Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 19 May 2026.

Present: Cllr Marc Besford (Chair), Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Sarah Bowman-Abouna, Angela Connor (A,H&W), Gary Woods (CS)

Also in attendance: Rebecca Warden (NHS North East and North Cumbria Integrated Care Board); Rachel Scrimgour (South Tees Hospitals NHS Foundation Trust); Judith Connor, Matt Neligan, Helen Wilson (University Hospitals Tees)

Apologies: Cllr Carol Clark

ASCH/9/26 Livestreaming

The Chair announced to those present that the meeting would be livestreamed.

ASCH/10/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/11/26 Declarations of Interest

There were no interests declared.

ASCH/12/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 April 2026.

AGREED that the minutes of the meeting on 21 April 2026 be approved as a correct record and signed by the Chair.

ASCH/13/26 North Tees and Hartlepool NHS Foundation Trust – Quality Account 2025-2026

Senior University Hospitals Tees (UHT) personnel were in attendance to provide the annual presentation to the Committee on the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Quality Account, a document which NHS Trusts had a duty to produce each year.

Marking the second full cycle since the formal creation of UHT as a hospital ‘group’, 2025-2026 had seen a move to produce the first UHT Quality Account (the draft of which had been shared with the Committee prior to this meeting and was included within the papers) reflecting on performance against the joint 2025-2026 quality priorities for both NTHFT and neighbouring South Tees Hospitals NHS Foundation

Trust (STHFT). It was emphasised that the Committee's focus would remain on the achievements and challenges of the North Tees and Hartlepool offer.

Led by the UHT Deputy Chief Executive / Chief Strategy Officer, and supported by the UHT Deputy Director of Quality, UHT Deputy Director of Nursing, and STHFT Compliance Manager, the presentation opened with the new UHT approach to the Quality Account and its purpose in providing assurance on quality, safety and patient experience. With a reminder of the spread / composition of local services and the nine shared quality priorities for 2025-2026 (covering the three key headings of 'Patient Safety', 'Clinical Effectiveness', and 'Patient Experience', NTHFT-related elements included the following:

- Patient Safety & Learning from Incidents: The Trust had no medication-related 'never events' (serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations) and had seen a 50% reduction in time-critical medication omissions. A unified incident reporting system (Healthcare Guardian) was now live across UHT.

- Medication Safety & ePMA: Electronic Prescribing and Medicines Administration (EPMA) 2.0 (to improve the range of medicines administered) was now fully embedded at NTHFT, and there had been successful pharmacy recruitment in Lipid Clinics (further recruitment would support medicines reconciliation performance). Guidance had been produced to support high-quality discharge letters, and UHT-wide medicines dashboards were intended to assist with the availability of data and benchmarking.

- Infection, Prevention & Control: There was now enhanced respiratory IPC support, improved audit and compliance structures, and a reduction in *C Difficile* infections (CDI) – 59 against a threshold of 66. Both Trusts within the UHT footprint had developed IPC pathways and care plans within electronic patient records for CDI and MRSA, and undertook weekly healthcare associated infection (HCAI) reviews. *C Difficile* reduction remained a priority for 2026-2027.

- Learning from Deaths and Mortality: NTHFT had recorded 1,198 deaths during 2025-2026. 53 case record reviews were conducted, and no deaths were judged more likely than not to have occurred due to care issues. To further understanding, there had been an increase in resource for the UHT Learning from Deaths Team, the appointment of a Medical Senior Mortality Lead, the introduction of a single UHT Learning from Deaths framework, and combined reporting reflecting on insight from the Medical Examiner, child deaths, and the lives and deaths of people with a learning disability and autistic people (LeDeR).

- Clinical Effectiveness & Audit: NTHFT was 99.4% compliant with National Institute for Health and Care Excellence (NICE) guidance, with 112 audits relating to the Trust reviewed by the UHT Clinical Effectiveness Group. A new GIRFT (Getting It Right First Time) & Audit Panel was also providing stronger oversight of patient outcomes.

- Patient Experience and Complaints: Friends and Family Test (FFT) scores for NTHFT were above the national average, with improved oversight of this feedback made available via Clinical Services Unit (CSU) dashboards (which fed into the UHT Experience of Care Council). A unified UHT complaints policy was now in

place, Family Liaison Officers were embedded, and two external audits had been completed – it was acknowledged that further work was required around the timeliness in responding to formal complaints.

