# TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE (TVJHS)

A meeting of the Tees Valley Joint Health Scrutiny Committee (TVJHS) was held on Tuesday 2 June 2026.

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| **PRESENT:** | Councillors D Jackson (Chair), D Branson, J Kabuye, M Layton, N Anderson, M Jorgeson, C Cawley, S Crane, J Coulson and L Hall |
| **ALSO IN ATTENDANCE:** | C Balazs, Y Sultana-Khan - NHS England<br>S Harigopal – Northern Neonatal Network<br>C Blair - North East & North Cumbria Integrated Care Board<br>J Connor, R Metcalf, M Neligan and A Oxley – University Hospitals Tees NHS Foundation Trust<br>J Todd, Tees, Esk and Wear Valley NHS Foundation Trust |
| **OFFICERS:** | C Jones, S Lightwing, J Stevens, C Breheny and G Woods |
| **APOLOGIES FOR ABSENCE:** | Councillors N Johnson, H Scott, D Bruce, C Hannaway and M Besford |

1 **DECLARATIONS OF INTEREST**

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

2 **APPOINTMENT OF CHAIR 2026/27**

Members were invited to make nominations for the position of Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/2027.

Councillor Kabuye was nominated for the position of Chair.

Councillor Jackson was nominated for the position of Chair.

A vote was taken, and Councillor Jackson received the majority of votes cast.

**RESOLVED** that Councillor Jackson be elected as Chair for the Tees Valley Joint Health Scrutiny Committee for 2026/27.

3 **APPOINTMENT OF VICE CHAIR 2026/27**

Members were invited to make nominations for the position of Vice Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/27.

Councillor Johnson was nominated for the position of Vice Chair.

Councillor Scott was nominated for the position of Vice Chair.

A vote was taken, and the result was tied. Following discussion, Members agreed that the appointment of Vice Chair be deferred to the next meeting of the Committee.

**RESOLVED** that consideration of the appointment of Vice Chair for 2026/27 be deferred to the next meeting of the Tees Valley Joint Health Scrutiny Committee.

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

The Democratic Services Manager presented a report setting out the Tees Valley Joint Health Scrutiny Committee Protocol and Terms of Reference.

The Protocol and Terms of Reference, attached at Appendix A, are presented to the Tees Valley Joint Health Scrutiny Committee at the beginning of each municipal year. The Committee was asked to consider whether any changes or amendments were required prior to adoption for the 2026/27 municipal year.

A Member raised a query regarding the wording of the protocol at paragraph 9, relating to substitute attendance, specifically seeking clarity around the circumstances in which substitutes may attend meetings and whether voting rights applied. It was noted that the intention was for the arrangements to be consistent with the Constitutions of the constituent authorities, and it was agreed that individual Councils would be asked to review the position locally.

A further query was raised in relation to paragraph 16 of the protocol, concerning the appointment of the Chair of the Committee. A Member expressed the view that the Chair of the Tees Valley Joint Health Scrutiny Committee should be the current Chair of the administering authority's health scrutiny function. It was agreed that further clarification was required on this point.

The Committee agreed that legal and Monitoring Officer advice would be sought to provide clarity on these matters, and that the Protocol and Terms of Reference would be reconsidered at a future meeting.

**RESOLVED that:**

1. Relevant legal and Monitoring Officer advice be sought in respect of the Protocol and Terms of Reference.

2. The Protocol and Terms of Reference be resubmitted to a future meeting of the Committee for consideration and approval.

5 **MINUTES OF THE MEETING HELD ON 12 MARCH 2026**

The minutes of the Tees Valley Joint Health Scrutiny Committee meeting held on 12 March 2026 were submitted and approved as a correct record.

**NOTED.**

6 **DELIVERY OF NEONATAL CARE ACROSS NORTH EAST AND NORTH CUMBRIA REGION**

The Committee received a presentation providing an update on neonatal services across the North East and North Cumbria. Representatives from the Northern Neonatal Network, NHS England Specialised Commissioning and the North East and North Cumbria Integrated Care Board were in attendance to deliver the presentation.

