



DARLINGTON

Borough Council

Tees Valley Joint Health Scrutiny Committee Agenda

10.00 am

Friday, 16 December 2022

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at the Meeting
2. Declarations of Interest
3. To approve the Minutes of the Meeting of this Scrutiny held on 23 September 2022
(Pages 3 - 8)
4. Winter Planning, Integrated Urgent Care Engagement, Vaccination and Primary Care Access - Update –
Presentation by Director, North East and North Cumbria Integrated Care Board
(Pages 9 - 56)
5. North East Ambulance Service Performance Update –
Report and Presentation by Assistant Director – Communications and Engagement,
North East Ambulance Service NHS Foundation Trust
(Pages 57 - 64)
6. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Account Q2 Update –
Presentation by Associate Director of Quality Governance, Compliance and Quality Data
and Associate Director of Strategic Planning Programmes, Tees, Esk and Wear Valley NHS
Foundation Trust
(Pages 65 - 76)

7. Tees, Esk and Wear Valley NHS Foundation Trust - CQC Inspection Update – Presentation by Managing Director, Durham, Tees Valley and Forensic Services, Tees, Esk and Wear Valleys NHS Foundation Trust – To Follow
8. Work Programme – Report of Assistant Director Law and Governance (Pages 77 - 80)
9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.
10. Questions



Luke Swinhoe
Assistant Director Law and Governance

Thursday, 8 December 2022

Town Hall
Darlington.

Membership

Councillors Layton, Mrs H Scott, Cook, Creevy, Smith, Blades, Hellaoui, Rees, Smith, Watts, Cunningham, Gamble and Hall

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 23 September 2022

PRESENT – Councillors Layton (Chair), Bell, Mrs H Scott, Rob Cook, Rachel Creevy, Ian Blades, Alma Hellaoui, Dan Rees, Anne Watts, Evaline Cunningham, Clare Gamble and Lynn Hall

APOLOGIES – Councillors Angela Falconer, Dorothy Davison and Sandra Smith

ALSO IN ATTENDANCE – David Gallagher (North East and North Cumbria Integrated Care Board), Craig Blair (North East and North Cumbria Integrated Care Board), Jackie Bendle (County Durham and Darlington NHS Foundation Trust), Gordon Lau (County Durham and Darlington NHS Foundation Trust), Brent Kilmurray (Tees, Esk and Wear Valley NHS Foundation Trust), David Jennings (Tees, Esk and Wear Valley NHS Foundation Trust), James Graham (Tees, Esk and Wear Valley NHS Foundation Trust), Kedar Kale (Tees, Esk and Wear Valley NHS Foundation Trust), Elizabeth Moody (Tees, Esk and Wear Valley NHS Foundation Trust), Chris Morton (Tees, Esk and Wear Valley NHS Foundation Trust) and Ranjeet Shah (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Alison Pearson (Governance Manager), Joan Stevens (Statutory Scrutiny Manager), Gary Woods (Scrutiny Officer), Caroline Breheny (Democratic Services Officer), Gemma Jones and Rae Pugmurr

8 APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR 2022/23

RESOLVED – That Councillor Layton be appointed Chair of this Committee for the remainder of the 2022/23 Municipal Year.

9 APPOINTMENT OF VICE CHAIR FOR THE MUNICIPAL YEAR 2022/23

RESOLVED – That Councillor Cunningham be appointed Vice-Chair of this Committee for the remainder of the 2022/23 Municipal Year.

10 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

11 MINUTES OF THE MEETING HELD ON 8 JUNE 2022

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 8 June 2022.

In relation to Minute 3, Members highlighted concerns regarding the accessibility of the minutes for the special meeting of the Council of Governors on the Trust's website and requested a copy of the minutes be provided.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 8 June 2022 be approved as a correct record.

12 CLINICAL JOURNEY AND QUALITY JOURNEY - TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST

The Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust submitted a presentation (previously circulated) updating Members on the Clinical Journey and Quality Journey of the Trust. The Chair, Tees, Esk and Wear Valley NHS Foundation Trust introduced the presentation.

The presentation outlined the key achievements and progress made to date by the Trust; particular reference was made to improved operational oversight as demonstrated in the recent CAMHS CQC inspection report and the significant increase in compliance for statutory and mandatory training and workforce growth of 10 per cent; a number of challenges remained and responses to the challenges included listening to feedback and engaging with people and strengthening governance and assurance.

Details were provided of the five themes of the Journey to Change and the ambitions and principles of the clinical journey were outlined; reference was also made to how the Trust would deliver on its ambitions, including developing Community Mental Health hubs, personalising care plans and enabling digital transformation.

Following a question regarding the increase in the Trusts workforce by 700 staff, Members were informed that the roles appointed to were across a range of service areas, that 65 new nurses were due to commence working with the Trust in September and an apprenticeship pathway enabled support workers to train to become a Registered Nurse over a five year period; and the Trust were working with partners to provide a range of different pathways for staff recruitment and development.

A question was raised regarding cyber threats; Members were assured that business continuity plans were in place to avoid cyber-attacks and there had been significant investment in this area. Members also questioned the progress of digital transformation work and accessibility of patient records and were informed that work was ongoing to provide digital access for those patients that attend digital appointments and that access to the electronic patient records was being improved to ensure GP's and hospitals had access to the appropriate information.

Discussion ensued regarding the recent CQC inspection report for CAMHS; Members were assured that in terms of statutory and mandatory training, the targets for safeguarding training were being met and the Trust were working through a training backlog which came as a result of covid. Members requested copy of the CAMHS CQC inspection report and the CQC inspection report for SIS once published.

In relation to the Clinical journey in action, reference was made to the Three Hartlepool Community Hubs; these would help any person who was seeking support through the wide collection of services delivered through the hubs; that the aim was for hubs to be in place across the Tees Valley by Spring/Summer 2023. Details were also provided of the programme of work undertaken by Stockton CAMHS to deep dive their caseload and review the assessment and allocation processes in place. Members were informed that caseload size had reduced by more than 50 per cent over a period of 12 months through appropriate and

planned discharge or referral to alternative services; and the significant improvements to capacity and demand had resulted in low wait times for assessments and treatment.

The Clinical Journey next steps were outlined; discussion ensued regarding engagement and feedback and Members were advised of engagement activities via parent and carer forums, friends and family tests and participation groups.

The presentation provided details of the three domains of the Quality Journey; the Trusts commitments to the Quality Journey and the patient safety priorities were outlined; and reference was made to the elements of patient experience and involvement and effective care. Members were also provided with details of the progress in respect of the Quality Journey with particular reference made to the investment in environmental and assistive technology to improve safety on wards.

Discussion ensued regarding governance and challenge; Members were advised that the governance restructure had simplified the flow of information and improved transparency, a new Head of Risk had been appointed and workshops delivered to encourage staff to report risks. Members also noted the role of the Board of Governors in providing challenge and it was suggested that the governance structure be shared with Members.

Following concerns raised regarding restrictive interventions, Trust representatives advised Members that whilst this was an area of challenge, the Trust had received advice from nationally recognised experts, were implementing the MerseyCare HOPES model and had seen a decrease in prone restraint by 60 per cent.

The presentation outlined the background to the Lived Experience roles which were created following a review of coproduction and service user and care involvement; the responsibilities of the Lived Experience roles were outlined; and Members noted that two Lived Experience Directors were in place, Chris Morton for Durham, Tees Valley and Forensics Care Group Board and Charles Nosiri covering North Yorkshire, York and Selby Care Group Board. Particular reference was made to the main focus of the lived experience directors to date.

Discussion ensued regarding capturing the voice of the parent/carer particularly those accessing CAMHS and communication of the Trusts progress to the public; and sought assurance from the Trust in respect of safeguarding the mental health of staff. Members were assured of a range of measures in place to support the wellbeing of staff and that the Trust had invested in comms resources to ensure positive news stories and areas of improvement could be highlighted to the public.

RESOLVED – That the Chief Executive and representatives from Tees, Esk and Wear Valley NHS Foundation Trust, in attendance at the meeting, be thanked for their informative presentation.

13 NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD AND SYSTEM IMPLEMENTATION

The Executive Director of Place Based Delivery, Tees Valley and Central, North East and North Cumbria Integrated Care Board submitted a presentation (previously circulated) updating

Members on the North East and North Cumbria Integrated Care Board and System Implementation.

It was reported that the North East and North Cumbria Integrated Care Board (ICB) was now in place; reference was made to the confirmed ICB leadership team and Members were informed that the ICB holds regular meetings across the region.

Details were provided of the Integrated Care Partnership (ICP); that four area ICPs would be established alongside the strategic ICP; and the area ICPs would be based on existing geographical groupings, with one covering the Tees Valley area. The presentation outlined the roles and accountabilities, proposed roles and membership of the ICPs.

RESOLVED – (a) That the Executive Director of Place Based Delivery, Tees Valley and Central, North East and North Cumbria Integrated Care Board be thanked for his informative update.

(b) That a workshop be arranged for this Scrutiny Committee on the Integrated Care Partnership.

14 URGENT AND EMERGENCY CARE ACCESS

The Director, North East and North Cumbria Integrated Care Board provided an update on Urgent and Emergency Care Access. A presentation and stakeholder briefing (previously circulated) accompanied the update.

It was reported that a review of demand in urgent and emergency care by the Integrated Care Board had been undertaken over the past 18 month period; during this period services had seen an increase in demand across the region; this increase was thought to be due to confusion regarding access to urgent care services; and it was noted that services in Stockton, Hartlepool and Darlington differed to those in Middlesbrough and Redcar and Cleveland.

Scrutiny were informed of the proposed new model of integrated urgent care service which had been developed by groups of local Doctors and Nurses who deliver urgent care services; the key changes included a new Integrated Urgent Treatment Centre (UTC) at The James Cook University Hospital and increased opening hours at Redcar Primary Care Hospital, providing 24/7 access to urgent care for all residents of South Tees and the wider Tees Valley; and the benefits of the proposed new model were outlined.

Reference was made to the engagement activity being undertaken which would help to inform the development of proposals; and that feedback would be collated, key themes identified and shared.

Discussion ensued regarding lack of services for the residents of Guisborough and availability of public transport to access services; the Director assured Members that the proposed new model would provide a standardised offer, ensuring all residents across the Tees Valley would have the same access to the same high standard of urgent care and that a transport study had been commissioned to identify gaps. A Member from Middlesbrough Council informed the Committee that residents of Middlesbrough were in support of the proposals.

Following concerns raised regarding long wait times for NHS111 services Members were informed that work was underway to increase the capacity of NHS111. Further discussion ensued regarding the NHS111 service including the need to improve comms/messaging in relation to accessing urgent care services via NHS111. It was suggested a workshop be arranged for Members respect of 111 and urgent care services.

RESOLVED – (a) That the Director, North East and North Cumbria Integrated Care Board be thanked for his informative update.

(b) That a workshop be arranged for this Scrutiny Committee on the 111 and Urgent Care Services.

15 PAEDIATRIC OPHTHALMOLOGY SERVICES

The Clinical Lead for Ophthalmology, County Durham and Darlington NHS Foundation Trust submitted a report (previously circulated) informing Members of the national and regional situation with regards to Paediatric Ophthalmology Services and the situation of the local service at County Durham and Darlington NHS Foundation Trust (CDDFT).

It was reported that, due to a combination of factors, hospital eye services were overstretched; that nationally Ophthalmology was recognised as the busiest outpatient attendance by speciality, accounting for 8 per cent of 94 million hospital outpatient attendances; and that County Durham Commissioners and CDDFT had worked collaboratively for several years to introduce community optometry services to relieve pressures on overstretched clinics.

The submitted report stated that there was a national shortage of Paediatric Ophthalmologists and service provision had been critically affected in the last two years following the retirement of two Paediatric Ophthalmologists and scaling back of another; and in order to manage the situation, routine referrals to the Paediatric Ophthalmology were suspended from 1 June 2022.

Members were informed that all children under the care of Paediatric Ophthalmology services at CDDFT continued to have their care delivered as planned; a small number of children required transferring to another hospital for specialist Consultant Paediatric Ophthalmology input; and from 1 June 2022 children requiring a routine referral to Paediatric Ophthalmology were referred to South Tyneside and Sunderland NHS Foundation Trust, Newcastle-Upon-Tyne NHS Foundation Trust or South Tees NHS Foundation Trust.

It was reported that the initial term of suspension of services at CDDFT was 6 to 18 months, however, following a successful recruitment programme, it was hoped that the service provided by CDDFT would reopen from January/February 2023.

Discussion ensued regarding succession planning and following concerns raised regarding waiting times for those not deemed as an emergency, Members were assured that a robust eye care system was in place across the region, with a range of schemes in place, ensuring that services were being delivered despite a lapse in consultant led services.

RESOLVED – That the update on the national and regional situation with regards to

Paediatric Ophthalmology Services be noted.

16 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the Municipal Year 2022/23 and that the future meeting dates for this committee be agreed.

A discussion was held in respect of the current items on the work programme and suggested additional items included Suicide and workshops in relation to TEWV CQC reports and benchmarking; it was also agreed that a Winter Plan update, to include Primary Care Access, be provided at the next meeting of this Scrutiny Committee.

RESOLVED – (a) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

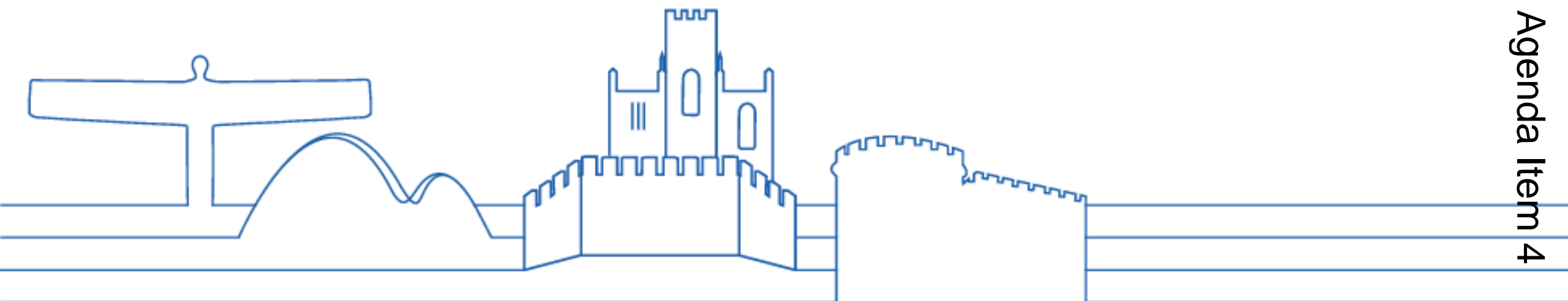
(b) That the proposed meeting dates for the remainder of the 2022/2023 Municipal Year be agreed.



**North East and
North Cumbria**

Tees Valley Joint Health Scrutiny Committee – Winter Planning

Page 9



Agenda Item 4

Context

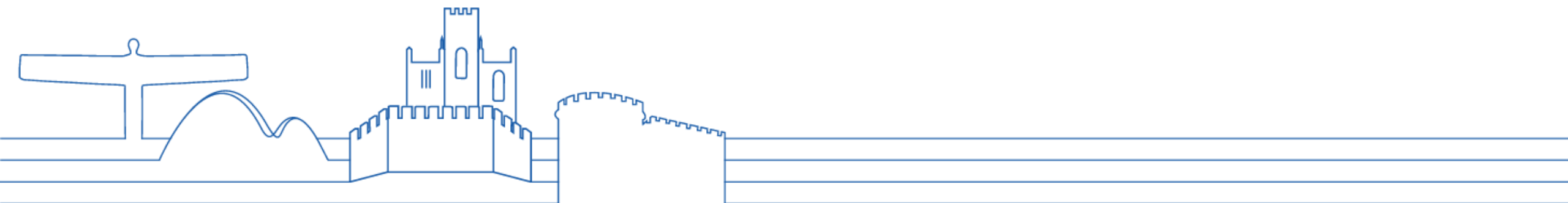


**North East and
North Cumbria**

The Tees Valley Urgent & Emergency Care (UEC) System, like UEC services in the rest of the region and the country, remains under significant and sustained pressure and we did not see the reduction in demand that we usually see during the spring/summer months. This pressure is being felt across all parts of the Tees Valley system and all partners, from Primary Care and Out of Hours to Acute and Ambulance providers, to Social Care and Mental Health Services.

This is inevitably impacting on performance across all Providers, particularly having an impact on flow through our hospitals, creating a blockage in the Emergency Department (ED) and resulting in long ED waits and Ambulance Handover Delays. This in turn creates unacceptable long waits for people in the community waiting for an emergency response.

On top of this significant and sustained pressure, we head into the winter period where ordinarily we would see a spike in activity and pressure.