- Mental Health & Vulnerable Groups: Several important developments had occurred across both NTHFT and STHFT during the year, headlined by a joint UHT Mental Health Strategy going live. A suicide prevention plan had been endorsed locally (with a pilot initiated around child suicide attempts which linked in with schools), and 1,267 staff had completed training in mental health awareness. In addition, 'Right Care, Right Person' (an approach aiming to ensure vulnerable people received the right support from the right emergency services) was implemented, and a trauma-informed care programme was launched.

- Urgent and Emergency Care: An average of 55 patients were being seen at the NTHFT Emergency Assessment Suite per day – this facility had helped reduce ambulance handover delays and improve patient flow.

- Comparison to last winter… North Tees: A graphic illustrated performance against a range of measures for the 14-week winter season (3 November 2025 to 8 February 2026) in comparison to the same period in 2024-2025 – this showed increases in 111 contacts (up 3.4%), 999 calls (up 3.9%), and ambulance arrivals to the Emergency Department (up 2.5%). Whilst average category 2 response times (25% reduction), average handover times (4.9% improvement), and the number of A&E attenders being seen within four hours (up 0.1%) all demonstrated improved patient flow and decreased delay, the number of patients waiting more than 12 hours in A&E had increased by 44.8% (from 4.9% to 7.1%) – UHT was working to reduce (and, by 2027, eliminate) so-called 'corridor care'.

- UHT Investment: As part of a £49 million UHT investment to support the 10-year health plan and improve performance and patient experience, allocations towards the University Hospital of North Tees site covered an additional MRI scanner (£3.5m), a new discharge lounge (£4m), and significant development of its critical care function (£22.24m).

- Staff and Culture: Reflecting a positive reporting culture, Freedom to Speak Up concerns had increased at NTHFT (albeit with a noticeable dip in quarter 3 of 2025-2026), with the highest theme being 'inappropriate behaviour'. Next steps included the introduction of Clinical Services Unit (CSU)-level 'People Plans' and the continuation of visible leadership and engagement between senior officers and the wider workforce.

- Staff Friends and Family Test – NTHFT: Graphics demonstrated the percentage of staff selecting 'agree' or 'strongly agree' to three key NHS Staff Survey 2025 questions – 'Q25a: *Care of patients / service users is my organisation's top priority*', 'Q25c: *I would recommend my organisation as a place to work*', and 'Q25d: *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*'. All three metrics had declined since 2021, with a 5% decrease for both Q25a and Q25d. UHT noted the challenges in bringing together two individual NHS Trusts with different workforce cultures and gave assurance that staff networks had been strengthened (with a particular focus on equality, diversity and inclusion, and the staff carers' group).

- What does this mean?: Whilst NTHFT had made good progress with antibiotic access usage and patient flow through Urgent and Emergency Care (UEC), there was still work to do regarding mortality review capacity (UHT was expecting an increase of these over the next 12 months) and antimicrobial consumptions (rising antibiotic resistance had been identified as an issue).

- Looking forward to 2026-2027 – Quality Priorities: It was proposed that, of the nine 2025-2026 quality priorities, one would be carried forward into 2026-2027 (regarding clinical effectiveness (mortality review processes)), five would be revised and carried forward to allow for further embeddedness and completion of actions (covering patient safety (learning from incidents, medication safety, and infection reductions) and patient experience (use of patient / carer feedback, and complaints), and three would be discontinued.

  A graphic showed how the six proposed 2026-2027 priorities were aligned to strategic UHT objectives, and how each one would be measured through the key themes of 'outcomes', 'processes', 'experience', 'workforce capacity', and 'population health'. Consideration was also being given to making these priorities more relatable to the public by publishing them in 'plain English'.

The presentation concluded by highlighting the specific achievements of some of UHTs Clinical Service Units – this included the NTHFT Endoscopy Service being reaccredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy for its highest standard of achievement (as well as winning team and individual annual awards), the new estate for the Emergency Assessment Suite at University Hospital of North Tees, and a winter Care Co-ordination Centre (CCC) pathway pilot which saw more than 300 patients aged 65 or over receiving care at home or in the community (avoiding admission to the acute site).

