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ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 18 May 2026.

PRESENT: Councillors J Kabuye (Chair), J Banks, D Branson, D Jackson, T Mohan, S Platt and Z Uddin

ALSO IN ATTENDANCE: J Connor, L Garcia M Neligan, R Scrimgeour and H Wilson (University Hospitals Tees)

OFFICERS: S Disbury, C Jones and S Lightwing

APOLOGIES FOR ABSENCE: Councillor D Coupe

25/20 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all present to the meeting and described the fire evacuation procedure.

25/21 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

25/22 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 13 APRIL 2026**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 13 April 2026 were submitted and approved as a correct record.

25/23 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT 2025/26**

The Adult Social Care and Health Scrutiny Panel welcomed the opportunity to consider the University Hospitals Tees' draft Quality Account for 2025/2026.

The Trust's representatives were in attendance to deliver a presentation outlining the quality of services across University Hospitals Tees (UHT), as well as key priorities, achievements and challenges. A formal written response, detailing the Panel's comments and feedback, was required to be submitted to the Trust following the meeting. By way of introduction, the Trust's representatives set out the purpose of the Quality Account. It was explained that, since their introduction, Quality Accounts had been required by regulators to provide assurance on the quality of services delivered by NHS organisations. Members were advised that, following the formation of University Hospitals Tees (UHT), a single Quality Account was now produced across both South Tees and North Tees and Hartlepool NHS Foundation Trusts, although some issues remained specific to individual sites. It was highlighted that the Quality Account acted as an important tool to support service development and future strategic ambitions across the group. In addition, Members were informed that the document covered the majority of local hospital services and, in line with national guidance, was shared with scrutiny committees for consideration.

The presentation covered the following areas:

- Overview of University Hospitals Tees and the development of a single Quality Account.
- Shared Quality Priorities for 2025/2026 across Patient Safety, Clinical Effectiveness and Patient Experience.
- Patient Safety, including incident reporting and the Patient Safety Incident Response Framework (PSIRF).
- Medication Safety and the implementation of electronic prescribing (ePMA).
- Infection Prevention and Control.
- Learning from Deaths and Mortality.
- Clinical Effectiveness and Audit.
- Patient Experience and Complaints.
- Mental Health and Vulnerable Groups

- Urgent and Emergency Care
- Staff Culture
- Proposed Quality Priorities for 2026/2027.

In terms of patient safety, Members heard that PSIRF had been implemented across UHT, alongside a unified incident reporting system. Improvements had been made in medication safety through the roll-out of electronic prescribing, with significant reductions in omitted doses and improved monitoring of medication safety.

Infection Prevention and Control remained a key priority, particularly given the challenges associated with the local population, including high levels of deprivation and comorbidities. Work was ongoing to strengthen governance, improve screening, and enhance antimicrobial stewardship. It was also highlighted that a decant ward was utilised to enable wards to be vacated on a planned basis to allow for deep cleaning programmes, supporting improved infection control measures.

Members were informed that work relating to Learning from Deaths continued to be a key focus, with very low levels of deaths judged to be more likely than not attributable to problems in care. Enhanced governance arrangements, including a dedicated mortality lead and improved review processes, had been introduced.

In relation to clinical effectiveness, the Trust continued to utilise national benchmarking tools, including NICE guidance compliance and audit activity, to drive improvements across services.

The Panel heard that patient experience remained positive overall, with Friends and Family Test scores above the national average. However, timeliness in responding to complaints had been identified as an area for improvement, and further work was underway to streamline processes and strengthen oversight.

Members also received information regarding mental health provision and support for vulnerable groups, including the development of a joint mental health strategy, suicide prevention work, and the introduction of trauma-informed care training for staff. It was further highlighted that the Trust worked closely with Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust, including through shared meetings recognising that a significant proportion of patients accessing hospital care experienced mental health issues. As part of this approach, a dedicated vulnerable persons group had been established to support improved care and coordination for these patients.

In respect of urgent and emergency care, improvements had been made in ambulance handover times and patient flow across both sites.

Representatives advised that the Trust had improved performance across key emergency care indicators over the previous year. However, ongoing pressures remained, including high demand and instances of corridor care, which the Trust continued to monitor closely as a patient safety concern. It was noted that this would remain a key focus for improvement moving forward.

