Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 March 2024.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Dan Jackson (North East and North Cumbria Integrated Care Board); Dominic Gardner, Chris Morton, Beverley Murphy (Tees, Esk and Wear Valleys NHS Foundation Trust); Mark Cotton (North East Ambulance Service NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Christine Cooper (MC), Cllr Brian Cowie (HBC), Cllr Heather Scott (DBC), Cllr Jeanette Walker (MC)

1	**Evacuation Procedure** The evacuation procedure was noted.
2	**Declarations of Interest** There were no interests declared.
3	**Minutes of the Meeting held on 15 December 2023** Consideration was given to the minutes from the Committee meeting held on 15 December 2023. Attention was drawn to the following item that was on the agenda: • Office for Health Improvement & Disparities - Community Water Fluoridation: Clarity was sought on what was agreed at the conclusion of this item, with some Members commenting that they were only in support of the planned consultation process, not necessarily the proposals to expand community

	water fluoridation in the North East of England. Following a brief debate (which included the noting of some new related information that some Members had received from an anti-fluoride group, an entity which, according to other Members, had been previously discredited), it was agreed to amend the minutes to reflect that the Committee agreed to support the consultation process only. AGREED that the minutes of the Committee meeting on 15 December 2023, subject to the identified amendment for the 'Office for Health Improvement & Disparities - Community Water Fluoridation' item be approved as a correct record.
4	**North East and North Cumbria Integrated Care Board - Update on Recent Restructure** The Committee received an update following the recent restructuring of North East and North Cumbria Integrated Care Board (NENC ICB). Led by the NENC ICB Director of Policy, Involvement and Stakeholder Affairs, content included: ➢ ICB 2.0 Organisational Restructure: A new way of working ➢ Significant change ➢ Executive team ➢ The NENC way ➢ Local Delivery Team comparison ➢ Contracting and devolution of budgets ➢ Networks and workstreams ➢ Example - Clinical Networks and ODNs ➢ Initial work - Networks and Alliances ➢ Still work to do… The Committee was informed that the NHS typically went through a period of restructure approximately every decade. However, the formal implementation of the new national Integrated Care System (ICS) less than two years ago (mid-2022) already involved the merging of eight former Clinical Commissioning Groups (CCGs) into one regional organisation – the NENC ICB. In addition, from the onset of these new arrangements, further responsibilities were adopted and other subsequent delegations (i.e. pharmacy / optometry and dental in April 2023) had followed, with more anticipated in relation to specialist commissioning. Despite their relative infancy, ICBs had been instructed to reduce running costs by 30%, a task the NENC ICB was still working through (though around 100 posts had already been lost) – this exercise involved collaboration with each of the 14 Local Authority areas within the NENC footprint, reflecting the ICBs 'place-based' working approach. Moving forward, several key elements would underpin 'the NENC way' – these included a clinically-led (multi-disciplinary) and managerially-enabled focus, a structure involving eight directorates with eight executive directors, and enabling and delivery teams (the latter seeing six teams mapped to the 14 Local Authority

	partners, one of which would be 'Tees Valley' (comprising five Local Authorities)) concentrated on the delivering the vision and constitutional standards. Local committees mapped to each Local Authority area would continue. Networks and workstreams were charted, with some inherited, some developing, and all at different levels of maturity. Clinical networks were either managed by NHS England or were transitioning to the ICB. Operational Delivery Networks (ODNs), managed within acute provider organisations but accountable to NHS England, outlined how pathways needed to work – these were listed along with the NENC clinical networks. Regarding the latter, thematic groupings / alliances were being developed to give a better strategic view of specific health conditions. In terms of work still to do, it was expected that the mapping of system, clinical, corporate and operational delivery networks and workstreams would conclude by April 2024, and that a set of recommendations would then be created which contributed towards a streamlined organisation (reducing duplication), ensured work was aligned to the NENC ICBs *Better Health and Wellbeing for All* strategy, and enabled teams to deliver in accordance with a clear Terms of Reference. Clarity around funding and reporting mechanisms, as well as the provision of effective communication across the wider health and care system, was also envisaged. Thanking the NENC ICB representative for the presentation, the Committee immediately drew attention to the quoted loss of 100 posts (following the request to reduce running costs by 30%) and the potential for significant redundancy costs. In response, Members heard that the ICB inherited all CCG staff when it came into being, some of whom were permanent and others who were on a fixed-term contract. Opportunities to apply for voluntary redundancy / early retirement were offered, and assurance was given that there were no additional costs incurred in relation to this reduction in the workforce. It was noted that the vast majority of ICB expenditure was on its staffing resource. Referencing the 'Initial work – Networks and Alliances' slide, the Committee commented that a number of the nine categories appeared to have some form of crossover with other identified themes listed. Members were informed that the nine groupings merely represented initial thoughts, however, once confirmed, the work of these networks / alliances should benefit from a simpler decision-making process that a single ICB allowed (as opposed to the CCG era where strategic decision-making proved more challenging). The Committee highlighted instances of people across Tees Valley accessing services in North Yorkshire (e.g. Friarage Hospital, Northallerton) and were given subsequent assurance that collaborative arrangements with neighbouring ICBs were in place to address issues that arose. Members welcomed this, though also called for developments which may have an impact on the people of Tees Valley, wherever this may be, to be appropriately scrutinised (the former Durham, Tees Valley and North Yorkshire joint health scrutiny committee was referenced).

