Stockton-on-Tees BOROUGH COUNCIL
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Tees Valley Joint Health Scrutiny Committee

Agenda

Date: Friday 15 March 2024 at 10.00 am

Venue: Jim Cooke Conference Suite, Stockton Central Library, Stockton On Tees TS18 1TU

Cllr Marc Besford (SBC) (Chair)
Cllr Rachel Creevy (HBC) (Vice-Chair)

Cllr Jonathan Brash (HBC)
Cllr Christine Cooper (MC)
Cllr Lynn Hall (SBC)
Cllr Mary Layton (DBC)
Cllr Vera Rider (R&CBC)
Cllr Heather Scott (DBC)
Cllr Jeanette Walker (MC)
Cllr Ceri Cawley (R&CBC)
Cllr Brian Cowie (HBC)
Cllr Neil Johnson (DBC)
Cllr Paul McInnes (R&CBC)
Cllr Jan Ryles (MC)
Cllr Susan Scott (SBC)

AGENDA

1 Evacuation Procedure (Pages 7 - 8)

2 Apologies for Absence

3 Declarations of Interest

4 Minutes of the Meeting held on 15 December 2023 (Pages 9 - 20)

5 North East and North Cumbria Integrated Care Board - Update on Recent Restructure

To consider an update on the recent restructure of the North East and North Cumbria Integrated Care Board (NENC ICB). (Pages 21 - 34)

6 Tees, Esk and Wear Valleys NHS Foundation Trust - Quality Account 2023-2024

Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will be in attendance in order to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year. (Pages 35 - 62)

7 North East Ambulance Service NHS Foundation Trust - Quality Account 2023-2024

Representatives of North East Ambulance Service NHS Foundation Trust (NEAS) will be in attendance in order to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year.

(Pages 63 - 88)

8 Work Programme 2023-2024

(Pages 89 - 90)

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Agenda

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrison on email rachel.harrison@stockton.gov.uk

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KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

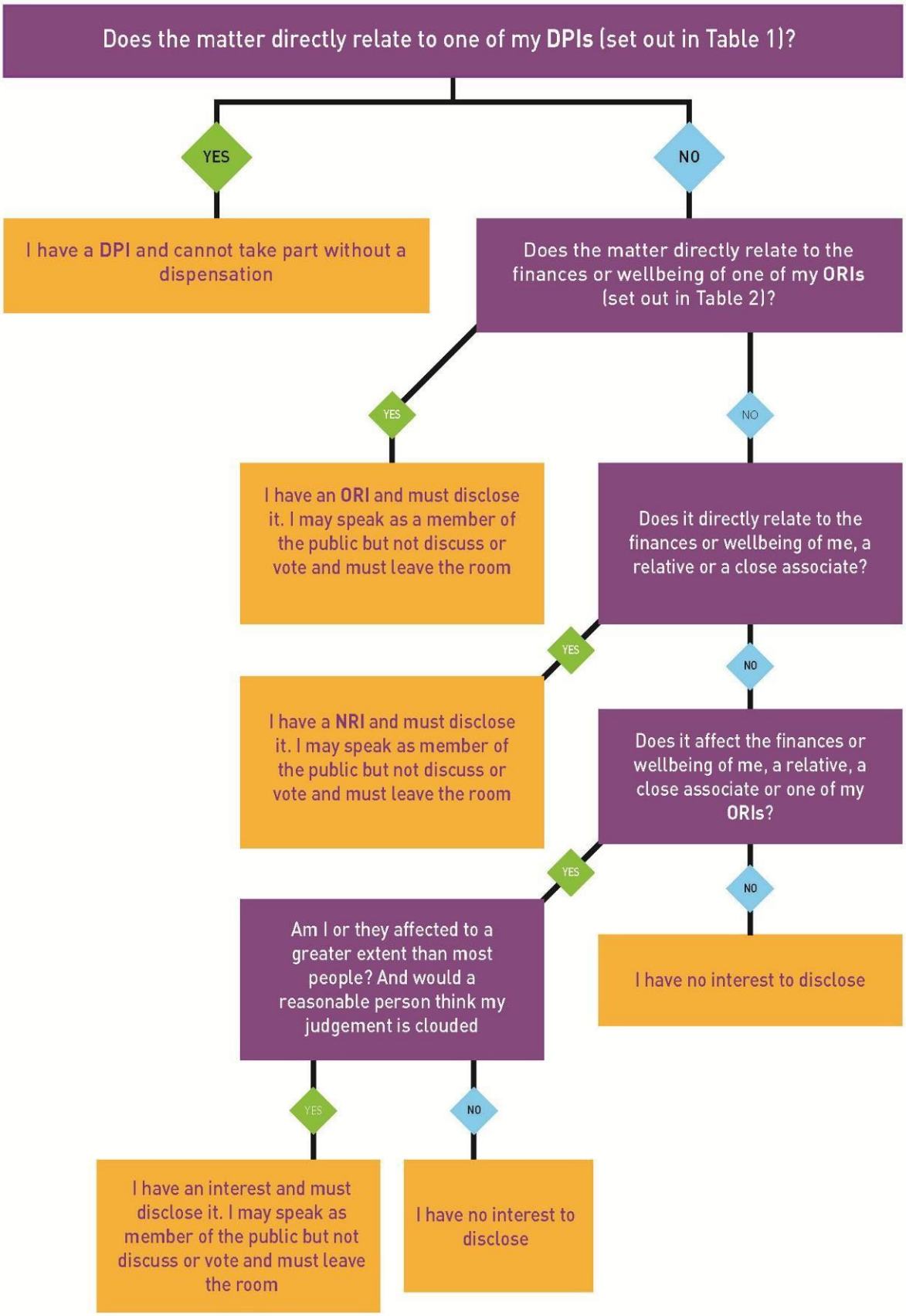

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Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

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Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

Jim Cooke Conference Suite, Stockton Central Library
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If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

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Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 December 2023.

Present: Cllr Rachel Creevy (HBC) (Vice-Chair, acting as Chair), Cllr Brian Cowie (HBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Susan Scott (SBC)

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

Also in attendance: Dr Kamini Shah, Julie Turner (NHS England); Craig Blair (North East and North Cumbria Integrated Care Board); Alison Featherstone, Angela Wood (Northern Cancer Alliance); Professor Peter Kelly CBE (Office for Health Improvement & Disparities); Sarah Bowman-Abouna (Stockton-on-Tees Borough Council)

Apologies: Cllr Marc Besford (SBC) (Chair), Cllr Jonathan Brash (HBC), Cllr Ceri Cawley (R&CBC), Cllr Christine Cooper (MC), Cllr Neil Johnson (DBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), 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 28 July 2023** Consideration was given to the minutes from the Committee meeting held on 28 July 2023. AGREED that the minutes of the Committee meeting on 28 July 2023 be approved as a correct record.
4	**Notes of the Meeting held on 6 October 2023** Consideration was given to the notes from the Committee meeting (not quorate) held on 6 October 2023.

	AGREED that the record of the Committee meeting (not quorate) on 6 October 2023 be noted for information.
5	**Office for Health Improvement & Disparities - Community Water Fluoridation** The Committee received a presentation on updated plans for community water fluoridation for the North East of England. Led by the Office for Health Improvement and Disparities (OHID) Regional Director / NHS Regional Director of Public Health (North East & Yorkshire), and supported by the Consultant in Dental Public Health, NHS England (North East & Yorkshire) and the Stockton-on-Tees Borough Council (SBC) Director of Public Health, content included: ➢ Outline of current status ➢ Oral health across Tees Valley 2019-2022 ➢ Significant inequalities across Local Authorities ➢ General Anaesthetic (GA): Numbers and rates (2022-2023) ➢ Evidence-based interventions to improve oral health ➢ Consultation narrative ➢ Achieving consensus across the North East ➢ Where are we now? ➢ Recommendations Summarising the existing position with regards this initiative (which included Government support and funding, the preparation of the statutory 12-week consultation requirement, and communication / decision-making responsibilities), it was noted that Hartlepool and some parts of County Durham already had naturally fluoridated water, and other areas (Newcastle, North Tyneside and parts of Northumberland) had artificial water fluoridation. Significantly, associated capital and revenue costs (which previously sat with Local Authorities under the Public Health grant) for expanding this across the North East would be the responsibility of the Department of Health and Social Care (DHSC). Outlining the changes in prevalence of dental decay in 5-year-olds across the North East between 2019 and 2022, officers stated that there could be up to 134 teeth being extracted under general anaesthetic in a single day within County Durham for Durham and Darlington children. Reference was made to a table which compared the most and least deprived wards in Teesside (without fluoridated water) with Hartlepool (which already had fluoridated water) – this 2017 data demonstrated the positive impact of fluoridation which was particularly significant for those in the most deprived areas. In terms of inequalities, it was also noted that there can be up to a ten-fold difference in decayed, missing or filled teeth (DMFT) rates between the most and least deprived wards within a single Teesside Local Authority footprint. The use of general anaesthetic in relation to dental decay during 2022-2023 was highlighted. The wider impacts of this were also emphasised, with children usually requiring at least three days off school, around 38% enduring sleepless nights, and around 70% reporting pain. Public Health England data was provided which showed the return on investment of oral health improvement programmes for 0-5-year-olds. Targeted supervised

	toothbrushing and fluoride varnish programmes, as well as the provision of toothbrushes / paste by post and by health visitors, were all found to effectively reduce tooth decay. However, by a very significant margin (nearly three times more than the second most effective), water fluoridation had the greatest impact. Detail was provided on the rationale, aims and next steps around the proposed expansion of water fluoridation across the North East. Ultimately, this initiative would help everyone (especially those who needed it the most), would lead to positive changes in oral health for young children, and would reduce the number undergoing general anaesthetic (a large majority of which were likely avoidable). Officers welcomed Government support for such a population health measure and noted that the new Secretary of State for Health and Social Care had expressed a desire to launch a consultation in early-2024. An outline of the broad consultation and engagement plans (including with parents and communities) associated with this scheme was given. It was stated that these proposals were planned prior to the emergence of the COVID-19 pandemic (at which point Health and Wellbeing Boards across the region had endorsed), and that dentists were hugely supportive of them. Consultation was on track to commence before the end of 2023, and a communication plan (involving Local Authority colleagues) was in the final stages of preparation. Reflecting on the contents of the presentation, the Committee pointed to the somewhat overwhelming nature of the quoted statistics and the adverse impact of the pandemic in inhibiting improvements to dental health. Highlighting that Hartlepool still had apparent issues despite water fluoridation, Members added that there were objections to these proposals out in the community. In response, officers emphasised that water (like other drinks and foods) was already treated to ensure it was safe to consume, and that fluoridation would reduce dental caries by around 25% in the most deprived areas. That said, whilst fluoridation would reduce severity of dental decay, it would not eliminate bad health / dietary decisions – there was, therefore, a significant requirement for education around the benefits and limitations of the initiative. Ultimately, there was always likely to be objections to any proposal, but it was known that parents of those children suffering from dental decay were broadly supportive as they had witnessed the pain their children had endured. Assurance was given that Local Authorities would be encouraged to robustly consult with their communities. Continuing the theme of unease around introducing fluoridation to the water supply, the Committee asked for clarity on potential side-effects. Officers drew attention to a dental monitoring report which was published every four years and included analysis of general and dental health and the impact of fluoridation – the last report in 2022 showed no differences between fluoridated and non-fluoridated water in terms of adverse health side-effects. Fluorosis was a dental side-effect. Responding to those who were concerned about side-effects, Members drew attention to the impact of dental caries and the risks faced by children who required treatment under general anaesthetic, the use of which, it was felt, should be minimised as far as was safely possible. Officers reiterated that fluoridation was not a panacea for poor dental health, but would reduce severity.

	The Committee was informed that there had been some areas across the country where fluoridation schemes had stopped for technical reasons by water companies. It was subsequently evidenced that this led to a dip in the standard of oral health. A query was raised around how fluoride was best absorbed into the body and whether people had to drink it for optimum effect (e.g. would brushing teeth still provide benefits?). Officers confirmed that drinking fluoridated water would make the biggest difference and agreed that this message needed to be widely communicated to the public. This proposed initiative aside, the Committee asked if enough was being done to address what, for many, were avoidable dental issues. Officers acknowledged that there was always more that could be achieved (e.g. increased number of fluoride varnish schemes) and that this was not limited to children and young people – vulnerable adults and older people in care homes could also be targeted further. Local Authority Public Health functions were fully supportive of the drive to improve the existing situation, with oral health packs, healthy school nutrition programmes, and supervised toothbrushing within schools demonstrating this (Members stressed the need to keep pushing the latter as a number of schools were not participating). Ultimately, however, a key message that must be continually emphasised was that sugary drinks should be a rare treat for children, not, as had become for many, the norm. Concluding the item, the Committee sought clarity around consultation plans. It was confirmed that each Local Authority could decide how it wished to conduct this, but that a significant response was anticipated (including some push-back). AGREED that the community water fluoridation information be noted, and the stated recommendations be supported.
6	**North East and North Cumbria Integrated Care Board - NHS Dentistry Update** Further to a presentation given to the Committee in March 2023, Members received an update on NHS primary care dental services and dental access recovery developments. The North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place Based Delivery provided information on: ➢ Summary Overview of NHS Dentistry ➢ Context ➢ Commissioned Capacity ➢ Other Primary and Community Dental Services ➢ Urgent Dental Care Services ➢ Challenges to Access ➢ Our Approach to Tackling These Challenges – Three Phases ➢ Immediate Actions Undertaken ➢ Dental Access Recommissioning (UDAs) ➢ Further Action and Next Steps ➢ Advice for Patients with an Urgent Dental Treatment Need

	NHS England delegated responsibility to the North East and North Cumbria Integrated Care Board (NENC ICB) for commissioning dental services from 1 April 2023 (with professionals who had previously led on this transferring to the ICB). Whilst private dental services were not commissioned, regulations did not prohibit the provision of private dentistry by NHS dental practices. From a purely NHS perspective, although patients could contact any practice to access care, the issue remained that not all practices could meet demand, and the backlog of treatment needs (involving increased complexity) arising as a result of the COVID-19 pandemic remained high. It was emphasised that whilst the relevant NHS webpage may indicate a practice was not taking on new patients for NHS treatment, individuals were encouraged to contact a practice to confirm this was the latest position as the website was not always up-to-date and availability was often changing. Given the existing pressures, practices were being encouraged to prioritise patients for treatment based on clinical need and urgency, therefore appointments for some routine treatments (such as dental check-ups) may still be delayed. That said, if teeth and gums were healthy, a check-up or scale and polish may not be needed every six months. Regarding NHS dental contracts, commissioned capacity for 2023-2024 was just under 1.3 million units of dental activity (UDAs) across the Tees Valley – this should be sufficient if it could be accessed. In addition to routine general dental practice, other commissioned provision included urgent dental care services (in-hours and out-of-hours appointments via NHS 111), community dental services (CDS – for vulnerable patients with additional needs that cannot be met within high street practices), advanced mandatory (minor oral surgery services), and domiciliary care, sedation and orthodontic services. Access challenges were outlined, including the pandemic legacy and ensuing backlog, recruitment and retention of dentists remaining an issue (particularly for NHS provision) which inhibits a practice's ability to deliver full commissioned capacity, and the ongoing need for national contract reform (the NENC ICB cannot control this but would welcome change). A significant factor (replicated across the UK) was the handing back of contracts, a number of which had been returned since the ICB took over commissioning responsibilities from April 2023 – this had created difficulties in accessing NHS dentists across many areas of the North East (including, from a Tees Valley perspective, Darlington). Three distinct streams were being pursued to tackle these challenges – immediate actions to stabilise services, a more strategic approach to workforce and service delivery, and developing a strategy (linked to the previous water fluoridation item) to improve oral health and reduce the pressure on dentistry. A number of immediate actions undertaken were noted (though were restricted by the number of dentists available), including the recommissioning of UDAs resulting in a significant uplift in non-recurrent capacity across the ICB footprint. Further proposed actions and steps to continue addressing existing NHS dentistry issues were referenced, a key part of which was anticipated work alongside Healthwatch to update patient and stakeholder communications – this was reflected within the final presentation slide which provided advice for patients with

	an urgent dental treatment need. It was acknowledged that the current situation was not ideal, but the ICB was trying to do the best with the resources available, and within the confines of overarching national challenges linked to this sector. The Committee expressed frustration that concerns over the state of NHS dentistry had been flagged for some time now, yet effective action from those in authority continued to be slow. In contrast to the apparent decline of NHS provision, private dentistry appeared to be flourishing, and it seemed clear that payments for NHS work (UDAs) was insufficient to cover costs. Previous discussions on the reasons for challenges in finding / accessing NHS services had indicated that contracts were being handed back by dentists because of frustrations over personal development opportunities (not, as was often thought, for financial motives). Officers agreed that there was a need to sell the broader offer for individual dentists as part of recruitment and retention efforts – as was the case with GPs, a system-wide approach to make the region more attractive for prospective professionals was required (this was not purely an NHS issue). Discussion continued around the provision of an appropriate workforce within dentistry, with Members being informed of recruitment / employment offers which combined working in practices with career development (this had been done in other parts of the UK). It was felt that helping dentists acquire specialist skills could aid in efforts to keep them within the NHS, and that once someone moved to private provision, it was rare that they returned. Similarly, career development of dental nurses was being explored in order to keep them in the NHS system. Referencing the use of the NHS 111 service following a recent poor dental care experience (which worked well but led to the need to travel further for treatment), officers were asked to clarify how a UDA was defined. Members heard that this was a payment measure which involved different treatment bands (e.g. a check-up was one UDA for all practices; a filling (requiring more time) would be classed as three UDAs). Essentially, the more complex the treatment, the more payment units received. With regards the commissioned NHS capacity for 2023-2024, the Committee raised the point that this would provide approximately two UDAs per head of the Tees Valley population – the equivalent of only two check-ups. Observing that only around half the population access dentists, officers acknowledged that there was a need for greater capacity given the existing issues previously highlighted and that it would take some time before demand for services returned to what could be deemed ‘normal’. Members added that it would be helpful if the status of practices on the NHS website was updated more regularly (the lack of a distinction between those taking on routine and / or urgent care was also noted). Returning to recruitment and retention matters, the Committee wondered if an increasing number of professionals were sharing the perception that it was no longer financially viable to work in the NHS system. Officers recognised that practices were under pressure and that payments for treatment were not keeping up with inflation – indeed, many of those who stayed within the NHS did so by supplementing their incomes with private activity. Work was ongoing around ensuring the sustainability of practices.