By way of introduction, the representatives provided an overview of neonatal critical care services, explaining that this included intensive care, high dependency care and special care for newborn babies requiring ongoing hospital admission following birth. It was highlighted that services were delivered through a networked model across the region, with care provided based on clinical need and cot availability, which could result in families travelling to access specialist care. Members were advised that a dedicated neonatal transport service was in place to support the safe transfer of babies between units.

The Committee heard that neonatal services operated across a number of hospital sites within the Northern Neonatal Network, comprising Neonatal Intensive Care Units, Local Neonatal Units and Special Care Units. Background information was provided in relation to the Neonatal Critical Care Review, published in 2019, which aimed to standardise neonatal services nationally in line with defined service specifications. It was noted that, following direction from NHS England, a regional review had been undertaken to ensure compliance with these standards.

Members were informed of the proposed changes required across the region to align with national requirements. This included increasing the admission threshold within a number of Special Care Units from 30 to 32 weeks gestation, and the re-designation of Sunderland

Neonatal Intensive Care Unit to a Local Neonatal Unit, with a corresponding change to its admission threshold. It was reported that these changes were intended to ensure consistent standards of care and improve outcomes for babies

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The Committee was advised that, while babies already moved across the region to access appropriate care, the proposed changes were expected to have a limited impact in terms of additional transfers. It was estimated that a small number of babies from the North Tees and Darlington areas would require care at alternative sites each year, representing less than 1% of total births.

In terms of patient and family impact, the Committee heard that feedback had highlighted the importance of clear communication, early information and support for families, including travel and accommodation arrangements. Work had been undertaken to review available support services across all sites, and assurances were provided that appropriate facilities and support were in place. Ongoing engagement with families and patient representatives had also been undertaken to inform the proposals and implementation planning.

The Committee noted that the proposals were supported by system partners, including NHS England, the Integrated Care Board and provider organisations. It was further reported that implementation of the pathway changes was anticipated during summer 2026, with continued engagement and monitoring of patient experience to accompany the transition.

A Member expressed appreciation for the briefing paper and welcomed the extent of consultation that had been undertaken. However, the Member challenged the assertion regarding declining birth rates in the Tees Valley, suggesting that this did not fully reflect the local position.

The Member further queried the position in relation to staffing, including how findings from the Ockenden Review had been reflected, and emphasised the importance of ensuring that staffing levels and supporting services remained robust.

In response, representatives advised that staffing continued to be a key consideration across all units. It was highlighted that, although staffing pressures were recognised across the wider system, there were very few occasions where cots were closed due to staffing shortages. The Committee was assured that the majority of the time, services operated without significant staffing issues and that appropriate staffing mixes were carefully monitored through both monthly and quarterly national reporting processes.

It was further explained that, following the re-designation of services at North Tees, appropriate staffing arrangements had been put in place and continued to be reviewed. Representatives added that, in some cases, babies required transfer to other units for higher levels of care; however, this ensured access to more specialised support for those with greater clinical need, with babies returned to local units when appropriate.

A Member queried whether engagement had taken place with voluntary organisations, specifically Neo Angels, and highlighted the positive support such groups provided to residents and young families. The Member expressed a view that these organisations should be recognised as part of the wider support offer. Representatives advised that, as part of the reconfiguration process, there had not been direct consultation with individual charities. However, it was noted that no adverse feedback had been received from voluntary organisations. The Committee was assured that the support provided by such groups was valued, and that care coordinators within the neonatal network played a key role in signposting and ensuring families were able to access appropriate support services where required.

A Member queried neonatal capacity pressures and the potential impact of the proposed changes, particularly given that James Cook University Hospital and the Royal Victoria Infirmary were the main neonatal intensive care centres. The Member queried how often babies might be transferred between units, the number of moves a baby could experience, and the impact on families from areas such as East Cleveland where public transport links were limited. Reference was also made to challenges in attending diagnostics and appointments, and the need to be mindful of vulnerable mothers and families.

