates.

In the questions that followed Members were advised that local hospices had also been involved in the work that had been carried out. Issues such as funding and the wellbeing of staff had also been considered in detail.

A Member raised a query regarding the commissioning of a rapid response service in Darlington. Representatives advised that this service had gone through a procurement process and the service has now been provisioned. Data around the use of services is closely monitored and Representatives confirmed that this provision of care was still available to Darlington residents.

Representatives were thanked for their presentation.

29. Tees Respite Care/ Short Breaks Service Update – *Strategic Head of Commissioning (Tees Valley), NENC ICB and Service Manager, Respite Day and Residential Services, TEWV*

Representatives from the NENC ICB and TEWV were in attendance to provide the Committee with an update in relation to the consultation with families and carers regarding the changes to respite care. This item was previously presented to the Committee at its meeting on the 19th September 2024.

A series of listening events have been held with a survey also sent out to parents and carers. A full report on this matter will be produced at a later date. Task and Finish groups have also been held to help determine what services need to be commissioned going forward. Meetings have also taken place with staff at both sites affected, with information being shared with families via a newsletter and a monthly update. Representatives were hoping for more engagement and had also offered one to one sessions with those affected. With the engagement from as many as possible, the aim is to create a sustainable service in a building that is fit for purpose and meets the needs of the patients. Meetings will also take place with colleagues from Local Authorities where the sites are held. Procurement of future services will take place in the next 3 months. Communication with service users and their families and carers is ongoing. Representatives also advised that the importance of communication with staff was paramount and commented that staff at the respite services were doing a good job in difficult circumstances. Representatives explained they were committed to improving the provision of respite care in the Tees Valley.

In the discussion that followed it was confirmed that respite services are not funded in the same way children services and services that provided the best value for the public purse was being considered. A number of other factors were also being considered including getting this model right for the future. A member queried the 12 month time line and assurance was given that this service would continue until another provision could take its place. It was also discussed that a wider piece of work needed to take place around services for those aged 18-25.

Data was provided in terms of the number of people accessing the service and consideration was being given to parents and carers of the service users.

A Member asked that thanks be passed to the staff who continue to support those that rely on the services affected.

Future events were being considered such as coffee mornings where parents would be able to bring along their family members who use the service. Discussions were also held regarding the involvement of people that could use the service but did not.

It was confirmed that future services would not be in NHS buildings, but that NHS clinical staff would be based in the provision.

Representatives were thanked for the update.

30. Work Programme for 2024/2025

The work programme for 2024/25 was discussed following updates from the previous meeting. It was confirmed that the future updates would be welcomed in the Clinical strategy of the group model and the ongoing changes to respite care in the Tees Valley.

A previous item suggested in relation to the impact of waste incinerators was discussed and it was confirmed that consideration must be given to the most appropriate forum for this item given the footprint of the areas included.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) An update on Clinical strategy of the group model be provided at a future meeting.
- (iii) An update on the provision of respite care be provided at a future meeting.

31. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR

Tees Valley Joint Health Scrutiny Committee

13th March 2025

North East Ambulance Service NHS Foundation Trust
Quality Account for 2024/25

1. PURPOSE OF THE REPORT

- 1.1 Representatives of the North East Ambulance Service will be in attendance to provide the Committee with information regarding their current position and performance against the Trust's quality priorities for 2024/25. The Committee will also be informed of the emerging priorities for next year.

2. SUMMARY

- 2.1 Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.
- 2.2 Healthcare providers must provide a detailed statement about the quality of their services with a requirement to send the Quality Account to the local Overview and Scrutiny Committee.
- 2.3 The presentation attached at **Appendix 1** will be provide the Committee with an opportunity to engage in the process for the production of their Quality Account for 2024/25.

3. RECOMMENDATION

- 3.1 The Committee should consider and comment on the update on performance in 2024-2025 and the priorities for quality improvement in 2025-2026.
- 3.2 That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

BACKGROUND PAPERS

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

Contact Officers:-

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**North East
Ambulance Service**
NHS Foundation Trust



2024/25 Quality Account

Rachel Lucas
Assistant Director of Quality & Safety
(Patient Safety Specialist)



Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2024/25 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
- Deadline for responses 25th May 2025
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year



North East
Ambulance Service
NHS Foundation Trust



2024/25 performance

1st April- 31st January 2025*



Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Patient Safety Incidents



3,327

**Patient Safety
Incidents**

2.7% per 1,000 calls answered

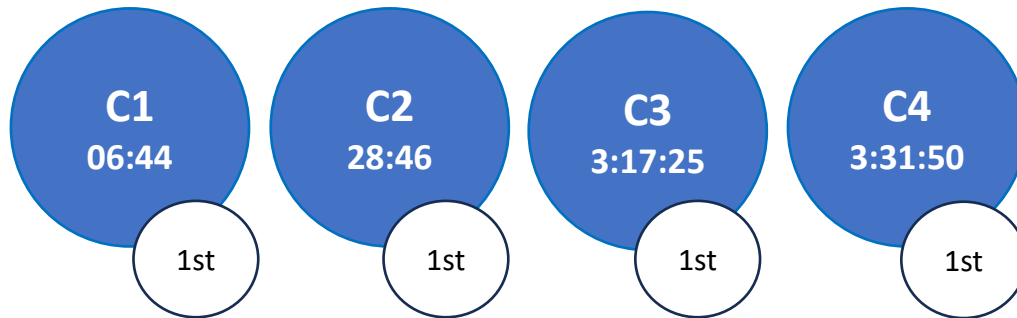
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**Patient Safety
incident
investigations**

28

**After Action
Reviews**

Ambulance Response Times



Taken from Ambulance Quality Indicators: Systems Indicators December 2024

Patient Experience/ Feedback



418

Complaints

1,294

Appreciations

Friends & Family % of satisfaction good/very good

93.4%
Unscheduled Care (999)
see & convey

95.8%
Patient Transport Service

91.7%
Unscheduled Care (999)
see & treat

78.4%
111 service

Update 2024/25 quality priorities

Patient safety

- Learning from deaths and prevention of future deaths reports to improve patient safety
- To improve compliance with national infection prevention control guidance

Clinical effectiveness

- To improve the timely recognition, response and evaluation of care to the clinically deteriorating patient.