	AGREED that the NHS dentistry update be noted.
7	**NHS England / Northern Cancer Alliance - Non-Surgical Oncology Outpatient Transformation** Consideration was given to proposals for changes to non-surgical oncology (Systemic Anti-Cancer Treatment (SACT) (chemotherapy-related) and radiotherapy) services across the North East. Supplemented by additional background context outlining challenges associated with the existing offer and the preferred model for future delivery, representatives of NHS England and the Northern Cancer Alliance gave a presentation which included the following: ➢ Why non-surgical services need to change ➢ Overview of oncology services and original outpatient appointment sites ➢ Principles for strategic review and strategic model development ➢ Options considered, decision-making, and preferred option ➢ Example patient pathway and proposed hub locations ➢ Benefits of a tumour-specific hub ➢ Clinical model – peer review (September 2023) and outcomes ➢ Engagement and communication ➢ Impact assessments – health and travel (to date and for preferred option) ➢ Next steps The rationale for altering the existing service model was outlined, a key aspect of which was the nationally recognised shortage in oncologist workforce (identified as far back as 2020). Other factors included a regional variation in current provision and access, the anticipation of new drugs associated with this pathway causing increased demand, and the general increase in cancer incidences. Mapping the present offer across the North East and North Cumbria Integrated Care System (NENC ICS) footprint, two specialist cancer centres at Newcastle (Freeman Hospital) and South Tees (James Cook) included radiotherapy treatment, with chemotherapy delivery units based at 19 sites (the proposals did not change the sites for these services). However, the historical model of outpatient provision was no longer fit for purpose, with inequity of access developing over time, a lack of resilience within the workforce, and an increase in referrals and complexity of cases contributing to delivery pressures. The principles underpinning a strategic review of these services was noted, with key features including the need for patient-focused, clinically-led, care which was delivered as close to home as possible. Given the expected widening of the gap between supply and demand for the regional oncology workforce in the next five years, ensuring oncologist time was used for maximum efficiency was crucial, as was providing safe levels of specialist cover alongside opportunities to enhance resilience through peer support and learning. Following various consultation and engagement with stakeholders (including the public), four future options were identified, one of which was to continue with the current model (already established as unviable). Two others involved either centralisation to the existing cancer centres or a decentralised model – however, these were both problematic due to travel / estate implications and lone-working /

	inequity of service development concerns respectively. The fourth option – clinical networks with tumour-specific hubs and treatments as close to home as possible – was therefore the preferred choice. Once the ongoing engagement and further development phase had concluded, it was intended that the agreed model would be signed off by March 2024. The preferred option was explored in more detail, with example patient pathways, proposed hub locations, and the benefits of a tumour-specific hub demonstrated. Assurance was given that the original diagnostic pathways would not change, though an individual may need to travel further to see a non-surgical oncology doctor. The introduction of hub locations would create a more resilient workforce that provided better patient care, and only a small number of patients (around 15 per week) would need to receive their face-to-face appointments at an alternative site. It was felt that people were less concerned about travelling further if the service they receive was good. Details of a 2023 peer review to check and challenge the proposed model were relayed – this was initiated to ensure safety, sustainability, co-dependencies, quality standards, workforce, equity, and access were appropriately considered. Review outcomes showed support in principle for the preferred option, though work required to mitigate the impact of these changes was identified around workforce levels, out-of-hours provision and access to acute oncology, technology adoption to enable remote access to care, and a programme of involvement / engagement. Regarding this latter finding, extensive engagement and communication efforts were documented in order to seek the views of the public, patients, professionals and partners. Future consultation plans around the proposed new model were also listed – this included the involvement of those with lived experience of oncology services, and activity that engaged people with the greatest level of inequity of access / health inequalities. Health and travel impact assessments had also been undertaken for the preferred option – this was done to identify likely impacts of the proposed service change and provide further insight to reduce potential barriers / discrimination. Concluding the presentation, the next steps around the development of these services were highlighted. Further to securing support for these proposals and the continuation of clinical pathway standardisation work and contract / commissioning conversations, it was hoped that change would start to be implemented from April 2024. The Committee referenced its awareness of feedback on the value of familiarity in terms of contact with professionals and attendance at treatment locations. Officers confirmed that the proposals for the future model would indeed assist in this regard, with professionals to be based within the hubs who patients would be able to repeatedly access, and a co-ordinator to be available for individuals to contact in relation to their ongoing care. One issue that had proved challenging was when people become ill out-of-hours, and much consideration had gone into how best to manage these situations. Work around a regional outreach model was taking place to ensure a more robust out-of-hours structure – Members welcomed this and felt it may also assist in identifying other wraparound care

	requirements (e.g. the need for social care input). Instances of waits for radiotherapy services were raised by the Committee. Officers agreed to follow this up after the meeting, though reiterated that if the workforce was limited and too far spread across a wide geographic area, there was little resilience within the system and delays would inevitably occur. The NENC ICB representative present noted the targeted lung health check work across the region and indicated the support of the ICB for the preferred option. The key issue of transport links to services was discussed, with Members querying whether patient transport options would be available for the revised hub locations, and questioning if the criteria for accessing this was clear. Officers responded by expressing their desire to get input from all parties on the clinical model proposal, and that discussions were being held with voluntary transport providers. Criteria for its use was considered clear, and options were and would still be available. Whilst transport-related conversations needed to continue (and were reviewed on an annual basis anyway), the NENC ICB representative added that spending on transport assistance initiatives diverted funds away from clinical patient care. It was acknowledged, however, that it was important to ensure equitable transport provision across the five Local Authority areas. AGREED that the non-surgical oncology outpatient transformation information be noted, and the preferred option (clinical networks with tumour-specific hubs and treatments as close to home as possible) be supported.
8	**North East and North Cumbria Integrated Care Board - Tees Valley Winter Planning Update** The Committee received its annual winter planning update. Provided by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place Based Delivery, key aspects included: ➢ Context ➢ National Guidance ➢ 2023-2024 Winter Planning o Local Accident & Emergency Delivery Board (LADB) o System Control Centre (SCC) o Tees Valley Incident Command Coordination Centre (ICCC) o Urgent and Emergency Care Highlight Report o Winter Plans and Business Cases ➢ Risks and Challenges Like all services up and down the country, the Tees Valley health system remained under significant and sustained pressure – this was impacting upon performance, particularly on flow through hospitals. Influencing factors included staffing issues across all partners, pathway and estate limitations at some sites, increased demand (linked to the elective backlog), higher acuity of patients (resulting in longer stays in hospital), and discharge delays (due to NHS Trust issues and social care / home care staffing pressures). This demonstrated a complex system-wide problem which required a system-wide response.

	National guidance to address these widespread challenges was outlined, including delivery plans for recovering urgent and emergency care (January 2023), and recovering access to primary care (May 2023). Regarding the former, focus on five key areas was highlighted: increasing capacity, increasing workforce size / flexibility, improving discharge, expanding care outside hospital, and making it easier to access the right care. In addition, 10 high-impact interventions had been worked through and implemented in some form – this included reducing variation in same day emergency care (SDEC), acute frailty service provision, and in-patient care / length of stay, as well as virtual wards, single point of access, and acute respiratory infection (ARI) hubs. From a sub-regional perspective, several entities were in place to respond to the additional challenges brought on by the winter season. The Tees Valley Local Accident & Emergency Delivery Board (LADB), System Control Centres (SCC), and the Incident Command Co-ordination Centre (ICCC) – Tees Valley (established as a result of COVID-19 and maintained to ensure connectivity between partners) were all highlighted. Specific attention was drawn to the LADB which was supported in monitoring key performance metrics via the development of an urgent and emergency care (UEC) highlight report – this pulled data from each partner along with supplementary narrative to determine key risks for discussion within the meeting. Robust data helped make good, informed decisions, and the LADB had access to real-time information. Further detail on the process behind planning for the winter period was relayed, a key element of which was the development of a system resilience template (building in Key Lines of Enquiries (KLOEs)) to identify risks. A red / amber / green (RAG) rating was then given based on perceived risk, with the amber elements (in plans, but risks associated with delivery) highlighted in greater depth (note: there were no KLOEs marked red (no evidence of existing implementation or in system plans)). For each priority area listed, a clear Action Plan lay behind it and the overarching risk register was routinely monitored. A prioritised list of agreed schemes / developments following the submission of proposed business cases by partners that would have a measurable impact on the health and care system over the winter was provided. Longer-term proposals involving the commissioning of a standardised Integrated Urgent Care (IUC) model across North and South Tees from the start of April 2024 was also noted. Finally, risks and challenges associated with service delivery and performance were highlighted, with ambulance handover delays at South Tees Hospitals NHS Foundation Trust (STHFT) and category 2 ambulance response times specifically emphasised. Other issues included staffing / workforce limitations for all system partners, competing priorities (e.g. elective versus urgent / emergency care), and service demand pressures across both health (primary and secondary care) and social care. Further waves of COVID and / or industrial action also threatened the ability to meet the needs of the Tees Valley population (e.g. planned treatment may be delayed). Discussions began with Members requesting clarity over the Tees Valley LADB. It was explained that this was a system group that met routinely, and that any single partner could request specific agenda items for discussion at any meeting.

	The Board enabled the identification of critical actions which relevant partners were then responsible for acting upon. On a daily basis, partners are able to initiate Incident Command and Coordination Calls should pressures experienced warrant a system response. The Committee asked if there was an issue across Tees Valley with patients having to wait a long time on trolleys before being seen by an appropriate health professional. Officers stated that there had been some cases of this occurring (though not to the extent as was being experienced in other areas of the country), and that such events were treated as incidents. Continuing the theme of ambulance handovers, Members queried if mechanisms were in place to evaluate measures to make this a more efficient process. Assurance was given that real-time information was available to assess performance, and that a formal period of evaluation would take place in the new year in order to formulate plans for future arrangements. NHS 111 staffing capacity was probed by the Committee, with officers confirming that resources had indeed been strengthened. The importance of clinical hub staff supporting call-handlers was stressed, as was the need for any additional investment to have a positive impact on the wider system. Questioning concluded with Members asking about the impact of COVID and flu during the current season. The Committee was informed of a significant wave of acute respiratory cases across the region (with plans subsequently put in place to mitigate this), with norovirus also present on some hospital wards (with some needing to be temporarily closed to visitors and, on occasion, admissions). The importance of public communications was emphasised in order to promote the right messages to keep people safe and well, as well as reflect the pressures on the system. Ultimately, COVID was not as visible in the news nowadays and was therefore less likely to be in the public psyche. AGREED that the Tees Valley winter planning update be noted.
9	**Work Programme 2023-2024** Consideration was given to the Committee's work programme for 2023-2024. The next formal meeting was scheduled for 15 March 2024, with intended items including both the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North East Ambulance Service NHS Foundation Trust (NEAS) Quality Accounts, as well as developments around palliative and end-of-life care. Regarding the 'To be scheduled' section, Members requested that TEWV be approached in relation to the previously suggested briefing on the use of physical restraint / intervention – it was proposed that an informal (remote) session be arranged which should take place prior to the next formal Committee meeting in March 2024. AGREED that:

	1) the Committee's work programme for 2023-2024 be noted. 2) Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) be contacted regarding the scheduling of an informal (remote) session in relation to the Trust's use of physical restraint / intervention (to take place before the next formal Committee meeting in March 2024).

Agenda Item 5

Tees Valley Joint Health Scrutiny Committee

15 March 2024

NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD (NENC ICB): UPDATE ON RECENT RESTRUCTURE

Summary

The Committee will receive an update following the recent restructuring of North East and North Cumbria Integrated Care Board (NENC ICB).

Detail

1. The NENC ICB Director of Policy, Involvement and Stakeholder Affairs is scheduled to be in attendance to provide an update on recent structural / staffing developments involving the organisation. A presentation has been prepared and can be found at **Appendix 1**.

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APPENDIX 1

NHS
North East and North Cumbria

ICB 2.0 Organisational Restructure : A new way of working

Dan Jackson

Director of Policy, Involvement and Stakeholder Affairs

Significant change

- Merging 8 organisations into one – restructure at the time of formation
- Taking on additional responsibilities at the start (we didn’t just create a large CCG)
- Further delegations – Pharmacy/Optometry and Dental – April 2023
- 30% running cost reductions
- All came within the first year….
- More delegations expected

Executive team

NHS
North East and North Cumbria

- Directorate structure consulted on
- Outcome as follows;
  - Dr Neil O’Brien – Chief Medical Officer
  - David Purdue – Chief Nurse, AHP & People Officer
  - Jacqueline Myers – Chief Strategy Officer
  - Levi Buckley - Chief Delivery Officer
  - Claire Riley - Chief Corporate Services Officer
  - David Chandler - Chief Finance Officer
  - David Gallagher - Chief Procurement and Contracting Officer
  - Graham Evans - Chief Digital and Infrastructure Officer

NHS
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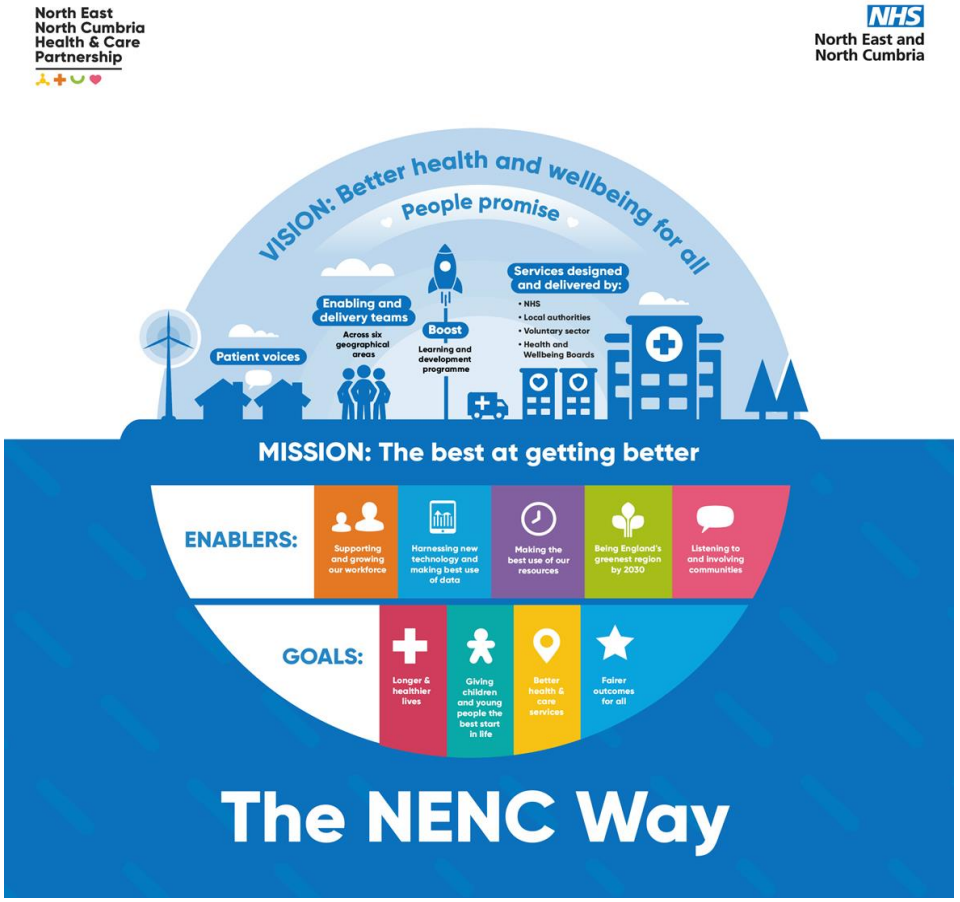
The NENC way

- We will be clinically led (multi disciplinary) and managerially enabled
- We will operate across 8 directorates with 8 executive directors
- We will have enabling and delivery teams – focused on delivery the vision and constitutional standards
- We will have 6 delivery teams mapped to 14 LA partners
  - North Cumbria (2 LAs)
  - Northumberland and North Tyneside (2 LAs)
  - Newcastle and Gateshead (2 LAs)
  - South Tyneside and Sunderland (2 LAs)
  - Co Durham (1 LA)
  - Tees Valley (5 LAs)
- Local committees mapped to each LA area to continue



NHS
North East and North Cumbria

Local Delivery Team Comparison

	Tees Valley	Durham	Northumberland / N Tyneside	Newcastle / Gateshead	Sunderland / S Tyneside	Cumbria
Population	723,084	563,640	560,347	522,899	448,563	331,470
PCN's	14	13	11	12	9	8
Practices	79	60	58	47	59	34
Local Authorities	5	1	2	2	2	2
Total Delivery team posts	**29**	**22**	**21**	**21**	**21**	**16**

No one directorate can deliver our strategy in isolation – the Strategy, Contracting and Delivery Directorates have been developed together to ensure they connect as this is key to our success.

