

Thursday, 8 May 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 8 May 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT

Councillor
Councillors M Besford, C Cawley, C Cooper,
J Coulson, S Crane, L Hall, C Hannaway,
B Holroyd, M Layton and A Roy.

OFFICIALS

C Breheny, D Dwarakanath, L Garcia, C Jones,
G Jones, C Leng, C Lunn, D Monkhouse,
D Palmer, R Scrimmour, B Swanson and
G Woods.

IN ATTENDANCE

Councillor .

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Kay, S Moore, I Morrish and H Scott.

1

APPOINTMENT OF CHAIR FOR 2025/2026

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Kay was nominated by Councillor Hall, seconded by Councillor Coulson.

RESOLVED that as the vote was tied a Vice Chair be nominated to Chair the meeting and the appointment of Chair for 2025/26 be reconsidered at the next Committee meeting, following each Council's Annual General Meeting.

2

APPOINTMENT OF VICE CHAIR FOR 2025/2026

Members were invited to make nominations for Vice Chair and the following nominations were received:

Councillor Cooper was nominated by Councillor Hall, seconded by Councillor Coulson.

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RESOLVED that Councillor Cooper be elected as Vice Chair of the Tees Valley Joint Health Scrutiny Committee for this meeting only and invited to Chair the meeting.

3 **MINUTES OF THE MEETING HELD ON 13 MARCH 2025**

RESOLVED that the minutes of the meeting held on 13 March 2025 be confirmed and signed by the Chair as a correct record.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

5 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - PROTOCOL AND TERMS OF REFERENCE**

The Senior Democratic Services Officer presented a report confirming the Tees Valley Joint Health Scrutiny Committee protocol.

A query was raised regarding the merits of paragraph 14 and continued inclusion of the statement that 'where a review of 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review'. The view was expressed that very few NHS services were now delivered on a smaller than Tees Valley footprint thereby negating the need to include this provision. The Senior Democratic Services Officer advised that further legal advice would be sought, and feedback provided at the next meeting.

RESOLVED that the relevant legal advice be sought and the protocol resubmitted to the next meeting for approval.

6 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2024/2025 - DIRECTOR OF NURSING SOUTH TEES NHS FOUNDATION TRUST**

The Director of Nursing at South Tees Hospitals NHS Foundation Trust began by providing an overview of the Trust's progress following the establishment of a Group model. Members were advised that the governance arrangements had been formalised in mid-2024, which had allowed clinical boards to operate as a single service model rather than separate entities across multiple sites. It was explained that this approach aimed to address workforce vulnerabilities, improve disparities in patient access, and ultimately deliver consistent, high-quality care across the Group.

In terms of the quality priority setting process for 2025/26 it was highlighted that a strategic shift had taken place to ensure that the cross-

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cutting priorities set out in 2024/25, which were yielding tangible benefits, were further embedded to improve service delivery. It was noted that infection prevention and control had been added as a priority for the upcoming year, reinforcing the Trust's commitment to enhancing patient safety.

The Director of Nursing drew reference to improvements in the Accident and Emergency (A&E) department, noting that concerted efforts to reduce wait times had resulted in a 1.7% decrease, significantly impacting patient outcomes. Ambulance handover times had also improved, allowing for faster turnaround and reducing delays in community response times. In addition, new triage protocols had been implemented to streamline patient flow within the department.

Members were advised that a further performance highlight for 2024/25 was the introduction of Martha's Rule. This enabled relatives and carers to access an independent review team if they believed a patient's care needs were not being adequately met. The Director of Nursing advised that the Trust had been proactive in implementing this initiative, having introduced the Call for Concern process in 2022. It was explained that a key focus had also been on asking patients how they were feeling and taking their response as seriously as altered physiology. Early interventions through this system had allowed for critical care escalations, often identifying patient deterioration up to 24 hours before physiological changes became apparent. It was noted that for patients with cognitive impairments, who may struggle to communicate their symptoms, structured parameters were in place to ensure their needs were not overlooked.