Patient experience

- To improve how the Trust triangulates and shares learning from incidents, complaints, lived experience, claims and excellence to improve patient experience.



Learning from deaths and prevention of future deaths reports to improve patient safety

What we achieved

- We reviewed our policies, procedures and governance routes to improve learning from deaths throughout the organisation
- We brought together teams to share learning outcomes from coroners, incidents, complaints and claims and external data sources to inform change
- We improved our engagement with bereaved families and carers
- We improved our engagement with coroners and medical examiner

What we need to do

- To make the LFD process more efficient by uniting it with our PSIRF process so that we focus our resources where there is rich learning to be gained from emerging themes that will lead to change

To improve compliance with national infection prevention control guidance

What we achieved

- We reviewed our governance, audit, reporting, monitoring, policies, procedures and training
- We introduced application software-based audit processes
- We scoped alternative vehicle cleaning methods to improve downtime without compromising safety
- We developed a local action plan in response to the Association of Ambulance Chief Executives & Zeal report

What we need to do

- We will review our policies , procedures and practices to ensure we are compliant with the National standards of healthcare cleanliness 2025

To improve the timely recognition, response and evaluation of care to the clinically deteriorating patient.

What we achieved

- We reviewed and updated our processes to identify the deteriorating patient
- We introduced the critical care desk
- We provided further training for our Specialist Paramedics in Critical Care (SPCC)
- We improved use of learning clinical audit from incidents, complaints, coronial and claims data to improve patient safety

What we need to do

- We will focus on improving our use of pre-hospital alerts

To improve how the Trust triangulates and shares learning from incidents, complaints, lived experience, claims and excellence to improve patient experience.

What we achieved

- We introduced patient safety partners into our patient safety activities
- We worked with Voluntary Organisations Network North East (VONNE) and the North East and North Cumbria Healthwatch Network (NENCHN) to gather public feedback to help inform the new clinical strategy
- We improved our colleague's awareness of the complaints, incidents, coronial and claims process
- We introduced the learning from events meeting and a learning from excellence bulletin

What we need to do

- We want to replicate the patient safety partner role in our patient experience activities
- We want to introduce the learning from claims into with clinicians in forums such as clinical governance or multidisciplinary meetings



North East Ambulance Service

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Tees Valley Joint Health Scrutiny Committee

13th March 2025

**Tees Esk and Wear Valleys (TEWV) Quality Account –
priorities update 2024/25**

1. PURPOSE OF THE REPORT

- 1.1 Representatives of TEWV will be in attendance to provide the Committee with information regarding their current position and performance against the Trust's quality priorities for 2024/25. The Committee will also be informed of the emerging priorities for next year.

2. SUMMARY

- 2.1 Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.
- 2.2 Healthcare providers must provide a detailed statement about the quality of their services with a requirement to send the Quality Account to the local Overview and Scrutiny Committee.
- 2.3 The presentation attached at **Appendix 1** will be provide the Committee with an opportunity to engage in the process for the production of their Quality Account for 2024/25. A briefing pack is also available at **Appendix 2** to provide further information.

3. RECOMMENDATION

- 3.1 The Committee should consider and comment on the update on performance in 2024-2025 and the priorities for quality improvement in 2025-2026.
- 3.2 That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

BACKGROUND PAPERS

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Quality Account priorities update 2024/25

Beverley Murphy

13 March 2025

Respect

Compassion

Responsibility



About the Quality Account

- A Quality Account is a report published annually about the quality of services and improvements offered by NHS healthcare providers.
- The public, patients and others with an interest, will use a Quality Account to understand:
 - What an organisation is doing well
 - Where improvements in service quality are required
 - An organisation's priorities for improvement for the coming year
 - How the organisation has involved people who use their services, staff, and others in determining these priorities for improvement

Our priorities – led by people with lived experience

Our Co-Creation Board developed the following quality priorities for 2024/25. These were endorsed by our Trust's Quality Assurance Committee in April 2024:



Patient Experience: Promoting education using lived experience



Patient Safety: Relapse prevention



Clinical Effectiveness: Improving personalisation in urgent care

Quality priority 1

Patient experience - promoting education using lived experience

- Develop a programme of training which includes people with lived experience sharing their experience of services. By September 2024 (Quarter 2 24/25)
- Deliver the training programme to internal and external colleagues and partners By March 2025 (Quarter 4 24/25)

Key updates

- A training lead has been recruited to the Involvement and Engagement Team and commenced in post October 2024.
- We have been working with groups of young people 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

Quality priority 2

Patient safety – relapse prevention

- Review how wellbeing plans are used for people in community services and establish best practice standards **By December 2024 (Quarter 3 24/25)**
- Co-create an audit tool to review the plans **By March 2025 (Quarter 4 24/25)**
- Measure if wellbeing plans are consistently being in place and assess the quality of them. **By June 2025 (Quarter 1 25/26)**

Key updates

- 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.
- Outline guidance for wellbeing plan content is also now available to all staff through an AI tool.

Quality priority 3

Clinical effectiveness - improving personalisation in urgent care

- 'My Story Once' principles will be incorporated into the new Personalising Care Planning Policy. By September 2024 (Quarter 2 24/25) **Complete**
- Review and update the associated online training pack By December 2024 (Quarter 3 24/25) **Complete**
- 85% of staff will have undertaken the online training module on personalising care planning By March 2025 (Quarter 4 24/25)
- Assess the impact of improvements in personalisation in urgent care by evaluating the quality of patient experience feedback By June 2025 (Quarter 1 25/26)
- An audit to demonstrate the impact / changes of the new policy By June 2025 (Quarter 1 25/26)

Key updates

- 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.