- Strategy Directorate = 96 posts
- Contracting and Procurement Directorate = 81 posts
- Delivery Directorate = 130 posts

Contracting and devolution of Budgets

NHS
North East and North Cumbria

- FT contracting to be handled centrally and not through the Local Delivery Teams
- Budgets for primary care and community will be devolved to local place committees

Networks and Workstreams

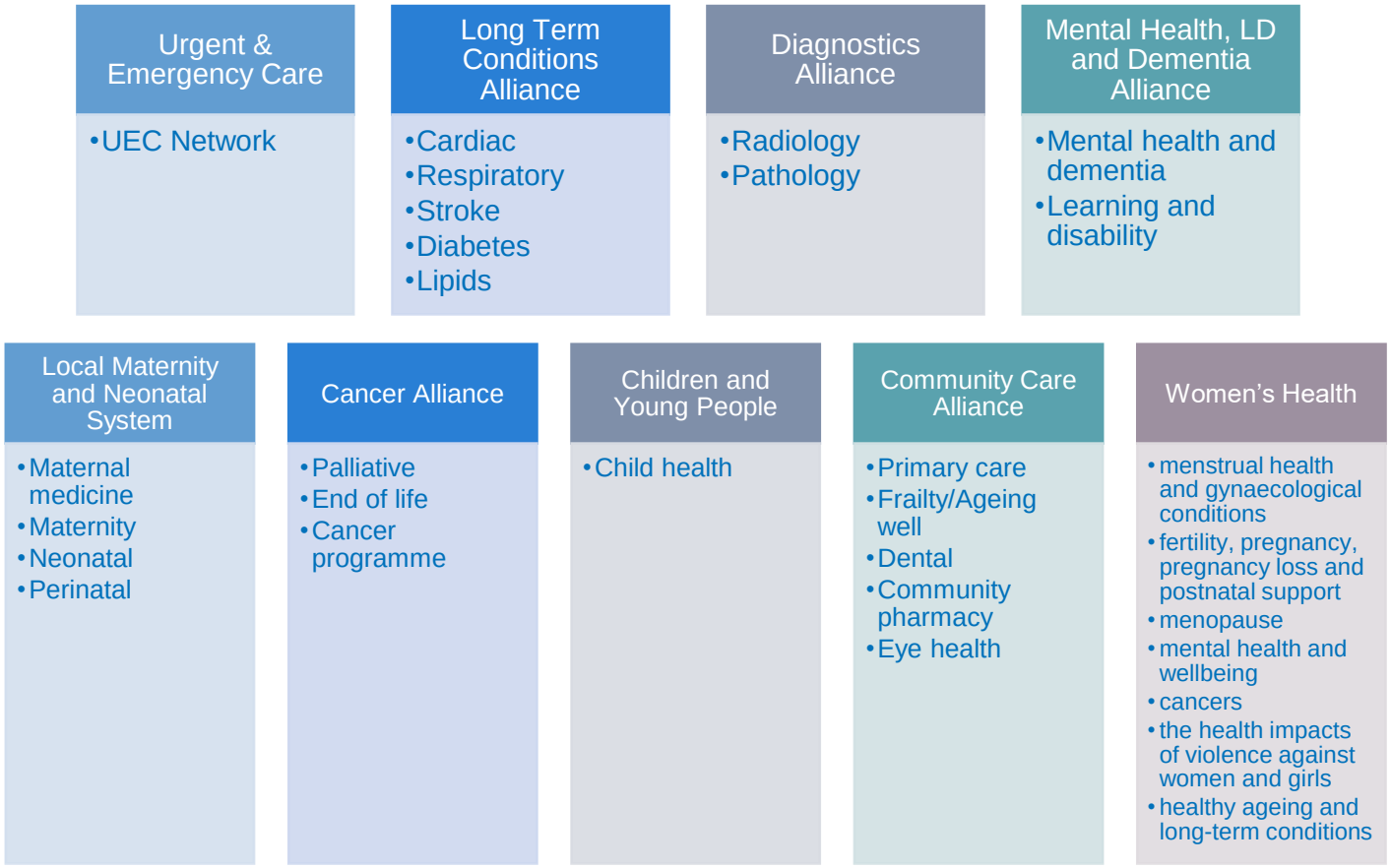
NHS
North East and North Cumbria

- Inherited a mix of general networks and clinical networks, all at different levels of maturity and aligned management resource
- System networks are developing – some built from historical arrangements and some more informal
  - DASS, DPHs
  - Care Provider
  - Healthier and fairer sub group work (eg Anchor)
  - Work and Health (linked to Combined Authority)
- Clinical networks are managed by either NHSE or are transitioning to the ICB
- Operational Delivery Network's managed within acute provider organisations but accountable to NHSE, with specific terms of reference and mandates
- NHSE structure has changed with more focus on assurance (rather than transformation) leaves NENC with a risk around resource
- Mix of paid roles and non paid roles but a significant amount of volunteer time goes into all networks from clinicians

Example - Clinical Networks and ODNs

ODNs	NENC Clinical Networks	NEY Clinical Networks	Regional and Supra-Regional Clinical Networks
Adult Critical Care	Frailty	Children's cancer services	Blood and Marrow Transplantation
Burns (Hosted via North West)	Learning and Disability	Congenital Heart Disease	Cardiac
Major Trauma	Lipids	Coronary Heart Disease	Haemoglobinopathies
Neonatal Critical Care	LMNS	Major Trauma	HIV
Paediatric critical care/surgery in children (joint network)	Maternal Medicine	Paediatric Critical Care and Surgery	Neurosurgery
Congenital Heart Disease	Palliative and EOL Care	Paediatric Neuroscience	Northern Burns
CYP/TYA Cancer	Pathology	Radiotherapy	
Radiotherapy	Radiology	Spinal	
Spinal Cord Injury	UEC	Vaginal Mesh	
Spinal Surgery	Cancer Alliance	Severe Asthma	
Renal	Child Health		
Neurosurgery	Diabetes		
Fetal Medicine	Cardiac – funded 50% by Spec comm and 50% by region		
Intestinal Failure	Stroke		
Vascular	Maternity		
Endoscopy	MH and Dementia		
Hepatitis C	Perinatal		
	Respiratory		

Initial work - Networks and Alliances



Still work to do….

- Map out all of the System, Clinical, Corporate and Operational Delivery networks and workstreams
- Create a set of recommendations that;
  - Streamline and reduce duplication - building on work with ADASS and expand to DCS and any other networks eg VCSE
  - Ensure work aligned to the Better Health and Well Being for all strategy
  - Groups convened deliver in accordance with a clear TOR
  - Making clear the funding arrangements….or not…
  - Ensure reporting mechanisms are clear – cycle of business
    - SLG/ICP
    - ICB
  - Ensure effective communication across the system


Questions

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Agenda Item 6

Tees Valley Joint Health Scrutiny Committee

15 March 2024

TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV): QUALITY ACCOUNT 2023-2024

Summary

Representatives of TEWV will be in attendance to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year.

The Trust produces a Quality Account as part of this process. The Committee is invited to prepare a statement of assurance for inclusion in the final published version.

Recommendations

1) The Committee should consider and comment on the update on performance in 2023-2024 and the priorities for quality improvement in 2024-2025.

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

Detail

1. NHS Trusts are under a duty to produce an annual 'Quality Account' – these are intended to set out:

   - What an organisation is doing well.
   - Where improvements in service quality are required.
   - What the priorities for improvement are for the coming year.
   - How the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

2. Quality in the NHS is defined under the headings of 'Patient Safety', 'Effectiveness of Care', and 'Patient Experience'. Being able to consider the Quality Account and associated information is a key way for Members to review the performance and quality of local health services. As such, each year, the Committee has the opportunity to review the quality performance of TEWV.

3. Scrutiny committees also have the opportunity to provide a statement of assurance to be included in the published version of the Quality Account. Following the meeting, it is proposed that a draft statement of assurance is prepared and circulated to the Committee, with final agreement delegated to the Chair and Vice-Chair.

4. Ahead of the meeting, and for wider context, Members may wish to familiarise themselves with the following:

   - TEWVs published Quality Account for the previous year (2022-2023) https://www.tewv.nhs.uk/about/publications/quality-account/

- The Committee's last statement of assurance (submitted to TEWV on 8 June 2023) – see **Appendix 1**.

- The slides and discussion points from last year's Quality Account presentation https://democracy.darlington.gov.uk/mgAi.aspx?ID=9373

- The latest Care Quality Commission (CQC) report regarding TEWV (published on 25 October 2023) provided outcomes following unannounced inspections of four of the inpatient mental health services provided by TEWV, and short-notice (24 hours) announced inspections of two of the community services (the CQC also inspected the 'well-led' key question for the Trust overall) https://api.cqc.org.uk/public/v1/reports/56271cd7-1406-4aaa-b33f-5c463d57373d?20231025090307

5. The TEWV Associate Director of Quality Governance, Compliance and Quality Data, and the TEWV Chief Nurse, are scheduled to be in attendance at this meeting. A presentation has been prepared and can be found at **Appendix 2**.

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Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Quality Account 2022-2023 – Third-Party Statement

The Committee once again welcomes its annual opportunity to comment on key elements of the latest Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Quality Account. Members are thankful to the Trust's Director of Quality Governance for the presentation given to the Committee in March 2023 which outlined TEWVs quality journey, performance during 2022-2023, and its quality improvement priorities for 2023-2024.

TEWV reported that the National Quality Board had refreshed the definition of 'quality', a shared single view of quality where people working in systems deliver care that is safe, effective, a positive experience (responsive and personalised), well led, sustainably resourced, and equitable. Reference was made to the NHS Patient Safety Strategy which had been published in 2021 and was underpinned by Insight, Involvement and Improvement; and the three goals for the Trust's journey to change were outlined.

In relation to the Trust's quality journey to safer care, it was reported that the four key areas of focus were suicide prevention and self-harm reduction, reducing physical restraint and seclusion, promoting harm-free care / improving psychological and sexual safety / providing a safe environment, and promoting physical health; the key actions to achieve the Trust's goals for each area were subsequently outlined. Particular reference was made to the implementation of the national patient safety incident reporting which had a mandated deadline of September 2023.

The presentation outlined the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to effective care. Members noted that each service would have a suite of clinical outcome measures and patient reported outcomes in place, and a key priority was the digital systems and solutions, with CITO going live in the summer. The key actions being undertaken to deliver on the Trust's key areas of focus for their journey to excellence in patient experience and involvement were also outlined.

Details were provided of the quality and learning dashboard. Members were informed of the positive response in relation to the Friends and Family Test, with 91% of people rating the Trust's services as 'good' or 'very good'. A Positive and Safe Dashboard had also been developed showing various metrics for each Trust directorate, speciality and ward / team.

The presentation outlined the key quality markers and details of performance against the quality metrics for Quarters 1 to 3 2022-2023. In relation to the quality number of incidents of physical intervention / restraint per 1,000 bed days, Members were advised that whilst this remained above target, it had started to reduce and 75% of the incidents related to Learning Disability services, mostly relating to one patient. Members were assured that the Trust were

working with Mersey Care to reduce restrictive interventions and promote the least restrictive practices, and that levels had decreased by 50% in the last three months for that individual.

Reference was also made to the percentage of patients who report 'yes, always' to the question, 'do you feel safe on the ward?' which was not achieving its target. Details were provided of the work being undertaken to improve performance, including focus groups, and the range of key factors identified to help patients to feel safe were outlined. Members also noted that a programme of work had commenced which included block-booking agency staff, enhanced recruitment and additional peer support workers, activity co-ordinators and gym instructors.

In relation to the percentage of patients who reported their overall experience as 'very good' or 'good', Members were informed that patient experience had been impacted by increased length of stay as a result of challenges in securing accommodation for patients. The Trust worked closely with Local Authorities in trying to address this issue.

The key quality risks, the key actions from the three published Niche reports, and learnings about patient safety from West Lane Hospital were outlined. Details were also provided of the Quality Account improvement priorities.

Discussion ensued regarding the Trust's ability to deliver on all of the actions identified to achieve the priority for safer care. Members were assured that these were long-term actions and that continuous improvements were being made. Members were also advised that positive developments had been made in the community, and that a video demonstrating engagement of the voluntary sector could be shared with Members.

Members raised concern regarding the Trust's performance against the quality metrics and were disappointed to note that the electronic system had not yet gone live. Discussion also ensued regarding the actions undertaken following the focus groups. Members requested benchmarking information in relation to other Trusts and, following a question, Members were informed that personalised care plans were recognised as best practice, and that there was a key focus on lived experience.

The Committee note that it has been another difficult year for the Trust following a host of concerns raised by the Care Quality Commission (CQC) in relation to several aspects of its provision. Members have requested, and received, continuous updates on the Trust's response to the regulators findings, and are grateful for the ongoing visibility of senior staff and their willingness to be accountable for these ongoing challenges. The importance of TEWV valuing the views of service-users, families and carers, as well as those of its own workforce, in order to successfully develop services will go a long way to determining performance in the coming year.

Tees Valley Joint Health Scrutiny Committee
June 2023

APPENDIX 2

Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees Valley Joint Health Scrutiny Committee (TVJHSC)

TEWV Quality Account Quality Priorities 2023/24

Quarter 3 Update

Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data

15/03/2024

Quality Account Quality Priorities 2023/24

- The Quality Assurance Committee formally agreed the Trust's Quality Account Quality Priorities 2023/24 30 May 2023.

- The Priorities had been developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers.

- Delivery of our Quality Priorities support our Trust as we continue with our mission to ensure that safe, quality care is at the heart of all we do in line with **Our Journey to Change** and our **Quality Strategy**.

Priority 1: Care Planning

By **31 March 2024** we will:

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 using DIALOG+.
c) Have measurable goals in all patient care plans.
d) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework).
e) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in patient care plans.

How will we know we have made a difference / made an impact:

Indicator	Target 2021/22	Actual 2021/22	Actual 2022/23
Patients know who to contact outside of office hours in times of crisis	**84%**	80%	78%
Patients were involved as much as they wanted to be in what treatments or therapies, they received	**85%**	85%	75%
Patients were involved as much as they wanted to be in terms of what care they received	**85%**	73%	73%
Percentage of patients who were involved as much as they wanted to be in the planning of their care	**70%**	75.53%	83%

The above metrics are reported as a component of the annual mental health patient survey results and will be reported upon receipt of this national report.

Priority 1: Care Planning

Tees, Esk and Wear Valleys
NHS Foundation Trust

Key progress noted includes:

- A training workstream has been formed to ensure that all relevant staff understand and can use the 3 PROMs-Patient Reported Outcome Measures (DIALOG+, Goal Based Outcomes and ReQoL-10) meaningfully in their work. The workstream has developed a training package, which is currently being finalised.
- This *further* training on using DIALOG/DIALOG+ for care planning purposes will be available after CITO 'goes live' to all staff in February 2024. By then staff should be familiar with DIALOG as they'll be seeing it in CITO and this should support them to use it meaningfully.
- The proposed new Coordination of Care Policy has been developed and has been received by the Co-production Group for feedback and review. The policy has been further developed based on feedback received from various stakeholders. The Senior Information Compliance Manager has reviewed the policy and has advised on accessibility issues. The Head of EPR is supporting to ensure that all the Trust's different care pathways are represented. Further work is required to understand how the policy within TEWV can be monitored.
- Work continues with the Care Planning Co-production Group which will inform TEWV from a lived experience perspective.
- Region wide work continues with relevant stakeholders moving from CPA. The first meeting is scheduled for Tuesday January 23rd 2024.
- The Personalising Care Planning Oversight Group now meets fortnightly to provide oversight and assurance to other workstreams and groups.
- The Service Development Managers are also supporting the transition within services as part of the transformation work.