	AGREED that the North East and North Cumbria Integrated Care Board restructure information be noted.
5	**Tees, Esk and Wear Valleys NHS Foundation Trust - Quality Account 2023-2024** Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to provide their annual presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The TEWV Chief Nurse, supported by the TEWV Care Group Director MHSOP / AMH and the TEWV Lived Experience Director for Durham, Tees Valley and Forensics, covered the following elements: ➢ Quality Account Quality Priorities 2023/24 ➢ Priority 1: Care Planning ➢ Priority 2: Feeling Safe ➢ Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF) ➢ Setting the 2024/25 Quality Priorities ➢ Timeline Agreed by the TEWV Quality Assurance Committee in May 2023, the Trust's quality priorities for 2023-2024 were developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers. Delivering on these priorities supported the ongoing mission to ensure that safe, quality care was at the heart of all TEWV did in line with its *Our Journey to Change* initiative and Quality Strategy. • <u>Priority 1: Care Planning</u>: The Trust had identified several aims for completion by 31 March 2024 involving new system developments, measurable goals within care plans, the publication of new policies and procedures, and data collection / monitoring mechanisms to assess the effectiveness of clinical interventions. Whilst it was stated that performance impact was not yet where the Trust would want it, progress during the year was then outlined, a key element of which was the delayed implementation of (and associated training on) the new CITO patient record system which went live on 5 February 2024. Other areas noted included the continuation of region-wide work with relevant stakeholders to move away from the Care Programme Approach (CPA) (the five principles signalling how systems should start to do this were subsequently listed), the now fortnightly meeting of the Personalising Care Planning Oversight Group to provide oversight and assurance to other workstreams / groups, and the continuation of the Care Planning Co-production Group which informed TEWV from a lived experience perspective. In related matters, six priorities for personalised care were highlighted – workforce (job descriptions), workforce (what is our offer?), data (e.g. waiting

time metrics), interoperability (ICBs), managing risk and accountability, and working with partner organisations. Regarding the latter, it was noted that TEWV was often one of a number of entities involved in an individual's care, therefore effective links with partners (including schools) was important. Understanding data around inequalities and how this may help identify different needs (and therefore service requirements) across various geographical areas was also emphasised. From a wider perspective, the seven NENC ICB priorities around care planning were also outlined.

- Priority 2: Feeling Safe: To ascertain a better understanding of why some patients did not feel safe on TEWVs wards, as well as what would help foster a greater sense of safety, the Trust engaged with individuals using its inpatient services. Feedback on both these elements was relayed, with common themes being a lack of / need for appropriate staffing levels, involvement in their own care, opportunities for meaningful activity, access to quiet areas, and support when unwell or when incidents had occurred within their environment. Crucially, reassurance from staff and staff support was a key protective factor in ensuring that patients felt safe on the ward, with patients stating that they valued their relationships with staff.

  It was explained that 'feeling safe' was not a mandated measure nationally and that all Trusts had different ways of determining and presenting this (hence benchmarking was not viable). Also emphasised was the possibility that not feeling safe could be an inherent feature of an individual's condition. To aid its aim of creating a positive relationship in which patients felt safe, TEWV had three key elements to achieve by the fourth quarter of 2023-2024 (January to March 2024), namely the implementation of the range of actions identified from the Feeling Safe Focus Groups with patients and staff, the continuation of the body-worn camera pilot work (and evaluation of impact), and the continued implementation of the *Safewards* initiative (an evidence-based model to support and enable patients to feel safe).