Niche assurance review

- Commissioned by NHS England
- Rigorous and independent review carried out by Niche Health and Social Care Consulting of our services in 2024.
- Assesses whether, and to what extent, the care we provide is compliant with current standards and expectations.
- Focused on where we are currently as an organisation, specifically the experiences of young people in our care.
- Final report following publication in 2023 of a system-wide independent investigation into our CAMHS inpatient provision, and in 2022 reports that reviewed the care of three young women who sadly died in our care.
- Both documents published on [independent investigation reports page of the NHS England website](#).

The review process

The review was split into two workstreams:

- a) A practice audit of current clinical practice.
- b) An audit of our governance of patient safety incidents, complaints and safeguarding events.

Audit frameworks developed in collaboration with Trust colleagues.

The audit sample was based on criteria similar to those identified during the original patient safety investigations.

Findings

- The review identified improvements across our Trust.
- The report provides NHS England with good assurance that we are delivering safe and kind care every day to patients.
- A good level of assurance was found for:
 - Clinical practice with CAMHS offered to complex cases
 - Governance of quality concerns with the services
 - Overall governance of quality within the services

Our Trust has implemented substantial changes in service structure, practice and delivery in the past five years. Including:

- Developing joint working practices with CNTW and local Integrated Care Boards
- Overhauling our approach to complaints, patient safety incidents and safeguarding
- Revising the service offer to young people

What's changed?

Our Trust now offers:

- CAMHS crisis and liaison teams, operating 24/7, offering short-term help and support.
- Intensive home treatment teams, which work with young people, offering increased support at home. This prevents admission where possible, and facilitates discharge planning and home leave.
- Intensive positive behaviour support multidisciplinary teams, working with young people who have a learning disability and or autism, and their families, to provide behavioural support following the positive behaviour support framework.

Our latest Care Quality Commission (CQC) well-led inspection

Dec 2021

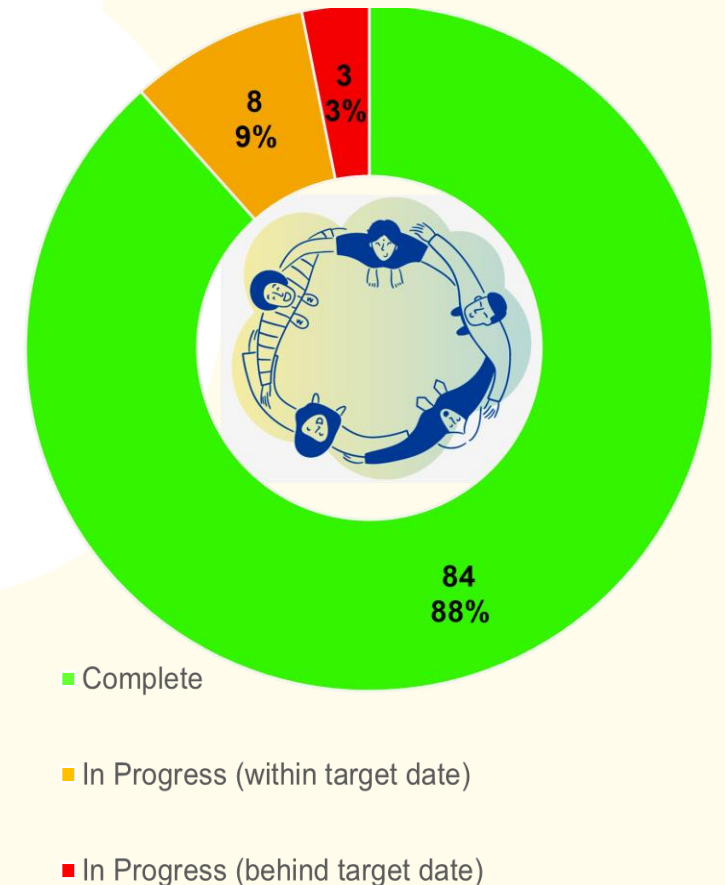
Oct 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorders service	Requires Improvement	Outstanding ☆	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Forensic inpatient or secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↔ Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023
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Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
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CQC well-led inspection – an update on further improvements

- Progress with the CQC Improvement Plan in response to the Trust **Core Service and Well-led Inspections 2023** (as at 10/02/24):
 - **84** recommendations complete
 - **8** recommendations in progress (within target)
 - **3** recommendations in progress (behind target)
- AuditOne is currently undertaking an audit of the CQC Improvement Plan.
- The aim of this audit is an independent assessment of effective completion and embeddedness of internal response to CQC recommendations.



Recent CQC crisis report publication

- The CQC Inspection Report was published 7 February 2025 with a rating of **Good** being achieved.
- The report demonstrates our continuous improvement and the positive impact this has had on people's experience of our Trust.
- This is against a national backdrop of increased demand for services and recruitment challenges across the NHS.
- The inspection also took place during a period of change for the service, and for our teams, as we moved over to NHS 111.



Quality Account

Quality priorities update 2024/25

Briefing pack for the Tees Valley Joint Health Scrutiny Committee

13 March 2025

Beverley Murphy, chief nurse



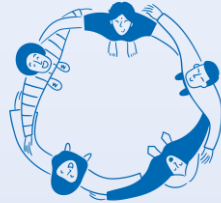
What is a Quality Account and why do Trusts have them?

A Quality Account is a report published annually about the quality of services and improvements offered by NHS healthcare providers. The public, patients and others with an interest, will use a Quality Account to understand:

- ❖ What an organisation is doing well
- ❖ Where improvements in service quality are required
- ❖ An organisation's priorities for improvement for the coming year
- ❖ How the organisation has involved people who use their services, staff, and others in determining these priorities for improvement.