The Director of Nursing advised that digital transformation remained a key priority for the Trust, with Electronic Prescribing and Medicines Administration (EPMA) leading to a reduction in medication incidents. Improvements had also been made in compliance rates for insulin and venous thromboembolism (VTE) assessments. On infection prevention, it was highlighted that ongoing collaborative learning across the Group, had led to notable improvements in antimicrobial stewardship.

The Medical Director drew reference to the Friarage Hospital, outlining its achievements, ongoing challenges, and a recent national evaluation outcome. It was explained that the hospital functioned as a high-volume, low-complexity surgical centre, which delivered efficient procedures without any disruptions from acute emergency pressures.

Members were advised that although previously the Friarage had operated within an aging estate the effective governance measures in place had ensured that ring-fenced surgical pathways were established and that elective surgeries could proceed without interruption. It was advised that the British Association of Day Case Surgery had endorsed

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the Friarage's approach, confirming it was ideally suited to a high-efficiency, low-complexity surgical environment.

The Medical Director explained that the Getting It Right First Time (GIRFT) programme, a national NHS improvement initiative, had also recently conducted an inspection of the Friarage to assess its operational effectiveness. It was advised that the inspection team had been highly impressed, deeming the Friarage to be one of the best sites they had ever evaluated, out of a 60-hospital review cohort.

Members were advised that the national accreditation gained via the GIRFT programme had been received in advance of the official opening, on 1 June 2025, of the Friarage's new £35.5million surgical centre. The Medical Director explained that the national GIRFT team had taken away operational insights from the Friarage, with the intention of applying its governance model to other NHS sites. In addition, plans to implement further improvements were underway and these included a six-day surgical working model to increase procedural capacity. It was emphasised that maintaining over 90% efficiency rates remained a core priority, and the hospital would seek further improvements where feasible.

The Medical Director also provided an update on the Targeted Lung Cancer Screening programme, which had been in operation since August 2022. It was explained that the programme covered 67 GP practices and one prison population and focused on individuals aged 55 to 74 with a history of smoking. A proactive approach had been adopted with telephone health checks undertaken initially, followed by an invitation for screening. It was explained that over the course of the programme 278 incidental cases of lung cancer had been detected. A dramatic shift in cancer diagnosis rates had also taken place and Members were advised that whereas previously 80% of lung cancers were diagnosed at stage 3 or 4, today 80% were being detected at stage 1 or 2. This meant that curative treatments such as surgery and chemotherapy were becoming more viable.

The Medical Director acknowledged that these advancements in early diagnosis had placed additional pressure on oncology services and pathology departments, with a rise in demand of 24% since 2020/21. It was noted that a £1 million funding allocation had been secured to support non-surgical oncology, facilitating enhanced clinical staffing and improved diagnostic pathways.

The Medical Director advised that significant progress had also been made in the management of prostate cancer, with waiting times for treatment reduced from 62 weeks to approximately 25 days, with an expected further reduction to under 20 days. It was explained that the introduction of cancer navigators had proven instrumental in ensuring timely diagnostics and treatment for patients. The navigators primarily

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operated from administrative backgrounds, tracking each case through radiology, pathology, and multidisciplinary team (MDT) discussions to ensure no delays in treatment decisions. In cases where the initial MRI scan results came back negative patients were now receiving this information within 10 to 12 days.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Martha's Rule and Patient Advocacy

A Member drew reference to Martha's Rule and reflected on its importance in ensuring patients and their families had a mechanism to escalate concerns when they felt their care needs were not being met. It was acknowledged that, while tragic incidents had led to its introduction, its adoption by many hospitals and trusts was a significant step forward in patient advocacy. It was queried whether the next phase of the implementation would extend to mental health trusts and maternity services. The Director of Nursing advised that maternity services were indeed prioritised in the upcoming rollout, with mental health trusts participating as part of pilot programmes. It was also explained that this initiative complemented existing measures such as the Call for Concern, which had been established at South Tees in 2022 to ensure patients and carers could request an independent review of care concerns.