  Progress against these three areas of focus was documented, with dedicated Action Plans being produced and monitored for services where particular concerns had been identified by the Feeling Safe Focus Groups, and a process put in place to develop an overarching rationalised strategic workplan and reporting framework in relation to 'feeling safe' (specific work undertaken within Durham, Tees Valley and Forensics in response to the care group being given a performance improvement notice was also noted). Benefits and challenges associated with the body-worn camera pilot were highlighted (it was also acknowledged that this was a controversial topic, with some (including patients) liking this and others not), with an in-depth review of the pilot now a component of the Trust's Positive and Safe Plan (approved by the Quality Assurance Committee in August 2023). In terms of *Safewards*, the need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for these standards had been agreed.

	Developments in relation to TEWVs use of the question, '*During your stay, did you feel safe?*' were outlined. Following review by the Trust's Lived Experience Directors (with support from members of the Involvement Team), it had been agreed that analysis would now reflect a two-answer configuration and include 'yes, always' and 'most of the time'. This change was made following the gathering of significant intelligence through focus groups which indicated that there were genuine reasons why people may not feel safe on an acute admissions ward. Responding to a question on why Trusts were not mandated to track if people felt safe, the Committee was informed that, whilst this was a matter for NHS England, regulators would want to know if TEWV had mechanisms in place to ascertain how safe its service-users felt. Linked to the first priority around care plan personalisation, the Committee asked if there was a way of establishing an agreed baseline measure with an individual where they can agree to feeling safe. A recent TEWV Board of Directors meeting involving a contribution from a care-experienced person who reflected on positive changes whilst using the Trust's services was referenced, and it was also noted that the new CITO patient record system should help support the co-production (between patients and clinicians) of safety plans. Returning to the lack of a standardised national 'feeling safe' metric, the Committee expressed unease that TEWVs decision to change the way it presents feedback on its existing question could be interpreted as a means to merely achieve better-looking outcomes. Hartlepool Borough Council's health scrutiny function was writing to the NENC ICB with the aim of getting clarity around this situation and possibly establishing a baseline measure which could enable benchmarking, an endeavour the Committee agreed to support by sending its own correspondence. The sensitive issue of body-worn camera use was probed, with Members asking if there had been any concerns raised around privacy. TEWV officers stated that employing such technology required careful consideration as there was the potential for misuse. The Trust drafted a policy for this some time ago (something the Lived Experience group had since examined), and, like the principles behind Oxehealth / OxeVision, its use had to be considered on an individual basis. If someone was not comfortable, both patient and staff needed to understand why. The Committee drew attention to the '*How will we know we are making things better?*' table (included alongside the aims for completion by the fourth quarter of 2023-2024), and felt that the lack of change in the percentage of inpatients feeling safe / supported by staff to feel safe throughout 2023-2024 suggested the measures being used to address this quality priority (e.g. body-worn cameras) were not working. TEWV officers reiterated that the wrong question was being asked of people who may not feel safe under any circumstance, and that the Trust

had perhaps not helped itself in using / publishing such a measure when other Trusts asked / reported on this in different ways. It was also highlighted that the previous year (2022-2023) had seen reduced occupancy within TEWV services (possibly as a result of the ongoing impact of the COVID-19 pandemic) which meant staff had more time for patients compared to the 2023-2024 period. Like most Trusts, TEWV was experiencing challenges around demand for its services – this was linked to wider system pressures that were being caused by a number of factors (e.g. cost-of-living).

- Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF): By the fourth quarter of 2023-2024 (January – March 2024), TEWV aimed to achieve five elements within this priority, including compliance with the national PSIRF requirements, increasing staff completion of national Patient Safety Syllabus training (level 1 and 2), introducing an annual patient safety summit and the role of patient safety partners, and completing focused work on Duty of Candour through the delivery of an improvement plan.

  A summary of the implementation of PSIRF noted significant preparatory work undertaken over the past two years which ultimately led to the process going 'live' on 29 January 2024. A multi-disciplinary team (MDT) thematic review of serious incidents was undertaken in early-November 2023 and future quarterly reviews would be scheduled in collaboration with key specialty / directorate colleagues to review quarterly themes and to ensure learning was identified and embedded in workstreams and / or monitored.