Priority 1: Care Planning

The position statement sets out five principles to signal how systems should start to move away from the CPA

A shift from generic care co-ordination to **meaningful intervention-based care** – with **documentation and processes that are proportionate** and enable the delivery of high-quality care.

A **named Key Worker** for all service users with a **clearer multidisciplinary team (MDT) approach** to both assess and meet the needs of service users.

High-quality co-produced, holistic, personalised and Care Act-compliant care and support planning for people with severe mental health problems living in the community.

Better **support for and involvement of carers** as a means to provide safer and more effective care .

A much more **accessible, responsive and flexible system** in which approaches are **tailored to the health, care and life needs, and circumstances** of an individual, their carer(s) and family members.

Priority 1: Care Planning

Six Priorities for Personalised Care

1. **Workforce** – job descriptions
   - Workforce
   - People (Workforce)
   - Lived Exp Roles
2. **Workforce** – what is our offer?
   - Clinical Outcomes
   - Safety
   - Inequalities
   - Cocreation
3. **Data** (e.g. waiting time metrics)
   - Digital
   - Clinical Outcomes
   - Inequalities
   - Safety

4. **Interoperability** (ICBs)
   - Cocreation / Experience
   - Digital
5. **Managing risk and accountability**
   - Safety
   - Clinical Outcomes
   - Inequalities
   - Workforce
   - People (Workforce)
6. **Working with partner organisations** – communication/transparency
   - Cocreation/Experience
   - Lived Experience Roles

Priority 1: Care Planning

Tees, Esk and Wear Valleys
NHS Foundation Trust

NENC ICB Identified Priorities

1. Clearly articulate to system partners, wider stakeholders and people with lived experience what these changes will mean in practise.
2. Gain clarity and agreement across NENC on the definition of what/who a keyworker, what their role and responsibilities are, who can be a keyworker and how is this reported and governed.
3. To work with system partners to address accountability and agreed approaches to risk and risk sharing.

4. Engage with Health Regulator (CQC) and Coroners regarding risk sharing and accountability to gain an agreed position that is supported and understood.
5. Address system interoperability, and access to shared care plans and risk information for all organisations employing keyworkers. (Primary care, Social Care, VCSE), including the information governance surrounding this (inc Great North Care Record).
6. Support NHS Commissioned VCSE organisations delivering community MH interventions to a: flow Data to MHSDS and b: to implement required PROMS.
7. Working with MH provider trusts MHA – statutory requirements and defining this.

Priority 2 – Feeling Safe

Our patient experience data tells us that our inpatient services report around 50% of our service users said they feel safe “all of the time”.

We wanted to better understand the reasons why some patients don’t feel safe on our wards, what helps them and what we need to do to improve.

We thought that the best way to do this was to go out and ask people, to have conversations and understand things from the perspective of people that are staying on our wards.

Priority 2 – Feeling Safe

Tees, Esk and Wear Valleys NHS Foundation Trust

What people told us helps them to feel safe on the ward:

Plenty of staff around especially in communal areas

Feeling involved, accessing peer support

1:1 Support when feeling unwell or if there is an incident on the ward

Providing meaningful activities on the ward

Being able to go to your room where it is quiet

Being able to access the community and access leave

Priority 2 – Feeling Safe

- Why people don't feel safe on our wards:

  - Lack of staff visibility.
  - Not feeling like I am part of my care.
  - Not feeling involved in decisions and communicated to.
  - Other patients being loud
  - When I see Violence and aggression on the ward.

  - Environment such as doors banging, alarms going off, keys jangling in the night.
  - Not being able to access 1:1 support from staff especially when something happens on the ward.
  - Bored on the ward, there is not enough to do.
  - Because of my own illness.

- This was reiterated by staff that reported that patient presentation, violence and the ward environment can make patients feel unsafe. Staff reported that they didn't always feel safe on shift in some areas due to low staffing numbers and the presentation of complex patients.

- **Reassurance from staff and staff support** is a key protective factor in ensuring that patients feel safe on the ward, patients told us that they value their relationships with staff.

Priority 2 – Feeling Safe

- Feeling safe is not a mandated measure nationally – different Trusts have different measures, and it is not therefore possible to undertake benchmarking.
- A survey published in 2020 by the Parliamentary and Health Service Ombudsman found that one in five people did not feel safe while in the care of the NHS mental health service that treated them.
- Not feeling safe may be an inherent feature of an individual's mental health condition, however, there are many other elements that can impact upon how safe patients feel on our inpatient wards.
- We aim to create a positive relationship in which patients feel safe.
- There is a need to create an open and rehabilitative environment that promotes patient recovery, patient safety and a good working environment for staff. Therefore, it is important to create a safe environment through preventative interventions so that both patients and staff can feel safe.

Priority 2 – Feeling Safe

Tees, Esk and Wear Valleys NHS Foundation Trust

By **2023/24 Q4** we will:

a) Implement the range of actions identified from the Feeling Safe Focus Groups with patients and staff.

b) Continue to progress our body worn camera pilot work and evaluate its impact.

c) Continue to implement the Safewards initiative.

How will we know we are making things better?

To demonstrate that we are making progress against this priority we will measure and report on the following metrics:

Indicator	Actual 2021/22	Actual 2022/23	Target for end 2023/24	Position as at end Q1 2023/24	Position as at end Q2 2023/24	Position at end of Q3 2023/24
Percentage of inpatients who report feeling safe on our wards	64%	56%	**75%**	54%	53%	56%
Percentage of inpatients who report that they were supported by staff to feel safe	69%	85%	**75%**	60%	60%	60%

Priority 2 – Feeling Safe

- We have received feedback that the wording of the response options to the question “During your stay, did you feel safe?” may be having a negative impact on how patients respond.
- The option of ‘Yes, all of time’ has been reviewed by the Trust’s Lived Experience Directors with support from members of the Involvement Team.
- Following this review, the way we analyse the feeling safe question has been revised. Historically the question has been analysed by calculating the number of patients that respond “Yes, always” to the question “during your stay on the ward, did you feel safe”. It has been agreed that analysis will now reflect a 2-answer configuration and include “yes, always” and “most of the time”. This change has been made following gathering significant intelligence through focus groups that, would indicate that there are genuine reasons why people may not feel safe on an acute admissions ward.
- Using the agreed metric, the percentage of patients reporting that they feel safe on the ward increased from 82.07% in December to 82.56% in January 2024. With increases in compliance noted for both DTV&F and NYY&S.

Priority 2 – Feeling Safe

Implementing the Actions Identified from the Feeling Safe Focus Groups:

- Overall, the Focus Group work has produced rich information from which, the Care Groups have developed Improvement Plans. The main themes of focus currently are ward environment, patient activities, safe staffing, and restrictive interventions. Progress is being monitored via relevant quality governance forums.

- Where particular concerns have been identified for example AMH urgent care, dedicated action plans have been produced and are being monitored by service leads.

- There is a need to better understand how the national transformation work for inpatient services will align with this workstream to prevent duplication of effort and resources.

- A feeling safe mapping meeting has been scheduled for the 4th of March with patient experience leads as it was recognised that several key quality improvement priorities and work programmes have the potential to impact on patients feeling safe. This meeting aims to capture all the work streams that can make a positive impact in better understanding patients feeling safe and subsequent improvements and, will inform the development of an overarching rationalised strategic workplan and reporting framework that encompasses all the various strands of work.

- A Steering Group is being established to develop the Strategic Workplan and group membership will include lived experience colleagues, Care Group representatives, representatives from key workstreams and Specialty Development Managers.

Priority 2 – Feeling Safe

- Within DTV&F there has been significant work undertaken following the care group being given a performance improvement notice around the feeling safe metric which includes, the mapping exercise and work to introduce peer worker monthly interviews to create a better understanding of feelings of safety within the ward environment and co-creating patient leaflets and introducing suggestion boxes onto the wards to improve an overall holistic feeling of safety on the ward.
- The most recent focus groups were undertaken in MHSOP and Learning Disability inpatient services. Findings are in the process of being shared with services and actions identified and monitored through individual IDGs.

Priority 2 – Feeling Safe

Tees, Esk and Wear Valleys NHS Foundation Trust

Body Worn Cameras (BWC):

- Ten wards have been testing the use of body worn cameras. As the pilot has progressed there has been a range of emerging challenges. These include IT issues and the need for additional training to further progress the pilot.

- To date, positive consistent progress has been observed in Adult Learning Disability Services where there are local processes established to review BWC footage (with sound) and the ability to use this to review incidents and learn lessons. There has also been a positive impact for individual patients where the use of camera footage has informed care planning and observed improvements in clinical outcomes.

- Within other services, the benefits realisation to date has been more limited due to the technical challenges experienced. Calla, the Trust's camera provider have offered the Trust an alternative hardware product that will provide a solution to these challenges. The technical suitability assessment/ testing to be undertaken for the new hardware has been requested and will be taken forward following the implementation of CITO.

- The Body Worn Cameras pilot is now part of the Trust's Reducing Restrictive Interventions Plan, and an in-depth review of the pilot is also a component of the Trust's Positive and Safe Plan which was approved by the Quality Assurance Committee in August 2023.

Priority 2 – Feeling Safe

Continued Implementation of the Safewards initiative:

- Safewards is a model being used by inpatient wards to support and enable patients to feel safe. There is a clear evidence base for the use of Safewards and implementation has been supported by the Trust Positive and Safe Team.
- There are a total of 10 interventions that can be used by clinical teams to support patients to feel safe on the ward, these include: Clear Mutual Expectations, Soft Words, Talk Down, Positive Words, Bad News Mitigation, Know Each Other, Mutual Help Meetings, Calm Down Methods, Reassurance, and Discharge Messages.
- An example of how implementation of Safewards standards on the wards can be beneficial to patients is the use of mutual help meetings. We know from the findings of feeling safe focus groups that patients find these useful as they can talk about reasons why they don't feel safe on the ward, escalate their concerns to staff and get support from the ward community.
- Another example is how Safewards interventions support staff to reduce restrictive intervention use on the ward, by utilising different techniques to support patients, improve staff-patient relationships and reduce the impact of violence and aggression on the ward.
- It was agreed that there is a need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for the Safewards standards. This will be reviewed through Care Group Fundamental Standards Group and reported to the Strategic Fundamental Standards Group.

Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

Tees, Esk and Wear Valleys NHS Foundation Trust

By **2023/24 Q4** we will:

a) Be compliant with the national requirements regarding PSIRF.
b) Increase the number of staff completing level 1 and 2 training within the national Patient Safety Syllabus training.
c) Introduce an annual patient safety summit.
d) Introduce the role of patent safety partners.
e) Complete the focused work we have initiated on the Duty of Candour through the delivery of an improvement plan

How will we know we are making things better?

To demonstrate that we are making progress against this priority we will measure and report on the following indicators:

- Full implementation of PSIRF.
- Compliance with level 1 and 2 national patient safety training.
- Delivery of our Duty of Candour Improvement Plan.

There has been significant preparatory work undertaken over the past 2 years in relation to implementation of the PSIRF. This includes patient and family involvement, a move from root cause analysis to a proportionate approach to review and identification of key learning. The PSIRF reporting template has also been adapted and the **InPhase** risk management system has gone live (this is a key enabler to meeting some of the PSIRF standards).

Transition to this new national approach needs to continue and to include changes to the process, training and culture in relation to responding to incidents.
A full update on the progress with the PSIRF implementation was presented to the Executive Directors Group 04 October 2023 The Quality Assurance Committee received and endorsed the PSIRF Implementation Plan in September 2023, Board approval was given on 08 November 2023 and was reviewed and signed off by the ICB on 15th November 2023.

Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

Tees, Esk and Wear Valleys NHS Foundation Trust

Summary of the implementation of PSIRF:

- The Trust PSIRF process went 'live' on the 29th January 2024. The patient Safety Team have undertaken webinars and have offered further training dates if required. The Patient Safety Team also offer weekly drop-in sessions.
- Services are using the new reporting template already and as of 29th January, use of the other associated PSIRF tools will commence. Updated documents, processes and the tools are all on the Trust PSIRF page.
- The Trust policy consultation closed on Friday 26th January 2024; comments will be reviewed and then the policy updated, ratified, and approved. The Patient Safety Team have engaged with other organisations, the ICB and NHSE regarding PSIRF implementation and in line with others expect there to be tweaks required as it becomes embedded in new processes.
- Implementation of the new InPhase System is progressing with successful go live of the Risk Module which took place in September 2023 and the Incident Reporting Module in October 2023. A PSIM Board is running and the PSIRF implementation plan continues to progress all milestones.
- An MDT Thematic review of Serious Incidents was undertaken 04 November 2023 and future quarterly reviews will be scheduled in collaboration with key specialty/directorate colleagues to review quarterly themes and to ensure learning is identified and embedded in workstreams and/or monitored.

Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

Tees, Esk and Wear Valleys NHS Foundation Trust

- Once PSIRF is live and embedded, the annual Patient Safety Summit will be held, supported by members of the Organisational Learning Group.
- The overall training position for staff, undertaking level 1 and level 2 National Patient Safety Syllabus is progressing well and currently stands at 79% compliance Trust wide. 89% compliance has been achieved at Level 1 and 66% at level 2.
- A Non-executive Director has been nominated as the Patient Safety Partner Lead to give objective oversight to the PSIRF Implementation.
- The Trust has secured monies to fund 2 Part Time Patient Safety Partner (PSP) posts. The Patient Safety Team have met with other PSPs from another Trust to support the development of the Job Description and are also working with one of the Lived Experience Directors to confirm the function of these new roles. Once agreed the posts will be advertised and recruited to.
- Delivery of the Duty of Candour improvement plan remains ongoing. Further training is being sought for Trust wide delivery from NHS Professionals.
- All moderate and above physical harm severity incidents go through the patient safety huddle and have an After Action review. As part of the After Action review consideration of the duty of candour requirements are required as part of the form completion.

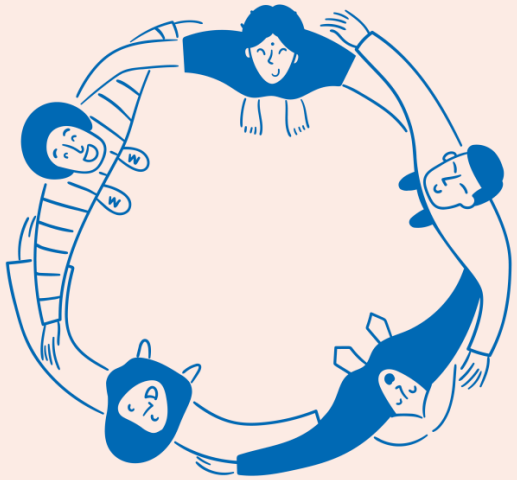
Setting the 2024/25 Quality Priorities

- Consultation remains ongoing to agree next year Quality Priorities.

- The 2024/25 Quality Priorities are being co-created with service users and carers, led by our Lived Experience Care Group Directors and the Involvement Team.

- Quality Priorities agreed will focus on the following quality domains:
  - **Patient Safety**
  - **Patient Experience**
  - **Clinical Effectiveness**

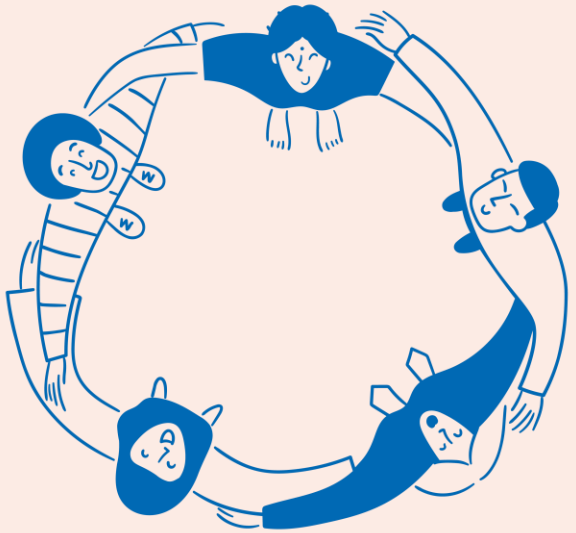
Timeline



- Service user and Carer Focus Group (approximately 25) to be scheduled March 2024.
- Stakeholder consultation period May 2024
- Published by end of June 2024

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Thank you



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Agenda Item 7

Tees Valley Joint Health Scrutiny Committee

15 March 2024

NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST (NEAS): QUALITY ACCOUNT 2023-2024

Summary

Representatives of NEAS will be in attendance to outline performance against the Trust's quality priorities for 2023-2024 and inform the Committee of the emerging priorities for the next year.