Targeted Lung Cancer Screening and Oncology Care Expansion

A Member commended the significant improvements in lung cancer diagnosis rates, referencing the shift from 80% of cases being diagnosed at stage 3 or 4, to 80% now being detected at stage 1 or 2, allowing for earlier, more effective treatment.

Vaping and impact on young people

A Member queried whether there was any emerging scientific data on vaping-related cancer risks, given the rise in young people using these products. The Medical Director responded that, while there were no confirmed direct links between vaping and cancer, respiratory specialists had observed an increase in inflammatory conditions and lung-related pathologies among long-term users.

A Member highlighted their further concerns about vaping addiction among young people, emphasising that the current cessation programmes were not effectively addressing nicotine dependency amongst young people. A Member drew reference to a recent Panorama documentary that highlighted alarming statistics on youth vaping habits and associated health risks. The view was expressed that the scale of addiction amongst young people was being underestimated, with

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disposable vapes hooking young people at an alarming rate and the long-term impact being greater than anticipated.

Mortality Reviews

A Member raised concerns regarding the current state of the mortality review process, specifically querying how KPIs were being applied to evaluate patient deaths and whether the system was effectively embedded across the Trust. In response, the Medical Director explained that a key aspect of the mortality review process involved Medical Examiners, who conducted initial mortality assessments. It was also explained that the Medical Examiner system was well embedded, having been established in May 2018, but the variability in referrals stemmed from the complex nature of patient eligibility criteria for secondary reviews.

The Medical Director outlined the specific cohorts of patients prioritised for mortality review, including:

- Patients with learning disabilities (LeDeR reviews).
- Patients with serious mental health conditions.
- Patients under the age of 40.
- Deaths following elective surgery.
- Clinical incidents or reported safety concerns flagged within the Trust's incident reporting system.
- Transfers from other hospitals where clinical concerns had been raised.

The Medical Director advised that in addition, when a Medical Examiner met with a deceased patient's family, if any concerns were raised, they could request a second-level review, regardless of whether the case met the standard eligibility criteria.

A Member queried the lack of inclusion of Black and Minority Ethnic (BME) patients as a specific review criterion, despite emerging national discussions about health outcome disparities in BME populations. The Medical Director acknowledged that BME considerations had not been explicitly factored into the Trust's local review criteria and advised that this would be taken back for further evaluation.

Ambulance Conveyance Rates and Urgent Care Access

A Member raised concerns about ambulance conveyance rates, particularly among individuals who did not drive or lacked access to reliable transport options. It was highlighted that certain demographics appeared to experience higher conveyance rates, and it was queried whether the Trust had assessed local transport challenges as a contributing factor to emergency admissions. The Director of Nursing explained that there were clear criteria for how ambulances were triaged

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and therefore it was not necessarily local demographics that contributed to emergency admissions, although it did have an impact on ease of access.

A Member highlighted concerns regarding operational inconsistencies in respect of the Redcar Urgent Treatment Centre (UTC). Reference was made to specific cases where patients were directed to James Cook University Hospital (JCUH) despite Redcar's UTC being equipped to handle their treatment. It was queried whether these referrals were necessary, given that at prior meetings assurances had been given to the Committee regarding community-based treatment models, yet in practice some patients were being redirected unnecessarily, increasing pressure on emergency hospital services.

The Medical Director acknowledged the issue and confirmed that there were variations in triage decisions across different UTC sites. It was explained that some of these inconsistencies were influenced by individual clinician discretion, resulting in patients being redirected when, in some cases, treatment could have been provided at the originating UTC. It was explained that a key factor contributing to these variations was differences in individual risk appetite among clinicians. The Medical Director agreed that standardising the triage protocols across the different urgent treatment sites remained a priority and horizontal integration efforts were underway.