  Other achievements were relayed in relation to Patient Safety Syllabus training (89% staff compliance for level 1; 66% for level 2), secured monies to fund two part-time Patient Safety Partner (PSP) posts (though a recent development meant this was now in doubt), and the ongoing delivery of the Duty of Candour improvement plan which would include a forthcoming independent audit to check progress. Once PSIRF was embedded, the annual Patient Safety Summit would be held.

The Committee asked if the Trust was meeting its deadlines with regards PSIRF. Assurance was given that these were being met and that this ensured that immediate learning was established.

The presentation concluded with details on the process for setting the TEWV quality priorities for 2024-2025 (the importance of these being co-created with service-users and carers was emphasised), and the remaining timeline for the consultation period and publication of the Trust's Quality Account 2023-2024 document.

Members probed the recruitment of Lived Experience staff, with TEWV highlighting the benefits of peer support and the important role of Lived Experience Forums within the community which allowed wider engagement and a potential pathway for future use of care-experienced individuals to help shape

	service delivery. Whilst pleased that the Lived Experience work had become more established, the Committee commented that TEWV had been on its 'journey to change' for some time now and queried how far along it felt it was. In response, the anticipated benefits of the new CITO system were reiterated, the routine checking of whether carers were being identified and engaged / involved was highlighted, as was the mandated monthly Quality Board where TEWV had an agenda set for them. From a regulatory perspective, the last CQC inspection saw the Trust's three 'inadequate' domains improve, though it was acknowledged that the focus needed to be on patient safety (the historical backlog of serious incidents to report on were noted). Some staffing issues had also been identified, but these had since been addressed – Members felt it would have been helpful to have more detail on this latter statement, and also drew attention to the very limited statistics / data within the presentation, something which made it very difficult to determine performance / progress. Continuing the workforce theme, the Committee asked about the results of the recent staff survey. TEWV officers stated that this was a mandated survey, and that feedback was reflecting positive strides over the last year (data would be published nationally in the near future). Reflecting on the content of the presentation, Members felt there was little mention of 18-25-year-old provision and the challenges around transitioning from children's to adult services – assurance was given that development work was ongoing in relation to this demographic. In other matters, it was acknowledged that neurodiverse individuals had been poorly served for years, and that TEWV was trying to understand how it might work differently for this particular cohort. AGREED that: 1) the Quality Account-related update on Tees, Esk and Wear Valleys NHS Foundation Trust performance in 2023-2024, and the process for setting the 2024-2025 quality priorities, be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair. 3) a letter be sent to the North East and North Cumbria Integrated Care Board (NENC ICB) supporting Hartlepool Borough Council's health scrutiny function in requesting clarity around how mental health Trusts ascertain patients sense of 'feeling safe' and the potential establishment of a baseline measure.
6	**North East Ambulance Service NHS Foundation Trust - Quality Account 2023-2024** A representative of North East Ambulance Service NHS Foundation Trust (NEAS)

	was in attendance to provide a presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The NEAS Assistant Director – Communications and Engagement (who relayed apologies from the NEAS Deputy Director of Quality and Safety (Deputy Lead Nurse)) covered the following elements: ➢ Overview of quality report requirements ➢ 2023/24 performance (1 April – 31 December 2023) o Patient safety o Patient experience and feedback o 999 incident volumes o Category 1 response performance (including benchmarking) o Category 2 response performance (including benchmarking) o Category 3 & 4 response performance (including benchmarking) o Hospital handover performance ➢ Update 2023/24 quality priorities Following a brief overview of the process requirements (consultation / publication) relating to the annual Quality Account (including that there was no obligation to obtain external auditor assurance this year), details were outlined on NEAS performance during the first three-quarters of 2023-2024 (April to December 2023). Regarding patient safety, the number of recorded serious incidents (140) was significantly higher than for the whole of 2022-2023 (61), though the criteria for what constituted a 'serious incident' had changed to a case where the required response time had been exceeded by more than one hour (it was noted that the recording of serious incidents was not consistent across the country, so benchmarking against other Trusts was not possible). For the 'proportion of safety incidents per 1,000 calls' measure, whilst the April to December 2023 figure (2.2%) was also up on the 2022-2023 data (1.8%), the final quarter for this year (January to March 2024) would likely reduce the overall rate for 2023-2024. In terms of patient experience and feedback, it was pointed out that the top three themes for complaints (staff attitude, timeliness of response, and quality of care) also appeared as themes for appreciations / compliments that NEAS received. Complaint numbers had been reducing since 2019-2020, and the number of appreciations for April to December 2023 (922) had already exceeded the number for the whole of 2022-2023 (812) and had surpassed the previous record (914) set in 2019-2020. 999 incident volumes between February 2023 and January 2024 (inclusive) had followed a similar trend for both the Tees Valley and Trust-wide footprint, with a broadly consistent number from March to November 2023, and a predictable increase in December 2023 and January 2024. For the most serious 'category 1' incidents (cardiac / respiratory arrest), Tees Valley performance compared favourably with the data for the entire NEAS patch, with mean response times consistently below the Trust-wide average for all

