Tees Valley Joint Health Scrutiny Committee

MINUTES AND DECISION RECORD

13 March 2025

The meeting commenced at 10am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:
Darlington Borough Council -
Hartlepool Borough Council - Cllr Boddy (CH), Cllr Roy
Middlesbrough Council - Cllr Cooper
Redcar and Cleveland Borough Council – Cllr Cawley (VC), Cllr Kay,
Stockton Borough Council - Cllr Besford, Cllr Coulson (substitute for Cllr Miller), Cllr Hall

Also Present:

Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service (NEAS)
Rachael Lucas, Assistant Director of Quality & Safety, NEAS
Beverley Murphy, Chief Nurse, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)
Shaun McKenna, General Manager, Adult Mental Health – Urgent Care, TEWV

Officers:

Caroline Breheny (R&CBC)
Gemma Jones, (HBC)
Susan Lightwing (MBC)
Caroline Leng (R&CBC)
Joan Stevens (HBC)
Gary Woods (SBC)

32. Apologies for Absence

Cllr Crane, Cllr Holroyd, Cllr Layton, Cllr Moore, Cllr Morrish, Cllr Miller, Cllr Scott and Hannah Miller.

33. Declarations of Interest

None

34. Minutes of the meeting held on 9th January 2024

Confirmed.

35. North East Ambulance Service (NEAS) NHS Foundation Trust Quality Account for 2024/25 – *Assistant Director of Quality and Safety, NEAS*

Representatives from NEAS were in attendance to present to the Committee their current position and performance and to provide an update on the 2024/25 quality priorities.

Data was provided to Members in relation to Patient Safety Incidents. It was noted that 3,327 patient safety incidents had occurred in the period April 2024 to January 2025. This equated to 2.7% per 1000 calls answered. There were 18 patient safety incident investigations with 2 meetings taking place per month focussing on incident reporting.

In relation to patient experience/feedback, 418 complaints had been received with 1294 appreciations also recorded. Work is undertaken to investigate how to improve practice after complaints are received. Appreciation stories are also fed back to the board.

The Committee was informed that, of the 11 Ambulance Service Trusts in England, NEAS were first in relation to ambulance response times, although it was recognised there was still room for improvement. In terms of Friends and Family satisfaction the 111 service gained a satisfaction score of 78.4%.

An update on the 2024/25 quality priorities was provided and focussed on patient safety, clinical effectiveness and patient experience. With regards to patient safety, learning from deaths and the prevention of future deaths reports were discussed. It was noted that policies and procedures had been reviewed to improve learning, alongside bringing teams together to share learning outcomes from Coroners. Improved engagement with bereaved families and carers, Corners and medical examiners was also highlighted. Future work included making the Learning from Deaths process more efficient so that resources could be focused on areas that lead to change.

The second element of patient safety discussed was infection and prevention control. Achievements had included the reviewing of governance arrangements, audit tools, reporting and training. An application software based audit process had been introduced as well as the development of a local action plan. NEAS will continue to review polices and procedures to ensure they comply with national standards.

In terms of Clinical Effectiveness the Committee was informed that work undertaken had focussed on –

- reviewing the process for identifying a deteriorating patient
- introduction of a critical care desk
- further training provided to Specialist Paramedics in Critical Care (SPCC)
- deploying 2 specialist care rapid response vehicles
- improving the learning from the clinical audit of incidents
- improving the use of pre-hospital alerts

The final priority discussed related to patient experience with NEAS working to improve how the Trust triangulates and shares learning from incidents, complaints and lived experience. This included working with voluntary ogranisations to gather public feedback to help inform the new clinical strategy. Other achievements were improving colleagues' awareness of processes relating to complaints, claims and 'learning from events' meetings. Future work will focus on introducing the learning from claims into forums such as multi-disciplinary meetings.