The Medical Director emphasised, however, that while standardisation was essential, a cautious approach was still necessary in cases where escalation was genuinely warranted. It was acknowledged that some cases of "failure of nerve" in clinical judgment could contribute to inefficiencies, but it was also highlighted that sometimes over-cautious risk assessment protected patients from potential harm.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

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**NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
QUALITY ACCOUNT FOR 2024/25 - DEPUTY DIRECTOR OF QUALITY
UNIVERSITY HOSPITALS TEES**

The Committee welcomed the Medical Director for North Tees and Hartlepool NHS Trust, who began by highlighting the Trust's strong performance against key emergency care indicators, particularly in the Accident and Emergency Department (A&E), including wait times and

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ambulance handover efficiency.

The Medical Director advised that the Trust had achieved 85.6% compliance with the 4-hour A&E wait target, placing the Trust among the top three nationally in terms of performance. It was advised that this was significantly above both the regional and national averages, demonstrating the effectiveness of the operational improvements that had been made over the past year. In addition, handover delays were exceptionally low, with 12-hour wait times standing at just 0.5%, compared to the national average of 6.4%. It was explained that this marked a significant achievement, particularly given the steady rise in demand for urgent and emergency care services. In terms of non-elective hospital stay durations the mean had been reduced to an average of six days, which demonstrated improved patient throughput and discharge efficiency.

The Medical Director discussed the operation of the two Urgent Treatment Centres (UTCs) within North Tees, which had been functioning at a consistent level year-round. It was advised that a revised workforce model was in development, ensuring that GP-led urgent care services were aligned with demand. The Trust was actively modelling GP-led workforce structures, assessing how staffing adjustments could optimise patient flow without unnecessary reliance on A&E resources.

In terms of key challenges, the Medical Director drew reference to the growing number of incidents involving violence and abuse toward staff, particularly within A&E departments on Friday and Saturday nights. It was acknowledged that emergency staff were regularly subjected to verbal and physical aggression, which necessitated additional security presence at peak hours.

The Medical Director acknowledged that in terms of challenges, although the Trust maintained good national participation in various audits, Structured Judgement Reviews (SJRs) were not performing all well as expected. The Trust was therefore focused on improvements and ensuring that learning from adverse events was effectively captured and acted upon to improve patient safety outcomes. Reference was also made to the rising burden of diabetes, as 15 per cent of patients admitted to hospital had the condition. It was advised that diabetes care was becoming more complex, with evolving treatment regimes requiring more advanced clinical oversight. It was explained that this formed part of the Trust's wider clinical upskilling strategy, to support staff in recognising early deterioration in patients with complex health conditions.

The Director of Nursing drew reference to the Trust's success stories and the Trust's evolving approach to patient safety, emphasising that the organisation had moved away from traditional incident-reporting frameworks and toward a more holistic and proactive model. It was

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explained that instead of focusing solely on isolated patient safety incidents, the Trust had adopted a wider learning-based approach, which evaluated systemic factors that could influence patient outcomes. A key aspect of this approach was also the integration of shared learning across different care settings, which allowed for best practices to be disseminated more effectively across wards and clinical teams.

The Director of Nursing detailed how the Trust used benchmarking data, comparing national audit results with internal performance metrics to critically evaluate patient safety standards. This ensured that every aspect of service delivery, from infection prevention to acute care responsiveness, was consistently monitored and refined.

Members were advised that one of the major advancements in patient safety at the Trust had been the real-time responsiveness to patient feedback. It was explained that feedback from patients now formed a core part of structured safety reviews, rather than being examined separately from clinical performance. The Director of Nursing explained how data collected from patients across multiple sources including formal complaint systems, family and friends' tests, and national satisfaction surveys was triangulated with clinical audit outcomes to provide a comprehensive view of patient experiences. It was acknowledged that not all feedback was positive and that was precisely why it was so important. It was accepted that even a 3 per cent negative response rate was significant and systems were in place to ensure frontline teams were aware of the feedback in real time.