Thanking the UHT officers for the information provided, the Committee began its response by querying when any proposals to change existing service delivery to different hospital sites would be announced (slide 2). In response, it was stated that the vast majority of patients would continue to access care within the locations in which it was currently provided, but that there would be some services (in particular, specialist treatment) which would be streamlined into one setting over the next 5-10 years to ensure sustainability. Any proposals would require a pre-consultation business case to be developed and would be shared with local scrutiny committees (who were viewed as important consultees). It was envisaged that the any changes to service delivery would be implemented in early-2027 at the earliest.

The Committee spoke of the positive developments around the local Community Diagnostic Centre (CDC) in Stockton and asked if there were any plans to add a DEXA (Dual-Energy X-ray Absorptiometry) scanner to the facility so bone density checks could be offered. Members heard that whilst there were no specific plans on this at present (no capital funding had been made available in this regard), UHT would consider this and provide a response after the meeting.

Regarding medication safety, attention was drawn to the referenced discharge letter (slide 7), with Members seeking assurance on how UHT / NTHFT was checking that guidance was being followed to produce high-quality documentation. It was stated that improved processes around medicines reconciliation were contributing to a reduction in medication incidents and better discharge letter content, but that efforts

would be made to seek feedback from patients (and GPs given the letters were also sent to them) to ascertain if information was accurate and detailed enough.

Concern was expressed at the further rise in the number of patients waiting over 12 hours in A&E (slide 16), with the Committee seeking clarity around why this trend was continuing. UHT officers noted that although there had been a 44.8% increase, the actual numbers involved were relatively small when compared with total A&E attendance, with NTHFT still performing very highly in terms of Emergency Department equivalents across the country. That said, well-known winter pressures affected all NHS Trusts, and NTHFTs achievements in this area continued to mean that some patients were being diverted to its A&E from neighbouring Trusts. Efforts to ensure effective patient flow would be maintained and were a key feature within UHTs proposed 2026-2027 quality priorities.

Staying with this theme, Members asked if the ageing University Hospital of North Tees estate was contributing to A&E waits and what the situation was with plans for a replacement / new hospital site. The Committee heard that constructive conversations had been held with the Tees Valley Mayor and other partners (including Stockton-on-Tees Borough Council (SBC)), but that the technical process around a new hospital was lengthy and complex. UHT had agreed a strategic outline case to seek funding, and this would be the major endeavour over the next decade to ensure local populations had the services they deserved.

Attention turned to the staff Friends and Family Test (FFT) results (slide 21), with concern expressed over the downward trend of all three stated measures. It was reiterated that bringing together two separate NHS Trust workforces (with very different cultures) was always likely to bring its challenges, but that senior leaders had tried to be visible and ensure an open-door policy to have conversations and address any issues. There continued to be a focus on staff networks.

Noting its third-party statement of assurance for last year's NTHFT Quality Account (2024-2025) which included reference to previous NHS Staff Survey results indicating that 30% of NTHFT employees did not feel secure in raising concerns about unsafe medical practice, and 40% were not confident the Trust would address their concerns, the Committee asked what had been done in response to this data. Members heard that survey feedback was able to be broken down at an individual service level, and that, where identified, teams were required to devise improvement plans (monitored by the UHT People Committee). Emphasising the value of the continued promotion of the Freedom to Speak Up initiative, officers added that, if desired, further information could be provided to the Committee in relation to the UHT 'People Plan' at a later date.

The Committee sought clarity on why three of the existing quality priorities were being dropped for 2026-2027 (slide 23). UHT officers confirmed that, rather than being dropped, they had become 'business-as-usual' elements, re-worded or complete (i.e. mental health strategy now implemented). Work would continue around these topic areas even though they were no longer Quality Account priorities.

Flagged by the Committee in its statement of assurance for last year's NTHFT Quality Account, the subject of cancer-related targets was once again raised, with Members noting the lack of 2025-2026 data within both the presentation and the draft UHT Quality Account document. UHT officers confirmed that this information had only been validated that morning (hence its absence from the draft document), and that

confirmation of performance could be provided after the meeting. National challenges in relation to treatment times associated with cancer were noted, as were local improvements around screening.