In the questions that followed Members gained the following information –

- Mechanisms regarding how Coroner information is fed back to staff were explained.
- Emphasis is placed on systemic learning and how the organisation can learn to prevent future deaths. This is achieved via an executive bulletin that is circulated monthly and is also available on the internal website. Elements of this are also fed back into training sessions.
- All staff have mandatory training and different teams feed into this.
- In respect of vehicle cleaning methods, an audit tool is used to understand the 'hot spots' and how these methods can be improved.
- The percentage of Paramedics with advanced training was not available to the Committee but would be shared at a later date.
- 2 rapid response vehicles are based in 2 separate units across the North East, one of which is based in Hartlepool. Concerns were expressed that this was quite far north for the people of Redar. It was noted that use of these vehicles is monitored and that specialist paramedics are also situated in emergency departments.
- Some complaints focused on response times to incidents, this was being considered as an area for improvement.
- In relation to response times, NEAS are the only Ambulance Service that achieves the cat 1 response target.

- NEAS were also the fastest for category 2 response times, with 90% responding within 40mins. Whilst the NHS England target is 30min, NEAS are aiming for 18 mins, it was acknowledged that this may take some years to achieve this.
- It was highlighted that there was still room for improvement in terms of response times.
- In response to Friends and Family satisfaction, there was high appreciation for crew attitude however, this was also the subject of some complaints and this was monitored.
- The way calls are prioritised was explained.
- Call categories can change depending on the situation.
- A vast amount of work has gone into hospital turn around times.
- Work has also taken place to support patients that do not require hospital care and can be treated at home.

Representatives from NEAS were thanked for their presentation.

Decision

(i) The Committee considered and commented on the update on performance in 2024-2025 and the priorities for quality improvement in 2025-2026
(ii) That a statement of assurance will be prepared and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair
(iii) That data will be shared in relation to the number of Paramedics with advanced training.

36. Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust Quality Account priorities update 2024/25 – *Chief Nurse, TEWV*

The Chief Nurse was in attendance to provide the Committee with the Quality Account priorities update for 2024/25. Priorities were co-created with people using the service and led by people with lived experience. Priorities included –

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

Work undertaken has focussed on the promotion of education using lived experience. This has meant an increase in peer support workers and work undertaken to reduce the number of children graduating into adult mental health services by making sure their needs are being met.

Relapse prevention involves looking at a patients relapse indicators and in advance care planning, taking a more personalised approach.

Clinical effectiveness includes working to improve personalisation in urgent care with a view of reducing the need for patients to tell their story more that once. 85% staff will have undertaken the online training module in personalised care planning. The impact of this training will be assessed by evaluating the quality of patient experience feedback. Work will continue with services users to identity the priorities ahead building on the elements discussed, ensuring that the focus is having an impact on the people in their care.

Members were given an overview of the Niche assurance review which was commissioned by NHS England. This assessed to what extent the care TEWV provide is compliant with current standards and expectations, with a focus on the experiences of young people in their care. The report found that the quality of child and adolescent services had improved significantly. This had provided the Trust with assurance that young people would receive care in line with good practice and mandatory practice. In terms of the Child Adolescent Mental Health Service (CAMHS) the Trust now provides support via intensive home treatment teams and intensive positive behaviour support multidisciplinary teams.

Referring to the latest CQC well led inspection, data was provided in terms of the findings of each service as detailed on the presentation. An update was provided regarding the improvement plan with only 1 action now overdue.

Referencing the recent CQC crisis report publication published in February 2025, Members were informed a rating of ‘good’ had been achieved. Representatives explained the report had demonstrated the Trusts continuous improvement and positive impact on peoples experience of the Trust. This was against a national backdrop of increased demand for services. It was acknowledged there was more work to be done including improving the reporting of mandatory and statutory training and line supervision.

In the discussion that followed a Member asked if more people are being treated at home as this was the cheaper option. The Representative explained that for some admission into hospital is appropriate to allow them to be kept safe. However, being admitted to hospital was problematic for a person as this could impact on their caring responsibilities and the loss of control over their life. Ensuring hospital admission was the correct option for a person was key.

A Member asked for more information about how young people decide on their own care. It was explained that evidence suggests that involving young people in the decisions relating to their care can help them develop and manage their own life with a sense of choice. Clear assessments are in place but choice is given where possible, alongside working with the young person’s family and support network. The mechanism of how people share their stories was also explained including how information is shared and reported on the electronic systems.

Attention was also drawn to the fact that supporting patients is not done in isolation and TEWV work with partners to help address a patients issues. Work takes place with Local Authorities and the Voluntary Sector regarding areas such as employment options and taking part in meaningful activities. TEWV have also established a voluntary and peer support programme.

