

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

7 December 2016

**PRESENT** – Councillor Newall (in the Chair); Councillors Donoghue, H Scott, J Taylor and Tostevin. (7)

**APOLOGIES** – Councillors Crichlow, Nutt, Regan, EA Richmond, S Richmond, and Miriam Davidson, Director of Public Health. (6)

**ALSO IN ATTENDANCE** –. (0)

**OFFICERS IN ATTENDANCE** – Karen Graves, Democratic Officer

**EXTERNAL REPRESENTATIVES** – Sharon Pickering, Director of Planning, Performance and Communications, and Steven Scorer, Deputy Director of Nursing, Tees, Esk and Wear Valley Foundation Trust.

**HP28. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP29. QUALITY ACCOUNTS 2016/17** – The Director of Planning, Performance and Communications gave a PowerPoint presentation which updated Members on the performance against quality priorities and metrics during the first half of 2016/17 as at 30 September 2016.

The presentation shared with Members progress against the four key quality priorities for 2016/17 Quality Account as well as performance against the agreed quality metrics, national targets and regulatory requirements and mandatory indicators.

The Director of Planning, Performance and Communications explained the four Quality Priorities for 2016/17, as follows :-

- **Priority 1** - Continue to develop and implement Recovery focused services;
- **Priority 2** - Implement and embed the revised harm minimisation and risk management approach;
- **Priority 3** - Further implementation of the nicotine replacement programme and smoking cessation project; and
- **Priority 4** - Improve the clinical effectiveness and patient experience at times of Transition Monitoring Progress.

Scrutiny was advised that the four Priorities were supported by 35 individual actions with only one of those 35 actions at amber-red status. This related to the training

element of implementation and embedding of the revised harm minimisation and risk management approach. Although not mandatory training it was essential with an emphasis on developing a narrative between patient and staff. The target was to train 3137 TEWV clinicians, 65 per cent of the total workforce of 4827, by March 2017 although only 12.2 per cent had received training up to 30 September 2016. This was mainly due to pressures on the service resulting in staff being unable to attend any training sessions.

Members noted that the Project Sponsor and Lead Director were extending the period in which face to face training would be provided, as well as introducing e-learning from April 2017, to increase the proportion of staff that are trained.

It was highlighted that there was a need to get the correct balance with all patients with a focus on recovery and allowing patients to have a level of independence.

Members stressed that it would be useful to provide a full explanation as to why all clinical staff were being trained to ensure correct understanding by the public.

The Trust representative advised Scrutiny that pressure on beds was significantly contributed to by the closure of Bootham Park Hospital in York resulting in a lack of adult beds within the York area which were absorbed by Durham, Teesside and North Yorkshire. An interim solution has now been opened in York so it is expected that the pressure will ease somewhat as York patients will be able to access beds in York if required. This interim solution will be in place until the Trust provides a new purpose built inpatients unit for the population of York and Selby (planned to be available in 2019). There have also been some staffing issues across the Trust due to vacancies and some sickness.

A recruitment campaign was underway, especially within Universities, to gain the interest of students and this has been successful. Further initiatives in terms of recruitment are being developed.

In relation to the Trust's nine Quality Metrics, Scrutiny was informed that the Trust was reporting Green on six and Red on three. The three red Quality Metrics were in relation to patient falls per 1000 admissions, average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards, and percentage of complaints satisfactorily resolved.

Particular reference was made to the number of patient falls which the Trust found perplexing given the amount of work that has been done to prevent falls. Patients were risk assessed when admitted and relevant measures put into place. Clarity was sought on whether patients 'found on floor' were categorised as a fall. Whilst the Director of Planning, Performance and Communication felt that they were included she agreed to check this position. The Trust confirmed it would investigate the number of patients 'found on floor' as part of the further work to be undertaken on this Quality Metric.

In relation to the average length of stay for patients in Adult Mental Health and Mental Health Services for Older People Assessment and Treatment Wards it was reported that 31 patients had stays over 200 days due to the complexity and severity of illness. A review was undertaken after 90 days to ensure the stay was clinically appropriate.

The 31 patients were located across the Trust and not solely within Durham and Darlington.

Members noted the target of 90 per cent for complaints satisfactorily resolved had not been reached and was currently 75.2 per cent. All complainants received a response advising of contact details of the investigator of the complaint although few complaints progress to this level.

Members noted the five quality priorities for 2017/18 of :-

- Ensuring Safe Staffing in all The Trust's services;
- Implementation of the second phase of TEWV's Recovery Strategy;
- Reduction in the number of preventable deaths;
- Reduction in the occurrence of serious harm resulting from inpatient falls; and
- Further embedding of the Safe Transitions and Discharge Protocol.

Members noted that the Trust's Draft Quality Account would be circulated to stakeholders in mid-April 2017 to allow for stakeholders to provide comments for inclusion in the Quality Account prior to final publication during May/June 2017. Arrangements would be made for a special meeting of this Scrutiny Committee to give consideration to the Final Quality Accounts in 2017.

Members were advised that an invitation would be forwarded to attend a Stakeholder event scheduled for the morning of 2 February 2017.

**RESOLVED** - (a) That the presentation be noted.

(b) That the Director of Planning, Performance and Communications and the Deputy Director of Nursing be thanked for their attendance and informative presentation.

(c) That this Scrutiny Committee notes the Board's initial proposals for Quality Account priorities for 2017/18.

(c) That the Democratic Officer make arrangements for a special meeting of Health and Partnerships Scrutiny Committee to give consideration the Trust's Final Quality Accounts 2016/17.