
QUALITY ACCOUNTS – PROGRESS REPORT

SUMMARY REPORT

Purpose of the Report

1. To advise Members of the recent Stakeholder event and meeting in respect of the Tees, Esk and Wear Valley Foundation Trust Quality Accounts.

Summary

2. Members will recall that this Municipal Year Scrutiny Committee decided to be more involved, at an early stage, with local Foundation Trusts Quality Accounts. This will enable Members to have a better understanding and knowledge of performance when asked to submit a commentary on the Quality Accounts at the end of the Municipal Year 2013/14.
3. As a result, Members have committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and County Durham and Darlington NHS Foundation Trust and established a Working Group with members of Healthwatch Darlington to receive six monthly performance reports from both Trusts.
4. This report brings to the Committee's attention, the information gathered and Members are asked to note the detailed information in preparation for its response to the Quality Accounts in April/May 2014.

Recommendations

5. It is recommended that the notes of the meeting held on 17 February 2014 in respect of Tees, Esk and Wear Valleys NHS Foundation Trust be noted

Paul Wildsmith
Director of Neighbourhood Services and Resources

Background Papers

There were no background papers used in the preparation of this report.

Karen Graves : Extension 2364

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Quality Accounts 2013/14

6. The Health Act 2009 requires Foundation Trusts to publish an Annual Quality Account Report.
7. The purpose of the Annual Report is for Trusts to assess quality across all of the healthcare services they offer by reporting information on annual performance and identifying areas for improvement during the forthcoming year and how they will be achieved and measured.
8. The priorities for improvement are divided into the three components of quality; safety, experience and effectiveness.
9. Overview and Scrutiny Committee's play an important role in development and providing assurance on Quality Accounts reports. The Health Act requires Trusts to send a copy of their report to be considered by their appropriate Overview and Scrutiny Committee.
10. In advance of the Trust's report being considered by Overview and Scrutiny Committees it is vital that the priority areas identified are considered and that discussion takes place. Comments or views from Overview and Scrutiny Committees should be reflected in the final report and involvement should be credited within the document.

Working Group

11. A Working Group was established in 2012 and Members agreed to continue with the same format for 2013/14 but meet six monthly rather than quarterly as they did last year.
12. Representatives of Healthwatch Darlington are invited to attend meetings of the Working Group to enable representatives and Members to receive updates on performance information from the Foundation Trust in a timely manner and avoid duplication.

County Durham and Darlington NHS Foundation Trust

13. The meeting of the Group scheduled for Friday 14th March 2014 was cancelled by the Trust as progress was reported on the CDDFT Quality Accounts at the Stakeholder event on 5 March 2014.
14. Scrutiny will have the opportunity to consider the draft Quality Accounts at its Special Meeting scheduled for 7 May 2014.

Tees, Esk and Wear Valleys NHS Foundation Trust

15. The Working Group's second meeting was held on 17 February 2014. Members of the Group met with the Corporate Strategy and Development Manager, Director of Planning and Performance and the Director of Nursing and Governance and the notes of the meetings are attached as **Appendix 1**.
16. The Group received the performance report for Quarter 3 which updated Members against each of the four key quality priorities for 2013/14 identified in the Quality Accounts as well as performance against the agreed quality metrics, national targets and regulatory requirements, and mandatory indicators.
17. Scrutiny will have the opportunity to consider the draft Quality Accounts at its Special Meeting scheduled for 7th May 2014.

**2nd Meeting Quality Accounts Briefing Tees, Esk and Wear Valley NHS
Foundation Trust – Quality Accounts Working Group**

17 February, 2014, at 11.00am West Park Hospital

Present - Councillors Taylor (in the Chair), Macnab and H. Scott.

Apologies - Councillors Newall, T Richmond and S Richmond, Representatives from Healthwatch.

Officers: - Andrew Kennedy, Corporate Strategy and Development Manager, Sharon Pickering, Director of Planning and Performance, Lesley Mawson, Associate Director of Nursing and Compliance and Karen Graves, Democratic Services.

Introduction

Members attended at West Park and following introductions undertook the following visits at which an overview of each of the services were provided and Members' questions were answered:-

- Mental Health Services Older People (MHSOP) – Andy Dove, Ward Manager;
- Eating Disorders (ED) Services – Ian Scriven, Assistant Locality Manager; and
- Adult Services – Anne Lowery, Modern Matron.

Members were advised that it was the intention of the Trust to share performance against its quality priorities and metrics for 2013/14 at Quarter 3, provide an opportunity for Members to discuss and influence plans for delivering the quality priorities for 2014/15 and to provide an overview of the requirements for the Quality Account 2013/14, including further stakeholder involvement.