The Trust produces a Quality Account as part of this process. The Committee is invited to prepare a statement of assurance for inclusion in the final published version.

Recommendations

1) The Committee should consider and comment on the update on performance in 2023-2024 and the priorities for quality improvement in 2024-2025.

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

Detail

1. NHS Trusts are under a duty to produce an annual 'Quality Account' – these are intended to set out:

   - What an organisation is doing well.
   - Where improvements in service quality are required.
   - What the priorities for improvement are for the coming year.
   - How the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

2. Quality in the NHS is defined under the headings of 'Patient Safety', 'Effectiveness of Care', and 'Patient Experience'. Being able to consider the Quality Account and associated information is a key way for Members to review the performance and quality of local health services. Historically, the North East Regional Health Scrutiny Committee considered the annual NEAS Quality Account. However, given that Committee has not convened for several years now, NEAS has instead been asked to present their review of quality performance to the Tees Valley health scrutiny equivalent.

3. Scrutiny committees also have the opportunity to provide a statement of assurance to be included in the published version of the Quality Account. Following the meeting, it is proposed that a draft statement of assurance is prepared and circulated to the Committee, with final agreement delegated to the Chair and Vice-Chair.

4. Ahead of the meeting, and for wider context, Members may wish to familiarise themselves with the following:

   - NEAS' published Quality Account for the previous year (2022-2023). https://www.neas.nhs.uk/application/files/2617/0629/0000/Quality_report_2022-23.pdf

- The slides and discussion points from the NEAS performance update that was given to the Committee in December 2022.
  https://democracy.darlington.gov.uk/mgAi.aspx?ID=8902

- The slides and discussion points from the Committee meeting in July 2023 when NEAS were invited to provide its response to recent Care Quality Commission (CQC) inspections of its services, as well as the findings of an independent review of the Trust.
  https://moderngov.stockton.gov.uk/mgAi.aspx?ID=1873

- The latest CQC report regarding NEAS (published on 7 July 2023) providing outcomes following an unannounced inspection of the Trust as part of the regulator's continual checks on the safety and quality of healthcare services. The CQC inspected Emergency and Urgent Care, the Emergency Operations Centre and the NHS 111 service, and also inspected the 'well-led' key question for the Trust overall (it did not inspect PTS or Resilience (HART) services).
  https://api.cqc.org.uk/public/v1/reports/4f432398-0677-43c7-8d1e-b7780764708f?20230707070450

- Recently published (Feb 24) findings on the independent culture review (commissioned by NHS England) of ambulance trusts.
  https://www.england.nhs.uk/long-read/culture-review-of-ambulance-trusts/

5. The NEAS Assistant Director – Communications and Engagement is scheduled to be in attendance at this meeting. A presentation has been prepared and can be found at **Appendix 1**.

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Tel: 01642 526187
Email: gary.woods@stockton.gov.uk

APPENDIX 1

NHS
North East Ambulance Service
NHS Foundation Trust

2023/24 Quality Report

Tracy Gilchrist
Deputy Director of Quality & Safety
(Lead Nurse)

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2023/24 quality priorities

Overview of quality report requirements

- NHS Improvement provide detailed guidance on the requirements of the report
- Report must be shared with commissioners, governors, staff, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board
- Consultation starts on 29 April. Deadline for responses 27th May 2024
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year

NHS
North East Ambulance Service
NHS Foundation Trust

2023/24 performance

1st April- 31st December 2023*

PATIENT SAFETY	2022-23	2023-24
Patient safety incidents	3,702	2,209
Proportion of incidents / 1,000 calls	1.8%	2.2%
No. Serious Incidents	61	140

Note: 2023-24 data up to 31 Dec 2023

Patient experience & feedback

Top three themes on complaints:

- Staff attitude
- Timeliness of response
- Quality of care

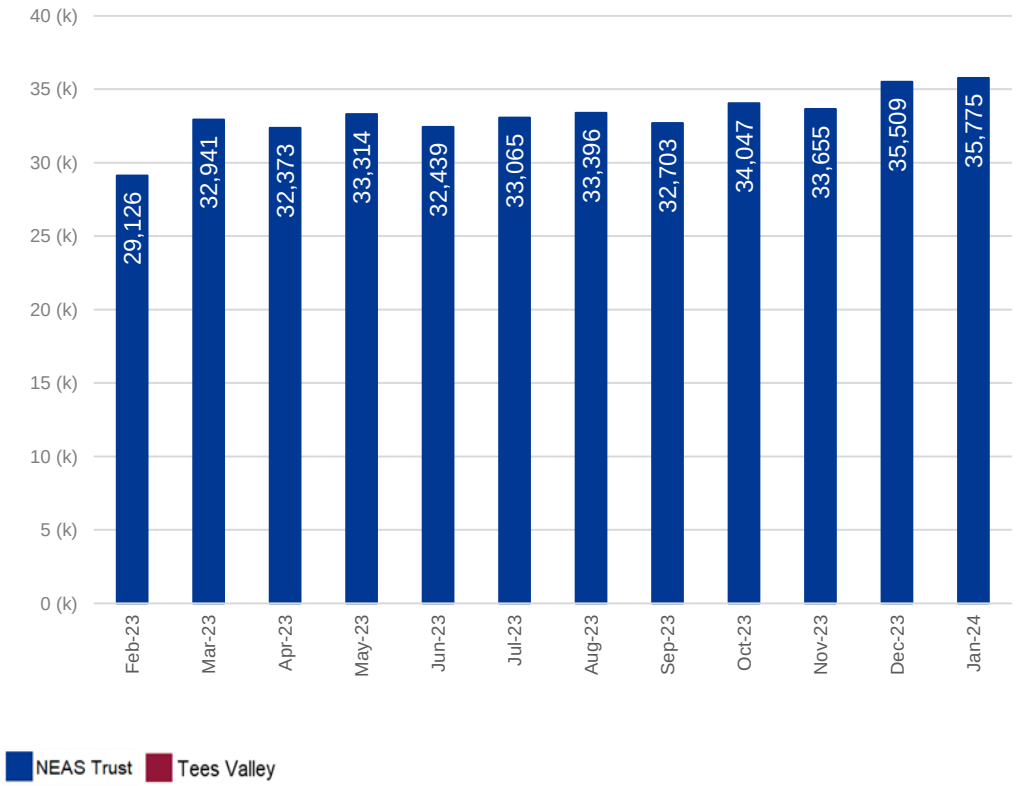
Patient Experience	2022-23	2023-24
See & treat	97.1%	93.3%
See & treat & convey to hospital	90.0%	92.0%
Planned patient transport	95.2%	94.1%
NHS111	82.7%	80.7%