Tees, Esk and Wear Valleys
NHS Foundation Trust



- ❖ As part of the Trust's ongoing commitment to co-creation, it was agreed that from 2024/25, development of the Quality Account Quality Priorities would be **led by people with lived experience**. This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.
- ❖ Quality Priorities were developed at a dedicated **service user and carer Focus Group**. Members of the Group were recruited through the **Involvement Team** and included those with personal lived experience and also those currently working with local Involvement Networks across the Trust and other community organisations.
- ❖ The Focus Group (21 March 2024) was followed by two Care Group Co-creation Board sessions to further develop the priorities. Key quality issues from **national and local sources** (including learning from Co-Creation Boards, Lived Experience Directors, Involvement Networks, serious incidents and other governance intelligence) were shared with the Group to help inform development.
- ❖ The **Trust's Strategic Quality Standards Group** have supported the new approach and have maintained oversight of this year's quality priorities. This has included review of proposed measures and metrics that align to each priority.
- ❖ The progress on the quality priorities will be reported to external partners and demonstrated within the annual Quality Account which will be published by the end of June 2025.

The Co-Creation Boards have developed the Quality Priorities for 2024/25, and these were endorsed by the Trust's Quality Assurance Committee 04 April 2024:



Patient Experience: Promoting education using lived experience



Patient Safety: Relapse Prevention



Clinical Effectiveness: Improving Personalisation in Urgent



Quality Priority 1

Patient Experience: Promoting education using lived experience

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.

What are we doing for this Quality Priority, and by when:

Our Lived Experience Directors and Involvement Team have experience of developing training sessions for clinical and non-clinical colleagues. The sessions include people with lived experience sharing their experience of services to support others to learn from a lived experience perspective. A recent example of this, has been training delivered to inpatient Eating Disorder Services. There was positive feedback from the clinical team about how this has further supported their understanding and helped inform their clinical practice. The Lived Experience Focus Group and Co-creation Boards told us that it was particularly important for clinical staff in Urgent Care services (including Accident and Emergency, and Primary Care) to understand what is important to patients who present at these services and how they can help to improve patient experience.

The following measures have been developed to help us deliver this Quality Priority:

- 1) **By September 2024 (Quarter 2 24/25), we will develop a programme of training that can be offered. This will include facilitating training sessions as well as some formal workshops, in addition, referring to online resources accessible via the Trust Intranet pages and other associated communications. We will also ensure that this forms part of the personalised care training that is being delivered internally and externally. (Leads: Directors of Lived Experience)**
- 2) **By March 2025 (Quarter 4 24/25), we will deliver the identified training programme throughout Quarter 3 and Quarter 4 to internal and external colleagues and Partners (considering voluntary services) (Leads: Recovery College, Directors of Lived Experience, Peer Workers, Involvement Team)**

How will we know we have achieved the outcomes of this work and what will we measure?

- 1) A training programme for 2024/25 that is available and being accessed by TEWV staff and colleagues from Partner organisations.
- 2) We will hold a record of the number of staff that have attended sessions during 2024/25 by speciality and organisation.
- 3) Evaluations of people's experience following the training programme – this will include whether people attending feel they have gained new knowledge and skills about people's lived experience of mental health, learning disabilities and autism, and how this can help them support patients.



Key Updates:

- ✓ A Training Lead has been 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.



Quality Priority 2

Patient Safety: Relapse Prevention

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.

What are we doing for this Quality Priority, and by when:

The following measures have been developed to help us deliver this Quality Priority:

- 1) **By December 2024 (Quarter 3 24/25)** we will review how wellbeing plans are used for people in community services and establish best practice standards for wellbeing plans (Leads: Directors of Lived Experience, facilitated with SDMs and Clinical Networks, Head of EPR).
- 1) **By March 2025 (Quarter 4 24/25)** we will co-create an audit tool to review the plans (SDMs, Clinical Audit and Effectiveness Team).
- 1) **By June 2025 (Quarter 1 25/26)** we will measure if wellbeing plans are consistently being in place and undertake an audit of wellbeing plans to assess the quality of plans (Clinical Audit and Effectiveness Team, Operational Colleagues).

How will we know we have achieved the outcomes of this work and what will we measure?

- 1) An established standard for wellbeing plans within our Community Teams.
- 2) An audit tool that clearly assesses key standards associated with wellbeing plans.
- 3) An assessment of the quality and application of wellbeing plans.

Key Updates:

- ✓ 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.





Quality Priority 3

Clinical Effectiveness: Improving Personalisation in Urgent Care

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.

What are we doing for this Quality Priority, and by when:

The following measures have been developed to help us deliver this Quality Priority:

- 1) **By September 2024 (Quarter 2 24/25)** the 'My Story Once' principles will be incorporated into the new Personalising Care Planning Policy. This will be circulated for consultation (Leads: Directors of Lived Experience, ALD SDM)
- 2) **By December 2024 (Quarter 3 24/25)** we will review and update the associated online training pack which is currently named 'CPA Module' (which will include the 'My Story Once' approach) (Lead: Directors of Lived Experience)
- 3) **By March 2025 (Quarter 4 24/25)** 85% of staff will have undertaken the online training module on personalising care planning (Leads: Care Group Managing Directors)
- 4) **By June 2025 (Quarter 1 25/26)** we will assess the impact of improvements in personalisation in urgent care by evaluating the quality of patient experience feedback (Leads: Directors of Lived Experience)
- 5) **By June 2025 (Quarter 1 25/26)** we will undertake a baseline audit to demonstrate the impact / changes following implementation of the new policy (Leads: Directors of Lived Experience)

How will we know we have achieved the outcomes of this work and what will we measure?