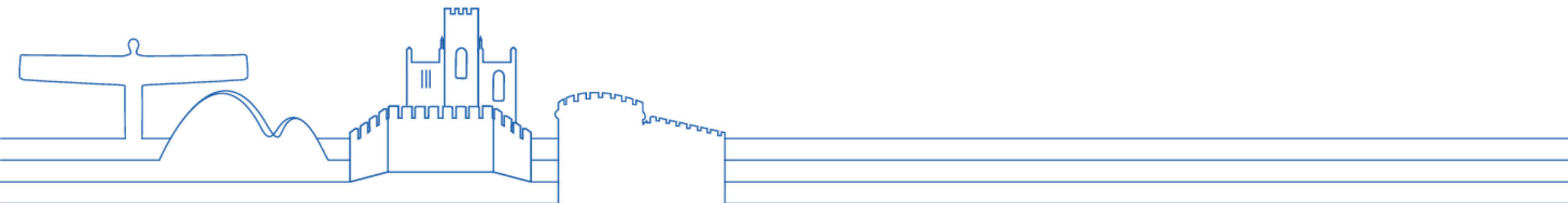
Contributing Factors



North East and
North Cumbria

The pressure across our system is created by:

- Staffing issues across all partners (linked to Covid absence, general sickness, vacancies and burnout)
- High/increased activity levels within Primary and Secondary Care (linked to Elective backlog and Primary Care access)
- Higher acuity of patients resulting in longer Length of Stay (LOS)
- Continued impact of Covid (vaccine rollout requirements in Primary Care, Covid in hospital beds, staff sickness, Infection, Prevention, Control (IPC))
- Discharge delays (Internal Trust delays and Social Care and Home Care Staffing pressures)
- Bed pressures and flow issues through hospitals (linked to all the above)



Winter Plans



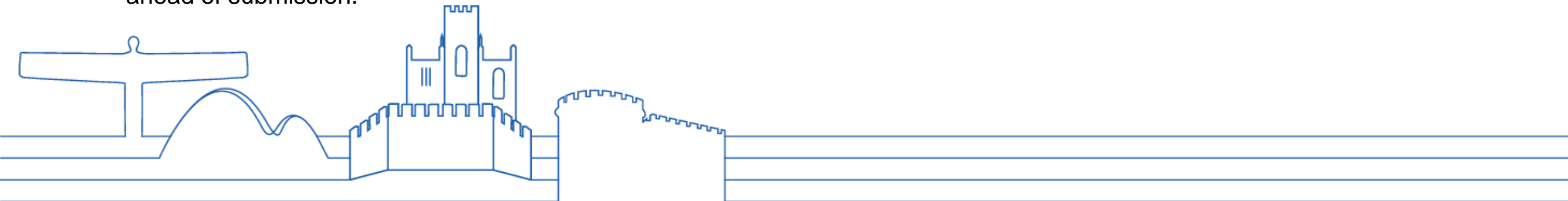
North East and
North Cumbria

NHS England and Improvement required each Local Accident and Emergency Delivery Board (LAEDB) to assess preparedness for winter against a national list of 33 national priorities. Responses were submitted on Friday 2nd December.

The Tees Valley LAEDB response against the 33 priority areas, split across the key themes of; front door (A&E), flow, discharges, surge, ambulance performance and IPC, reported that:

- 15 priorities already in place/alternative in place or standard met (i.e. Command and Control arrangements, Provision of Same Day Emergency Care)
- 7 priorities where actions in place and on track to be implemented within timeframes (i.e. Discharge Policy in Place, Influenza outbreak strategy agreed and in place)
- 11 priorities were in plans, but risks associated with delivery (i.e. Managing hospital flow, Managing peaks in demands over weekends)

Every priority is being considered and is included within Winter plans but there is inevitably some risks associated given the significant and sustained pressure the whole UEC system is under. The Tees LAEDB agreed the response ahead of submission.



Winter Plans – Going Further

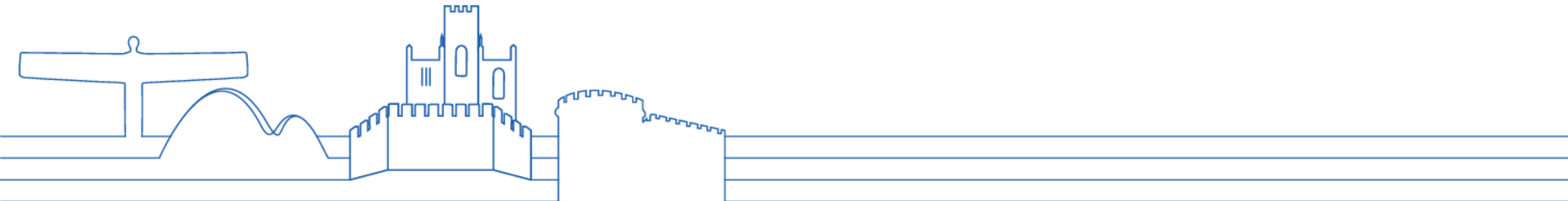


North East and
North Cumbria

Further winter guidance was released on 18th October 2022 via a letter from the Chief Executive Officer of NHS England, Amanda Pritchard, titled – ‘Going further on our Winter Resilience Plans’. This communication was issued to Senior colleagues within ICB’s, Foundation Trusts, Primary Care Networks and Local Authorities. Systems were asked to set-out or expand plans aimed at:

- Better supporting people in the community
- Deliver on our ambitions to maximise bed capacity
- Ensure timely discharge and support people to leave hospital when clinically appropriate
- Continuing to support elective activity
- Infection prevention and control (IPC) measures and testing
- Staff vaccination
- Oversight and incident management arrangements

The Tees Valley system has undertaken a self-assessment against each of these asks, with assurances provided that we are actively working towards delivery of each.



Winter Plans - Better support people in the community



North East and
North Cumbria

Urgent Community Response

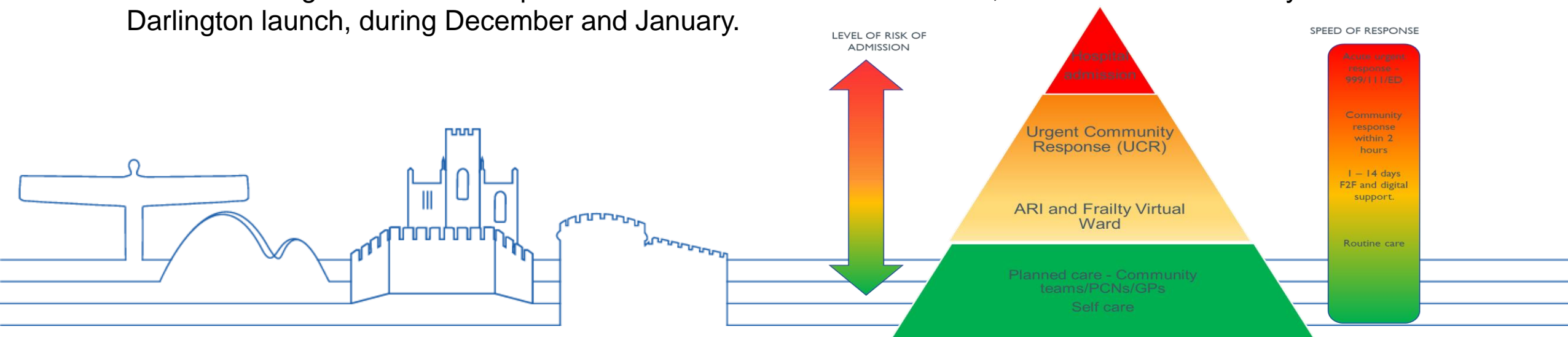
Successfully implemented across Tees Valley enabling appropriate patients that are referred through iSPA to receive a Community Response in their own home within 2 hours, with the aim of stopping an ambulance conveyance, ED attendance or acute admission.

Work is on-going with NEAS and Care Homes across Tees Valley with the aim of iSPA clinically validating Ambulance Cat3/4 dispositions to potentially avoid an ambulance conveyance.

Virtual Wards

Work is progressing at pace across Tees Valley to enable implementation of a Virtual Frailty Ward and a Virtual Respiratory Ward providing hospital standard care at home. Virtual wards will reduce admissions and support earlier discharge. North Tees implemented a 'soft launch' in November, South Tees And County Durham and Darlington launch, during December and January.

Page 14



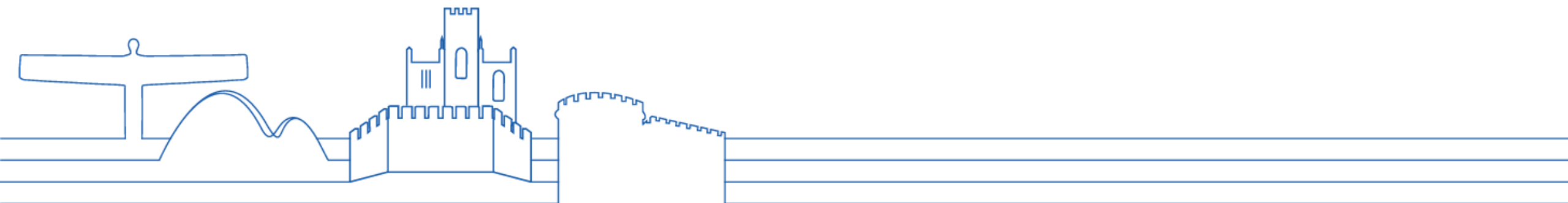
Winter Plans - Deliver on our ambitions to maximise bed capacity



North East and
North Cumbria

National funding has been allocated to our local Acute Trusts to support increased bed capacity as follows:

- STHFT - Boulby Ward, block booking of intermediate care beds, expansion of Home First and Discharge Teams
- NTHFT - Commissioning Care Home beds, private transport provision, patient discharge flow facilitators, expansion of SDU
- CDDFT - Additional community beds, private transport provision, additional acute beds at Darlington Memorial Hospital, University Hospital North Durham and Bishop Auckland



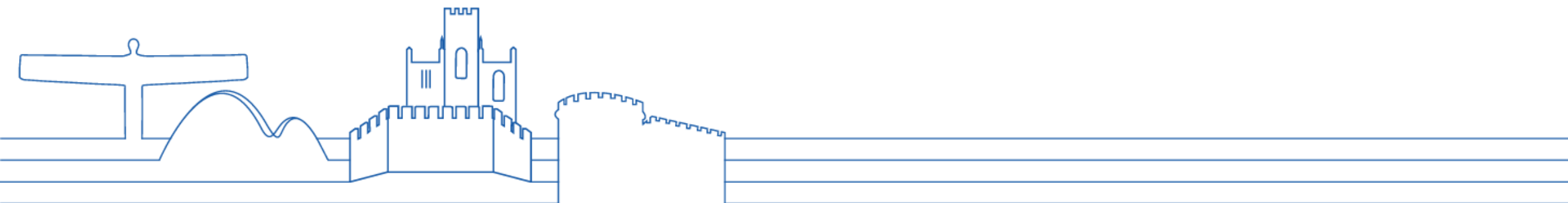
Winter Plans - Ensure timely discharge



North East and
North Cumbria

Across the Tees Valley we have built on the existing working arrangements in place to support discharge, working closely across Health and Social Care:

- Funding for a 4 week D2A period will continue until at least April across all areas
- Reinforcing the 'Home First' ethos
- Daily system calls, weekly oversight groups
- Investment in various staffing teams that support discharge
- Implementation of OPITCA system to support discharge
- Social workers working at all Trust sites
- Internal Trust process improvements underway
- System response to Domiciliary Care Worker capacity



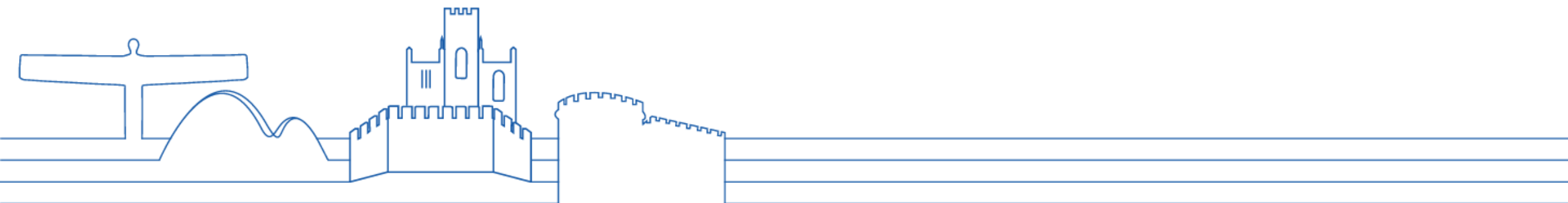
Winter Plans - Continuing to support elective activity



North East and
North Cumbria

Providers have clear escalation protocols that protect elective capacity wherever possible:

- Trusts have maintained focus on outpatient and elective activity and continue to validate waiting lists, prioritise longest waiters, monitor forward planning, reallocate theatre capacity and allocate patients to consultants with capacity
- Tees Valley is performing significantly better than the national average position in terms of 52 week waits; Tees Valley rate of people waiting over 52 weeks is 189/per100,000 population v's National Average rate of 645/per100,000 population
- Tees Valley Trusts have maintained a zero position with 104 week waits and are reducing 78 and 52 week waits
- For elective long waiters insourcing and additional weekend lists continue
- Work is ongoing to consider theatre reallocation to support reduced wait times



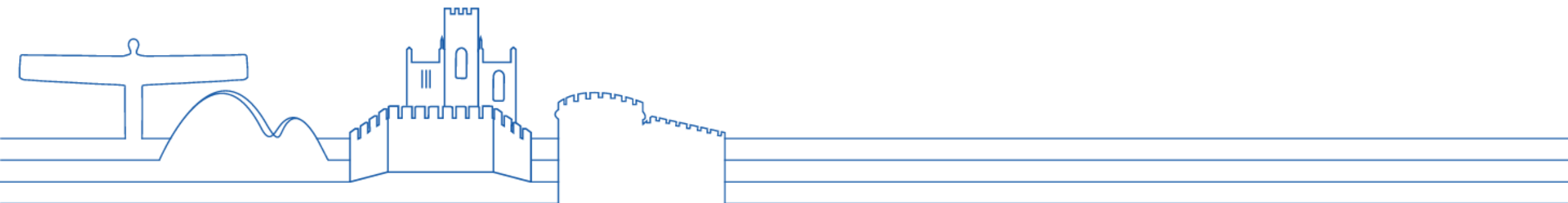
Winter Plans - Infection prevention and control (IPC) measures



North East and
North Cumbria

In addition to the UK Health Security Agency (UKHSA) guidance, the NENC ICB approach is also informed by local discussions and agreement amongst clinical experts and IPC specialists.

These are supported by the NENC ICB Infection, Prevention and Control lead DoN, Chris Piercy and provider DoNs, with the aim of achieving a common approach across the ICB footprint, whilst retaining local discretion for areas such as visiting policy and masking wearing for visitors.

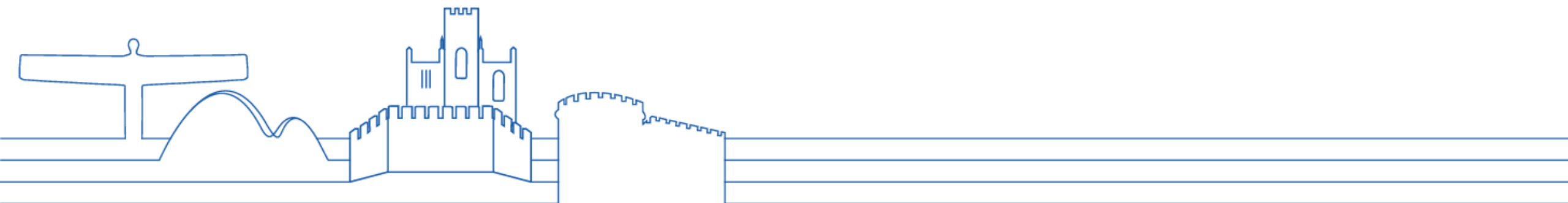


Winter Plans - Staff vaccination health care



North East and
North Cumbria

- The Acute and mental health trusts across Tees Valley have been operating seasonal vaccination clinics for flu vaccine and covid vaccination autumn boosters from the end of September, with ongoing programmes
- Vaccine uptake across frontline health care workers has been lower than in previous years and lower than the target set nationally for both covid and flu uptake
- Flu vaccination in Trust health care staff across North East and North Cumbria 48%. Target 85%
- Employers are exploring other options and opportunities to make vaccination available to staff, by
 - offering ward level vaccination to reduce impact of being unable to leave clinical area
 - incentives to increase vaccination
 - promoting awareness of other locations for access to flu and covid vaccination
- In addition, the central Tees Valley programme has developed a range of media assets and is using local comms channels, including TV and Radio adverts to promote other venues where people (including HSCWs) can obtain their vaccinations

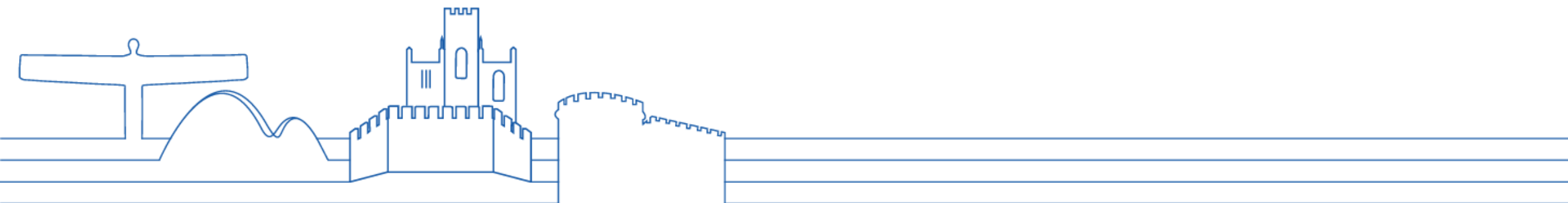


Winter Plans - Oversight and incident management arrangements



North East and
North Cumbria

- Tees Valley LADB takes place every 6 weeks with responsibility and oversight of UEC across the system
- Tees Valley Urgent Emergency Care Managed Clinical Network considering longer term solutions to support system pressures
- Routine daily (when required) surge calls to discuss and mitigate surge pressures, already in place at Tees Valley and ICB level
- ICB System Control Centre (SCC) was established on 1st December 2022. The SCC is operation 8-8, 7 days a week. SCC calls will take place daily at 10:30. The SCC will be required to submit a daily sitrep to NHSE.