Patient feedback	2022-23	2023-24
Complaints	375	316
Appreciations	812	922

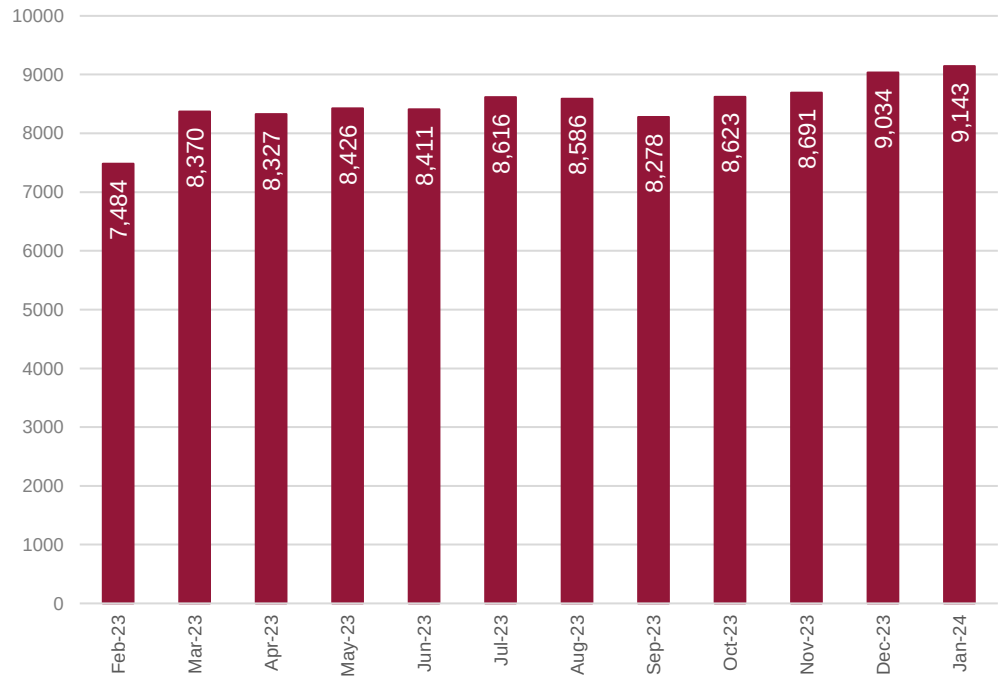
Note: 2023-24 data up to 31 Dec 2023

999 Incident Volumes

Incident volumes Trustwide

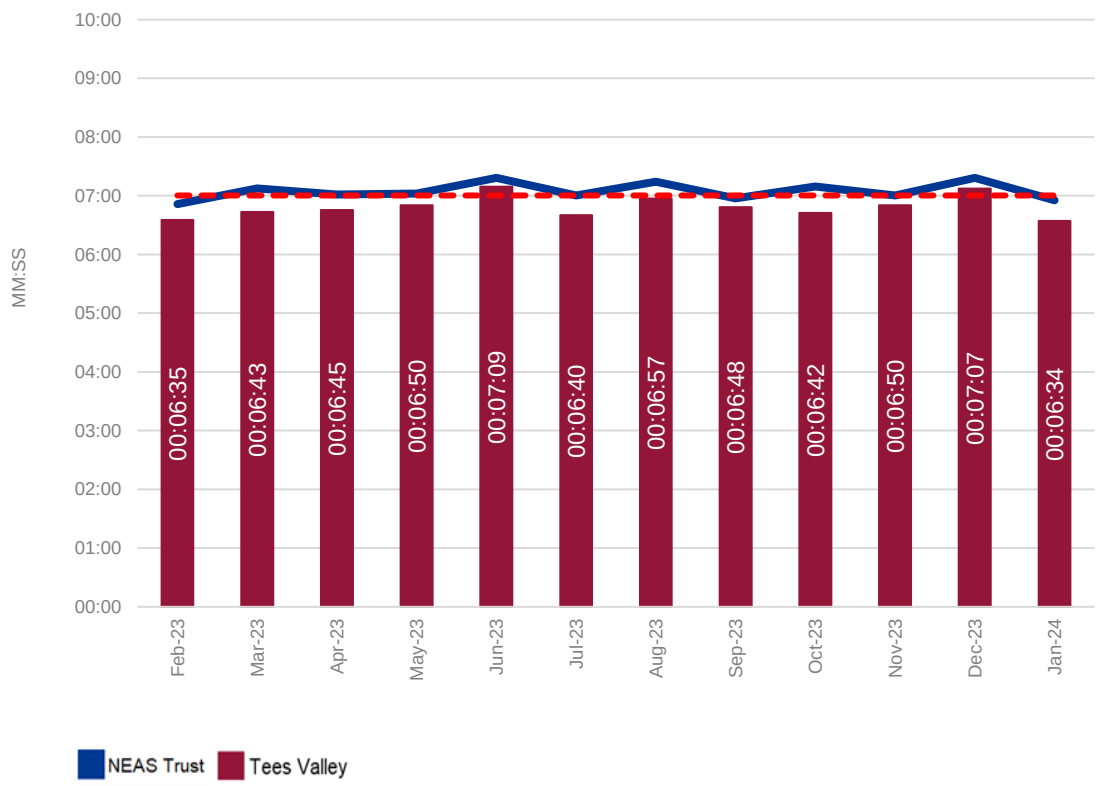


Incident volumes Tees Valley

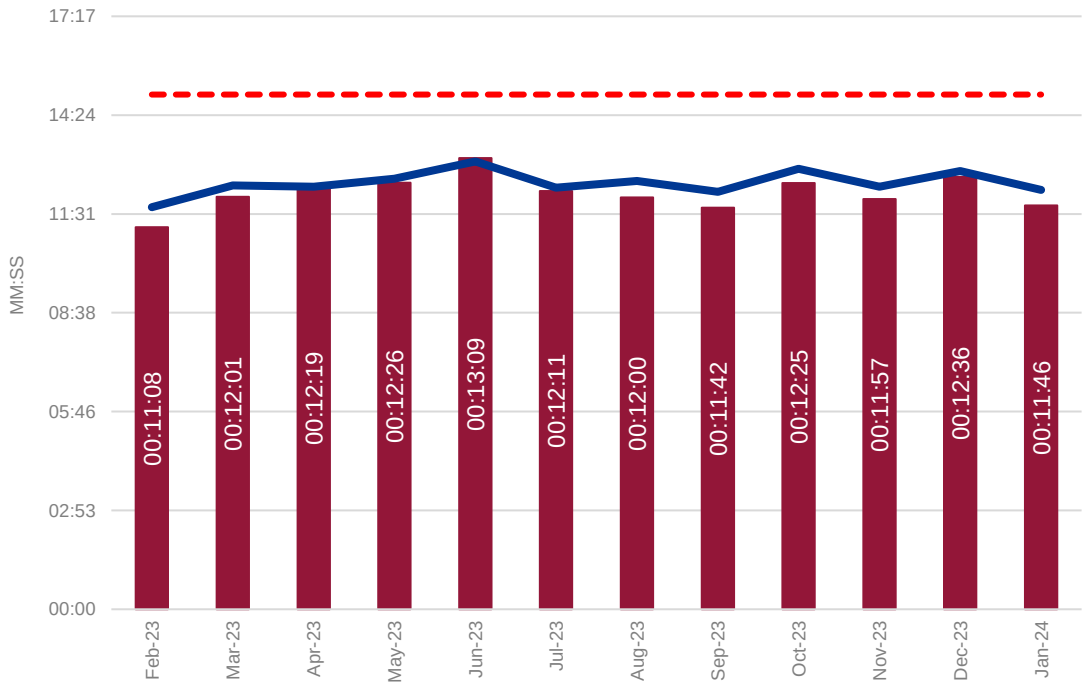


Category 1 Response Performance

Cat 1 Mean

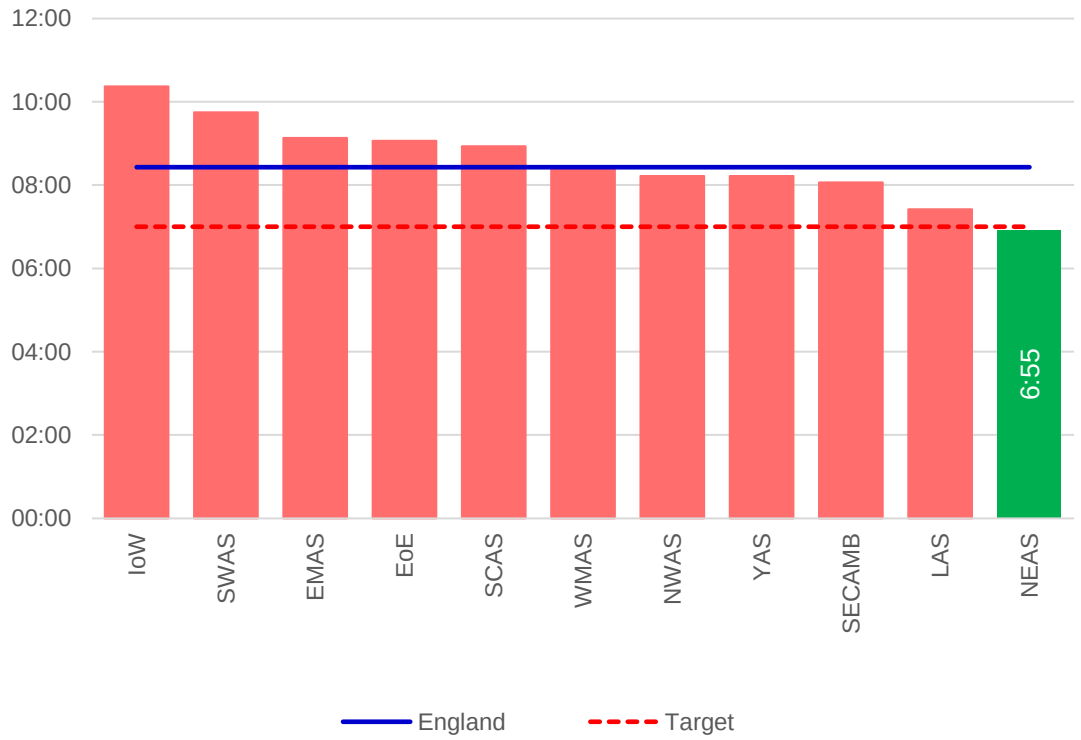


Cat 1 90th centile

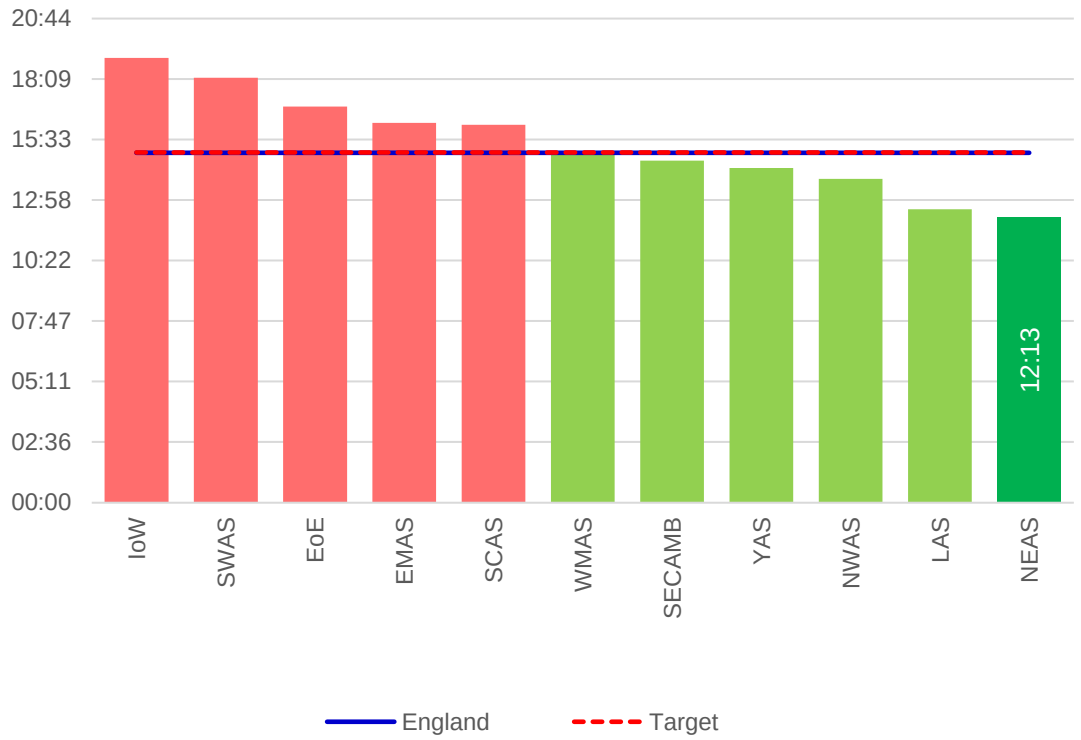


NEAS Benchmark Performance – C1

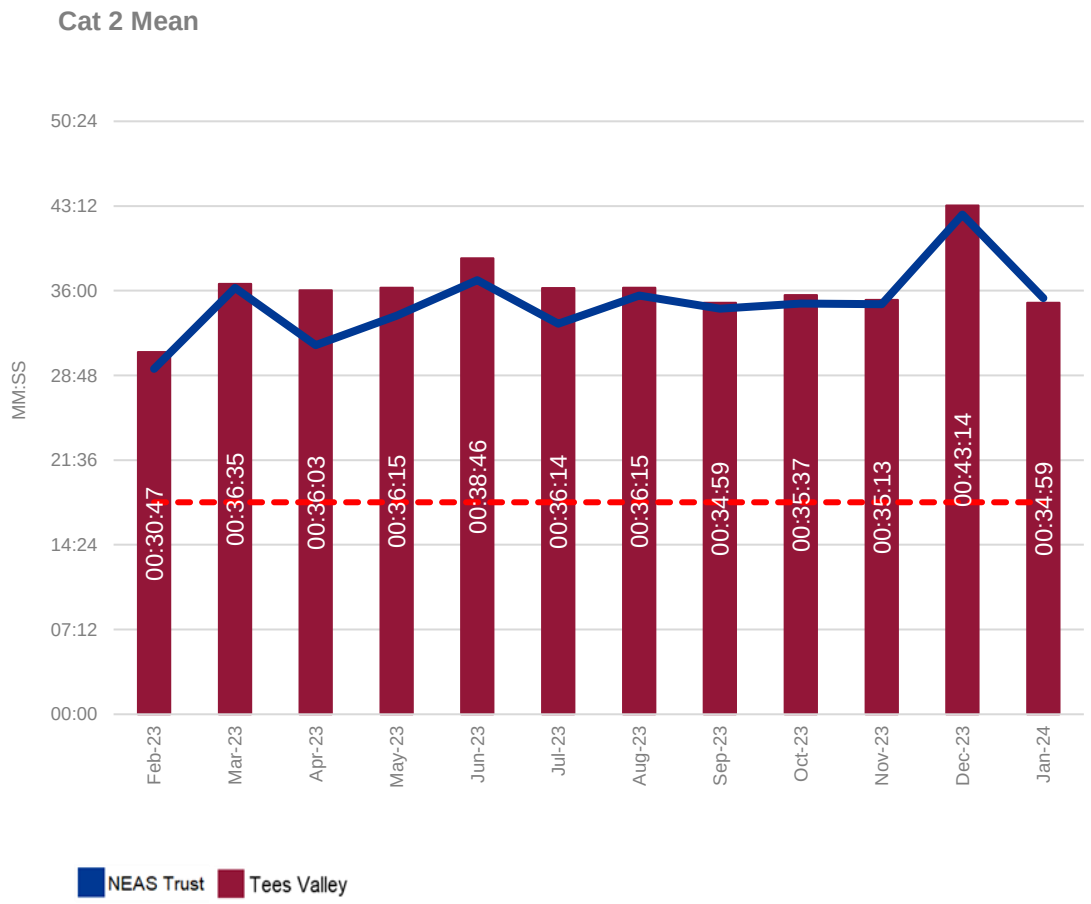
Category 1 Response Times - Mean response (min:sec) - (MTD)
January 2023-24

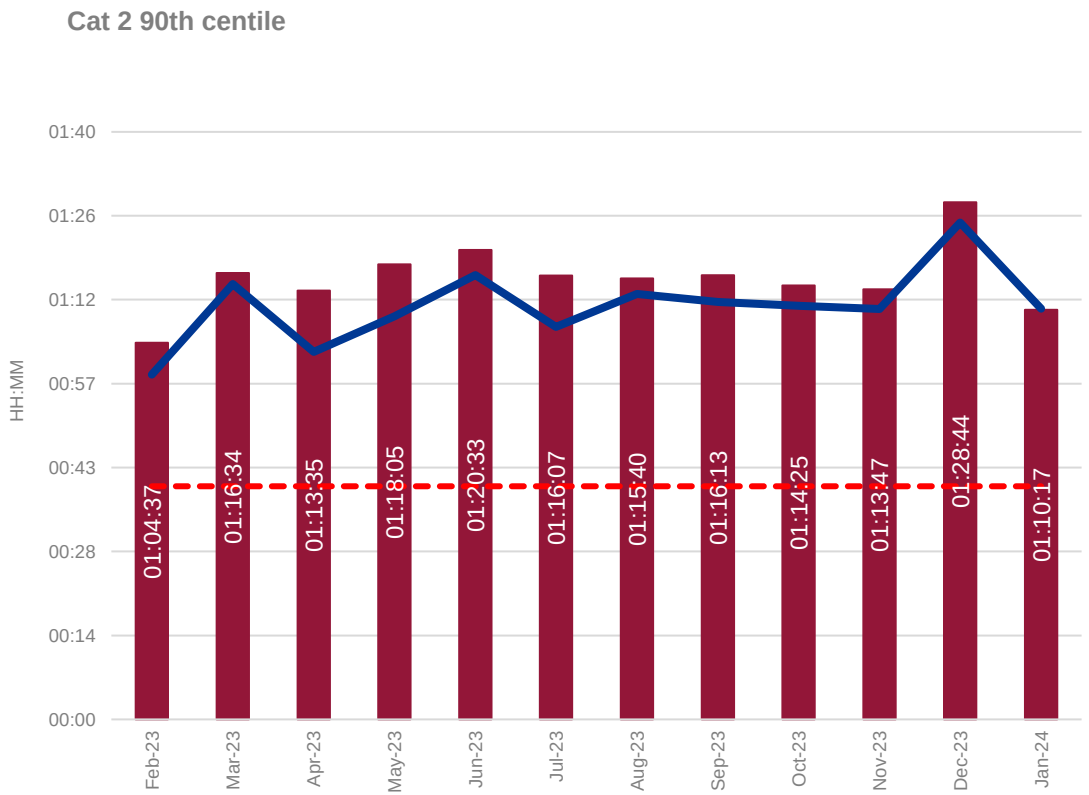


Category 1 Response Times - 90th centile response (min:sec) - (MTD)
January 2023-24