Members were pleased that the crisis service had received a rating of good but commented there was no breakdown of how this had been achieved. Concerns were also expressed about the waiting list for CAMHS. Representatives explained that improvements will focus on making sure staff are well trained and properly supervised. The quality of risk assessment and care plans had greatly improved in this area.

In terms of recruitment there are currently no vacancies in secure inpatient services. However, the Trust were mindful that a drop in student nurses was anticipated and were looking at what they could do to fill the gap. The Trust were also looking at new ways of capturing clinical supervision recording.

A discussion was held in relation to waiting lists across CAMHS in particular those waiting for assessments for neuro diverse disorders. Representatives commented that this was a national problem and ways to manage this were being explored.

In terms of the CQC well led inspection, the 1 recommendation overdue related to 2 policies being reviewed in line with best practice. In part this was due to the Trust being able to demonstrate that the training is being embedded which will take some months.

A Member referred to tables detailed in the presentation which related to the CQC well led inspection and asked if clinical supervision was happening on wards. Reassurances was provided that supervision is happening but previously there was not a systematic way of reporting this but this was now being reviewed.

Representatives from TEWV were thanked for their presentation.

Decision

(i) The Committee considered and commented on the update on performance in 2024-2025 and the priorities for quality improvement in 2025-2026.

(ii) That a statement of assurance will be prepared and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

37. Crisis Screening, Triage and Assessment Overview - Durham and Tees Valley – *General Manager, Adult Mental Health – Urgent Care, TEWV*

Information was provided to the Committee regarding crisis screening, triage and assessment in Durham and Tees Valley. Specifically, the implementation of the new digital telephony system launched in March 2024. Originally a 12-hour day shift service this was now 24/7 and could be accessed via NHS 111 (option 2). This was now a single source of access and with all calls being screened by the Durham and Tees Valley screening service. The use of screening tools has meant that patients are directed to the most appropriate source of support. This has allowed crisis team clinicians to focus their time on those that need it the most.

Since the implementation of the screening team the service has seen a reduction in call volume and repeat callers. Any patients waiting over 7 minutes are offered a call back. It was noted that only 3% of calls were abandoned by patients, with call answer rates remaining positive. However, despite being better than that national average it was acknowledged that there was still room for improvement. Further information on call times was detailed in the presentation.

The service, based at West Park Hospital, answers calls from Durham and the Tees Valley and calls are then passed to local teams. There has been a significant improvement to triage call answer rates. The child and adolescent mental health service has sustained a call answer rate of 95%. There had also been a significant volume of calls to the professional line. Data was provided in relation to the service for the month of December 2024.

The next steps for the service were outlined and the Committee were advised that in terms of workforce pressures, the service currently had no vacancies. There had been some technical issues which were expected to be resolved in April 2025. In terms of future improvements, 2 safe havens were to be opened across the Tees Valley and the service had begun to work closely with the voluntary sector and neighbourhood based services. This was with a view of supporting patients and preventing them from needing crisis care.

In the discussion that followed a query was raised in terms of multiple ambulances attending for one patient. It was explained that some situations, when assessed for safety, may generate that level of response however, learning from those types of situations was ongoing.

Members asked if the Samaritans number was still being shared with patients. Representatives explained that the majority of patients were being referred to the TEWV listening service and work was taking place around the publicity for accessing the 111 service for mental health.

Further information was provided in relation to the abandoned calls and the 7 minute call back function, this was being closely monitored.

Members were pleased to see that patients were being signposted to different sources of support and thanked Representatives for their detailed presentation.

Decision

(i) Members noted the content of the adult mental health service urgent care presentation.

38. Work Programme for 2024/2025

The Work programme was noted. The Chair explained that future items for the work programme would be discussed at the first meeting of the municipal year

The Chair expressed thanks to Members for their attendance and contributions during 2024/25 as this was the final meeting scheduled for the current municipal year. As per the established rotational arrangements, support of the Committee would pass onto Redcar and Cleveland Borough Council for the 2025-2026 municipal year, with the first meeting being held on the 8th May 2025.

The meeting concluded at 12pm.

CHAIR