It was noted that staff culture and workforce remained a key priority, with an increased focus on promoting a positive reporting culture, including the role of Freedom to Speak Up Guardians in supporting staff to raise concerns. Attention was also drawn to addressing inappropriate behaviours and improving staff experience across the organisation.

Looking ahead, the Trust outlined its proposed Quality Priorities for 2026/2027, with a continued focus on patient safety, patient experience and clinical effectiveness. Members were also invited to provide feedback on the “plain English” presentation of the priorities. The Chair thanked the representatives for the information provided and invited questions from Members.

A Member queried the main challenges faced by the Trust in recent years. In response, representatives highlighted a number of key issues. Firstly, healthcare associated infections continued to present a significant challenge. Whilst this was recognised as a national issue, it was noted that the Trust served areas of high deprivation, with patients often presenting with complex comorbidities, increasing their susceptibility to infection. Representatives emphasised that strong antimicrobial stewardship arrangements were in place and that operational measures, including the use of a decant ward to enable planned deep cleaning of clinical areas,

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supported infection prevention and control activity. Secondly, the complaints process was identified as an area for improvement, with it being acknowledged that it could at times be overly complex. Work was underway to simplify processes, benchmark performance against other organisations, and improve both the timeliness and quality of responses, supported by targeted staff training. Finally, representatives referred to the ongoing challenge of balancing available financial resources with the need to maintain and improve quality of care, ensuring that statutory financial responsibilities were met alongside the delivery of safe and effective services.

A Member raised concerns regarding the complaints process and whether patients and staff were sufficiently aware of how to raise concerns. In response, it was acknowledged that the process could be complex, and work was ongoing to simplify approaches, encourage resolution at the point of care, and improve timeliness through new digital systems and strengthened oversight arrangements.

A Member referred to demographic pressures and queried whether an ageing population was a growing concern locally. In response, representatives advised that, while the population was ageing, the Trust also experienced higher levels of ill health at younger ages compared to other areas, linked to deprivation. It was noted that this position was reflected in the Director of Public Health (DPH) Annual Report, which provided further detail on local population health trends. Representatives highlighted that this created additional challenges, particularly in relation to discharge planning, as it could be difficult to arrange discharge where there was a lack of stable living conditions or appropriate support in place within the home environment.

A Member queried the nature of mental health training provided to staff, noting the number of staff reported within the presentation as having received such training. In response, the Trust advised that 1,267 staff had undertaken mental health awareness training. It was explained that this included both online and face-to-face elements, including trauma-informed practice, to better equip staff to respond to patients with both physical and mental health needs.

A Member asked how language barriers were addressed within the Trust. Representatives confirmed that translation services were commissioned to support communication with patients.

A Member referred to mortality data, recalling that this had been raised at the previous year's Quality Account meeting in relation to avoidable deaths, and noted that this did not appear to be explicitly referenced in the current report. The Member sought clarification on how mortality and avoidability were being measured, and how this compared across the two Trusts. In response, representatives advised that national metrics, including the Summary Hospital-level Mortality Indicator (SHMI), were used and that both organisations were operating within the expected range. It was highlighted that the level of deaths judged more likely than not due to problems in care remained extremely low (0.01%), and that strengthened mortality review processes, leadership and governance arrangements had been implemented across University Hospitals Tees.

A Member raised questions regarding infection rates and whether these were linked to hygiene practices. In response, representatives highlighted the broader context, including antimicrobial resistance, deprivation, and patient complexity, noting that these factors increased patients' susceptibility to infection. It was further explained that operational measures were in place to support infection prevention, including the use of a dedicated decant ward to facilitate the temporary relocation of patients and enable deep cleaning of clinical areas.

The Chair thanked the representatives for their attendance and contributions to the meeting. It was confirmed that a formal written response would be provided to the Trust, including feedback from the Panel, and comments on the "plain English" format of the Quality Account.

AGREED that:

1. The University Hospitals Tees draft Quality Account for 2025/2026 be noted;
2. A letter setting out the comments of the Adult Social Care and Health Scrutiny Panel be submitted to the Trust.

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ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.