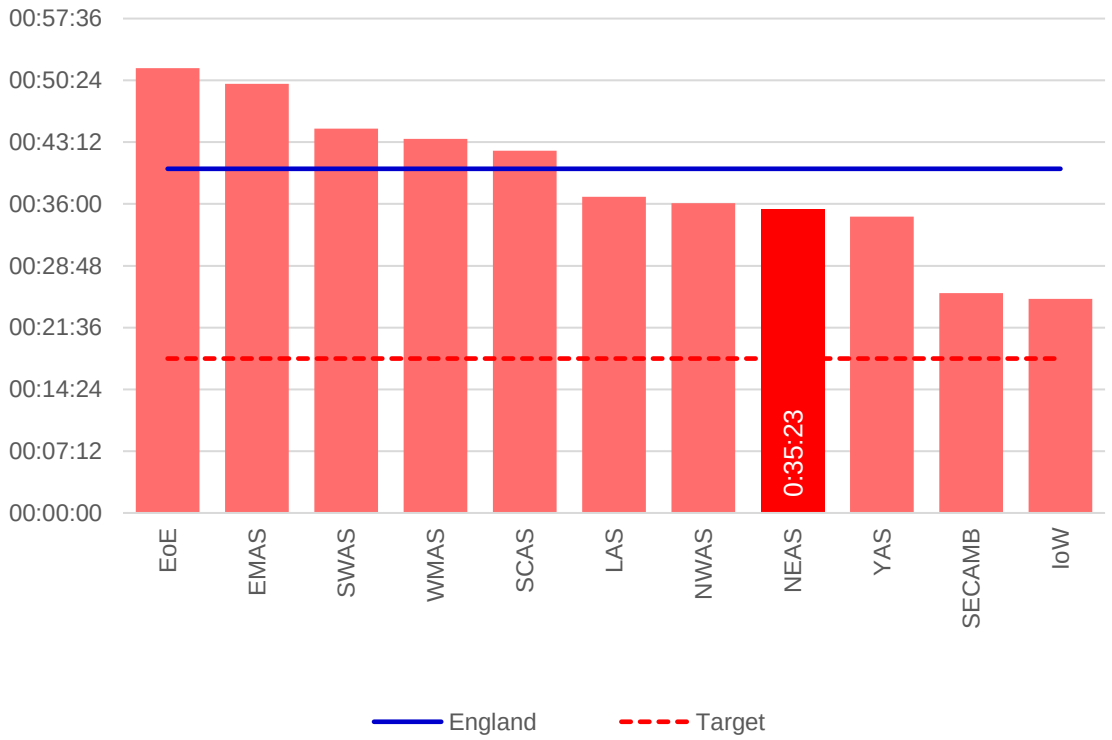
Category 2 Response Performance



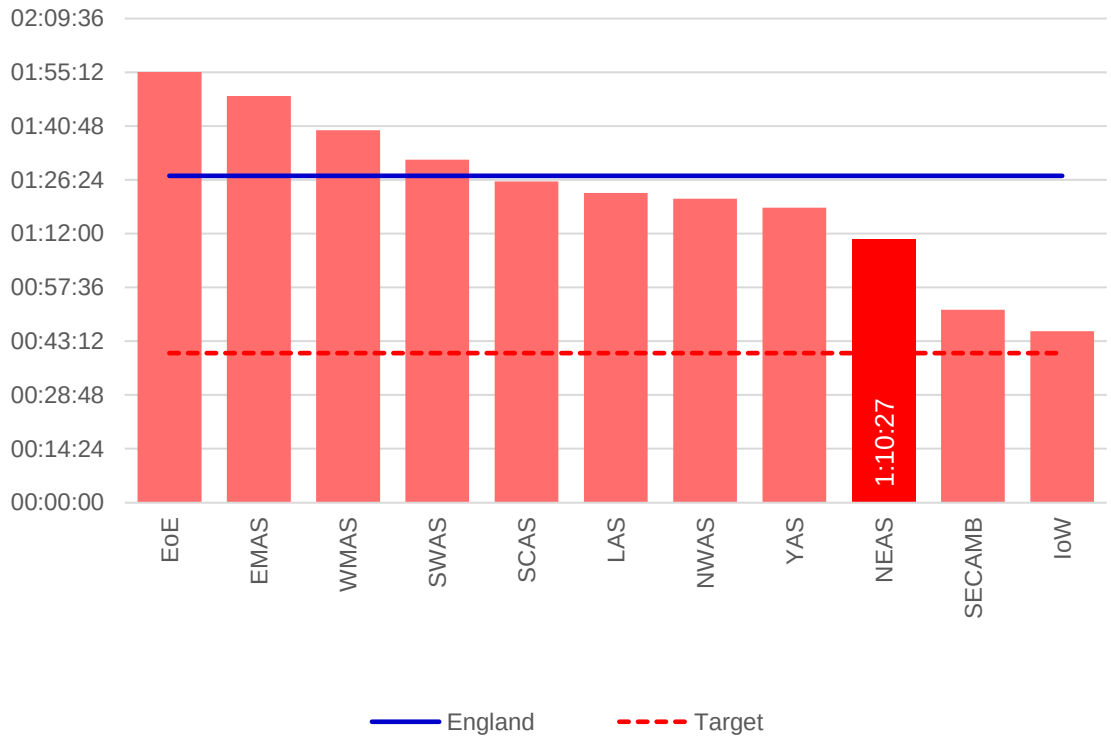


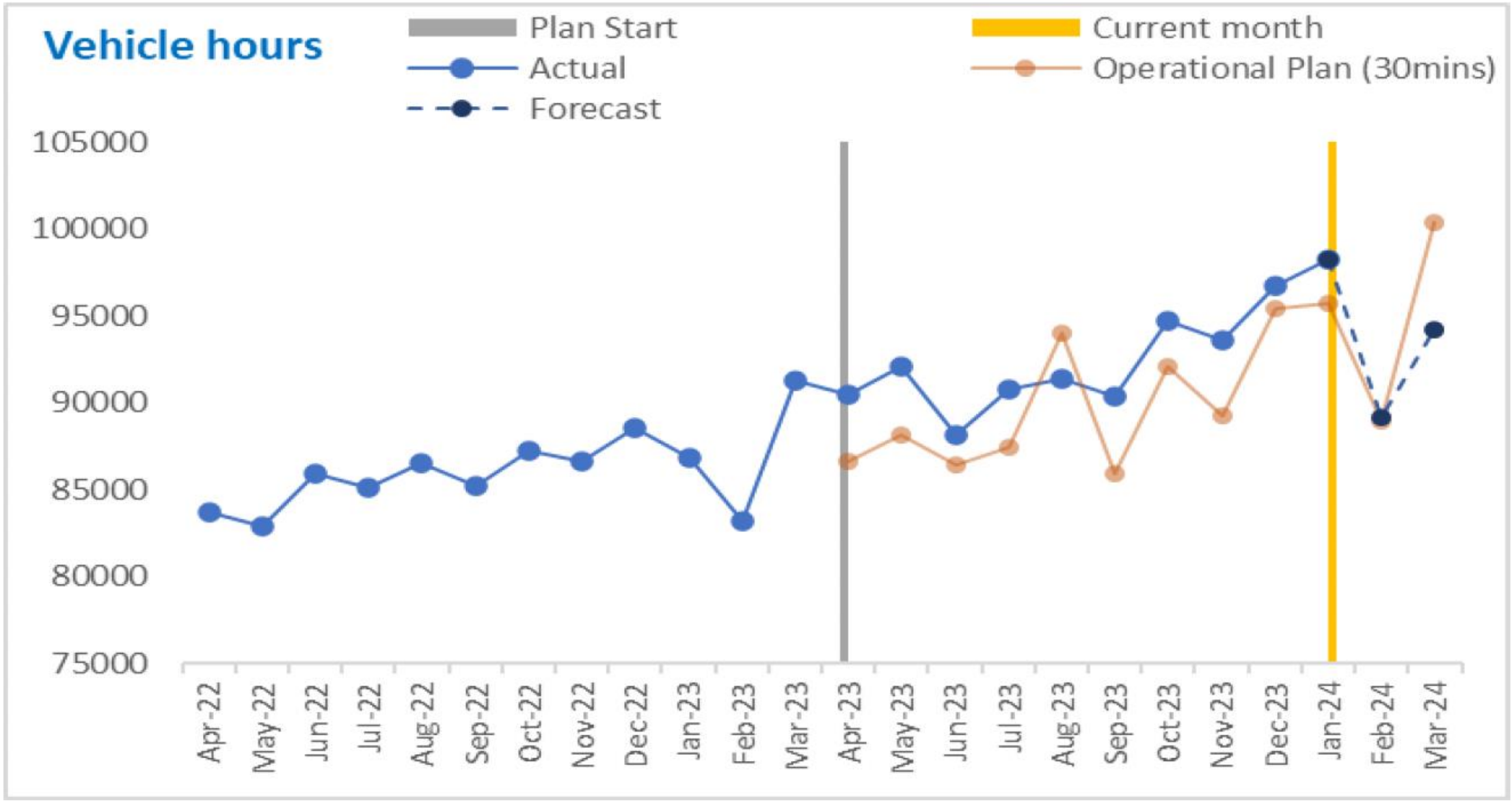
NEAS Benchmark Performance – C2

Category 2 Response Times - Mean response (hour:min:sec) - (MTD) January 2023-24



Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2023-24




Vehicle hours
Plan Start
Actual
Forecast
Current month
Operational Plan (30mins)
105000
100000
95000
90000
85000
80000
75000
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
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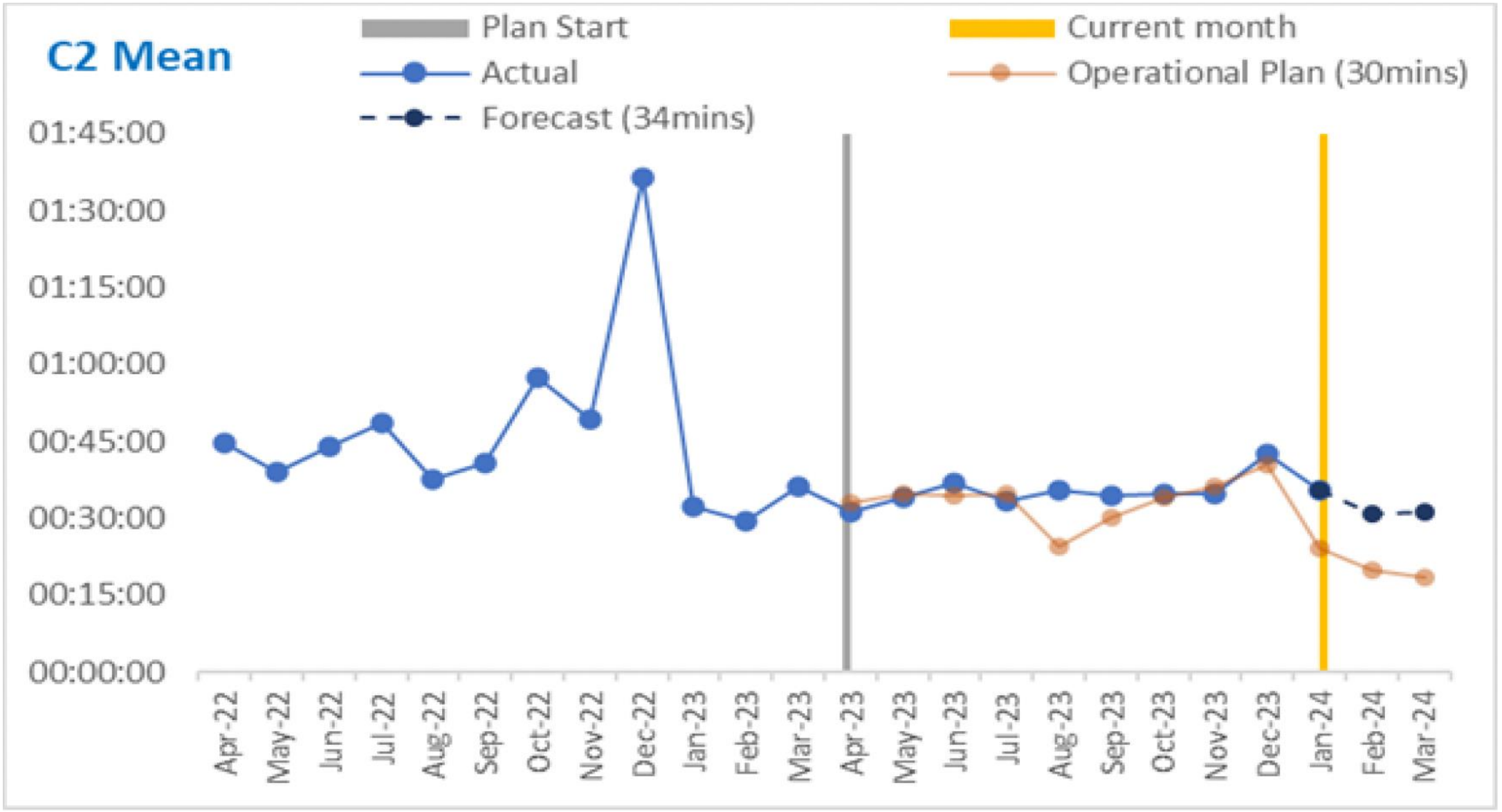
Mar-24


C2 Mean
Plan Start
Current month
Actual
Operational Plan (30mins)
Forecast (34mins)
01:45:00
01:30:00
01:15:00
01:00:00
00:45:00
00:30:00
00:15:00
00:00:00
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
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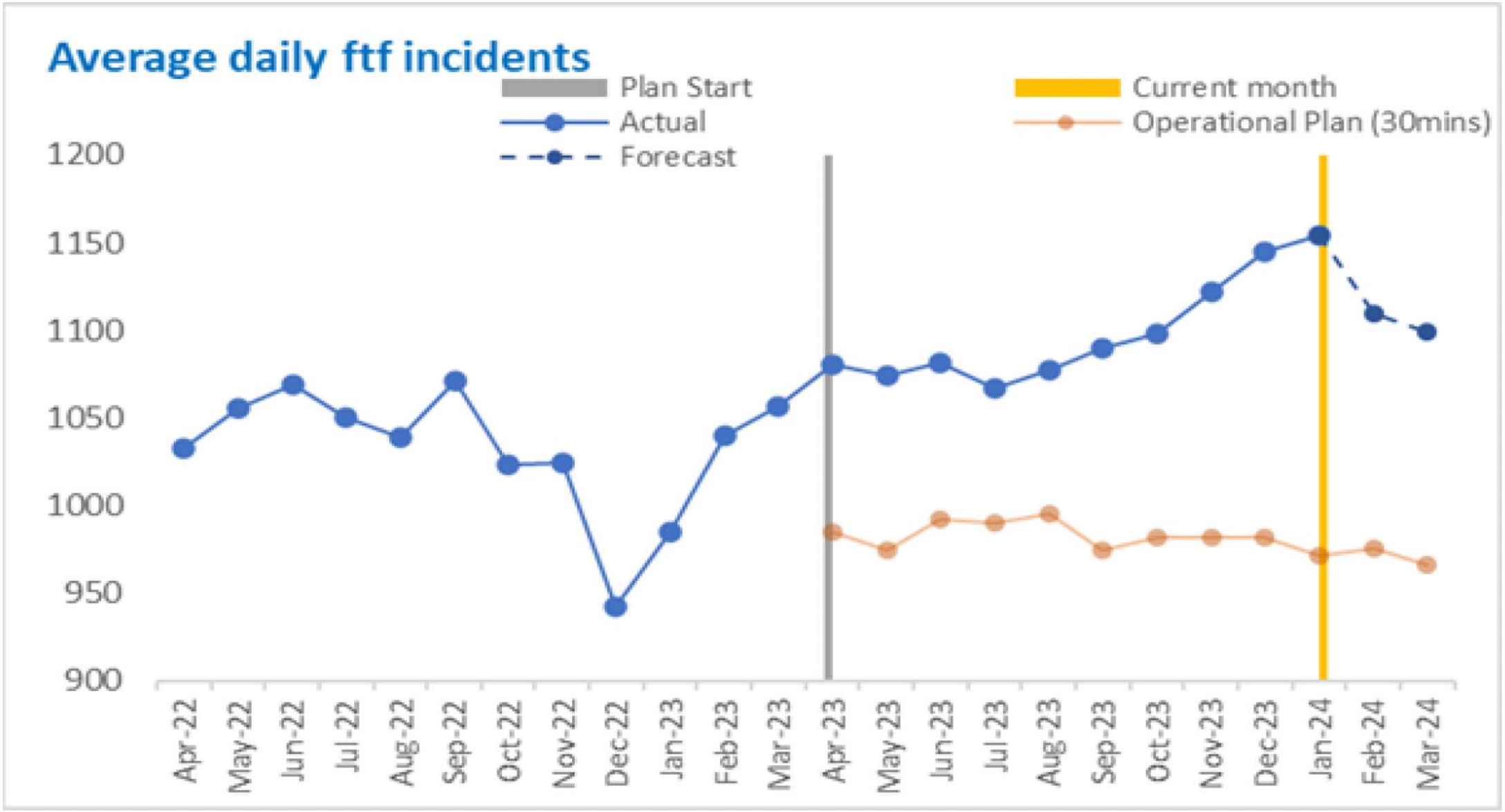
Mar-24


Average daily ftf incidents
Plan Start
Actual
Forecast
Current month
Operational Plan (30mins)
1200
1150
1100
1050
1000
950
900
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
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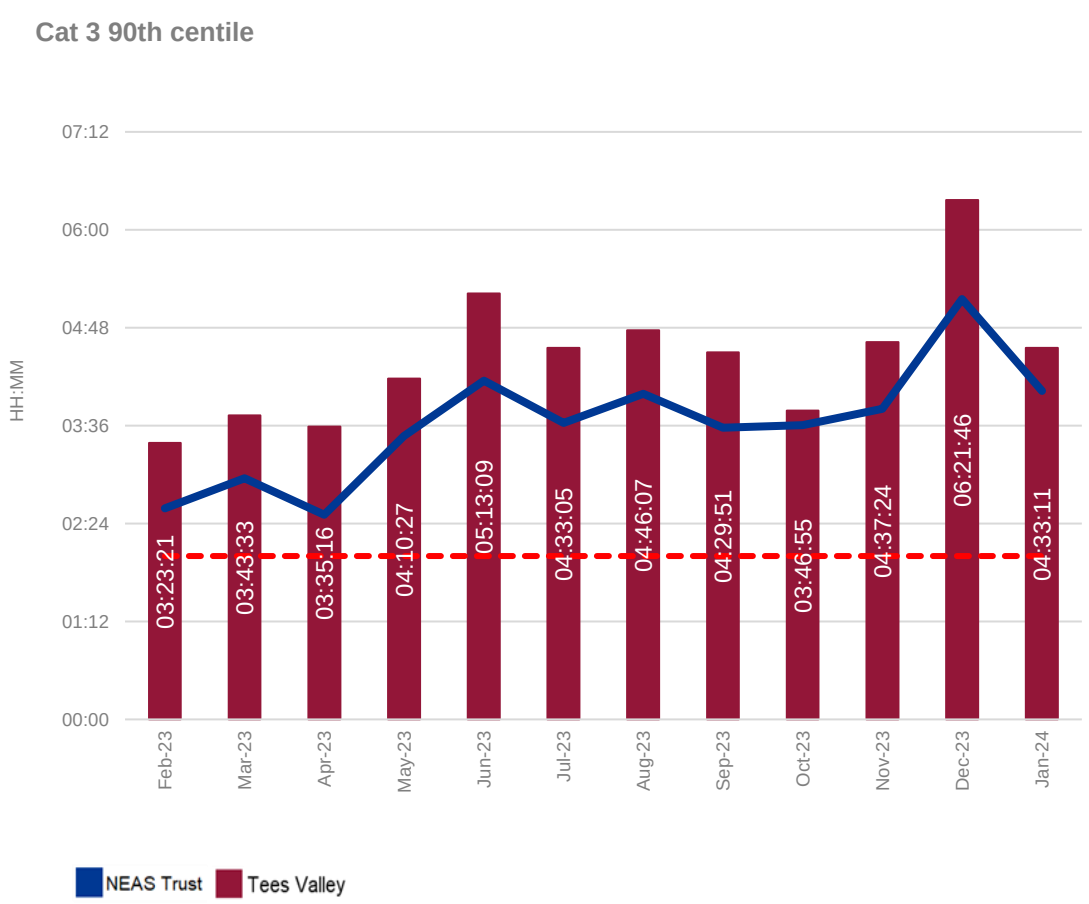
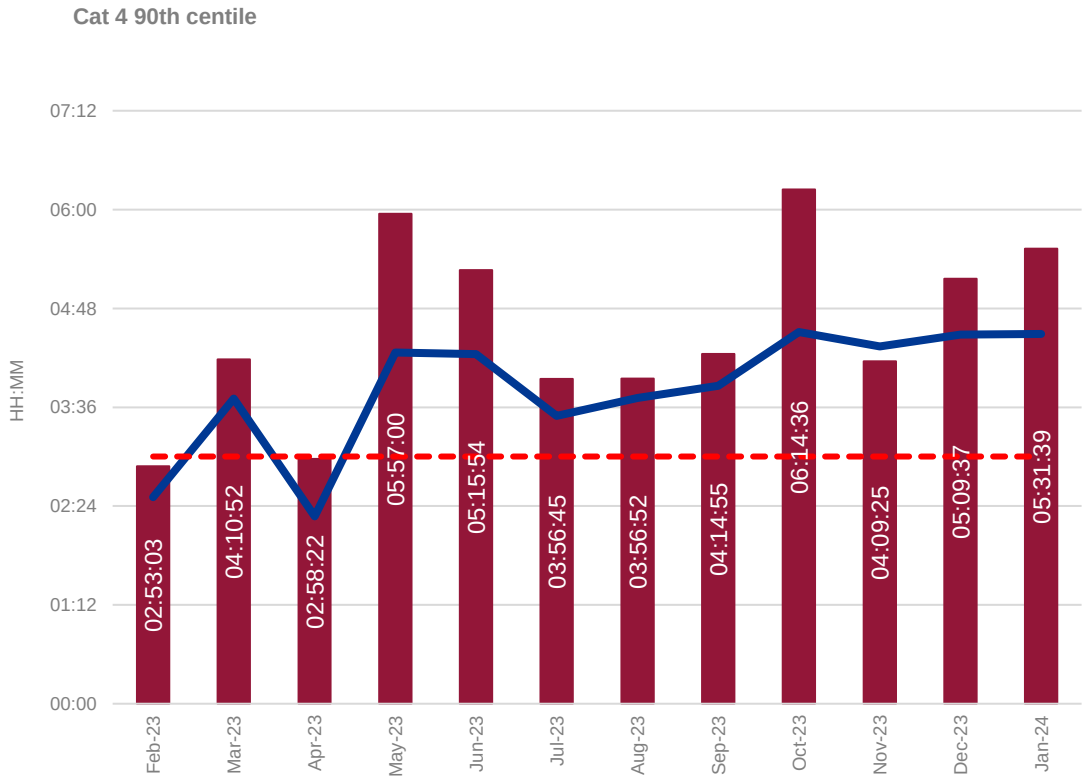
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24