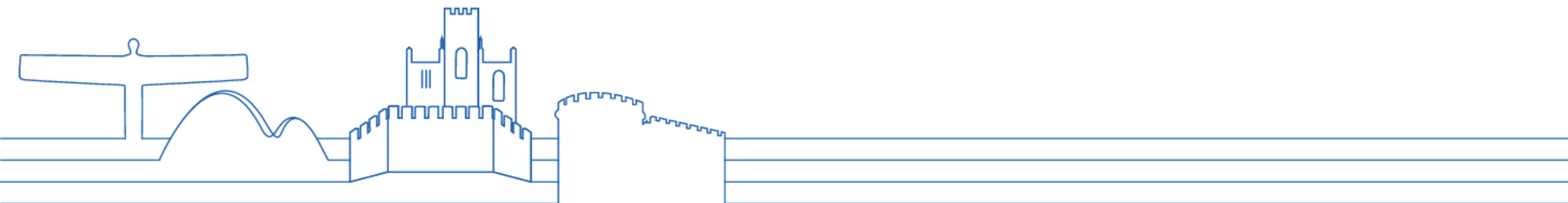
Winter Plans – current projects underway to support this Winter



North East and
North Cumbria

The following work has become business as usual/process improvement and is being prioritised by all partners:

- Continued comms to the public regarding 'Think 111 first' to direct presentation to appropriate service
- Direct patient messaging service via GP practices
- Greater utilisation of GP 111 slots
- Implementation of Enhanced Access across all PCN's with supplementary agreement to support Sunday and Bank Holiday opening
- Internal Trust process improvements in relation to Discharge
- Development of Surge Handbook to support system partners in times of pressure
- Implementation of Urgent Community Response
- Implementation of Virtual Wards
- Increase of Acute bed base



Winter Plans – additional schemes



North East and
North Cumbria

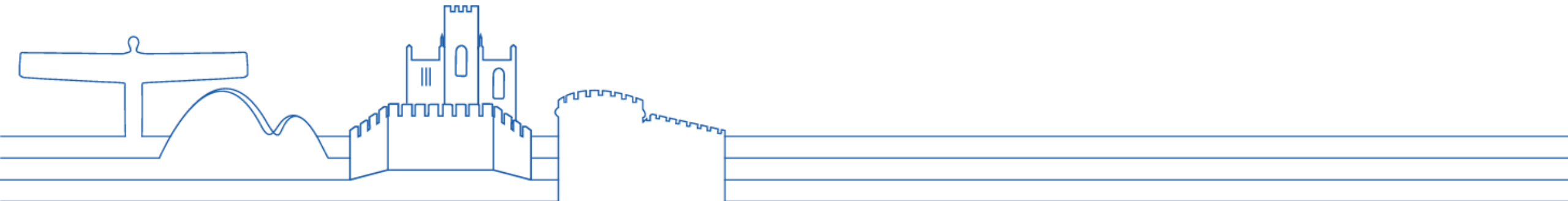
South Tees FT have already implemented additional schemes to support with their pressures:

- IMPACT Nurse – allows 3 patients to be handed over from Ambulance Service and managed by Nurse prior to admittance to Emergency Department and therefore releasing the Ambulance crew into the community
- GP Stream in Emergency Department (ED) – South Tees have developed a GP stream within the ED department which will allow patients attending with a Primary Care need to be managed through a different stream and therefore freeing up ED capacity

The following additional schemes have been identified as schemes that would greatly support the UEC system if implemented:

- Additional capacity into Urgent Treatment Centres
- Additional capacity into Same Day Emergency Care (SDEC) or equivalent

Resources to fund these initiatives are limited and ICB support has been sought in response to this.



UEC Future Planning



North East and
North Cumbria

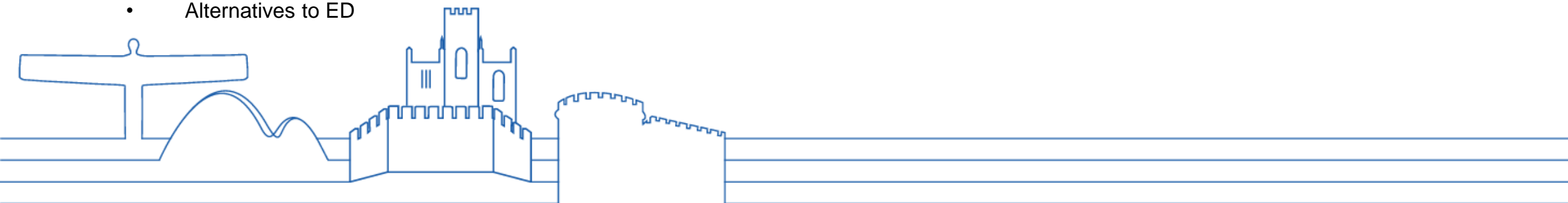
Urgent and Emergency Care (UEC) Managed Clinical Network (MCN)

'To provide a high quality, standardised and seamless urgent and emergency care service that is responsive to the needs of patients across the Tees Valley, ensuring that every patient is seen by the right person, in the right place at the right time'

The UEC MCN aims to deliver better outcomes, reduce health inequalities, improve staffing recruitment and retention, improve services, get better value for the Tees Valley pound. Since the start of the UEC MCN there have been many achievements including, the development of a SURGE handbook, the development of a proposal to standardise Integrated Urgent Care Services across the Tees Valley and the development of Urgent Community Response and Virtual Ward models across the Tees Valley, which are being implemented at pace.

The UEC MCN, with clinical direction, will continue to focus on current and emerging issues, covering:

- Ambulance handover Delays
- Diverts & Deflects
- Opel Reporting
- DOS accuracy and development
- Alternatives to ED

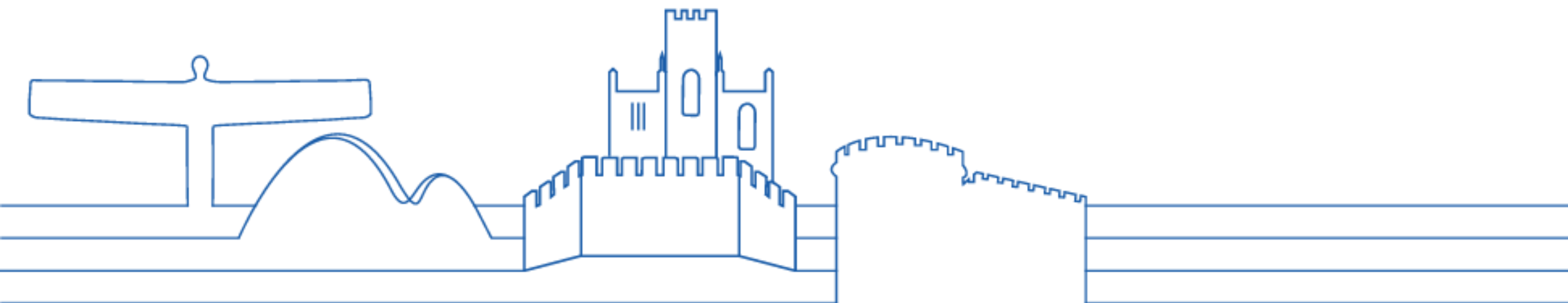




**North East and
North Cumbria**

Tees Valley Joint Health Scrutiny Committee – Integrated Urgent Care Engagement Report

Page 24



Background – A reminder



North East and
North Cumbria

A new model of integrated urgent care (IUC) delivery is being proposed for the populations of Middlesbrough and Redcar & Cleveland which would see:

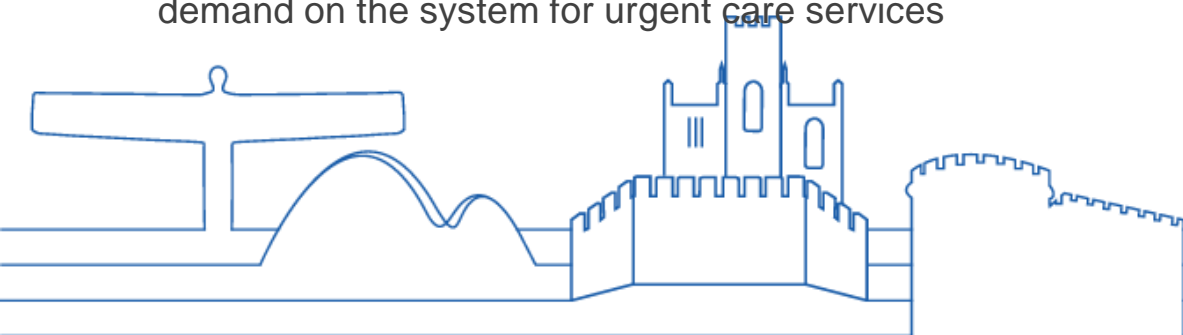
- A change in delivery model at The James Cook University Hospital (JCUH)
- Increased opening hours (24/7) at Redcar Primary Care Hospital (RPCH)
- The relocation of GP Out of Hours service from North Ormesby to JCUH

IUC is currently in place across the other boroughs within the Tees Valley. Proposals will see a standardised offer, across the area which will include:

- Page 25
- Home visiting
 - GP Out of Hours
 - Management of minor injuries and illness
 - 24/7 Primary Care presence across all sites



- Co-locating GP Out of Hours has been shown to support the delivery of safe and effective care as well as significantly improving patient experience
- The integration of primary and secondary care services on acute hospital sites can help to reduce emergency attendances and demand on the system for urgent care services



Engagement



North East and
North Cumbria

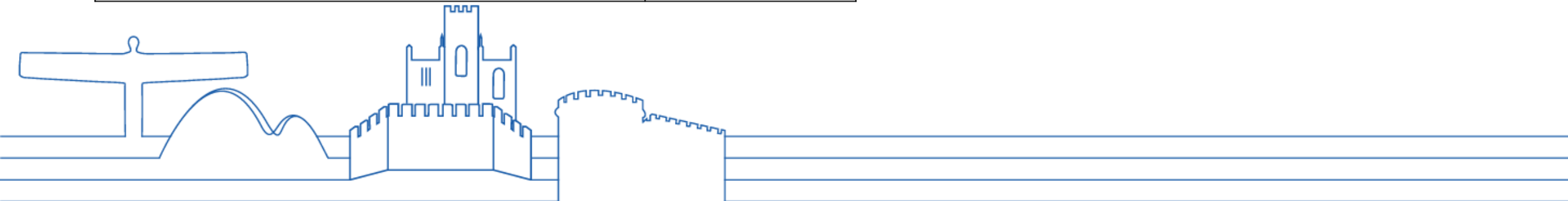
An 11week period of engagement was carried out from Monday 1st August to Sunday 16th October 2022

Promotion of Engagement

The engagement was promoted across local print and digital media and through social media. Calls to action were to complete the survey and/or attend an event:

- 3 x half page paid adverts in the Gazette newspaper
- Editorial coverage in the Gazette
- Online advertising on Teesside Live website with reach of over 100k
- Coverage on BBC Radio Tees
- Posters in all local GP Practices, JCUH and other key venues
- 52% of respondents were from Middlesbrough and 41% from Redcar & Cleveland

Method of engagement	No. of respondents
Survey	689
Public events	30
Engagement with people from protected characteristic groups	120
Additional responses (direct submissions from members of the public / stakeholders and social media)	83
TOTAL	922



Methods of Engagement



North East and
North Cumbria

Survey

- 689 responses in total
- Alternative formats & paper copies were available

Public Events

- 8 public meetings held between 6th September and 12th October
- Venues across Middlesbrough and Redcar & Cleveland
- 30 attendances at these meetings

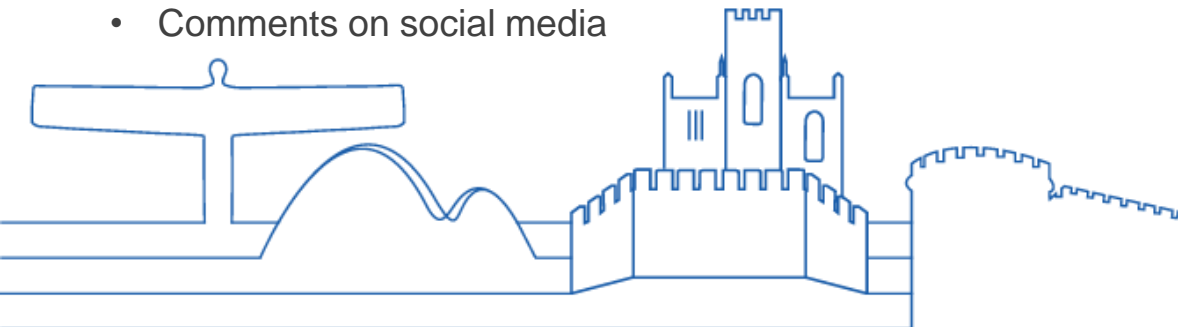
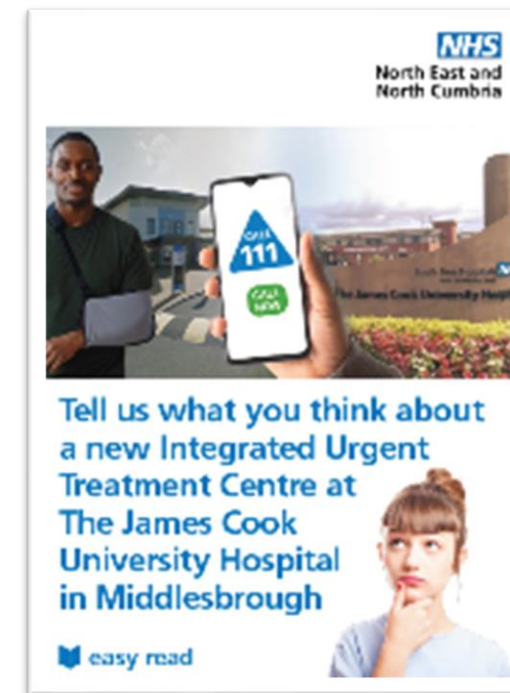
Page 27

Targeted engagement with people from protected characteristic groups

- Four VCS organisations were commissioned
- 14 focus groups, total of 120 people
- Including older people, refugees and asylum seekers, substance misuse groups

Additional responses received from 83 people

- Tees Valley Primary Care Network (PCN)
- 1 x PCN Clinical Director, 1 x GP Practice Manager and 1 x member of the public
- Comments on social media



Survey Results



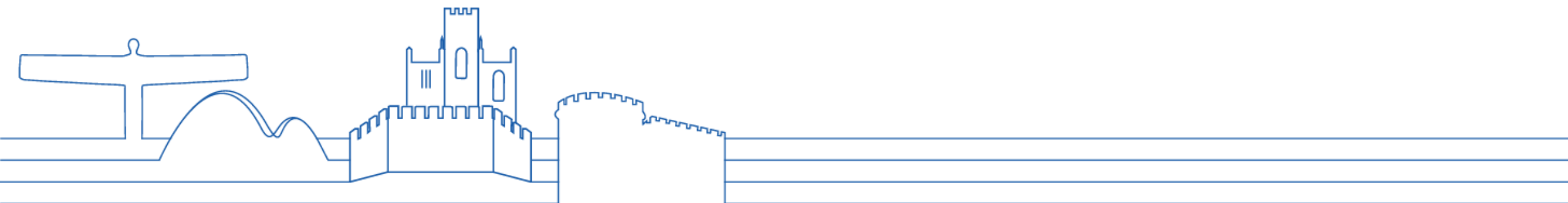
North East and
North Cumbria

Demographics

- 72% females and 20% males
- 36% who had a disability/health condition
- 54% with a caring responsibility
- 85% white British
- 82% heterosexual
- 52% from Middlesbrough, 41% from Redcar & Cleveland, 7% other

Patients' experiences of accessing urgent treatment out of hours

- 65% had accessed urgent treatment out of hours in the past 18 months
- 61% Middlesbrough, 71% Redcar & Cleveland
- 58% had accessed urgent treatment out of hours at Redcar UTC
- 42% went to A & E at James Cook (walk-in)
- 38% called NHS111



Survey Results



North East and
North Cumbria

When asked if they found it easy to access urgent treatment out of hours

- 54% found it easy, 40% didn't find it easy and 5% were unsure
- Some additional comments referenced long waits for treatment, issues with access, capacity concerns, distance/costs of travel

How they travelled to the place where they accessed urgent treatment out of hours

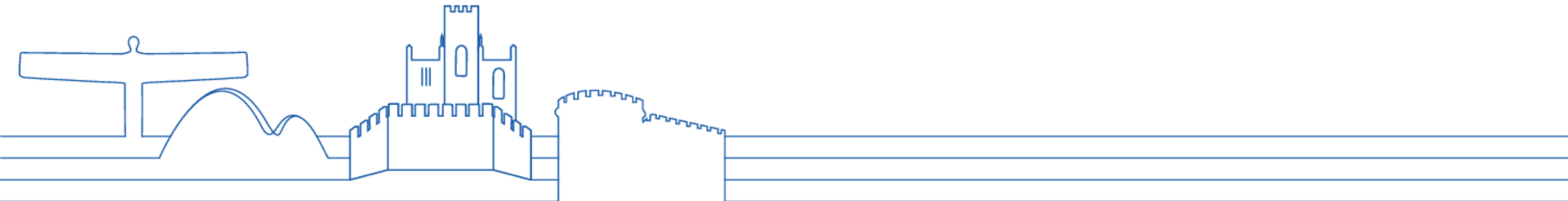
- 70% drove their own car/in the car with their spouse/partner
- 17% travelled with a friend/relative in their car
- 3% walked and 6% used another mode of transport