Representatives advised that leadership teams were aware of these challenges and emphasised that a key focus of the proposed changes was improved communication with families, ensuring that mothers were kept well informed throughout the care pathway. It was

confirmed that special care units would continue to care for babies from 33 weeks gestation and above, with babies requiring higher levels of care transferred appropriately, and that these issues had been considered as part of the review.

Representatives explained that neonatal intensive care was a highly specialised service delivered through fewer specialist centres in line with national standards. It was highlighted that the regional model aimed to keep babies as close to home as possible, with care provided at centres such as Newcastle and James Cook, rather than transfers outside the region. Cot capacity was modelled at a regional level and was considered sufficient overall, with transfers outside the region now occurring very rarely.

A Member queried references within the presentation to a lack of regulatory support for alternative service models. Representatives advised that specialised neonatal services were nationally prescribed and that regulators did not support deviation from national service specifications, meaning providers were required to align services with nationally agreed models of care.

A Member raised questions regarding accommodation for families, particularly for those requiring longer stays away from home, and the importance of recognising the link between neonatal and postnatal support for mothers. Representatives advised that accommodation arrangements were discussed regularly with providers and that work was ongoing to improve facilities where possible. It was reported that accommodation in Newcastle was used around 70% of the time and that capacity was consistently available. Representatives acknowledged that issues such as financial support, car parking and access to food could be challenging and confirmed that families were signposted to relevant charities and voluntary organisations for additional support.

**RESOLVED that:**

1. The update on neonatal services be noted.

7 **UNIVERSITY HOSPITALS TEES - QUALITY ACCOUNT 2025-2026**

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, the Deputy Director of Quality, and the Deputy Director of Nursing, of University Hospitals Tees NHS Foundation Trust, providing an overview of the Quality Account for 2025/2026, covering services delivered across South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust.

Members were advised that this was the second full Quality Account produced since the formal establishment of University Hospitals Tees as a hospital group. It was reported that a single Quality Account had been developed to reflect shared quality priorities, performance and achievements across both Trusts, while maintaining local accountability and site-specific transparency. Members were advised that residents would continue to access services at their local hospitals, although service delivery would increasingly take place across all University Hospitals Tees sites.

The Committee was informed that the purpose of the Quality Account was to provide assurance on quality, safety and patient experience, summarise performance across the South Tees and North Tees and Hartlepool localities, and highlight progress, challenges and next steps.

Members received an overview of the Trust's shared Quality Priorities for 2025/2026, structured around patient safety, clinical effectiveness and patient experience. It was reported that a number of priorities had been carried forward from the previous year, alongside new priorities focused on reducing healthcare-associated infections and embedding infection prevention and control practices.

Information was provided on patient safety and learning from incidents, including the implementation of the Patient Safety Incident Response Framework, improvements in incident reporting arrangements through a unified system, and progress in medication safety. Members were advised of reductions in medication omissions, the continued roll-out of electronic prescribing and medicines administration, and ongoing work to strengthen antimicrobial stewardship.

The Committee heard updates on infection prevention and control, including actions taken to reduce Clostridioides difficile and other infections, strengthened audit and compliance arrangements, and the continued use of deep-clean and decant programmes. Learning from deaths and mortality processes were also outlined, with Members advised that mortality review arrangements had been strengthened through increased resources, revised governance structures and a single learning framework across University Hospitals Tees.

Members were provided with information on clinical effectiveness and audit activity, including compliance with NICE guidance and the introduction of strengthened oversight arrangements. Updates were also provided on patient experience and complaints, including improvements in Friends and Family Test scores, enhanced oversight of complaints handling, and actions taken in response to patient feedback.