- 1) A Trust Policy ratified and published.
- 2) Updated online training pack available.
- 3) Staff compliance with undertaking the online training module (achieving above 85%).
- 4) Positive patient experience feedback.
- 5) High quality care plans in place within Urgent Care.

Key Updates:

- ✓ 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.

Niche assurance review

Report published January 2025



Niche assurance review

- Commissioned by NHS England
- Rigorous and independent review carried out by Niche Health and Social Care Consulting of our services in 2024.
- Assesses whether, and to what extent, the care we provide is compliant with current standards and expectations.
- Focused on where we are currently as an organisation, specifically the experiences of young people in our care.
- Final report following publication in 2023 of a system-wide independent investigation into our CAMHS inpatient provision, and in 2022 reports that reviewed the care of three young women who sadly died in our care.
- Both documents published on [independent investigation reports page of the NHS England website](#).

The review process

The review was split into two workstreams:

- a) A practice audit of current clinical practice.
- b) An audit of our governance of patient safety incidents, complaints and safeguarding events.

Audit frameworks developed in collaboration with Trust colleagues.

The audit sample was based on criteria similar to those identified during the original patient safety investigations.

Findings

- The review identified improvements across our Trust.
- The report provides NHS England with good assurance that we are delivering safe and kind care every day to patients.
- A good level of assurance was found for:
 - Clinical practice with CAMHS offered to complex cases
 - Governance of quality concerns with the services
 - Overall governance of quality within the services

Our Trust has implemented substantial changes in service structure, practice and delivery in the past five years. Including:

- Developing joint working practices with CNTW and local Integrated Care Boards
- Overhauling our approach to complaints, patient safety incidents and safeguarding
- Revising the service offer to young people

What's changed?

Our Trust now offers:

- CAMHS crisis and liaison teams, operating 24/7, offering short-term help and support.
- Intensive home treatment teams, which work with young people, offering increased support at home. This prevents admission where possible, and facilitates discharge planning and home leave.
- Intensive positive behaviour support multidisciplinary teams, working with young people who have a learning disability and or autism, and their families, to provide behavioural support following the positive behaviour support framework.

Assurance: AuditOne – Niche Action Plans Embeddedness

INTERNAL AUDIT REPORT

TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST

COMPLIANCE REVIEW

NICHE ACTION PLANS: EMBEDDEDNESS (TEWV 2023-24/21)

auditone
assurance . counter fraud . advisory

The objective of this compliance review was to provide assurance that actions agreed in response to recommendations from the **Niche** report “**A system-wide independent investigation into concerns and issues raised relating to the safety and quality of CAMHS provision at West Lane Hospital, Tees, Esk and Wear Valleys NHS Foundation Trust**” have been effectively implemented on a timely basis, and to seek assurance on how effectively actions have embedded throughout the Trust.

Assurance Rating: **GOOD**

Our latest Care Quality Commission (CQC) well-led inspection

Oct 2023

Dec 2021

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorders service	Requires Improvement	Outstanding ☆	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Forensic inpatient or secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
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Community-based mental health services for adults of working age	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

	Safe	Effective	Caring	Responsive	Well-led	Overall
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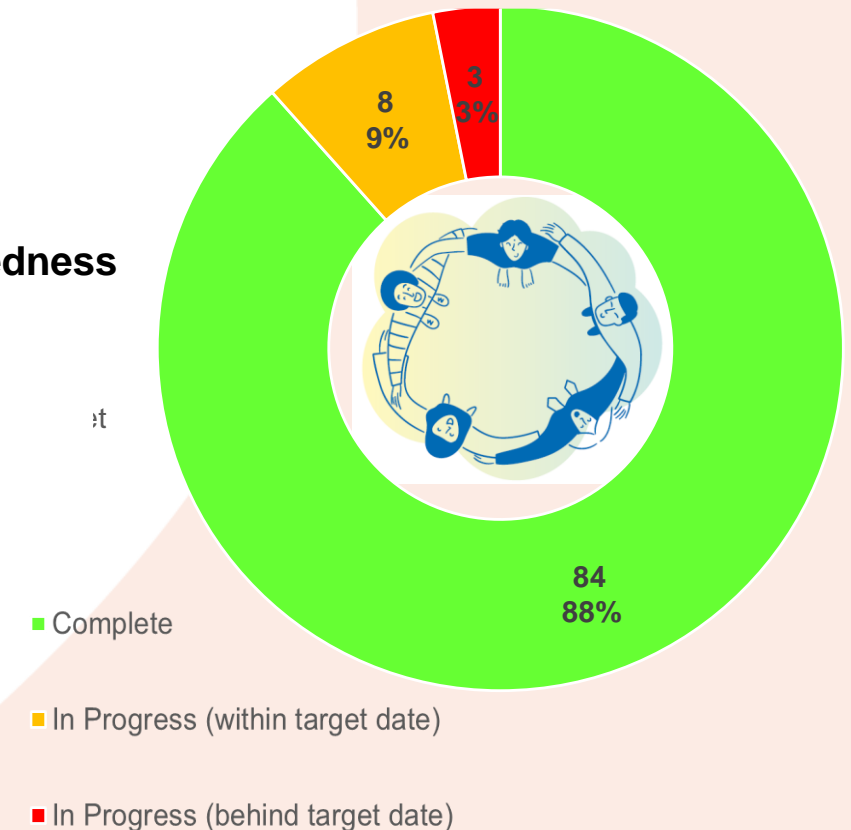
CQC well-led inspection – an update on further improvements

Progress with the CQC Improvement Plan in response to the Trust **Core Service and Well-led Inspections 2023** (as at 10/02/24):

- **84** recommendations complete
- **8** recommendations in progress (within target)
- **3** recommendations in progress (behind target)

AuditOne are currently undertaking an audit of the **CQC Improvement Plan Embeddedness (TEWV 2024-25/21)**.

The aim of this audit is an independent assessment of effective completion and embeddedness of internal response to CQC recommendations.