Support for the proposals

- 83% support the proposals, 7% don't and 8% were unsure
- Middlesbrough 82%/Redcar & Cleveland 87%

Would the relocation of the GP Out of Hours service from North Ormesby Health Village to JCUH cause any problems to them/their families

- 66% felt it wouldn't, 18% said it would and 9% were unsure
- 72% in Middlesbrough said it wouldn't and 59% for Redcar & Cleveland
- Comments included transport concerns and parking issues at JCUH



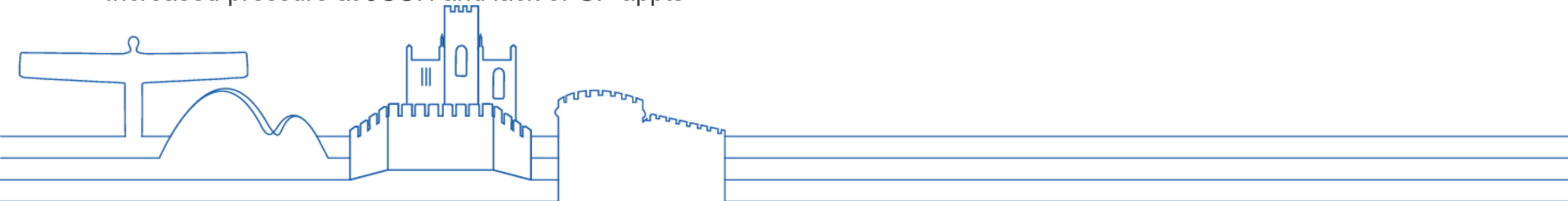
Additional Responses



North East and
North Cumbria

- **Middlesbrough Primary Care Network (PCN)** meeting 03/10/22 - Some questions regarding clinical engagement and footfall at JCUH
- **Tees Valley wide PCN Clinical Directors'** meeting 14/10/22- Issues included access from East Cleveland, whether the model at North Tees would work for South Tees, perception that A & E see everything
- **Meeting of Tees Valley Joint Health Scrutiny Committee** 23/10/22- Middlesbrough Council informed the Committee that residents of Middlesbrough were in support of the proposals
- **PCN Clinical Director** - Concern about lack of prior engagement with primary care and stakeholders
- **Andy McDonald, Labour MP for Middlesbrough** - Very positive and welcoming of the proposals
- **Member of the public** - The current Out of Hours location is vital to local residents
- **79 comments were made on social media** Positive - "proposed model would help relieve pressure" Negative – "Increased pressure at JCUH and lack of GP appts"

Page 30



Summary



North East and
North Cumbria

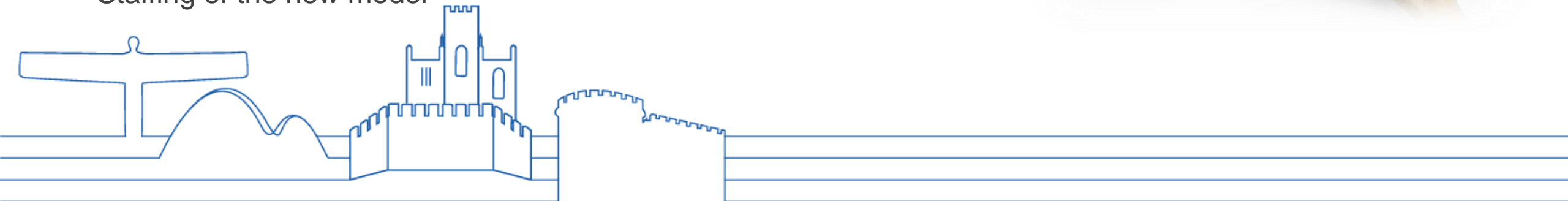
The engagement shows the high level of support for the proposals with benefits including:

- Relieving the strain on GPs/A&E departments
- Improving signposting of patients
- Consistent Urgent Care offer across the Tees Valley
- Increasing 24/7 urgent care provision
- Access to GP Out of Hours service improving for some localities

Page 31

Consideration is needed regarding:

- Accessibility of JCUH site, including public transport options
- Availability and cost of parking at JCUH
- Capacity of, and impact on JCUH site, considering existing pressures
- Capability and confidence of NHS 111
- Staffing of the new model

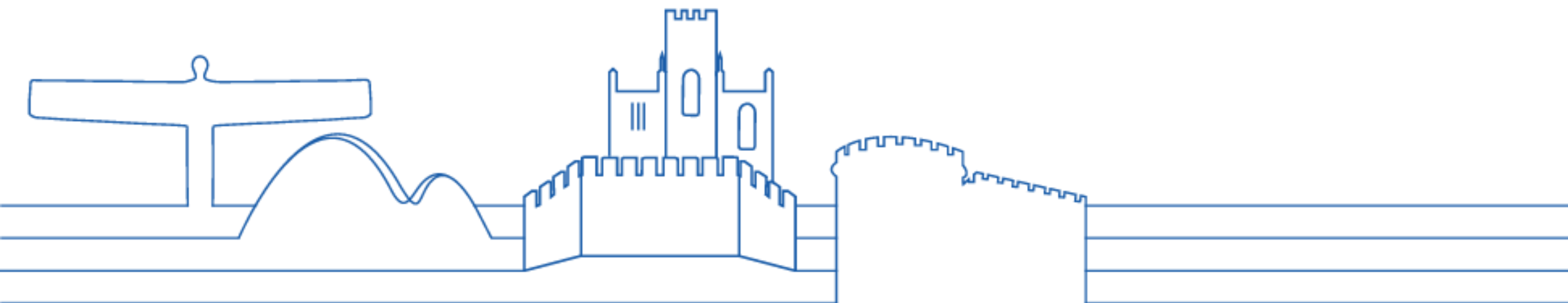




**North East and
North Cumbria**

Tees Valley Joint Health Scrutiny Committee – Vaccination Update

Page 32

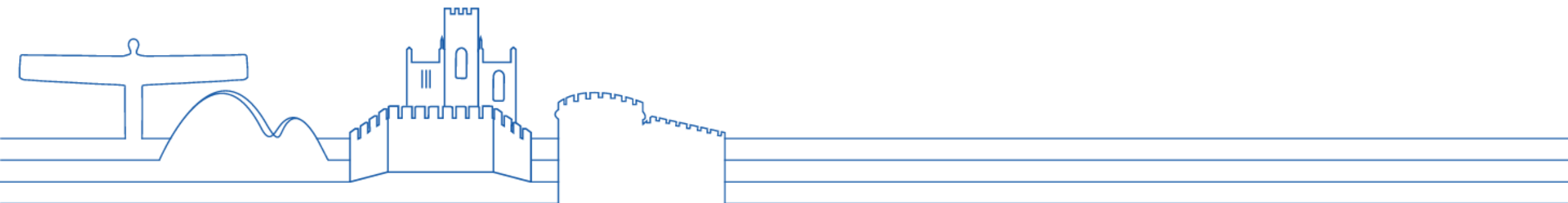


Winter Plans - Seasonal vaccination



North East and
North Cumbria

- Seasonal flu vaccination and covid autumn boosters are an integral part of winter planning
- Both programmes have a dual impact of reducing the likelihood of severe illness in the individual as well as reducing the transmission of illness from staff or carers to more vulnerable individuals
- Flu vaccination programmes in children, reduce the spread and transmission to the more vulnerable
- High vaccination rates for flu and covid in the most vulnerable reduces the impact on the health care system from related admissions or contact with health care service related to disease outbreaks
- Covid and flu vaccination for frontline health and social care staff reduces transmission but also reduces the likelihood of absence related to covid and flu through illness and or the need to isolate

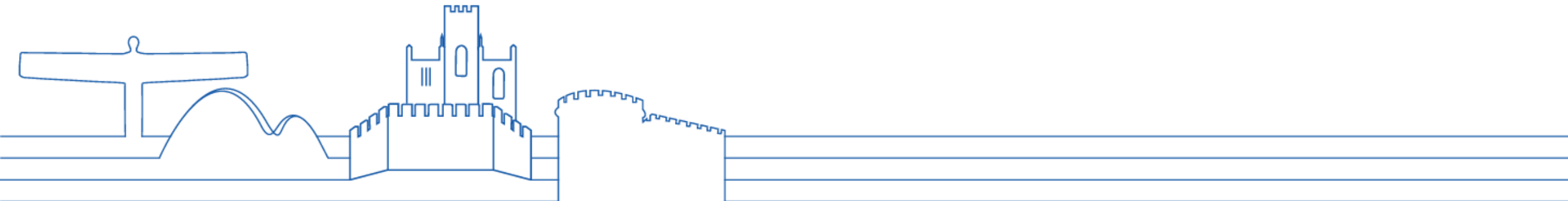


Seasonal vaccination – flu and covid



North East and
North Cumbria

- >206,000 Flu vaccines administered in Tees Valley
- >193,000 covid autumn boosters in Tees Valley
- Care home vaccination- residents uptake
 - Flu 74%
 - Covid 83.9%
- However uptake rates in other at risk cohorts are much lower for covid and flu vaccination
- Uptake is lowest in our areas of deprivation with some wards at under 30% uptake for flu and under 40% for covid vaccination

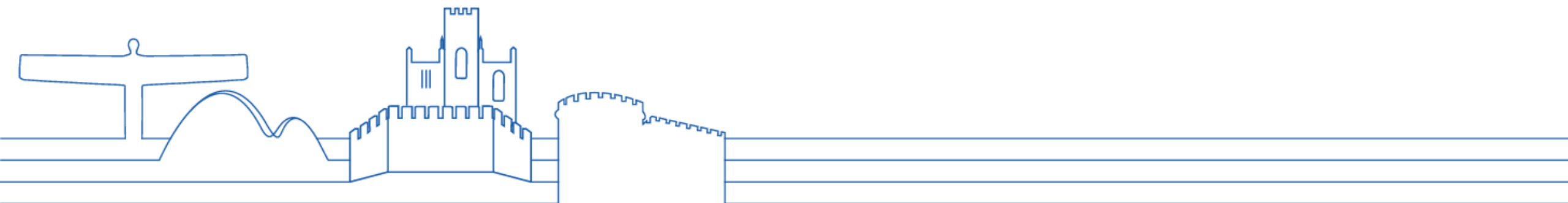


Vaccine fatigue



North East and
North Cumbria

- Across Tees Valley we have had to work tirelessly to try to achieve vaccine penetration into all our communities
- In all phases we have had to utilise walk in, roving or pop up models of vaccine delivery to try to increase uptake alongside traditional appointment based approaches in general practice community pharmacy, and vaccination centres, working very closely with local authority partners to target lower uptake areas
- Comms campaigns have been targeted to cohorts at greatest risk and with lowest uptake.
- Personalised invitations, letters, texts, social media messaging, adverts on tv and radio – but uptake has remained low
- The Tees Valley position, is mirrored across the NENC and only slightly below the NENC average

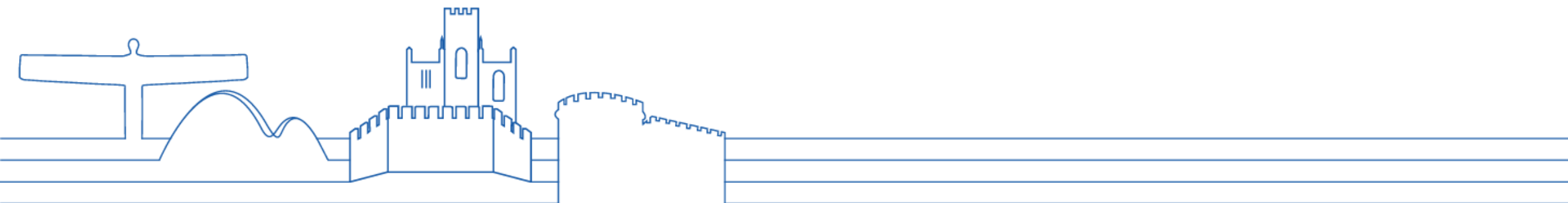


Winter Plans - Staff vaccination health care



North East and
North Cumbria

- The Acute and mental health trusts across Tees Valley have been operating seasonal vaccination clinics for flu vaccine and covid vaccination autumn boosters from the end of September, with ongoing programmes
- Vaccine uptake across frontline health care workers has been lower than in previous years and lower than the target set nationally for both covid and flu uptake
- Flu vaccination in Trust health care staff across North East and North Cumbria 48%. Target 85%
- Employers are exploring other options and opportunities to make vaccination available to staff, by
 - offering ward level vaccination to reduce impact of being unable to leave clinical area
 - incentives to increase vaccination
 - promoting awareness of other locations for access to flu and covid vaccination
- In addition, the central Tees Valley programme has developed a range of media assets and is using local comms channels, including TV and Radio adverts to promote other venues where people (including HSCWs) can obtain their vaccinations



Winter Plans - Staff vaccination- flu vaccination 27th November

Latest Cumulative Performance by Trust/Provider

■ Achieving Target
 ■ Below Target
 — Target
 — NENC Average 22/23
 — NENC Average 21/22
 ▬ 2021/22 Corresponding Cumulative Position

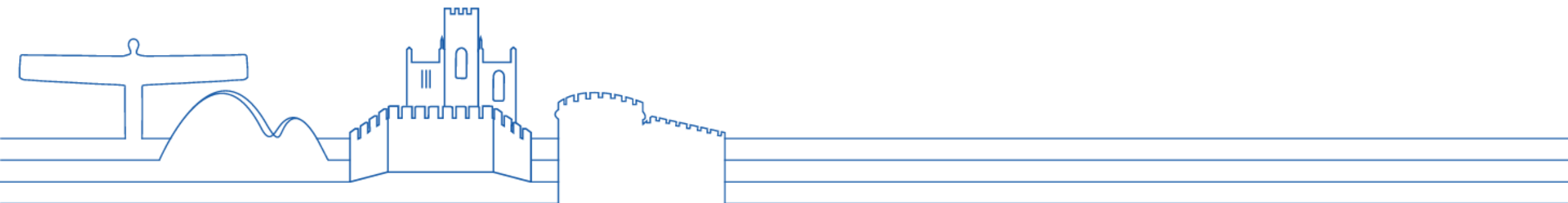


Covid vaccination - low uptake in frontline health and social care workers



North East and North Cumbria

	Tees Valley	NENC average
Frontline health care workers	43.6%	46.7%
Frontline social care workers	40.6%	40.4%



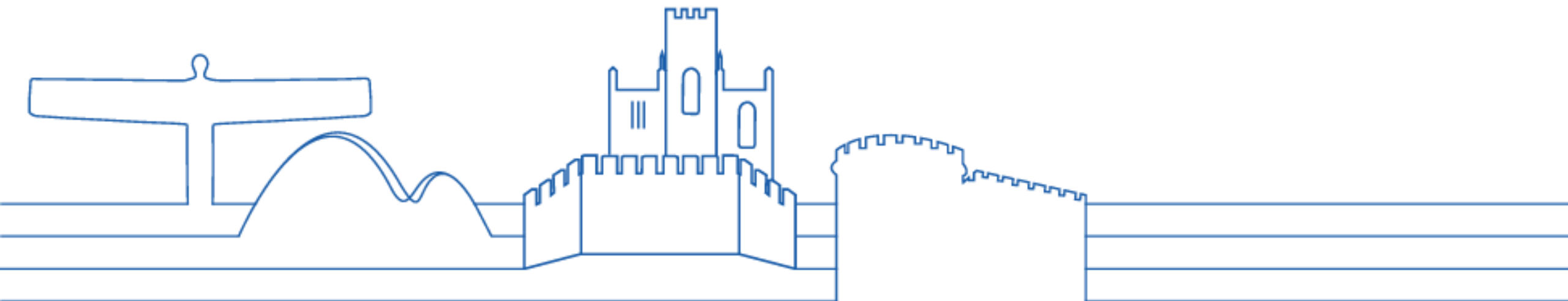


**North East and
North Cumbria**

Tees Valley Joint Health Scrutiny Committee – Primary Care Access

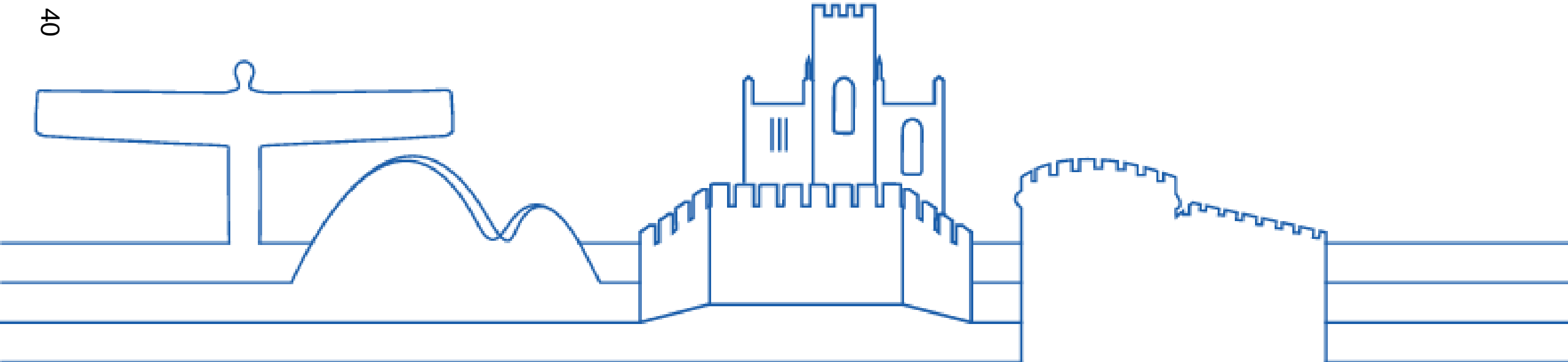
Karen Hawkins – ICB Director – Primary & Community Care