Members drew attention to previous media on racial abuse and violence towards NHS staff and queried what was being done about this (and whether there would be a greater emphasis on it within the latest Quality Account document). UHT officers stated that there had been unacceptable incidents reported by staff and that leaders were highlighting this (and the action being taken to support affected staff) at a national (NHS England) and local community level.

In more general matters, the Committee sought comments on the recent media regarding potential job losses across the UHT footprint and reiterated previous concerns around nursing sufficiency. Assurance was given that any reductions in workforce would not impact nursing / ward staff, but would instead come from not backfilling certain vacancies (e.g. clerical / admin roles, where digital advancements could complete required tasks), natural turnover, and voluntary redundancies. UHT anticipated a decrease of 558 staff (this was in the context of an increase of 2,000 staff since 2019-2020) – this would be covered in more detail at a forthcoming Tees Valley Joint Health Scrutiny Committee meeting.

The recently announced new strategic alliance between South Tyneside and Sunderland NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust was noted by the Committee and, given UHTs experience of bringing two Trusts together, Members asked what advice officers would give on developing formal partnerships such as this. The importance of putting patients first and ensuring appropriate and effective pathways for care was emphasised, as was the need to prioritise support for the workforce to deliver such services. Getting the latter right would increase the likelihood of positive patient experience.

Bringing the item to a close, Members were reminded of the opportunity for the Committee to provide a third-party statement of assurance for inclusion within the final published UHT Quality Account 2025-2026 document. It was proposed, and agreed, that a draft statement be composed and shared after the meeting for comment, with final approval delegated to the Committee Chair and Vice-Chair.

AGREED that:

1) The update on the 2025-2026 performance of North Tees and Hartlepool NHS Foundation Trust, and the priorities for quality improvement in 2026-2027, be noted.

2) A statement of assurance be prepared and submitted to University Hospitals Tees, with final approval delegated to the Committee Chair and Vice-Chair.

ASCH/14/26 Monitoring the Impact of Previously Agreed Recommendations – Access to GPs and Primary Medical Care

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Access to GPs and Primary Medical Care.

Presented by the North East and North Cumbria Integrated Care Board (NENC ICB) Head of Commissioning – Neighbourhood Health South, and supported by the Stockton-on-Tees Borough Council (SBC) Director of Public Health, this was the second progress update following the Committee's agreement of the Action Plan in July 2024. Developments regarding those outstanding actions linked to the Committee's recommendations were highlighted as follows:

- Recommendation 1 (*All relevant health bodies (North East and North Cumbria Integrated Care Board (NENC ICB), Cleveland Local Medical Committee (CLMC), Hartlepool & Stockton Health GP Federation (H&SH), NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need*): Whilst the previous Stockton Place-Based Committee had now been stood down and replaced with new governance arrangements (following a requirement for the NENC ICB to reduce running costs), there continued to be regular and constructive engagement between system partners in relation to general practice issues – this included the progression of temporary list closures (Melrose Surgery and Dr Rasool), and an in-hours closure to allow staff to attend a colleague's funeral (Densham Surgery). A central General Practice, Pharmacy and Optometry Team had also been formed (hosted by the ICBs Newcastle / Gateshead Neighbourhood Health Team) – this would support the implementation of consistent and timely processes in respect of general practice issues and responses to contractual changes which were required to be reviewed, approved and enacted.

  Regarding the action which sought to improve links between local Planning Services functions, SBC Public Health and the NENC ICB in terms of new housing developments and the potential impact of these in relation to health service demand / pressures, the Tees Valley Strategic Estates Group continued to be held on a bi-monthly basis (chaired by the ICBs Strategic Head of Estates), with good attendance from a range of system partners (the new requirement to co-produce a 'Neighbourhood Health' plan by the 28 May 2026 was also highlighted). Specific NENC ICB links to both SBC Public Health and SBC Planning Services were noted, with the NENC ICB also part of the Tees Valley Care and Innovation Zone (TVCHIZ) Estates & Facilities Workstream which brought partners together to maximise the use of current assets for the delivery of Neighbourhood Care services and identify any gaps where investment may be required for new builds.