Care Quality Commission (CQC) inspection report for adult mental health crisis services

Report published February 2025



CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

- Targeted inspection of the Trust's AMH Crisis, Acute Liaison and Health Based Places of Safety (Section 136 Suites) Services, commenced 11 June 2024.
 - Inspection included on-site inspections with clinical teams, discussions with people who use services and their carers and online Focus Groups with Trust Partners (including Commissioners, Local Authorities, GPs and the British Transport Police).
 - A total of 132 information requests were also collated and submitted during the inspection.
- Initial feedback was received during the inspection and action has also been taken in the 6 months since the inspection to ensure timely improvements in service delivery including;
 - Installation of fencing and movement of the hatched police parking bays at Cross Lane Hospital 136 Suite Entrance to further improve privacy for patients.
 - Installation of a new intercom within the Section 136 Suite to support two-way communication
 - Medication management and storage at the CAS Suite, at Roseberry Park Hospital - lockable cabinets were installed for patients to store medication whilst at the CAS when not detained
 - No reoccurrence of the SI Backlog and further work progressed to embed the PSIRF
 - Overall, improvements achieved in mandatory and statutory training compliance

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

- Draft report received by the Trust 05 November 2024 and went through a process of factual accuracy checks, with comments submitted back to the CQC 06 December 2024. Follow up queries and points of clarification were also shared during January 2025.
- Areas raised during the Factual Accuracy Process focused on:
 - **Removal of inaccurate statements:** including references to services not commissioned by the Trust and one Local Authority advising that safeguarding referrals were low however, this had not been raised through external Safeguarding Adults/ Children's Boards and the Trust were able to demonstrate this.
 - **Proportionality:** including where small numbers of patients had advised the CQC that they did not receive a response to their complaint, however, the Trust had not been provided with the opportunity to validate this information and when information was shared, the Trust were able to demonstrate relevant complaints updates.
 - **Misinterpretation of Evidence:** including inaccurate calculation of bank/agency vacancy rates and additional home-based treatment teams being included during the inspection however, not all data being requested or considered for those teams.

The CQCs Rating

- The CQC Inspection Report was published 7 February 2025 with a rating of **Good** being achieved.
- The report demonstrates our continuous improvement and the positive impact this has had on people's experience of our Trust. This is down to our committed and hardworking staff, working alongside our community partners, to provide mental health crisis support. This is against a national backdrop of increased demand for services and recruitment challenges across the NHS.
- The inspection also took place during a period of change for the service, and for our teams, as we moved over to NHS 111.

Inspected and rated

Good



Key Findings of the Inspection

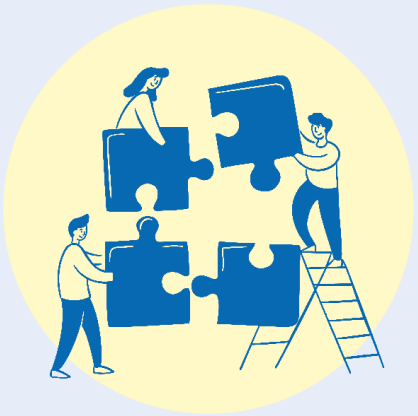
The report highlights that staff **shared a vision and culture**, worked with **capable and compassionate leaders** and there were **sound structures in place for staff to speak up**.

- **People were treated as individuals** and offered independence, choice and control.
- There was evidence of a **good learning culture**, and people using the services told the CQC that they **felt safe**.
- **People were safeguarded** by the staff caring for them.
- People had their **needs assessed**, and most people said they were involved in the planning of their care and that their **care was regularly reviewed**.
- The CQC saw **staff supporting people** with their mental health needs and the **physical health monitoring**.
- **People received evidenced based care and treatment** and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- People are **included** in their care and treatment choices with **carers being involved** where appropriate.
- People's **preferences** were considered when deciding on appropriate treatment options.
- **Carers were included** at assessment stage and throughout.
- There was a **strong quality improvement culture**, and leaders were encouraged to develop themselves and the services.
- Staff told the CQC that the recent move to the 111 service was having a **positive impact**.



Analysis of the Inspection Findings

Domain	Previous Inspection Ratings 2021	Inspection Ratings January 2025
Safe	Good	Good (69% - 3)
Effective	Good	Good (71% - 3)
Caring	Good	Good (65% - 3)
Responsive	Good	Good (71% - 3)
Well-led	Good	Requires Improvement (62% - 3)
Overall	Good	Good



Analysis of the Inspection Findings

It should be noted that this is the first inspection where the CQC have inspected Acute Liaison Services as part of this core service.

Sustained Good Practice:

- Clear vision and strategic direction
- Culture
- Person-centred care
- Involvement of patients, families and carers
- Multi-disciplinary working
- Multi-agency working
- Holistic plans of care
- Risk Management
- Safeguarding
- Learning
- Environment

Repeat Issues / New Areas for Improvement:

- Mandatory and Statutory Training
- Supervision
- Medication Management
- Outcome measures
- Governance



CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

It is anticipated that improvement actions will include:

Further improvements in mandatory and statutory training compliance

Embedding systems and processes for supervision recording

Improving clerking systems and processes for patients presenting to the Crisis Assessment Suite at Roseberry Park Hospital

Consistent recording and reporting of patient outcome measures

Measuring length of stay for informal patients presenting to the Crisis Assessment Suite

Reducing inappropriate stays in a Section 136 Suite

Improving people's experiences of future planning

Working with Local Authorities to understand the number of safeguarding referrals that progress to a Section 42

CQC Report for AMH Crisis, Acute Liaison and Health Based Places of Safety

Next Steps:

- An Improvement Plan will be collaboratively developed to address improvement actions resulting from the inspection
- There will be formal oversight and monitoring of the Improvement Plan by the Executive Directors Group and the Trust's Quality Assurance Committee.