Page 39



Overview of primary care in Tees Valley

Page 40

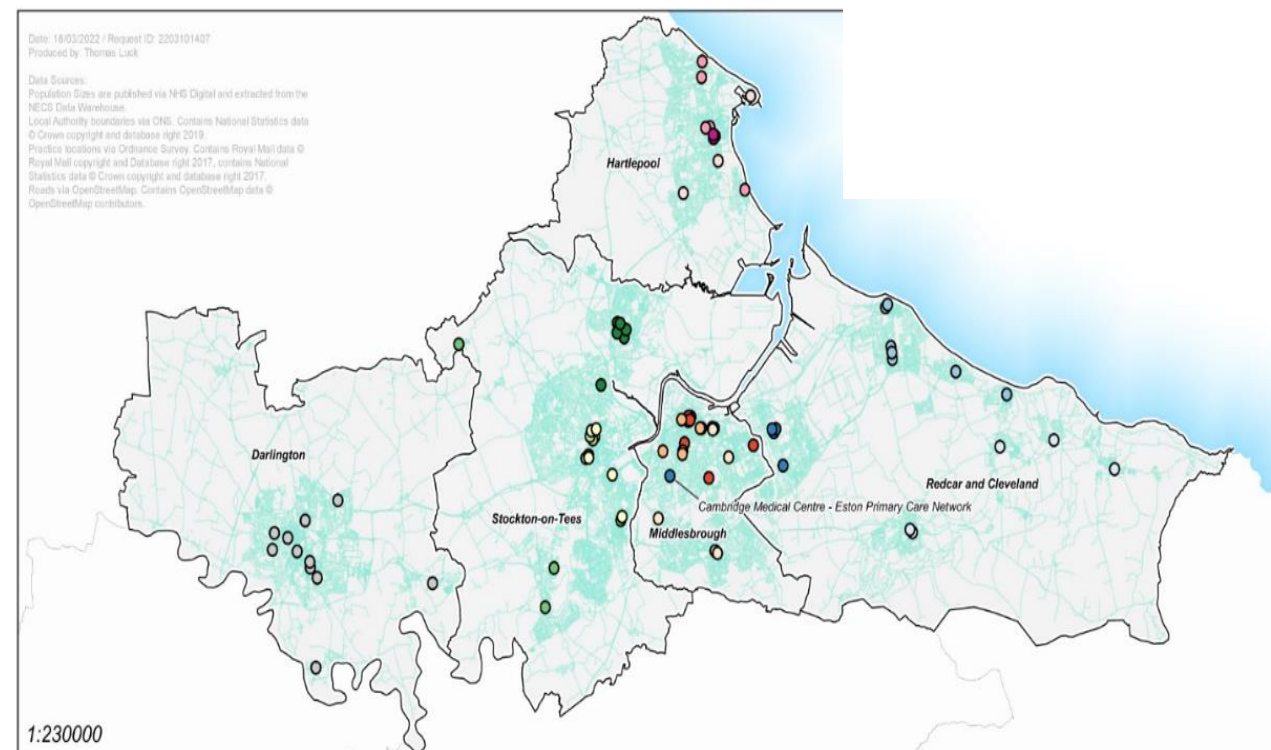


Configuration

- 5 Local Authority areas
- 80 Practices
- 14 Primary Care Networks (PCNs)
- Tees Valley patient population 716,159

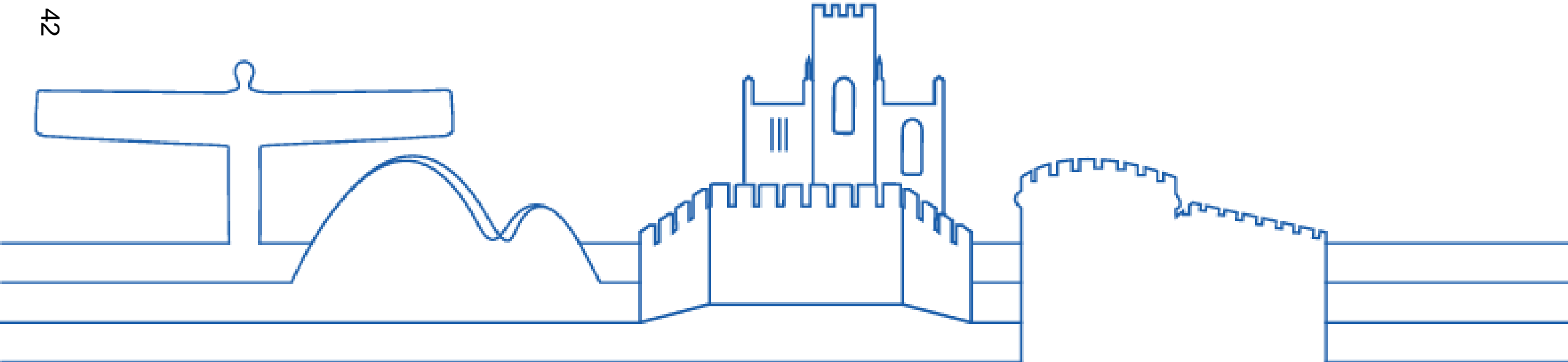
Page 41

Locality	Number of practices	Smallest list size	Largest list size	Average list size	Number of PCNs
Hartlepool	11	3,697	18,662	8,831	3
Stockton	21	2,333	21,949	9,717	4
Darlington	11	4,746	15,327	10,084	1
Middlesbrough	21	715	19,925	7,982	3
Redcar	16	3,470	14,401	8,494	3



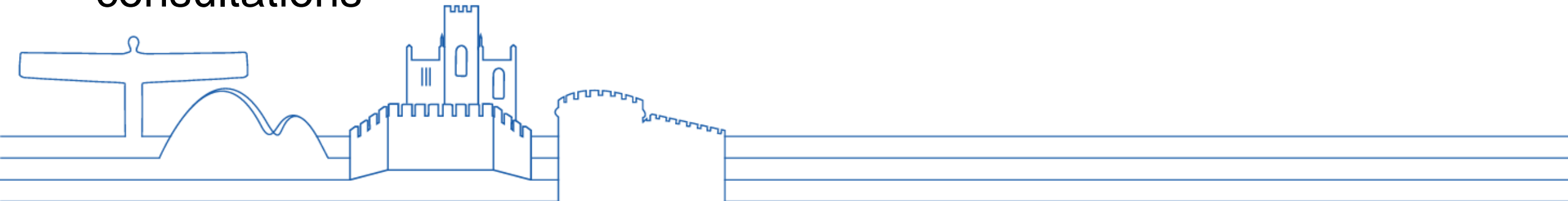
Access - Contract

Page 42



GMS/PMS/APMS Contract

- Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays
- Practices must also keep aside appointments for NHS 111 to book
- Practices must offer and promote online consultations and video consultations



Primary Care Network Contract Directed Enhanced Services (DES)

- **Enhanced access** – from 1st October 2022 each Primary Care Network (PCN) is required to provide 60 minutes of additional General Practice Capacity per 1,000 Adjusted Population between 6.30pm – 8.00pm on weekday evenings and 9.00am - 5.00pm on Saturdays
- **Investment and Impact Fund (IIF)** - Points based scheme similar to Quality and Outcomes Framework (QoF). NHSE/I have released funding associated with 4 indicators to create a capacity and support fund for PCNs between Oct 22- March 23



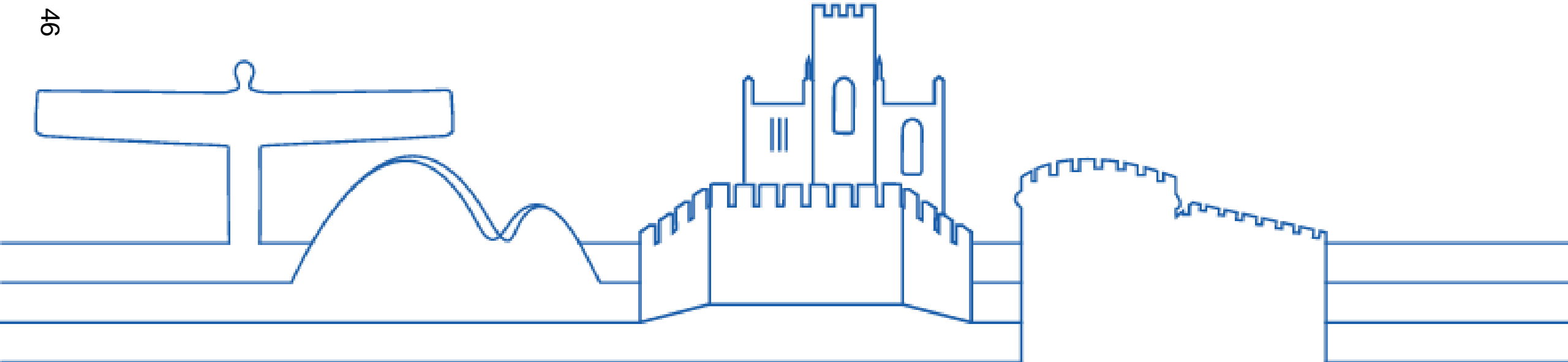
Enhanced Access- Normal provision



Locality	Site	Days Offered	Times Available
Darlington	All 11 practices within the PCN	Monday – Friday	0730-0800 and 1830-2000
	Forsyth House	Saturday Sunday	0830-1700 0900-1300
Hartlepool : Hartlepool Network Hartlepool Health One Life	Chadwick Practice, One Life	Monday – Friday Saturday Sunday	18:30-21:00 09:00-17:00 09:00-13:00
Stockton: BYTES North Stockton Stockton	Woodbridge Practice, Tennant Street Medical Practice & Eaglescliffe	Monday – Friday Saturday Sunday	18:30-21:00 09:00-17:00 09:00-17:00
Billingham & Norton	Abbey Health Centre	Monday – Friday	18:30-21:00
	Norton Medical Centre	Saturday	09:00-17:00
Middlesbrough: Central Middlesbrough Greater Middlesbrough Holgate	Park Surgery	Monday – Friday Saturday	18:30-21:00 (Central Middlesbrough 1830-2000) 09:00-17:00
Eston	All 5 surgeries within the PCN	Monday – Friday Saturday	18:30-21:00 09:00-17:00
East Cleveland	Brotton Surgery The Garth Surgery	Monday – Friday Saturday	18:30-21:00 09:00-17:00
Redcar	The Ravenscar Surgery	Monday – Friday Saturday	18:30-21:00 09:00-17:00

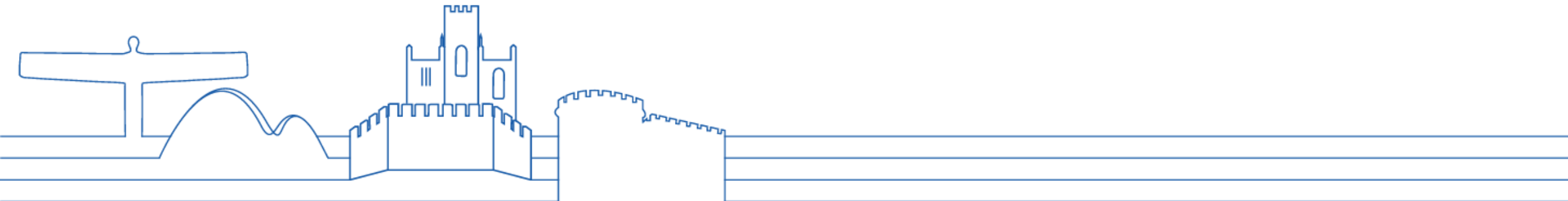
Access – Current Status

Page 46



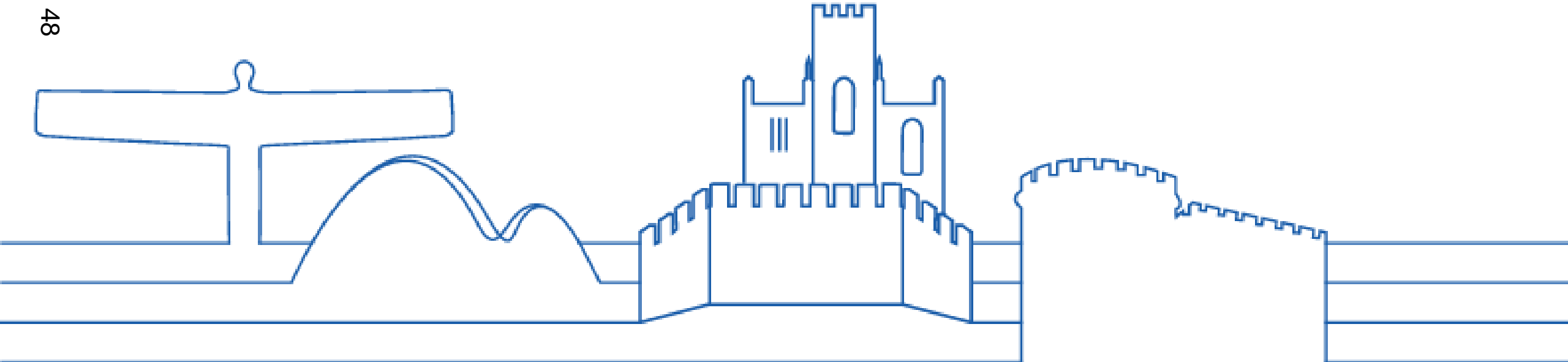
GP Patient survey 2022

- 49.6% of patients surveyed found it easy to get through to someone at their GP practice on the phone (National average is 53%)
- 56.2% of patients surveyed were satisfied with the GP appointment times available to them (National average is 55%)
- 72.4% of patients surveyed were satisfied with the appointment(s) offered (National average is 96%)
- 55.9% of patients surveyed would describe their experience of making an appointment as good (National average is 56%)
- 73.2% of patients surveyed would describe their experience of their GP practice as good (National average is 72%)



Access – Challenges

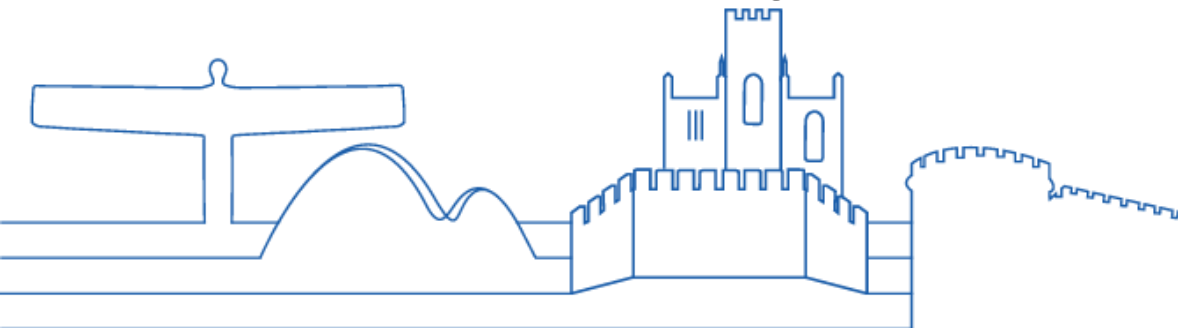
Page 48



Causes of access challenges

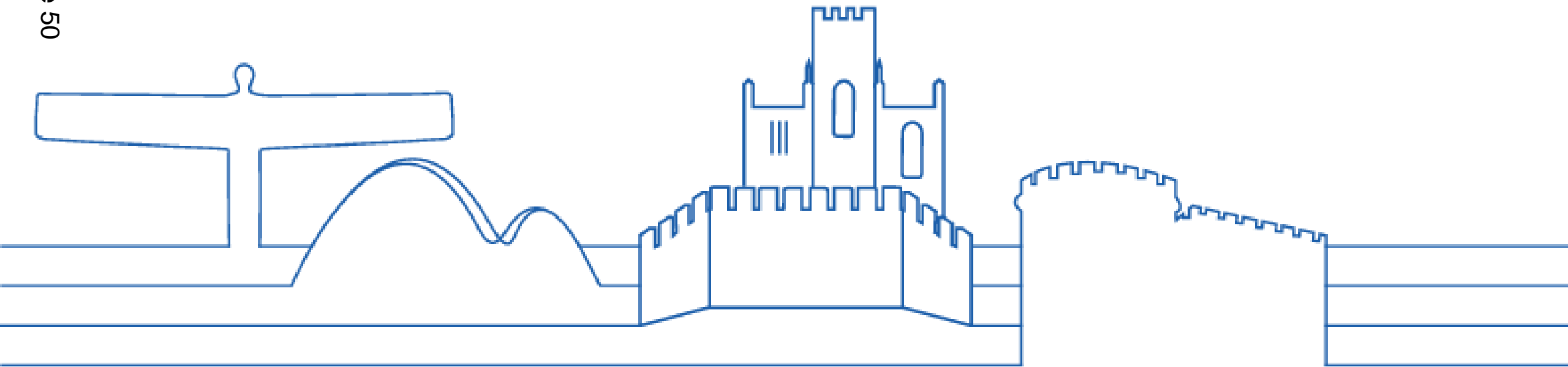
- Covid ways of working – total triage
- Staff sickness and isolations
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Public health concerns in press e.g. mpox, Strep A
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Difficulties in recruiting practice staff