The Committee noted the work undertaken in relation to mental health and vulnerable groups, including the implementation of a joint Mental Health Strategy, suicide prevention initiatives, staff training and trauma-informed care. Updates were also provided on urgent and emergency care performance, including improvements to patient flow, ambulance handover delays and the operation of urgent treatment centres and emergency assessment services.

Members were advised of proposed changes to Quality Priorities for 2026/2027, including the discontinuation of some priorities where actions had been completed, and the revision and continuation of others to allow for further embedding and delivery. It was emphasised that patient safety, patient experience and clinical effectiveness would remain central to the Trust's quality improvement work moving forward.

A Member queried whether recent and planned investment represented value for money. Representatives advised that capital investment was a necessary and integral part of the Trust's strategy, particularly given that the North Tees estate was approaching the end of its operational life. It was explained that, while a potential new hospital build could take up to ten years to deliver, it remained important to continue maintaining and investing in the existing estate in the interim, with some improvements expected to form part of any future configuration. Members were advised that a Strategic Outline Case, setting out estate options across University Hospitals Tees and community sites, had been presented to the Trust Board within the previous two months, and that this work was being progressed in collaboration with the Integrated Care Board and other commissioners.

A Member congratulated the Trust on the awards received, particularly in relation to dementia services, and welcomed the positive Freedom to Speak Up culture, noting the importance of staff being able to raise concerns face to face.

The Member queried the scope of electronic prescribing and whether this mainly related to hospital-based prescribing, asking how the Trust ensured a full picture of patients' medications, including prescriptions from GPs and dentists, particularly in relation to antibiotic use. Representatives advised that there was a strong focus on medicines reconciliation. It was explained that pharmacists undertook discussions with patients at the point of admission and again at discharge to ensure an accurate and comprehensive understanding of medication use.

A Member raised concerns that A&E waiting times remained high and emphasised the need for continued improvement. Representatives advised that patients were prioritised according to clinical need and moved as required to support safe care and patient flow. It was explained that a review process was in place for patients waiting between 35 and 45 minutes, with those assessed as "fit to sit" moved to free up cubicle capacity. Representatives added that work to eliminate corridor care continued, with fewer instances reported over the previous winter, and that a range of initiatives, including a Care Home Project, were in place to support care in community settings and reduce unnecessary attendance at the Emergency Department.

A Member raised concerns regarding performance against the 62-day cancer pathway at North Tees, noting that it was significantly below target. The Integrated Care Board representative advised that increased demand across the Durham and Darlington patch had contributed to pressures on the pathway. It was reported that work was ongoing with hospital trusts to provide assurance on recovery plans and to manage patient pathways in clinical priority order.

A Member raised concerns regarding staff morale, noting a reduction in response rates and results over recent years. Reference was made to declining Staff Friends and Family Test

scores, and the importance of ensuring a resilient and motivated workforce to support patient care. The Member queried whether there was an underlying reason for the year-on-year decline. Representatives acknowledged the concerns raised and advised that staff morale was a complex and multifaceted issue. It was recognised that the impacts of COVID-19, wider societal pressures, cost-of-living challenges and changes to working lives had contributed to the current position. While acknowledging that the figures were a concern, representatives emphasised that the Trust took staff experience seriously and was seeking to focus efforts on areas where meaningful improvements could be made.

A Member referred to the previous Patient and Carer Experience Council in Stockton and queried how feedback from the current engagement arrangements could be reported to the Committee to support effective scrutiny. The Member suggested that such feedback should also be reflected within future Quality Accounts. Representatives acknowledged the comments and confirmed that the feedback would be considered.

A Member commented on the length of the Quality Account following the merger of the Trusts, expressing concern that clearer and more specific targets were required and noting that dementia appeared to be referenced relatively infrequently within the report. Representatives acknowledged the Member's comments and confirmed that the feedback would be taken into account.