The Director of Planning and Performance gave a PowerPoint presentation which shared with Members the Quarter 3 Performance Report which updated Members on progress against the four key quality priorities for 2013/14 identified in the Quality Account as well as performance against the agreed quality metrics, national targets and regulatory requirements and mandatory indicators.

The presentation advised that the Quality Account was a way of making information on quality available to the public and improving public accountability, addressed quality as

a whole including safety, effectiveness and experience, looked back over 2013/14 and forward to 2014/15. The presentation also asked how the Trust could improve its involvement of stakeholders in the Quality Accounts process.

The Director of Planning and Performance explained the four Quality Priorities for 2013/14, as follows:-

- **Priority 1:** Implement recommendations of Care Programme Approach (CPA) review relating to improving care planning.
- **Priority 2:** Implement recommendations of CPA review relating to improving communications between patients and staff.
- **Priority 3:** To improve the delivery of crisis services through implementation of the Crisis review's recommendations.
- **Priority 4:** To further improve clinical communication with GPs.

Members were advised that the aims of Priorities 1 and 2 were to improve service users and carers experience of the care planning process, improve the standard of patient focussed care planning and to reduce staff time spent on administrative tasks and increase face to face treatment time with service users. It was reported that the Trust were two years into a complex and significant three to four year programme of change with the first two years focussing on the development of an implementation plan and the commencement of CPA project to implement the plan.

It was reported that more patient involvement was required and the process needed to become less bureaucratic. Priorities 1 and 2 appeared in 2014/15 Quality Accounts as it underpinned everything the Trust do.

The Trust had so far achieved agreement of the CPA project implementation plan in November 2013, established project governance arrangements with representation from each locality/speciality and two service users, formed links with other co-dependent Trust projects including recovery, model lines, GP communication, PbR and the Paris Electronic Care Record system (PARIS). It was stated that a significant part of the CPA project would be delivered through these projects. A communication link with each Local Authority via existing joint meetings and Partnership Boards was currently being established and the current CPA policy had been reviewed to ensure it was consistent with the Trusts plans.

A number of patients were not aware they had a Care Plan and the work of the Trust for the remainder of 2013/14 included the re-issuing to every service user on CPA a copy of their care plan on yellow paper with clear instruction on how to raise concerns, a briefing note on the CPA project and an invitation to be involved in it.

The service user information folder was being further developed to include new CPA information leaflet; appointment information; community team and contact information; mental health/service fact sheet and recovery diary and it would be proposed that this should be sent to service users on CPA in March 2014.

Tasks for 2014/15 included focussing on further implementing the recommendations via the CPA project.

Members queried the process for a patient that regressed and were advised that the Care Plan would be reviewed and alternatives tried. They were also advised that all staff were part of several Projects which ensured there was no overlap and any knock on effect to other Projects were identified.

Members were advised that the aims of Priority 3 were to have a standard of high quality crisis and home treatment services across the Trust, avoid unnecessary admissions to inpatient care and provide more care closer to home and to improve service user's experience of crisis services.

So far the Trust had implemented a consistent operational policy for Durham, Darlington and Teesside, new out of hours arrangements to ensure 24/7 access with an additional night shift co-ordinator covering all teams in each Locality to co-ordinate activity, new shift patterns to match staff numbers to peaks and troughs in demand, developed better working with inpatient wards to ensure safe and supported discharge and implemented the Friends and Family Test to help monitor the patient experience.

In County Durham and Darlington medical input into crisis teams has been standardised and standard work for crisis handover has been applied. A model for a crisis/recovery house has been developed and all staff skills have been reviewed and a training plan developed for 2014/15.

In relation to Tees Esk and Wear Valley a centralised Section 136 suite for Teesside at Roseberry Park is being piloted and formal arrangements will be agreed based on the success of the pilot. An assessment has been made of staff stress within the crisis teams and action taken where required.

An internal crisis network for staff to share issues, solutions and best practice is still to be established for 2013/14.

Following Members concerns around liaison between the Police and Crisis Teams and when Police should be involved in any incidents, it was confirmed that Police participation would occur if it was felt that there was a need. Section 136 could be used by the Police to admit to the Trust for assessment and possible admission. If a home situation got out of control the Police would assist if required. Bi-monthly meetings are held with the Police to discuss strategic and operational issues. In cases of 'missing patients' a Policy was in place to guarantee that a 'flow-chart' of actions was followed to ensure less Police involvement which was only used as a 'last resort'. Crisis teams are only able to handle a certain level of violence and therefore may call on the police for assistance beyond this. Members were informed that a patient could be assessed in a prison cell prior to admission.