Page 49



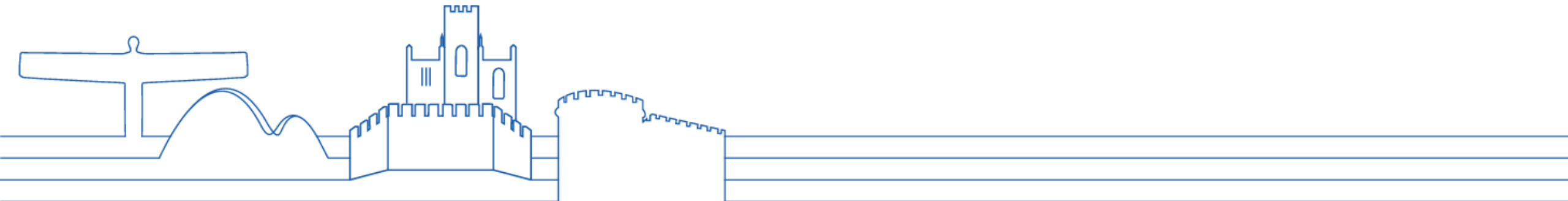
Access – ICB Improvements

Page 50



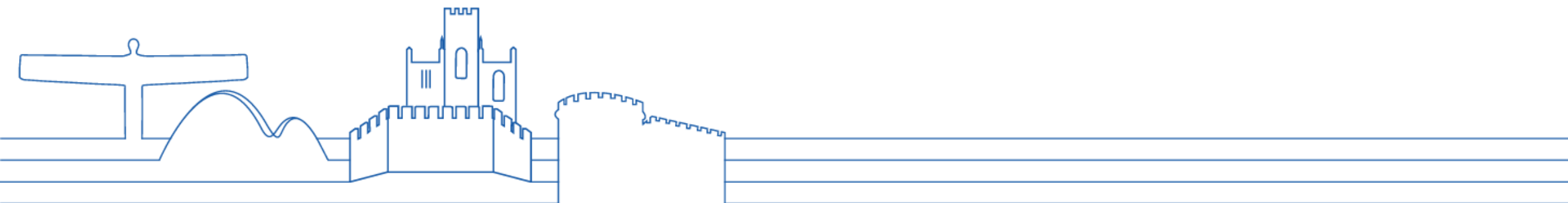
Increased practice workforce

- October 2022 workforce data from NHS Digital:
 - 503 GPs (414 FTE)
 - 373 nurses (283 FTE)
 - 1289 admin/non-clinical (999 FTE)
- All 3 workforce roles have increased since Dec 2021



Increased PCN workforce

- PCNs can claim funding [Additional Role Reimbursement Scheme- ARRS] to bring in a new workforce to support primary care to ensure a multi-disciplinary approach
- Staff funded through ARRS must be to support the DES requirements and in addition to current practice workforce
- PCNs have employed 204 ARRS staff (186.66 WTE) as at Sept 22 across Tees Valley from the roles available



Winter resilience- Planned opening hours on Sundays and Bank Holidays

- Additional access on Sundays and Bank Holidays is now available through a Winter Resilience scheme commissioned by the ICB and provided by the 3 GP Federations.

Location	Provider	Sunday	Bank Holiday
Darlington – Forsyth House,	Primary Health Care Darlington [PHD]	9am-1pm	9am-1pm
Stockton – Eaglescliffe	ELM Alliance	9am-5pm	9am-5pm
Hartlepool - Chadwick Practice	Hartlepool and Stockton Health [H&SH]	9am-1pm	9am-1pm
Middlesbrough- Park Surgery	Hartlepool and Stockton Health [H&SH]	10am-3pm	10am-3pm
Redcar – Ravenscar Surgery	ELM Alliance	10am-1pm	10am-1pm



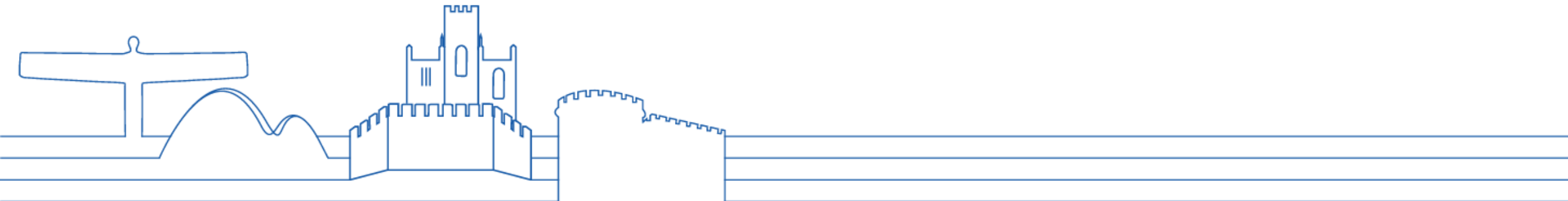
North East and
North Cumbria

Winter resilience- Planned opening hours over Christmas and New Year

Federation	Site	Sun 25th Dec	Mon 26th Dec	Tues 27th Dec	Sun 1st Jan	Mon 2nd Jan	Sun 8th Jan
ELM	Park Surgery, Middlesbrough	1000-1500	1000-1500	1000-1500	1000-1500	1000-1500	1000-1500
	Ravenscar Surgery, Redcar	1000-1300	1000-1300	1000-1300	1000-1300	1000-1300	1000-1300
H&SH	Chadwick Practice, Hartlepool	0900-1300	0900-1300	0900-1300	0900-1300	0900-1300	0900-1300
	Eaglescliffe Practice, Stockton-on-Tees	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700
PHD	Forsyth House, Darlington	0900-1300	0900-1300	0900-1300	0900-1300	0900-1300	0900-1300

Further support

- Exploring opportunities to facilitate upgrades to practice telephony systems
- Working with North East Commissioning Support (NECS) Communications team to develop improved communications to patients and Patient Participation Groups about general practice
- Digital team working with practices to improve website design and navigation for patients
- Exploring opportunities for additional resources through NHS England processes regarding resilience, retention and workforce development funding Resilience bids

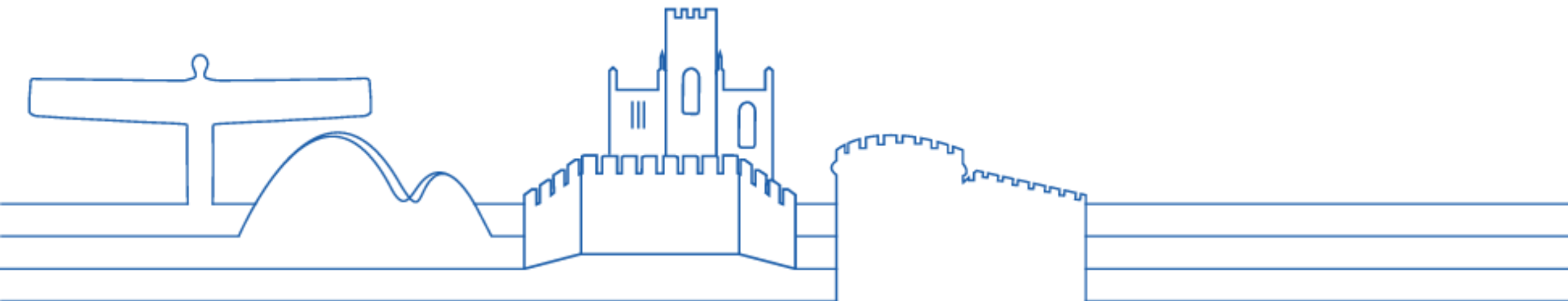




**North East and
North Cumbria**

Page 56

Thank you



October-22



South ICP

Tees Valley CCG
NEAS Performance



Overview of performance

NHS111

- NHS 111 call triage volume has increased over the course of the year. This led earlier in the year to a corresponding decline in speed to answer calls. In October, we saw an additional 10,000 calls received into 111 compared with the previous month, with roughly 4,000 more calls answered.
- We have increased our call handling with 100 more health advisors to meet increased demand on our 999 and 111 services – and in May expanded our third emergency operations centre (EOC) in Billingham for clinicians and call-handlers.
- Despite the increase in call volume, performance has improved compared to Quarter 1 of this year.
- Since November, NEAS are receiving support from VOCARE handling most www.111.nhs.uk activity. This has created additional resource in our clinical assessment service to support other parts of the service.

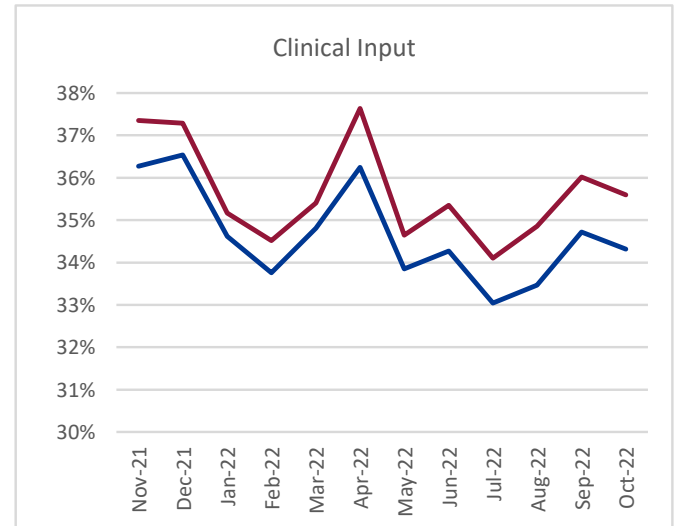
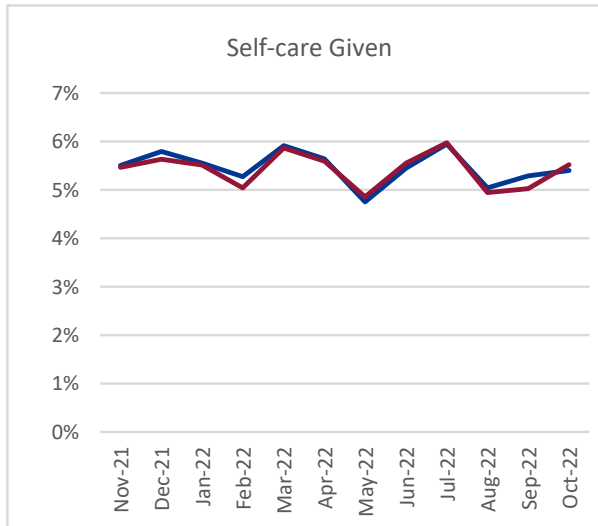
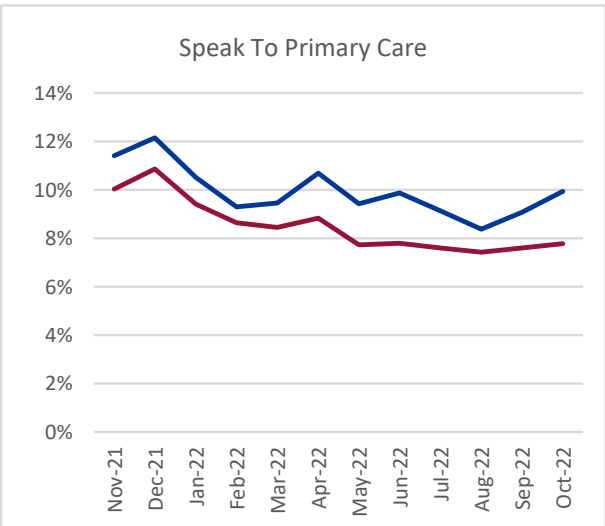
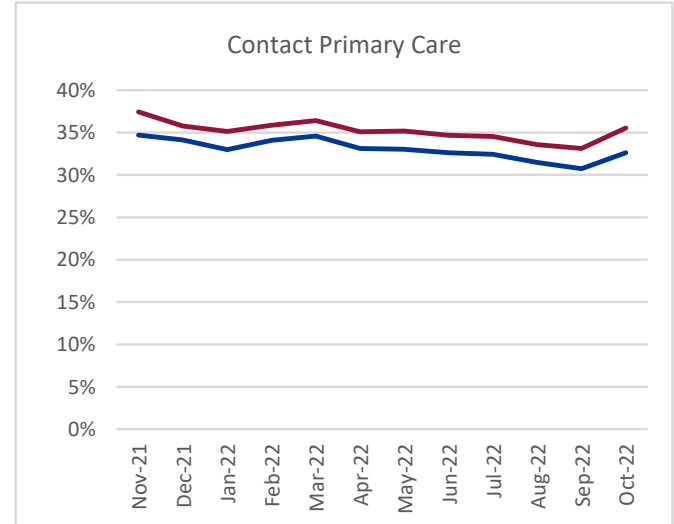
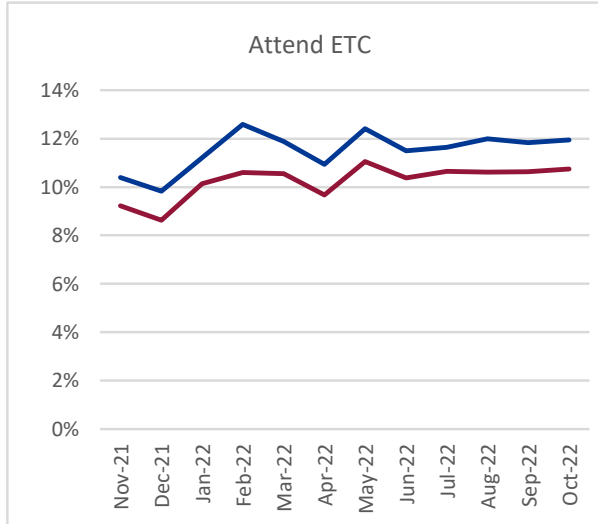
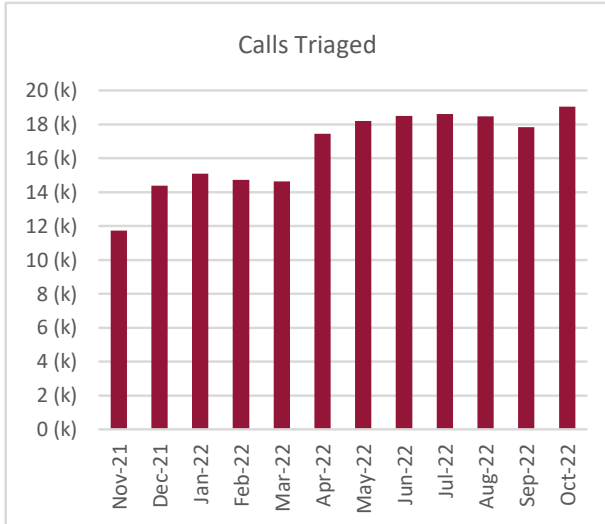
Emergency care

- Daily average incident volume reduced in October in line with the service-wide trend. However, performance is still under significant pressure due to the increased acuity of cases.
- Category 1 case mix reached 11% in October, and Category 2 case mix was above 67%. We have increased the number of clinicians to support patients calling and paramedics to on the road.
- See & Treat rates across Tees Valley remain higher than the service average, but there are fewer conveyances to hospital emergency departments compared with other areas in NEAS and more patient journeys into hospital wards, rapid assessment units, same day emergency care and urgent treatment centres.
- Increased number of ambulance crews on the road