**RESOLVED that:**

1. The Quality Account 2025/2026 for University Hospitals Tees NHS Foundation Trust be noted.

2. A formal response to the Quality Account be drafted on behalf of the Committee and submitted to University Hospitals Tees NHS Foundation Trust, with the draft circulated to Members for information and the Chair authorised to approve and sign the final response.

8 **UNIVERSITY HOSPITALS TEES - PLANNED WORKFORCE REDUCTIONS**

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, and the Chief People Officer, University Hospitals Tees NHS Foundation Trust, providing an overview of the Trust's planned workforce reductions for 2026/2027.

By way of context, Members were advised of the national and strategic challenges facing the NHS, including ongoing economic pressures, rising costs, workforce growth since 2019/20, and the requirement for a financial and productivity reset. It was reported that, while activity levels were broadly comparable to pre-pandemic levels, workforce expansion and declining productivity had contributed to significant financial pressures across the system.

The Committee heard that University Hospitals Tees had experienced workforce growth of 2,833 whole-time equivalent posts since 2019/20, linked to additional commissioned activity, quality and safety improvements, and COVID-related workforce increases. Members were advised that the Trust's Medium-Term Financial Plan required delivery of significant cost improvement savings, including a £90m cost improvement programme in 2026/27, with staffing costs representing approximately 65% of overall expenditure.

It was reported that, as part of these plans, the Trust was required to reduce its workforce by 558 whole-time equivalent posts during 2026/27, representing approximately 3.7% of the workforce. Members were advised that workforce reductions were aligned with service redesign, vacancy assumptions and voluntary exits, with guiding principles in place to prioritise patient safety and deliver reductions through voluntary means wherever possible. A voluntary redundancy scheme had been launched in May 2026 and had recently closed to applications. The scheme was operating alongside a vacancy freeze and wider cost improvement plans.

The Committee was informed of the Trust's approach to workforce productivity, including reducing reliance on bank and agency staffing, improving sickness absence rates, and delivering service redesign to support more efficient models of care. It was highlighted that both Trusts benchmarked as highly productive within the North East, although further productivity improvements were required to deliver sustainable services within available resources.

Information was also provided on workforce turnover and sickness absence. Members were advised that turnover rates remained relatively low and were being used as part of workforce planning to minimise compulsory redundancies. Sickness absence was acknowledged as an area for improvement, with actions in place to reduce absence levels through strengthened management processes and revised policies.

A Member queried the ambition to achieve a 30% reduction in agency staffing and sought clarification on current agency spend. Representatives advised that the majority of agency staff were sourced through NHS Professionals. It was explained that NHS Professionals staff were employed on Trust terms and conditions, with no enhanced rates paid, and that overall agency spend was already relatively low. Representatives added that further reductions would be challenging, as agency use was largely limited to small numbers of specialist medical roles. It was confirmed that there had been no recent increases in rates through NHS Professionals.

A Member raised concerns that student nurses were being advised that there were currently no substantive nursing posts available, with some encouraged to delay registration and instead work on the bank. It was noted that this could result in students completing their training without securing permanent employment. Representatives advised that the Trust had a strong and established relationship with Teesside University, which was regarded as a key source of the local nursing workforce. It was reported that, in the previous year, the Trust had offered guaranteed employment to newly qualified nurses, although this approach was not being mandated nationally for the current year. Representatives explained that anticipated retirements and natural turnover were being taken into account, and that vacancies were being managed to support future recruitment opportunities for newly qualified nurses.

A Member queried the Trust's plans to move towards a more proactive care model, including increased delivery of care within community settings, and whether the workforce had the necessary experience to support this shift. In response, representatives advised that some staff already had experience of working in community-based and proactive care models. However, it was acknowledged that the future workforce would require broader, more multi-skilled roles. Members were advised that this shift could influence how roles developed over time and may also inform future changes to nursing education and training. It was confirmed that discussions would continue with Teesside University to ensure workforce development aligned with future service needs.