The Director of Nursing advised that the Trust had adopted a rapid response model, ensuring that issues raised on a Friday were actively reviewed by clinical teams the same afternoon or by Monday morning. This prevented delays in addressing concerns and ensured that patients felt their feedback was acknowledged and acted upon.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Maternity Safety Assurance and Ongoing Engagement

A Member expressed concerns about the scale of public dissatisfaction with maternity services at the Trust, citing the petition recently submitted to the Care Quality Commission (CQC), which contained 1,100 signatures from concerned individuals, and queried whether an update from the Trust could be provided.

The Director of Nursing advised that the Trust had actively engaged with the national maternity safety advisor and that discussions regarding maternity concerns were ongoing. It was explained that the Trust was aware of the feedback from service users and had taken action to

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evaluate concerns raised within the petition.

The Director of Nursing provided further insights into the actions the Trust had taken to improve maternity services, confirming that all objectives outlined in the 2022 NHS England maternity safety improvement plan had been met. It was explained that the Trust had undergone visits from NHS England and peer review teams, reinforcing external oversight of progress.

A Member queried whether feedback could be gathered from patients at the point of care through direct engagement with ward teams rather than through third-party evaluations.

The Director of Nursing addressed the importance of direct service-user engagement in maternity care, stating that maternity patients were encouraged to provide feedback at multiple stages of their journey, ensuring real-time evaluation of service quality at the Trust. It was advised that Maternity Voices Partnership representatives were actively involved in reviewing service quality, offering a critical service-user perspective on maternity care policies and decisions.

Support for Young Mothers

A Member raised a specific concern regarding younger mothers aged 19-21, stating that this demographic often struggled to feel heard during their maternity care experiences. It was suggested that introducing a peer-led model, where young mothers could seek reassurance from individuals with similar lived experiences, might improve engagement and confidence during the maternity journey.

The Director of Nursing confirmed that the Trust had been exploring community-led maternity support initiatives, particularly in relation to breastfeeding education and postnatal care. It was acknowledged that while a direct policy for peer mentoring had not yet been formalised, efforts were being made to reflect the needs of younger service users within maternity care planning. The Committee welcomed the updates provided and encouraged the Trust to continue evaluating maternity services, engaging with service users and ensuring transparency in ongoing improvements.

Workforce Safety Concerns

Members expressed concerns regarding workplace violence and the support available to frontline A&E staff. A Member queried whether violence toward healthcare staff had worsened since COVID, to which the Medical Director provided definitive confirmation.

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A Member expressed concern over the diminished police presence in Stockton, highlighting that PCSO coverage had been significantly reduced, and queried whether the reduction had impacted the Trust. The Medical Director advised that regular discussions were held with Cleveland Police and briefings were provided to facilitate proactive intervention strategies where required.

A Member queried whether incidents of aggression impacted other patients, particularly those witnessing violent outbursts from individuals in distress. The Director of Nursing confirmed that while physical assaults on other patients were rare, psychological distress among bystanders was a known issue. It was advised that the Trust had been working on tailored risk assessments and ensuring cognition-related incidents were managed appropriately.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

8 WORK PROGRAMME FOR 2025/26

The Work programme for 2025/26 was discussed and a further item relating to the impact of waste incinerators on health identified for inclusion.

RESOLVED that: -

- (i) The impact of waste incinerators on health be added to the Committee's 2025/26 work programme.
- (ii) Any further items identified for the work programme for 2025/26 be discussed at the next Committee.

9 ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT

Quality Accounts 2024/25 - TEWV and NEAS

The Senior Democratic Services Officer advised that the Quality Account 2024/25 documents for TEWV and NEAS had recently been circulated, along with the draft third party statements, which had been prepared on behalf of the Committee by the Scrutiny and Legal Support Officer at Hartlepool Council.

Members were invited to provide any feedback or comments on the statements by Friday 9 May 2025, prior to sign off by the Chair / Vice

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Chair and formal submission to the respective Trusts.

RESOLVED that following receipt of any final comments / amendments the third-party statements be submitted to TEWV and NEAS for inclusion in the Quality Accounts for 2024/2025.