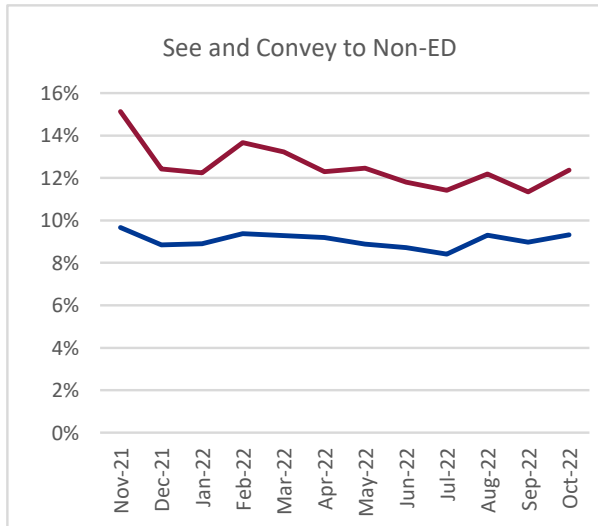
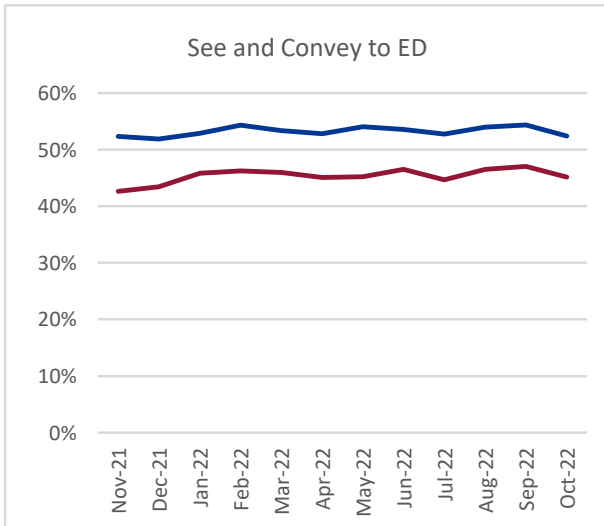
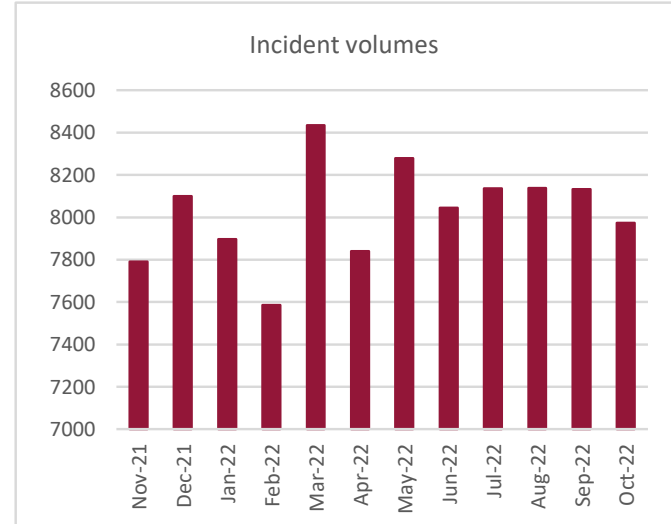
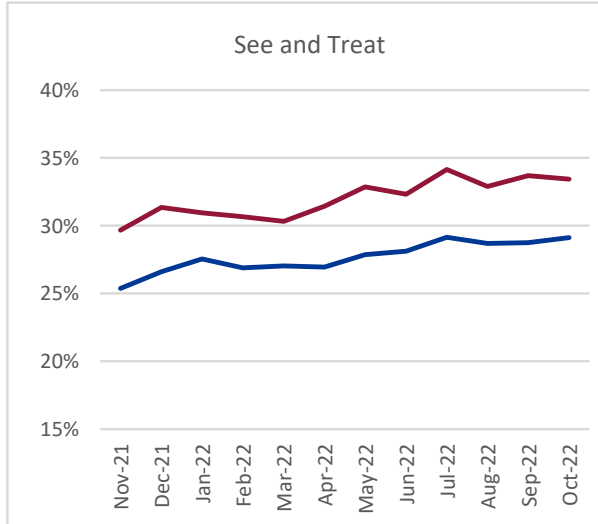
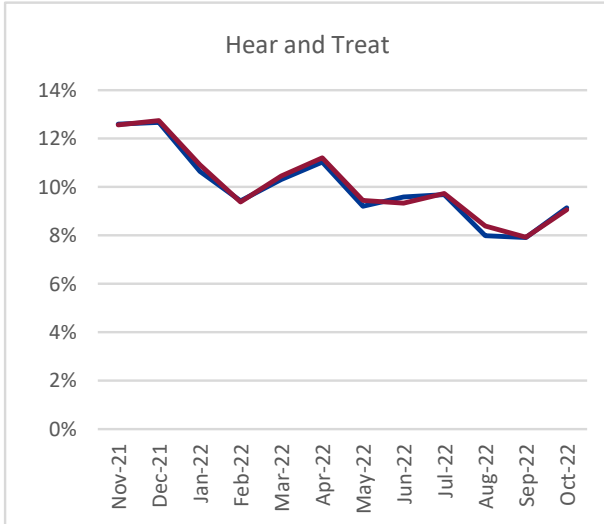
Hospital handovers

- Hospitals in the South ICP account for 40% of all handovers above 2 hours, with most of these at DMH and James Cook. There is now a dedicated desk in EOC to monitor and manage patient handover at hospital - supporting both patient and crew welfare.
- The average handover time for NEAS in October was 30 minutes, the highest we have reported this year. We lost 3,400 hours in handover delays in October, our highest recorded to date. Only 21% of handovers were completed within the 15 minute target timeframe. A pilot scheme in North Tees is looking to reduce unnecessary hospital admission.
- This is a symptom of wider system pressures, where hospitals do not have the bed availability to accept new patients due to lack of capacity to discharge into social care.

111 Performance



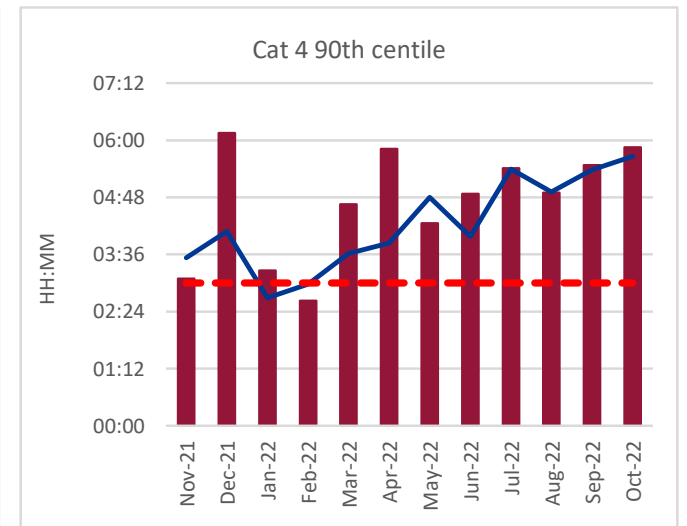
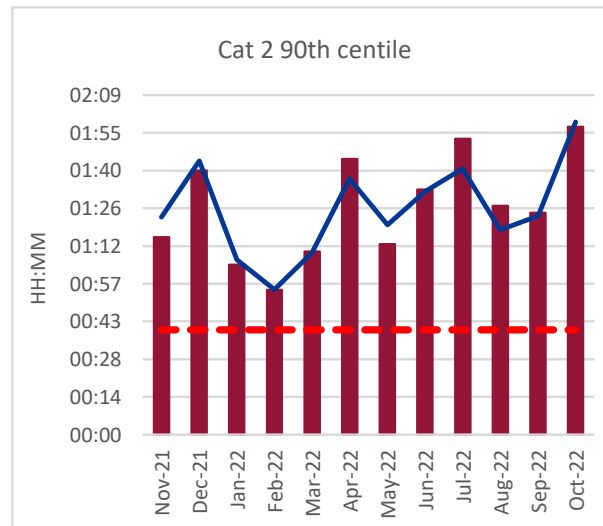
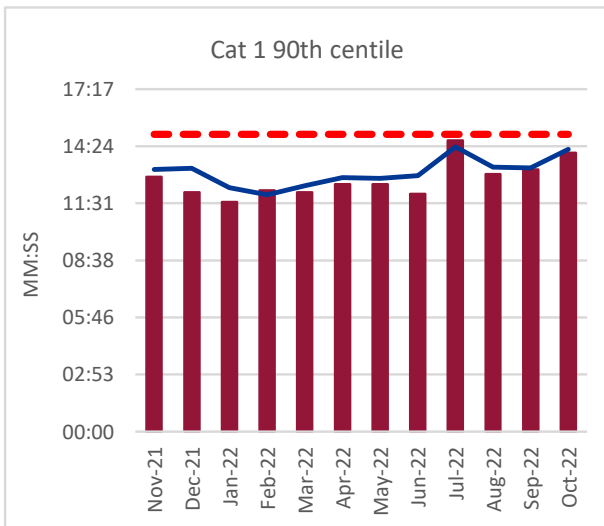
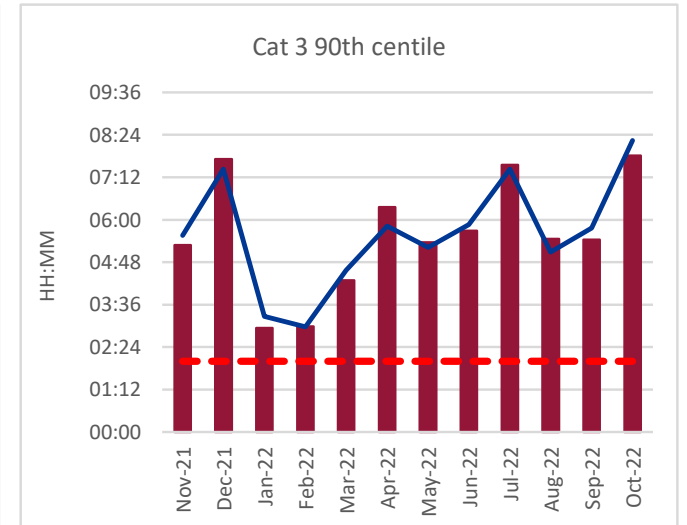
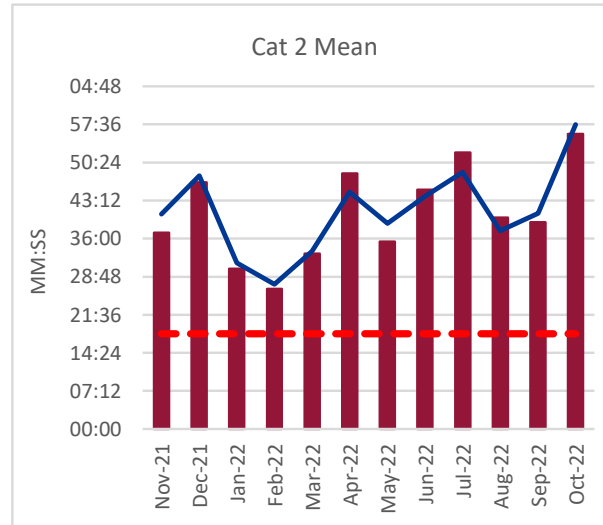
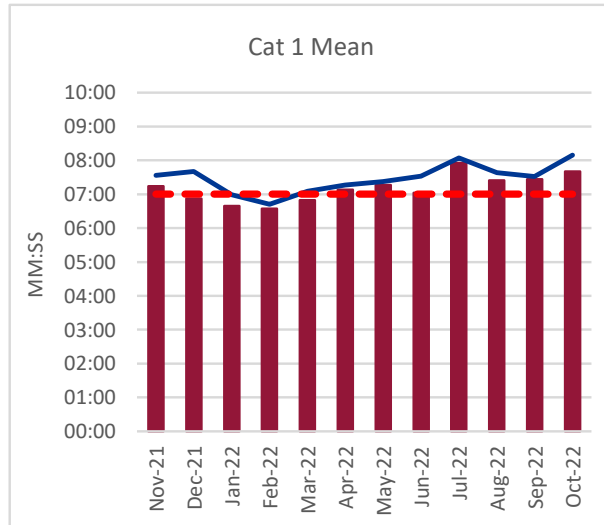
999 Performance



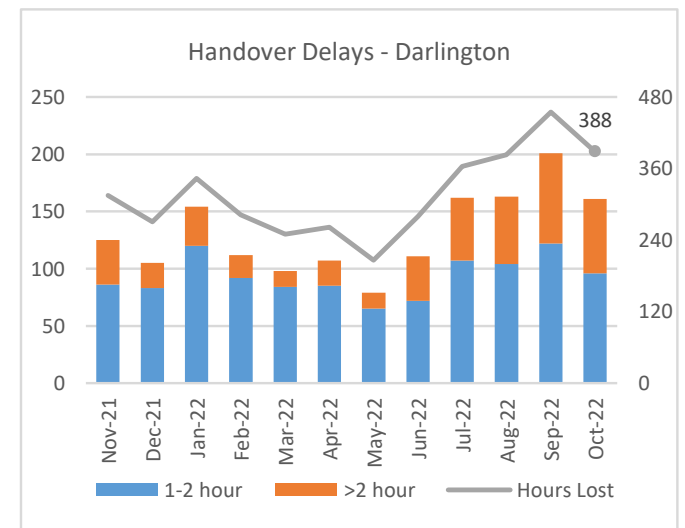
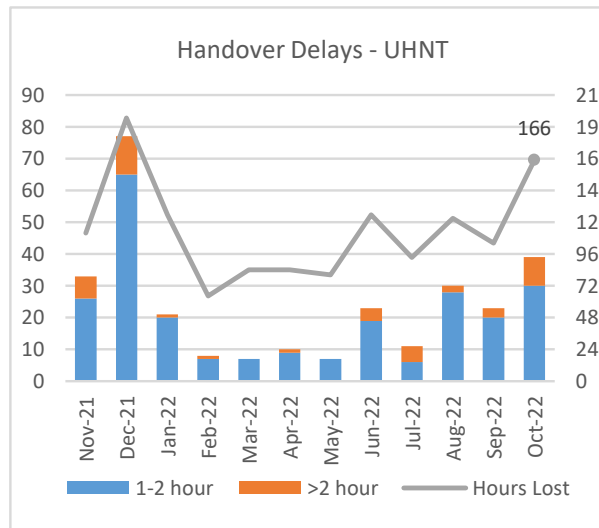
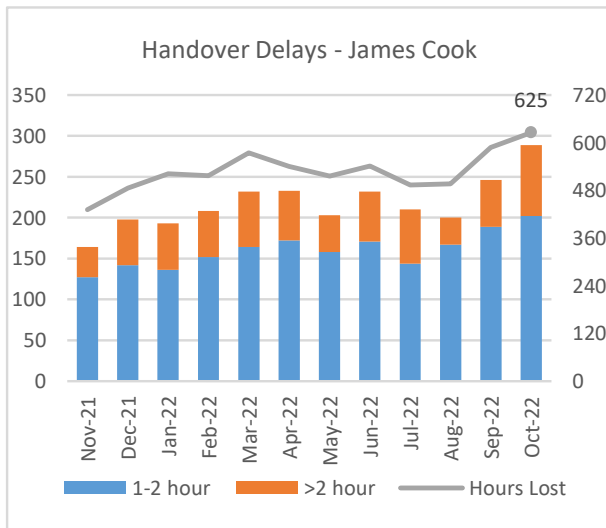
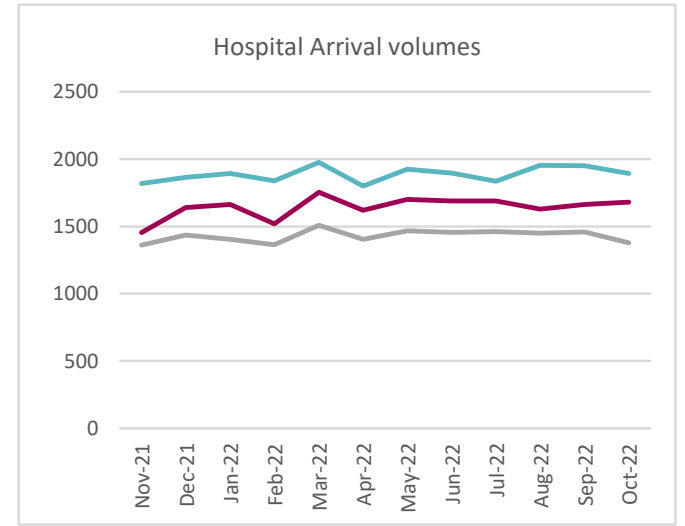
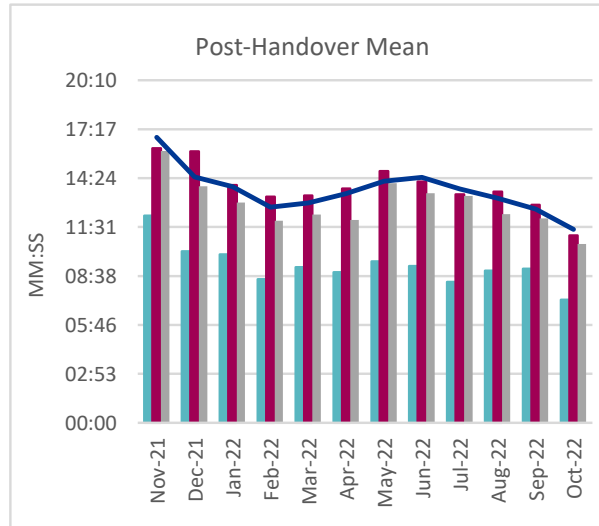
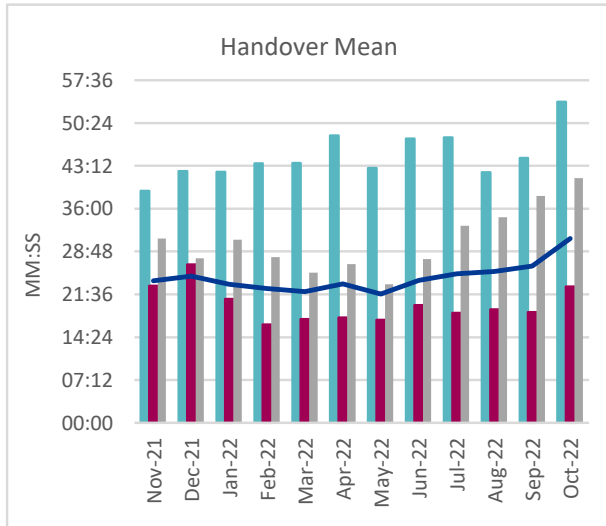
Non-ED Destinations (Top 10)

North Tees Hospital Ward	336
James Cook Ward	278
North Tees Hospital Rau	112
James Cook Same Day Ec	66
Unknown	65
Uni Hsp Of North Durham Ward	39
North Tees Hospital UTC	32
Multiple Hospitals	17
Freeman Hospital Ward	9
James Cook Ward 37	8