	months from February 2023 to January 2024. Whilst June 2023 and December 2023 saw NEAS go slightly above the average mean target response time (seven minutes) for category 1 cases, it was the only ambulance Trust in the country to be below this target in January 2024, something it was very proud of, and which reflected the significant amount of work which had been done around this measure. 'Category 2' incidents (including strokes and heart attacks) comprised a large number of the overall contacts made to NEAS (around 70% of all calls) and, like all other ambulance Trusts across the country, mean response times were significantly above the target (18 minutes) for every month from February 2023 to January 2024 despite improvements compared to the previous year. Tees Valley mean response times were consistently worse than for the whole NEAS footprint (aside from January 2024) during the same period. Guidance around this measure was issued last year, with proposals to amend the target time from 18 minutes to 30 minutes. NEAS work around the provision of vehicle hours was outlined, with more crews put on the road than what the Trust had modelled (involving more vehicles / staff being taken on, including the recruitment of short-term assistance to aid response). A graphic demonstrated the actual number of vehicle hours compared to the Trust's operational plan (initiated in April 2023), with the impact on mean response times for category 2 cases against the revised 30-minute target shown. Whilst this presented a more positive picture, NEAS acknowledged that there was a clinical reason why the target was 18 minutes, something the Trust should not lose sight of. The average number of face-to-face incidents involving NEAS was charted, with these far exceeding planned numbers for every month from April 2023 onwards (including an all-time high in January 2024) – this raised the question of how the Trust managed such levels of demand without increased resources. It was noted that NEAS also operated patient transport crews which could be deployed to lower-level incidents where possible to free up paramedic crews. February 2023 to January 2024 performance for 'category 3' and 'category 4' (both urgent and non-urgent) cases was documented. Broadly speaking, Tees Valley response times (90th centile) were well above the targets for both (less so for the whole NEAS area, though still above target), results which were partially due to inefficiencies within the wider health system (i.e. delayed handovers at hospitals) and challenges in deploying staff with the right skills. To address the latter, NEAS was trying to develop / use Advanced Paramedic Practitioners (giving them more skills than standard ambulance crews) which aimed to benefit both patients (providing quicker care) and the whole 'system' (avoiding the need to take some individuals to hospital). Hospital handover data was included which illustrated the specific pressures at the James Cook University Hospital, Middlesbrough (a site which took in more

patients due to having more speciality services). A rapid process improvement workshop was conducted to improve patient flow, and the Hospital Ambulance Liaison Officer (HALO) role had been re-introduced – such measures were working well and had been expanded across other areas of the NEAS footprint. Elsewhere, data showed rising handover delays towards the end of 2023 / start of 2024 at both the North Tees and Darlington hospitals (the latter seeing a marked increase in delays over two hours).

The presentation concluded with commentary around what had been achieved, and what was still to do, in relation to the Trust's 2023-2024 quality priorities:

- To continue working with system partners to reduce handover delays (*Patient Safety*): Thematic analysis of handover delays undertaken, with particular focus on cases of moderate harm or below (had previously focused on more serious cases). Work with partners to improve data-sharing and standardise reporting (improving whole 'system' effectiveness) also completed. To begin addressing the need to understand the impact of handover delays on patients, an ambulance dataset had been introduced to start establishing outcomes for patients after handing them over (unaware of what happens to them currently) and ascertain the impact of hospital / ambulance interventions.

  This priority would not be carried forward to 2024-2025 but would instead become business-as-usual.

- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients (*Patient Safety*): Several achievements noted, including a quality and safety profile review to inform local safety priorities, further development of governance procedures, transition to and training on PSIRF (Patient Safety Incident Response Framework), and the introduction of three patient safety partners. With regards work still to do, the Trust was on track to complete all serious incidents and actions by the end of March 2024.

  This priority would not be carried forward to 2024-2025 but assurance was given that NEAS would continue to focus on patient safety matters.