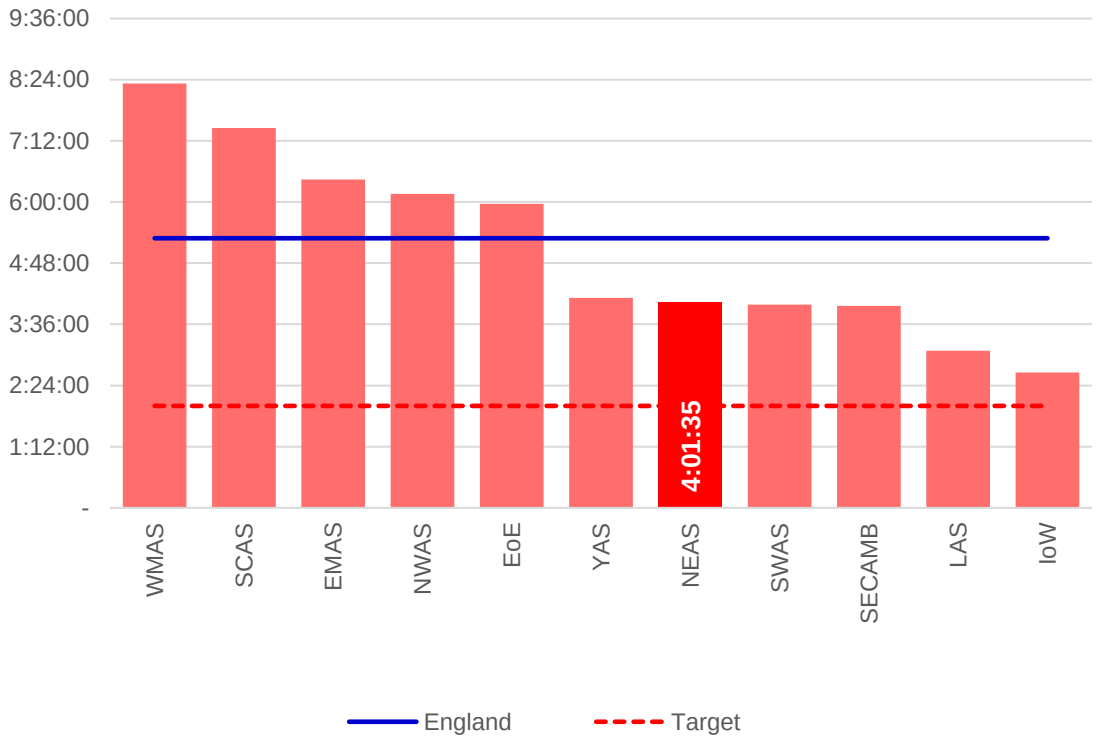
Category 3 & 4 Response Performance



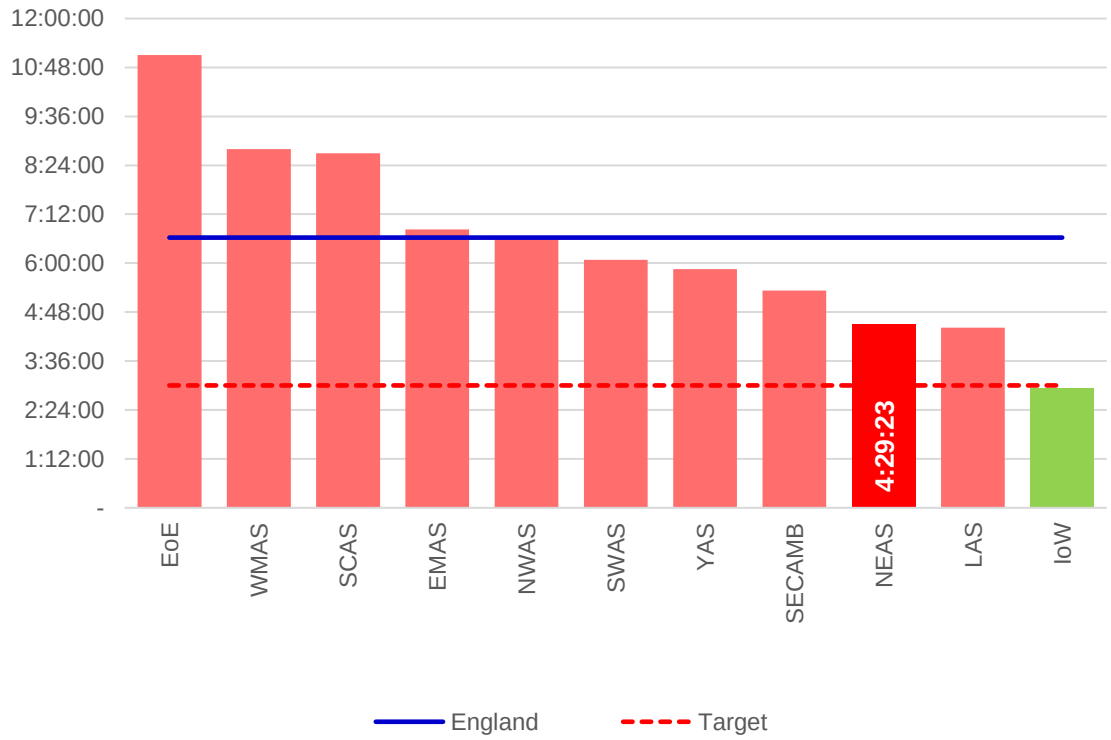


NEAS Benchmark Performance – C3 & C4

Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2023-24

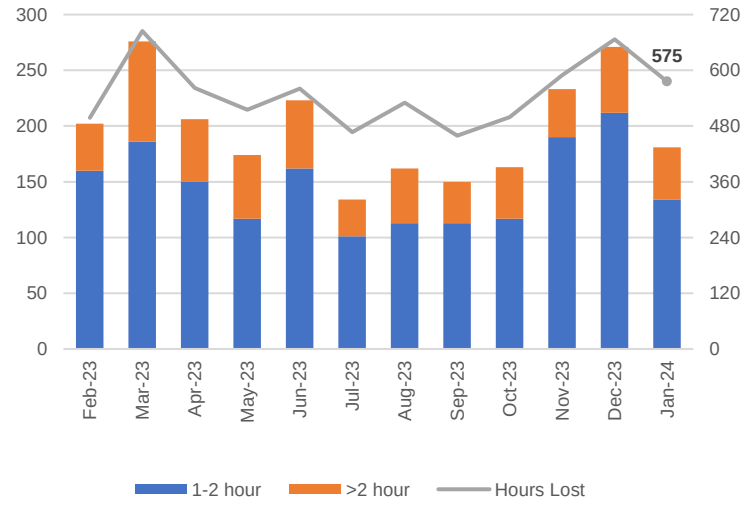


Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2023-24

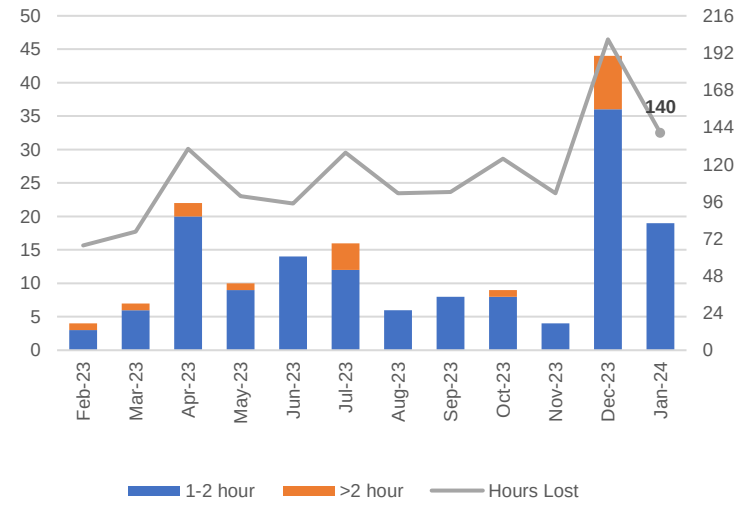


Hospital Handover Performance

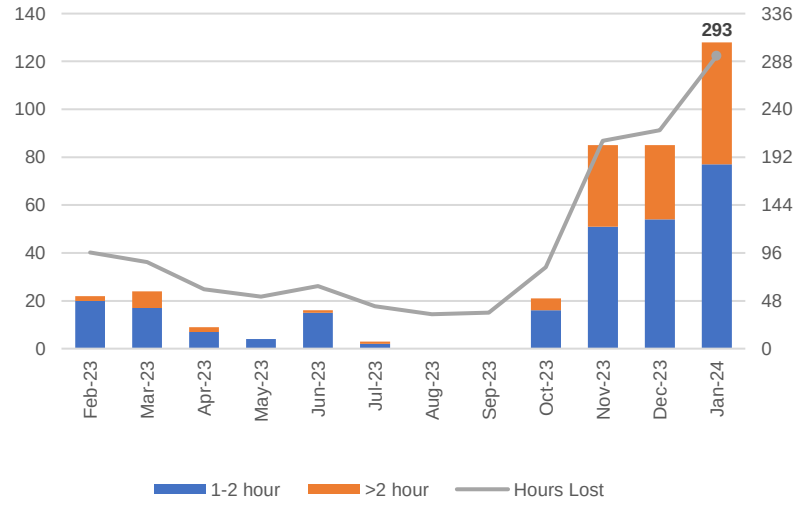
Handover Delays - James Cook

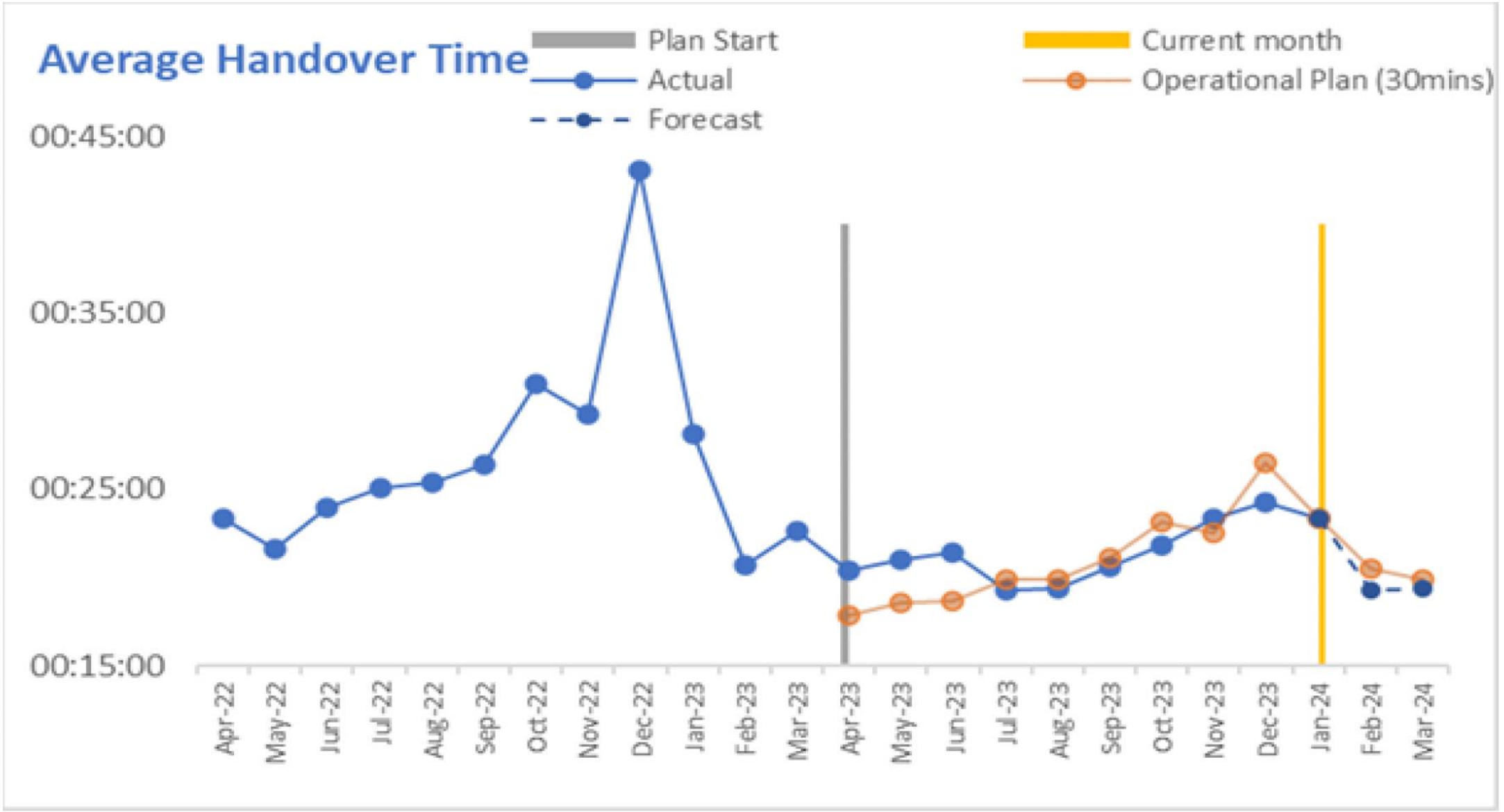


Handover Delays - UHNT



Handover Delays - Darlington




Average Handover Time
Plan Start
Actual
Forecast
Current month
Operational Plan (30mins)
00:45:00
00:35:00
00:25:00
00:15:00
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
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Feb-24
Mar-24

Update 2023/24 quality priorities

Patient safety

- To continue working with system partners to reduce handover delays
- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Clinical effectiveness

- Implementation of clinical supervision

Patient experience

- To increase service user and colleagues involvement in our patient safety and patient satisfaction activities

To continue working with system partners to reduce handover delays

What we achieved

- Thematic analysis of handover delays
- Partnership working to improve data sharing, standardise reporting to drive improvements
- Partnership working to improve effectiveness across the system
- Reviewed our risk management and escalation arrangements during times of demand

What we need to do

- Understand the impact on patients
- Understand the impact on staff

Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

What we achieved

- 5 year review of quality & safety profile to inform local safety priorities
- Development of governance procedures
- PSIRF training provided by NHS accredited provider (including oversight training and patient safety specialist training)
- Transition to LFPSE 1st June 2023
- Transition to PSIRF 1st January 2024
- Introduction of x3 patient safety partners

What we need to do

- Closure of all serious incidents & actions by 31st March 2024
- Embed PSIRF governance and organisational learning

Implementation of clinical supervision

What we achieved

- Policies and procedures for clinical supervision developed
- Clinical supervision launched across unscheduled care in August 2022
- Audit roadmap for Clinical Team Leaders (CTLs) introduced to managers understand individual clinical performance
- CTLs complete clinical supervision shifts with individuals including protected time for discussions
- Clinical staff are also provided with 5 hours to support with any CPD needs identified through clinical supervision

What we need to do

- Development of electronic audit tool and dashboards
- Development and roll out of a bespoke university module to help ensure that our CTLs have the appropriate skills, knowledge and experience (to be completed in 2024)

To increase service user and colleagues involvement in our patient safety and patient satisfaction activities

What we achieved

- Multidisciplinary working groups established for PSIRF implementation and patient safety improvement activities
- Introduction of patient safety partners
- Board level lead identified for patient safety partners
- Stakeholder involvement in patient safety meetings
- Collaborative working with stakeholders and partners
- Stakeholder involvement in recruitment for patient safety roles

What we need to do

- To establish patient feedback group
- Implement a patient and carer feedback survey (post investigations)
- Wider patient and colleague involvement in recruitment activities

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NHS Foundation Trust

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Agenda Item 8

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Work Programme 2023-2024

Meeting Date	Topic	Attendance
28 July 2023	TVJHSC: Appointment of Chair & Vice-Chair TVJHSC: Protocol / Terms of Reference TVJHSC: Work Programme Timetable North East Ambulance Service: CQC Inspection / Independent Review North East and North Cumbria Integrated Care Board: Community Diagnostic Centres North East and North Cumbria Integrated Care Board: Breast Services Tees, Esk and Wear Valleys NHS Foundation Trust: Lived Experience Directors Update	Helen Ray / Mark Cotton Charlotte Bourke / Ruth Dalton / Phil Woolfall / Richard Morris / Simon Milburn Craig Blair / Rowena Dean / Kevin Etherson / Stuart Finn / Mike Carr Mike Brierley / Belinda Brooks / Dominic Gardner / Chris Morton / Leigh Trimble / Catherine Wakeling
6 October 2023	North East and North Cumbria Integrated Care Board: Integrated Care Strategy Implementation / Joint Forward Plan Tees, Esk and Wear Valleys NHS Foundation Trust: CAMHS Update Tees, Esk and Wear Valleys NHS Foundation Trust: Adult Learning Disability Respite Services Update	Peter Rooney / Craig Blair James Graham / Patrick Scott Jamie Todd / Patrick Scott
2 November 2023 (informal)	North Tees and Hartlepool NHS Foundation Trust & South Tees Hospitals NHS Foundation Trust: Group Model Development & Partnership Agreement	James Bromiley / Ann Baxter
15 December 2023	Office for Health Improvement & Disparities: Community Water Fluoridation North East and North Cumbria Integrated Care Board: NHS Dentistry Update NHS England – North East and Yorkshire: Strategic Options for Non-Surgical Oncology Services North East and North Cumbria Integrated Care Board: Winter Plan Update	Professor Peter Kelly CBE / Dr Kamini Shah Craig Blair Angela Wood / Julie Turner / Alison Featherstone Craig Blair

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Work Programme 2023-2024

Meeting Date	Topic	Attendance
4 March 2024 (informal)	Tees, Esk and Wear Valleys NHS Foundation Trust: Use of Physical Intervention / Restraint	Jamie Todd / Stephen Davison / Kirsty Passmore / Karla Sharif / John Savage
15 March 2024	Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2023-2024 (to include performance updates) North East Ambulance Service: Quality Account 2023-2024 (to include performance updates) North East and North Cumbria Integrated Care Board: Update on Recent Re-structure	Leanne McCrindle / Beverley Murphy Mark Cotton Dan Jackson

To be scheduled

- NENC ICB: Opioid prescribing and dependency across the Tees Valley
- NENC ICB: Clinical Services Strategy Update (last considered in Mar 23)
- NENC ICB: Community Diagnostic Centres Update (last considered in Jul 23)
- NENC ICB: NTHFT / STHFT 'Group' Update (last considered in Nov 23)
- NENC ICB: Palliative and End-of-Life Care Strategy – Development / Implementation