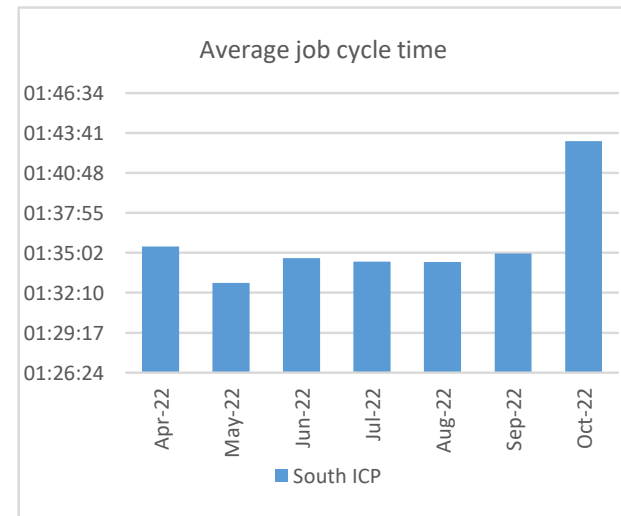
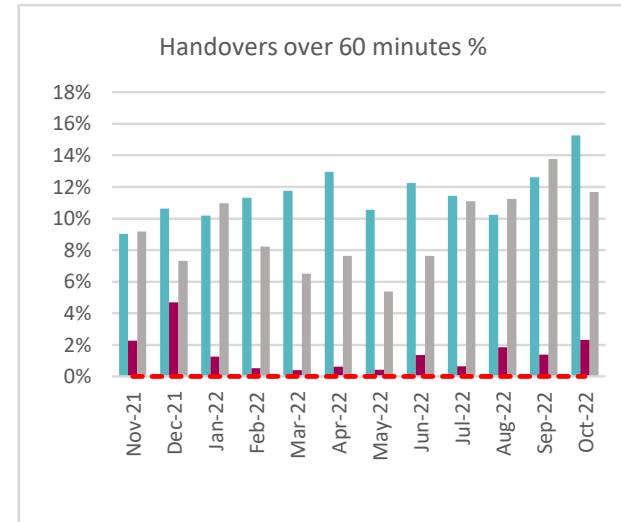
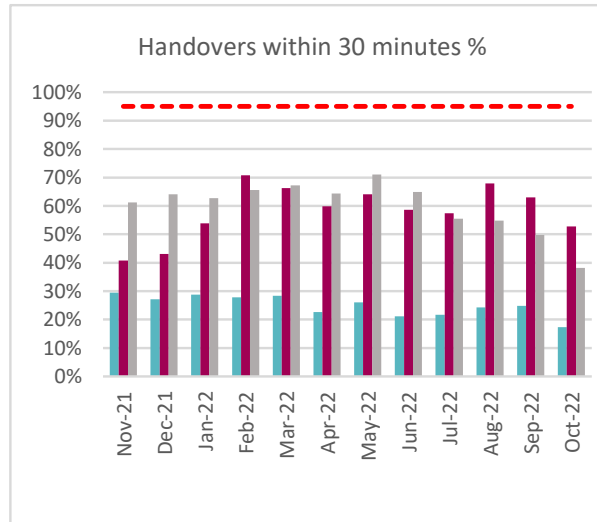
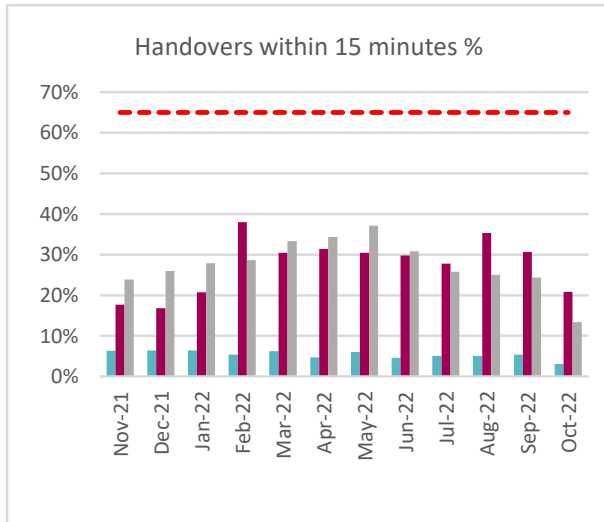
Response Performance



Hospital Performance



Hospital Performance (cont.)



This page is intentionally left blank

Tees Valley Joint Health Overview and Scrutiny Committee

Page 65

TEWV Quality Account update

Leanne McCrindle & Chris Lanigan

Associate Director of Quality Governance, Compliance and Quality Data / Associate Director of Strategic Planning Programmes

16 December 2022

Agenda Item 6

Quality Account – the basics...

- Statutory document
- Covers the whole Trust area (Durham, Tees Valley, North Yorkshire, York)
- Covers all services (Adult mental health, Adult learning disability, older people's services, forensic services, Children and Young People's services – also both inpatient and community)
- In the NHS “quality” has 3 parts
 - 1) Patient safety
 - 2) Patient experience
 - 3) Clinical Effectiveness (patient outcomes)

Quality Improvement Actions

- This year's Quality Account has 3 Improvement Actions:

1. Personalising care planning
2. Improving safety on wards
3. Implementing the new National Patient Safety Incident Framework

- These are underpinned by 17 actions

- 9 of the 16 actions (56%) are on track (**GREEN**) of which 4 are already fully complete
- 4 actions (25%) are off track but can be completed by the end of the financial year (**AMBER**)
- 3 actions (19%) are **RED** and cannot be completed in this financial year

Red Actions

- a) Ensure all clinical staff are trained in our new DIALOG care planning system
- b) Record all care plans on our new cito patient record system
- c) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework)

Page 68

- These all relate to Care Planning
- This is because the new electronic patient record system that this requires has been subject to delay in implementation
- We have continued to train staff about how we will be doing care planning (the Dialog system) and rolling this out in paper form
- Multi-agency workshop being planned for Jan, Feb or March to work out how care planning will work within the new community mental health “hub” system that is being rolled out across TEWV’s area

Amber Actions (behind schedule but we can recover to finish by end March)

- a) Update all service user and carer information resources about care planning
- b) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in service users' care plans
- c) Focus on reducing patient-on-patient violence through exploring use of body cameras (pilot in 10 areas) and Oxevision (11 clinical areas)
- d) Further embedding of the roll out of the two-part incident approval process across all areas of the Trust

On track, but not yet complete

- a) Introduce improvements to care planning in Secure Inpatient Services
- b) Continue to embed the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)
- c) Continue to improve our Serious Incident Review process so that it is robust and utilises evidence-based tools and involves families to the level of their satisfaction
- d) Provide updates for staff on the duty of candour to ensure all have a full understanding
- e) Improve the quality and oversight of action plans

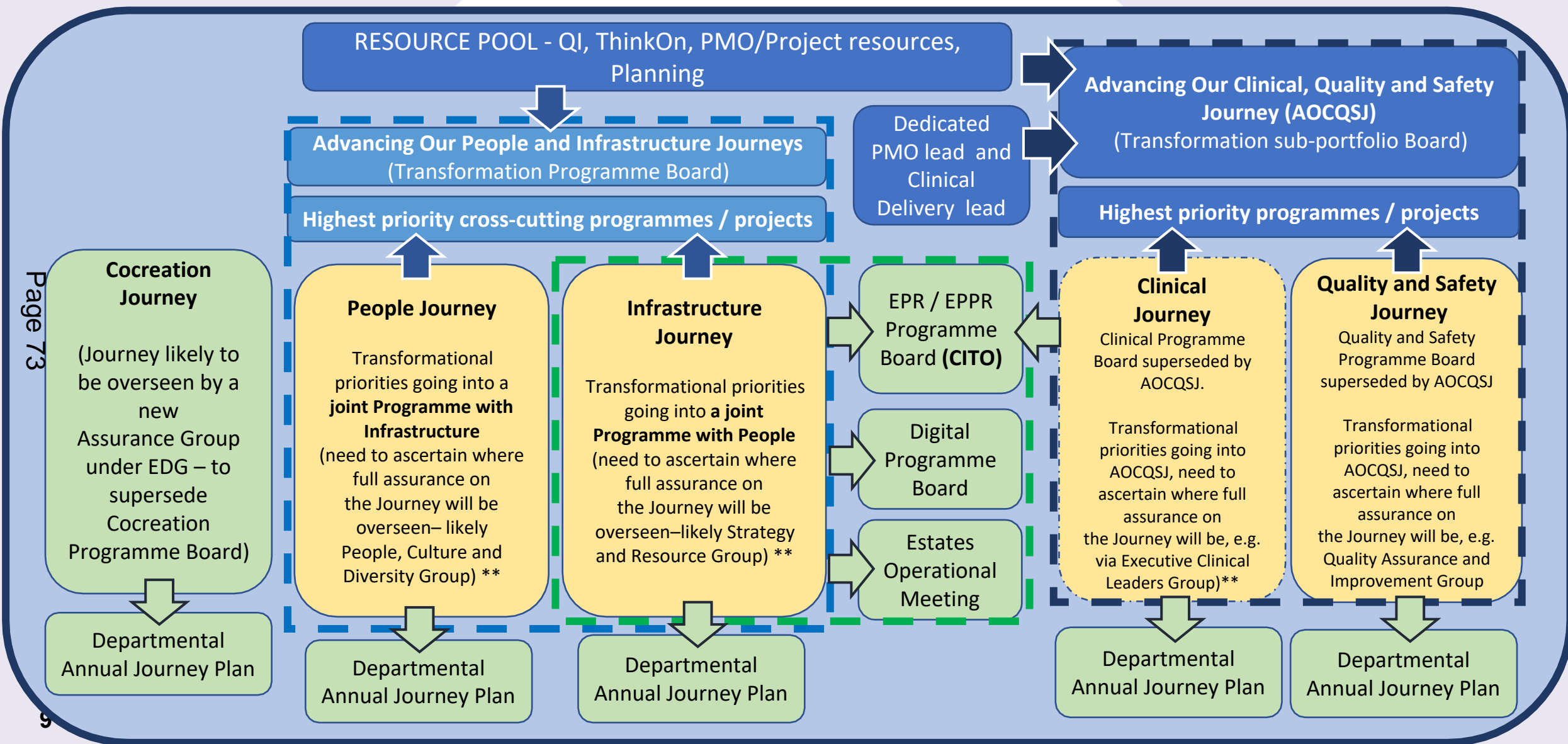
Complete

- a) Review the information we have available from patient surveys, incidents and complaints from adult inpatient services to identify any new emerging themes that may help inform our programme of improvement work in this area
- b) Introduce a triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review
- c) Develop the daily patient safety huddle to include service staff and subject matter experts (to ensure we can effectively review reported incidents in a timely way and where rapid reviews can be undertaken where appropriate that lead to immediate actions and improve safety)
- d) Refresh the Terms of Reference for the Serious Incident Director Assurance Panels

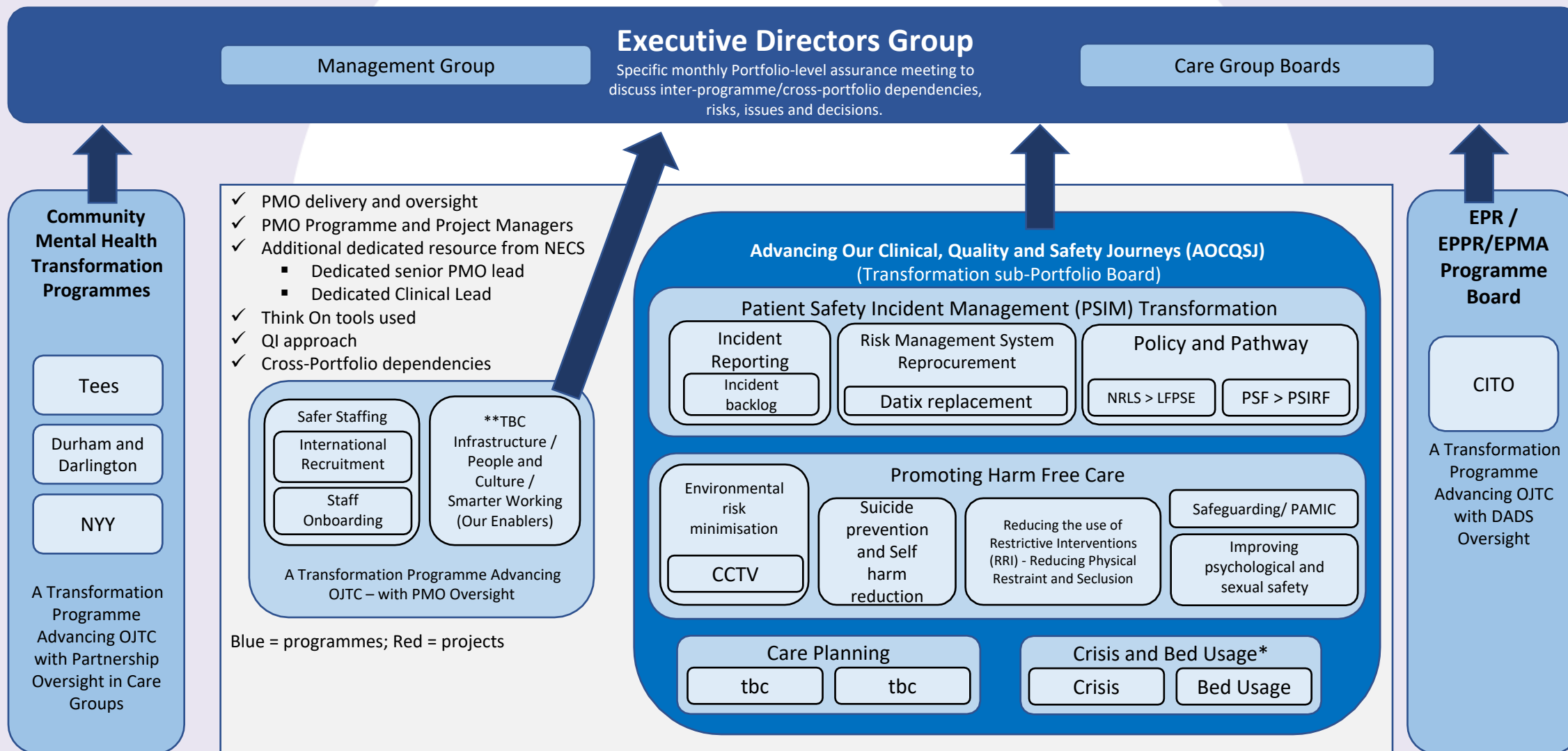
Quality Metrics

Quality Metrics	Target	Whole Trust 20/21	Whole Trust Actual Q4 21/22	Whole Trust Actual 22/23 Q1	Whole Trust Actual 22/23 Q2
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	64.66%	64.37%	59.8%	58.4%
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.13	0.07	0.23	0.23
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days	19.25	20.90	37.66	34.01%	33.84
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)		91.69%	88.60%
5) Percentage of patients who reported their overall experience as very good or good	94.00%	93.21%	94.34%	91.8%	91.8%
6) Percentage of patients that report that staff treated them with dignity and respect	94.00%	86.77%	89.14%	87.3%	87.3%
7) The number of Medication Errors with a severity of moderate harm and above	2.5	-	-	1	4
8) Number of serious incidents reported on STEIS	-	-	-	34	32
9) Number of Complaints raised	-	-	-	779	668

Our Quality and Safety Journey



Our Quality and Safety Journey



Thank you

Leanne McCrindle & Chris Lanigan

Associate Director of Quality Governance, Compliance and Quality Data /
Associate Director of Strategic Planning Programmes

leannemccrindle@nhs.net / chris.lanigan@nhs.net

07919014511 / 07584114697

This page is intentionally left blank

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE
16 DECEMBER 2022**

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Joint Committee during the 2022/23 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2022/23 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Joint Committee.

Recommendation

3. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

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

Author : Hannah Miller 5801

This page is intentionally left blank

Meeting Date	Work programme topic
8 June 2022	<ul style="list-style-type: none"> • Appointment of Chair and Vice Chair • Tees Valley Health Scrutiny Joint Committee – Protocol • Work Programme/Meeting timetable • Tees, Esk and Wear Valley NHS Foundation Trust Quality Accounts 2021/2022 • Tees, Esk and Wear Valley NHS Foundation Trust - CQC Inspection Update
23 September 2022	<ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board and System implementation • Urgent and Emergency Care Access • Paediatric ophthalmology services • Clinical Journey and Quality Journey - TEWV
16 December 2022	<ul style="list-style-type: none"> • North East Ambulance Service (NEAS) Performance Update • TEWV CQC Inspection Update • TEWV Quality Accounts – Q1 Update • Winter Plan Update (to include Primary Care Access Vaccination (Covid) response at an ‘above organisation’ level)
17 March 2023	<ul style="list-style-type: none"> • Tees Valley Clinical Services Strategy • TEWV Quality Accounts • Breast symptomatic services • Dental Services • Community Diagnostics Centres

To be programmed:

- Opioid prescribing and dependency across the Tees Valley
- Palliative and End of Life Care strategy development and implementation
- CAMHS Update

Briefings/Workshops

- Physical Restraints
- Quality Metrics Benchmarking
- CQC reports
- 111 and Urgent Care – 4 November 2022
- Integrated Care Partnership – 4 November 2022

This page is intentionally left blank