Tees Valley Joint Health Scrutiny Committee

13th March 2025

Crisis Screening, Triage and Assessment Overview - Durham and Tees Valley

1. PURPOSE OF THE REPORT

- 1.1 Representatives of the TEWV adult mental health urgent care service will be in attendance to provide the Committee with an overview in relation to crisis screening, triage and assessment overview of the service covering Durham and the Tees Valley.

2. SUMMARY

- 2.2 Members requested during the meeting of this Committee on the 19th September 2024 that this item be brought to a future meeting to allow Members to be provided with an update on the pilot scheme for use of the 111 service to access mental health support. A presentation has been prepared and attached at **Appendix 1**.

3. RECOMMENDATION

- 3.1 It is recommended that Members note the content of the adult mental health service urgent care presentation.

BACKGROUND PAPERS

Background papers used in the preparation of this report were minutes from the Tees Valley Joint Health Scrutiny Committee meeting held on the 19th September 2024 and can be accessed via the below link.

[Link to minutes from the meeting held 19th September 2024.](#)

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Crisis screening, triage and assessment overview

Durham and Tees Valley

Shaun McKenna, General Manager, Adult Mental Health - Urgent Care

13 March 2025

Respect

Compassion

Responsibility



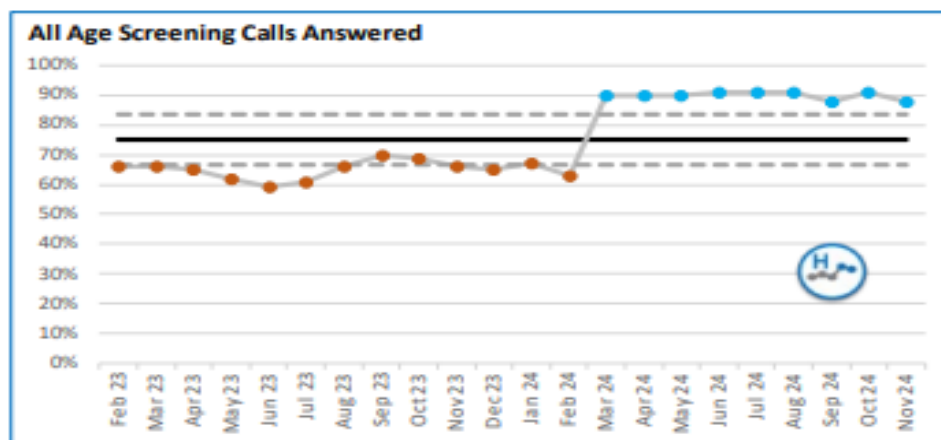
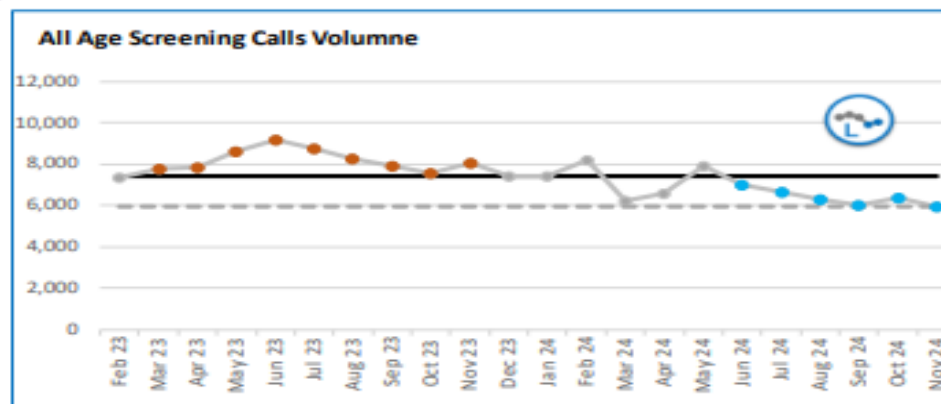
Background

- A soft launch of the new digital BT Telephony system was implemented across Durham, Tees Valley (DTV) in March 2024.
- Initially covered 12-hour day shifts (from 4 March 2024) and then a 24/7 service began on 18 March 2024.
- Roll out of NHS 111, select option 2, on 30 April 2024.
- A dedicated screening team was implemented alongside the new digital system.
- All age crisis calls screened by the Durham Tees Valley screening service (band 3 support workers, supported by a band 6 crisis practitioner).
- The team use an agreed screening tool so patients are directed to the most appropriate service for their needs.
- Allows crisis team clinicians to focus their time on patients who need their expertise. Also increases their availability for triage.
- Any patients waiting over 7 minutes for their call to be answered are offered the option to receive a call back, whilst maintaining their position in the queue.

Crisis screening, triage and assessment

- There has been a consistent reduction in call volume since implementation of the screening team. This is believed to be caused by a reduction in 'repeat callers' as their calls are answered earlier.
- Consistent special cause improvement in call answer rates, since screening team implementation. On average calls have been answered within 56 seconds (KPI <20).
- Although overall call answer rate has seen **a maintained** improvement across Durham and Tees Valley both at screening and triage within crisis, there is more work to do.
- There is an evident reduction in the number of calls reaching crisis services for triage as a direct result of the new screening service (31% conversion rate).
- The service has seen a significant improvement for patients. However, it continues to fall below the NHS England expectations in relation to call answer rate, average speed to answer a call, and the 95th centile call answer time.
- From a national perspective, the average proportion of calls abandoned across 56 mental health providers is 29%. So whilst there is work for us to do, our service is exceeding the national average. The same can be said for the average speed to answer calls with the national average currently sitting at 240 seconds.

