

PEOPLE SCRUTINY PANEL

A meeting of the People Scrutiny Panel was held on Monday 12 May 2025.

PRESENT: Councillors E Clynch (Chair), J Banks (Vice-Chair), D Jackson, M McClintock, S Platt, S Tranter, Z Uddin, G Wilson and L Young

OFFICERS: L Grabham and C Jones

APOLOGIES FOR ABSENCE: Councillors L Hurst, T Mohan and M Nugent

24/79 **WELCOME AND EVACUATION PROCEDURE**

The Chair welcomed all attendees to the meeting and explained the fire evacuation procedures.

24/80 **DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this point in the meeting.

24/81 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT FOR 2024/2025**

The People Scrutiny Panel welcomed the opportunity to consider the South Tees NHS Foundation Trust's draft Quality Account for 2024/2025.

A formal written response detailing the Scrutiny Panel's comments and feedback needed to be submitted to the Trust by Friday, 30 May 2025.

The Trust's Site Medical Director, Site Director of Nursing, Group Deputy Director of Quality, and the Compliance & Regulation Manager were in attendance to deliver a presentation, which outlined the priorities for improvement and the quality of services at the Trust. The presentation focused on the following matters:

- University Hospital Tees – Formation of the Group; Group Development; Group Quality Priorities 2024/25; Agreeing the 2025/26 Group Priorities; Group Quality Priorities for 2025/26.
- A&E Flow: South Tees Hospitals NHS Trust.
- Critical Care Outreach / Acutely Ill Patient – Martha's Rule.
- Current Live Use Status: Digital Journey.
- Infection, Prevention and Control Actions.
- Recent Get it Right First Time (GIRFT) Accreditation.
- Model Hospital Latest Data: FHN Elective Hub (23/3/25).
- Targeted Lung Health Checks.
- Cancer Improvement Plans (and treatment pathway).
- Further Faster 20 Programme.

Members were provided with background information regarding the Quality Account. It was explained that this was an annual undertaking that every Hospital Trust was required to do. The document reviewed performance over the last 12 months, focussing on areas such as:

- Patient Safety.
- Clinical Effectiveness.
- Patient Experience.

The document also set out the plans for 2025/26 and the priorities that would be looked at. The draft document had been circulated to partners for comment/ feedback.

The Panel noted the content of the presentation and was supportive of the outlined priorities. During discussion, the following points were raised:

- The Panel was pleased to hear about the introduction of Martha's Rule and the Trust being an early implementer of this. It was recognised that Martha's Rule offered several positive outcomes for patients and avoided further deterioration of their health.
- Members praised the significant progress that had been made in the reduction in timescales around the diagnosis and treatment pathways for Prostate Cancer. The Panel acknowledged the achievements made and the work undertaken to accomplish these reductions, particularly in terms of treatment waiting times – down from 62 days to approximately 25 days, and the efficient communication around benign diagnosis.
- Members acknowledged the value of the Tees Valley Targeted Lung Health Check Programme and the positive outcomes achieved to date. Specifically, the circa. 83% of occurrences, which were found at early stages in comparison to circa. 30% without the screening programme, were positively recognised. It was noted that due to improvements in early detection/diagnosis, the pathology turnaround times continued to present challenge, and this was a key area of focus for the Trust over the next 12 months.
- A Member highlighted concerns around car parking and the patient experience at the South Tees Hospital site.

The Member explained that, over the last 12 months, he had attempted to gain further insight from the Trust in respect of car parking, with very little success. The following points were raised:

- The only reference to car parking matters in the draft Quality Account document related to free or discounted car parking for carers visiting regularly (section b of the 'Patient Experience and Involvement Indicators' – 'Patient Experience and EDI'). It was felt that inclusion of only this point did not sufficiently convey the undue distress experienced by patients as a consequence of limited car parking, and the impact this has upon timely attendance at appointments.
- In terms of previous communications with the Trust, it was noted that the Member had made a request for a copy of the hospital's Car Parking Strategy in May 2024. However, to date, this had not been received. In addition, communications between the Council and the Trust in respect of car parking could not be evidenced/were not recorded. In light of this, it was felt that the perceived lack of evidence of partnership working between the Trust and the Council diluted the following statement in the draft document: '...providing consistent feedback to individuals who have taken the time to report events or concerns'.
- It was requested that a copy of the strategy be forwarded to the Panel for information, and the issues around car parking be included in the final Quality Account document.

In response to these comments, the Trust representatives acknowledged the points made and indicated that they would be investigated accordingly.

- The Panel was appreciative of the data provided in respect of mortality and preventable deaths. This included the consideration of the Standardised Hospital Mortality Index (SHMI) and, although performance over 100% was regarded as 'poor', Members were pleased to hear of the improvements made over the last year in bringing this figure down from 110% to 104%. After further discussion around this topic area, it was evident that the Trust learnt from serious incidents and was keen to make improvements for patients and their families and/or carers.

The Panel wished to place on record its gratitude for the tremendous amount of work that had taken place over the last year by staff across the Trust and looked forward to receiving future updates.

The Chair thanked the representatives for their attendance and contributions to the meeting. It was agreed that the feedback from the meeting would be forwarded to the Compliance & Regulation Manager by 30 May 2025.

AGREED

1. That the South Tees Hospitals NHS Foundation Trust's 2024/25 draft Quality Account document be noted.
2. That a letter detailing the comments made by the People Scrutiny Panel, in respect of the 2024/25 draft Quality Account, be sent to the Trust by 30 May 2025.
3. That the information, as provided, be noted.

24/82 **TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT FOR 2024/2025**

The People Scrutiny Panel welcomed the opportunity to consider the Tees, Esk and Wear Valleys NHS Foundation Trust's draft Quality Account for 2024/2025.

The Trust's Chief Nurse and Associate Director of Quality Governance were in attendance virtually. The representatives requested that any comments/feedback regarding the previously circulated draft Quality Account document be forwarded via email before Friday, 30 May 2025.

NOTED

24/83 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.