- Implementation of clinical supervision (*Clinical Effectiveness*): Policies and procedures had been developed, with an audit roadmap for Clinical Team Leaders (CTLs) introduced to understand individual clinical performance. Protected time for discussions was provided (particularly relevant for those crews / staff who were often working in isolation), with clinical staff also given five hours to support any development needs identified through supervision. Looking ahead, an electronic audit tool and dashboards were to be developed, as well as a bespoke university module to help ensure all CTLs have the appropriate skills, knowledge and experience (to be completed in 2024).

  This priority would not be carried forward to 2024-2025 but clinical

effectiveness considerations would continue around 'Martha's Rule' (prompt access to a second opinion of an individual's condition).

- To increase service-user and colleagues' involvement in our patient safety and patient satisfaction activities (*Patient Experience*): NEAS Board, Trust partner, and stakeholder involvement in developments around this priority were highlighted, including the introduction of patient safety partners and the establishment of multi-disciplinary working groups for PSIRF implementation and patient safety improvement activities. A patient feedback group still needed to be created, along with a patient and carer feedback survey (post-investigations), with wider involvement from patients and colleagues to be sought in relation to recruitment activities.

  This priority would not be carried forward to 2024-2025 – NEAS would instead be focusing on the triangulation of data and making sense of the information it collected.

The Committee opened its reply to the presentation by probing those instances where patients were having to wait a significant time (beyond the target) for a response. NEAS stated that much of this had been as a result of staff capacity (the Trust had filled the roles for which it was funded for), though some could also be attributed to demand pressures and handover delays at hospitals. In terms of the latter, 30 minutes was the expected time for handover (15 minutes to pass the patient into the care of the hospital, and 15 minutes to re-stock) – the average for NEAS was 23 minutes, though this can increase during certain points of the year. It was noted that once handover delays begin, they can be very difficult to rein in.

Reflecting upon public awareness of the challenges in relation to ambulance response times / handover delays, Members asked if there was any evidence of people preferring not to make contact with NEAS and instead making their own way to hospital for treatment. The Committee was informed that the North East had benefitted from relatively stable relationships between health bodies which helped tackle pressure points more effectively than in other parts of the country.

Attention was drawn to the NHS 111 phoneline service, with the Committee querying if advice was consistent between that and the 999 number around who to contact in an emergency / non-emergency. NEAS advised that call-handlers across the region were dual-trained and that the same operators would answer whether 111 or 999 was used – the amount and order of questions may, however, be different depending on which number was dialled.

The Committee expressed concern that the positive developments around hospital handovers may slip if this was no longer an explicit priority for 2024-2025. NEAS gave assurance that the focus on ensuring timely handovers would not be lost (particularly since the issue had received national media interest) and that this was linked to the Trust's overriding commitment to patient safety. Members were also informed that the Secretary of State now received weekly briefings around

	this topic. A question was raised about whether the Fire Brigade still acted as responders to 'category 3' incidents. NEAS stated that the Fire Brigade did not act as paramedics but did have a role as community first responders – as such, they will be dispatched to certain cases if available. The Committee also noted local schemes where different personnel were responding to certain incidents / environments (e.g. falls within care homes) – NEAS requested further details around these reported schemes if clarity was required. With reference to the use of additional staff, the Committee asked if NEAS had been supported with extra finance for recruitment. The Trust confirmed that commissioners had recognised the need for further resourcing and had provided significant additional funding to meet demand for services. The Committee concluded the session by emphasising that caution would be needed that the move to increasing the category 2 target response time to 30 minutes (instead of the previous 18-minute aim) did not negatively impact patient outcomes – Members were advised that this would be fed back to the relevant NEAS personnel to see if both targets could be monitored in the future (which may also aid national benchmarking), and that the Trust was trying to be smarter about how it categorised calls (this used to be done by clinicians but, following a pilot, was now classified at the point of the call being made by the call-handler (with clinical input if required)). Improved categorisation of incidents should help patients to receive better response times depending on their need. AGREED that… 1) the Quality Account-related update on North East Ambulance Service NHS Foundation Trust Quality Account performance in 2023-2024 be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.
7	**Work Programme 2023-2024** Consideration was given to the Committee's work programme for 2023-2024. Since this was the final meeting scheduled for the current municipal year, the Chair thanked Members for their contribution to the items which were considered during 2023-2024. As per the established rotational arrangements, support of the Committee would pass onto Hartlepool Borough Council for the 2024-2025 municipal year. AGREED that the Committee's work programme for 2023-2024 be noted.