Crisis screening, triage and assessment



NHS England Mandatory KPI's

Proportion of calls abandoned
NHSE Standard - ≤3%

% Abandoned calls

10%

Average speed to answer call
NHSE Standard - ≤20 seconds

Average time to answer (seconds)

69

95th centile call answer time
NHSE Standard - ≤120 seconds

Time to answer (seconds)

431

Teesside crisis

- Sustained improvement in triage calls answered for adults. .
- Since the implementation of the screening team , the number of calls the Tees Adult Crisis team are having to take has reduced by 65%.
- This has enabled the team to subsequently answer more calls than they were able to previously.
- Significant volume of 'professional line' calls (more than patients).
- Sustained access for children and adolescent mental health services (CAMHS) with an average of 95% calls answered.

Teesside – December 2024

Adult Triage Service

Total number of calls
transferred to Triage
queue

766

% Answered calls

74%

% Abandoned calls

14%

Adult Assessment Service

Total number of assessments
203

4 Hour Assessment

Pre-validation 88.89%

Post-validation 100%

24 Hour Assessment

Pre-validation 96.88%

Post-validation 100%

Adult Professional Line

Total number of calls
(Professional lines
queue)

916

% Answered calls

69%

% Abandoned calls

22%

Next steps

Workforce pressures

- Recruitment into vacant posts across Crisis Teams has been challenging. However, recent progress has been made with successful recruitment across the service.

Access

- Working with our telephony provider BTCCNG to improve our oversight and ability to support those who choose to 'abandon' their call.
- It is expected that an improved technical solution will be in place in April 2025.

Crisis pathway future improvements

- Outlines plans for two safe havens to be opened across the Tees Valley (Redcar and Cleveland and Darlington). This will help to strengthen the crisis response model and offer alternatives to the traditional crisis telephone line and triage. It is expected that these services will be live in Q2 (Redcar) and Q3 (Darlington) respectively.
- In October 2024 we worked colleagues, including Cleveland Police to implement Right Care Right Person. This has helped to see a reduction in the utilisation of section 136.
- We are working closely with local VCSE providers to consider development of crisis alternatives and safe havens specifically for young adults aged 18-25.

Recent CQC crisis report publication

- In February, the Care Quality Commission (CQC) published the results of our mental health crisis services and health-based places of safety inspection. This includes crisis services, 136 suites, crisis resolution and home-based treatment and psychiatric liaison (based in acute hospitals). The inspection took place in June 2024.
- We retained our **good** rating.
- The report demonstrates our continuous improvement and the positive impact this has had on people's experience of our Trust.
- This is against a national backdrop of increased demand for services and recruitment challenges across the NHS.
- The inspection also took place during a period of change for the service, and for our teams, as we moved over to NHS 111.

Key findings

The report highlights that staff shared a vision and culture, worked with capable and compassionate leaders and there were sound structures in place for staff to speak up.

- People were treated as individuals and offered independence, choice and control.
- There was evidence of a good learning culture, and people using the services told the CQC that they felt safe.
- People were safeguarded by the staff caring for them.
- People had their needs assessed, and most people said they were involved in the planning of their care and that their care was regularly reviewed.
- The CQC saw staff supporting people with their mental health needs and the physical health monitoring.
- People received evidenced based care and treatment and there were regular multidisciplinary meetings where learning could be shared and staff at all levels attended various meetings.
- People are included in their care and treatment choices with carers being involved where appropriate.
- Carers were included at assessment stage and throughout.
- There was a strong quality improvement culture, and leaders were encouraged to develop themselves and the services.
- Staff told the CQC that the recent move to the 111 service was having a positive impact.

Key findings continued...

Sustained good practice:

- Clear vision and strategic direction
- Culture
- Person-centred care
- Involvement of patients, families and carers
- Multi-disciplinary working
- Multi-agency working
- Holistic plans of care
- Risk Management
- Safeguarding
- Learning
- Environment

Areas for improvement:

- Mandatory and Statutory Training
- Supervision
- Medication Management
- Outcome measures
- Governance

Next steps

An Improvement Plan will be collaboratively developed to address improvement actions resulting from the inspection

There will be formal oversight and monitoring of the Improvement Plan by the Executive Directors Group and the Trust's Quality Assurance Committee.



TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**WORK PROGRAMME 2024-2025**

Meeting Date	Topic	Attendance
19 th September 2024	TVJHSC: Appointment of Chair & Vice-Chair TVJHSC: Protocol / Terms of Reference TVJHSC: Work Programme Timetable Tees Respite care TEWV Community Mental Health Transformation - update Community Diagnostic Centres - Update	Martin Short / Jamie Todd Sarah Paxton / Ann Bridges Michael Houghton / Jayne Pailor
7 th November 2024	North East and North Cumbria Integrated Care Board: Winter Plan Update Opioid prescribing across the Tees Valley Suicide Prevention Strategy Health Inequalities	Karen Hawkins / Rowena Dean Alistair Monk Andrea McLoughlin/Jo Cook Catherine Parker / Sarah Paxton
9 th January 2025	Tees Respite Care - Update Clinical Services Strategy Update – Group Model Palliative and End-of-Life Care Strategy – Development / Implementation NEAS: Staff Safety and performance update.	Sarah Paxton Mike Stewart / Matt Neligan Katie McLeod / Nicky Miller Mark Cotton
13 th March 2025	Quality Accounts - NEAS Quality Accounts – TEWV Urgent care / 111/ mental health crisis line update	Rachael Lucas Beverley Murphy Shaun McKenna

To be scheduled for the meeting in May of this Committee

- Quality Accounts – NHS Foundation Trust
- CAMHS update

Items to be discussed for 2025/26 work programme

- Vaping in young people – Mark Adams – Director of Public Health – R&CBC
- Opioid Dependency
- CDC Hub – Site visit
- The impact of waste incinerators on health

Written Updates / scheduled for future meetings

- Recruitment & Retention Planning (ICB)
- Chronic Pain Services
- North East and North Cumbria Integrated Care Board: NHS Dentistry Update
- TEWV Trends for Quality Matrix