The aims of Priority 4, to improve clinical communications with GPs, were to ensure a standard of high quality communication with GPs across the Trust that was timely, focussed and highlighted what they needed to know and to ensure that services users were offered copies of any communications.

To date the Trust has achieved agreement of the project plan in June 2013 (revised December 2013), developed a standard template which was aligned to the old and new CPA documentation and could be generated electronically on PARIS and developed a standard template for communication with GPs.

Further work to be completed includes to fully test and implement the template by quarter 2 2014/15 which is outside the original timescales of quarter 4 2013/14, develop and pilot a standard process for GPs to access expert advice via telephone and email is on track for 2013/14 and implementation is 2014/15. The Trust is on track to deliver the CQUIN target to develop an improved method of delivering discharge information through electronic measures. A set of options and solutions, is currently under discussion with CCG and GP Practices.

Members requested further details on the electronic system which is an on-going project that would enable input into a patients GP record immediately. It was also stated that CCG's were liaising with each other and CQUIN was on track.

Particular reference was made to other Trusts QAs being more quantitative in nature, i.e. reducing infections, falls etc whilst TEWV was more linked to priorities that are related to efficient systems and ensuring the best possible treatment for patients.

Also highlighted were the performance against quality metrics 2013/14 which included patient survey measures, clinical effectiveness measures, patient experience measures, national patient survey, national targets and regulatory requirements quarter 3, 2013/14 and mandatory indicators quarter 3 2014/15.

Members were reminded of the following Quality Priorities for 2014/15

- **Priority 1:** Suicide prevention with particular emphasis on increasing suicide prevention training;
- **Priority 2:** Implement recommendations of CPA review, including, improving communication between staff, patients and other professionals; and
- Treating people as individuals
- **Priority 3:** Embed the recovery approach (in conjunction with CPA); and
- **Priority 4:** Managing pressure on acute inpatient beds.

The aims of Priority 1 are to ensure all appropriate staff receive up-to-date training on suicide prevention and intervention and to provide care that manages risk in a way that promotes recovery and keeps service users safe. The six actions for 2014/15 for Priority 1 were detailed in the presentation.

The aims of Priority 2 are to improve service user experience, choice and involvement in their own personal recovery, ensure services are personal and meaningful to service users and to ensure carers feel recognised, valued and supported. Members noted that there were eight detailed actions to be completed 2015/16 for Priority 2.

The aims of Priority 3 are to build on existing recovery focussed practice in order to embed a recovery orientated approach across all Trust services, ensure the Trust helps service users develop a sense of connectedness, hope, an identity beyond their illness, meaning and purpose to life and a sense of empowerment. Two further aims are to increase opportunities for people with 'lived experience' of mental illness to co-produce services across the Trust and work to ensure the Trust promotes a culture of harm minimisation, actively working to help service users develop resilience, control, choice, hope and empowerment. The eight detailed actions of Priority 3 were highlighted in the PowerPoint presentation.

The aims of Priority 4 were to ensure patients were treated close to the family home and within the unit identified for their locality and to reduce 'out of locality' admissions to the Trust target (Note OoL refers to patients who are admitted to a hospital within the Trust boundaries but this is not the hospital we would expect them to be admitted eg Darlington patients being admitted to LRH or Roseberry Park would be classed as OoL) Members were advised there were five actions detailed for Priority 4.

Members were advised of the quality metrics, national targets and regulatory requirements and mandatory indicators for 2014/15.

The presentation also highlighted the content of the Quality Account 2013/14 which will include :-

- Chief Executives Statement;
- Review of Performance in 2013/14 -
 - Quality Priorities; and
 - Quality Metrics
- Mandated Statements;
- Priorities of 2014/15;
- Stakeholder Comments; and
- Statements of Assurance.

Members were reminded of the timescale of the Quality Accounts for 2013/14 and discussion ensued about calling a Special meeting of the Scrutiny Committee to consider the Trusts draft Quality Accounts and approve the Committees commentary.

IT WAS AGREED – (a) That the report and presentation be noted.

(b) That the Director of Planning and Performance, the Associate Director of Nursing and Compliance and the Corporate Strategy and Development Manager be thanked for their attendance and informative presentation.

(c) That the notes of this Quality Accounts meeting be submitted to the next meeting of Health and Partnership Scrutiny Committee for approval.