A Member highlighted concerns regarding the potential impact of workforce reductions on waiting times and sought assurance regarding the future of the Rowan Suite and emergency care provision in Hartlepool. In response, representatives advised that Hartlepool continued to form an integral part of the Trust's strategic plans moving forward.

**RESOLVED that:**

1. The update on planned workforce reductions at University Hospitals Tees NHS Foundation Trust be noted.

9 **ADULT EATING DISORDER SERVICES REVIEW – TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV)**

The Committee received a presentation from the Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which provided an overview of adult eating disorder services and outlined a review of the current model of care across the North East and North Cumbria.

Members were informed that adult eating disorder services were delivered through a Provider Collaborative arrangement between TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. It was reported that recent service data demonstrated a sustained reduction in demand for inpatient care, alongside increased use of community-based and intensive alternatives.

The Committee heard that a formal engagement process had commenced to review the existing pathway and service model. This work aimed to understand what was working well, identify opportunities for improvement and ensure an appropriate balance between inpatient, day and

community-based care. Members were advised that engagement involved people with lived experience, families and carers, staff and system partners through surveys, workshops, events and data review.

Information was provided on the current service configuration, including inpatient provision and the operation of intensive day services and outreach models. Members were advised that commissioned inpatient capacity currently stood at 20 beds across the region, and that changes to ward provision had created an opportunity to review the balance between inpatient and community services. It was reported that investment in intensive day services had coincided with a reduction in inpatient bed occupancy.

The Committee was informed of the key areas under consideration as part of the review. These included rebalancing inpatient and community provision, strengthening community and home-based services, exploring seven-day service models, expanding intensive day services as alternatives to admission, and addressing variation in service provision across the region.

Members were advised that no decisions had been made at this stage and that patient safety, access to inpatient care when clinically required, and equity of provision across the region remained core principles.

A Member queried travel times and transport links from Skinningrove to Darlington, and highlighted the importance of engaging with elected Members in areas served by Brotton Hospital, noting that the hospital also served residents in North Yorkshire. The Member suggested that these factors should be considered when exploring the expansion of day services. In response, the Director of Operations and Transformation thanked the Member for the helpful feedback and advised that adult eating disorder services were highly specialised. It was confirmed that geographical access, transport considerations and engagement with local elected Members would be taken into account as part of the ongoing review process.

A Member asked whether the voluntary sector had been engaged as part of the review. It was confirmed that voluntary organisations had been a central part of the engagement process and had played a significant role in shaping both the engagement activity and the emerging review work.

A Member queried how transitions between children's and adult eating disorder services were managed, and how effective links were maintained between the two pathways. The Director of Operations and Transformation advised that children's and adult services worked very closely together and that a clear transition pathway was in place. It was highlighted that there was a strong ambition to support early intervention and recovery within children's services, with the intention that young people would be supported to recover and not require ongoing eating disorder services into adulthood.

**RESOLVED that:**

1. The update on the review of adult eating disorder services be noted.

10 **WORK PROGRAMME 2026/27**

The Committee considered its draft Work Programme for the 2026/2027 municipal year. Members reviewed the current programme, which included standing items alongside those previously agreed by the Committee.

Members were invited to advise of any additional items of interest they wished the Committee to consider. It was explained that suggestions could be raised during meetings or submitted directly to the Democratic Services Officer via email. The Committee was further advised that the Democratic Services Officer would contact all Members by email to invite and collate suggestions for future agenda items, which would then be reported back to the Committee as part of the ongoing work programme review process.

During the discussion, a Member requested that 'Accessing Specialist Community Perinatal Mental Health Services' be included as an agenda item for the next meeting of the Committee, scheduled to take place on 23 July 2026.

**RESOLVED that:**

1. The Work Programme for the Tees Valley Joint Health Scrutiny Committee for the 2026/2027 municipal year be noted.

2. ‘Accessing Specialist Community Perinatal Mental Health Services’ be included as an agenda item for the meeting scheduled to take place on 23 July 2026.

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

There were no items certified as urgent by the Chair.

**NOTED**.