- Recommendation 2 (*All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the Pharmacy First initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced*): The NENC ICB continued to have a strong social media presence, and supported practices and wider partners by sharing key messages and branding that could be further disseminated. Examples of local practices promoting services and other opportunities for patients to get help were also provided.

  Targeted support continued to be offered to four practices in relation to the pursuit of increasing the number of patients (original target 95%) with online accounts enabled with full prospective access. Whilst a minimum level was not written into the GP contract (as the contract implied all patients should have online access unless exclusions applied), the percentage of online accounts had increased for all

four practices since the previous update in September 2025, though the Riverside Medical Practice remained low (30.6%) – a likely result of last year's merger with the Arrival Medical Practice whose offer specialised on support for asylum seekers.

- Recommendation 3 (*Councillors and local MPs be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community) and encourage positive feedback as well as concerns (to help share and spread learning and best practice*): As per recommendation 2 above, the NENC ICB continued to have a strong social media presence, and supported practices and wider partners with key messaging on websites and social media channels. Regarding 'Did Not Attends' (DNAs), practices continued to promote the importance of keeping or cancelling appointments, with DNA rates in the Borough (3.7% for the last five months) similar to the Tees Valley position (3.83% in February 2026).

  GP-related information continued to be made available to Councillors / MPs to share, and NHS messaging was often relayed by the SBC and the Community Wellbeing Champions.

- Recommendation 6 (*All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements*): As previously reported, good progress had been made around cloud-based telephony (CBT) systems, with all practices now having this function (it was confirmed that issues had now been resolved for the three practices (Marsh House Medical Centre, Kingsway Medical Centre, and Dr Rasool) which had submitted 'exceptional circumstances' in relation to his provision).

- Recommendation 11 (*NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level*): All local practices had the link to the 'you and your GP practice charter' (a new element within the latest GP contract) on their websites and informed patients how to submit feedback – the ability to submit feedback was also available on the NENC ICB website and feedback received by the ICB was reported through the Tees Valley Quality and Variation Group and up through the NENC ICBs Primary Care Sub-Committee. Two pieces of feedback had been received to date – one positive (Elm Tree Medical Centre), and the other (Yarm Medical Practice) leading to improved processes for parents seeking to access an appointment for their child.

The Committee was reminded that the topic of access to GPs remained an evolving area and that the NENC ICB would continue to work with practices to ensure contractual requirements were being met, and support them and patients to deliver / use available services.

Thanking the NENC ICB for another comprehensive update, Members spoke of personal challenges in accessing their digital health records (e.g. via the NHS and other apps) and the need for this to be as simple as possible. Subsequent discussion covered the inability for information entered on the NHS app to be deleted (anything queried by the patient had to be addressed through an additional entry, not the removal / amendment of a previous record).

With reference to those practices receiving support around the provision of online accounts with full prospective access, the Committee felt the public would be surprised to see Yarm Medical Practice lagging behind others given the area may be viewed as being more IT-literate (though also pointed out the challenges often faced by communities with a larger population of older people in relation to digital platforms). The NENC ICB commented that recent changes within the practice may account for its performance and that it would continue to be supported to increase numbers. Members drew attention to their awareness of positive developments involving the practice which had seen patient satisfaction increase.

Given one recommendation still had associated actions that were yet to be deemed 'fully achieved', it was agreed that a further update on this would be provided to the Committee in around six months.

AGREED that the Access to GPs and Primary Medical Care progress update be noted and the assessments for progress be confirmed as stated.

ASCH/15/26 Health and Wellbeing Board - Previous Minutes (January 2026)

Consideration was given to the minutes of previous Health and Wellbeing Board meetings which took place in January 2026.

AGREED that the minutes of Health and Wellbeing Board meetings which took place in January 2026 be noted.

ASCH/16/26 Chair's Update and Select Committee Work Programme 2026-2027

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 23 June 2026 where anticipated items would include a response from Norton Medical Centre to its latest Care Quality Commission (CQC) inspection outcomes, the latest CQC / PAMMS quarterly report, the PAMMS Annual Report (Care Homes) for 2025-2026, and a regional health scrutiny update. It was also intended for a draft scope and plan for the Committee's next in-depth review of Protection of Property to be presented for approval.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2026-2027 be noted.

Chair: …….

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