

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

11 January 2018

PRESENT – Councillor Newall (in the Chair); Councillors Copeland, EA Richmond and J Taylor. (4)

APOLOGIES – Councillors Grundy, Nutt, H Scott and Tostevin. (4)

ALSO IN ATTENDANCE – Councillor S Richmond, Cabinet Member with Adult Social Care Portfolio. (1)

OFFICERS IN ATTENDANCE – Karen Graves, Democratic Officer

EXTERNAL REPRESENTATIVES – Chris Lanigan, Head of Planning and Business Development; Jennifer Illingworth, Director of Quality Governance, Tees, Esk and Wear Valley Foundation Trust; and Diane Lax, Healthwatch Darlington.

HP35. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HP36. QUALITY ACCOUNTS 2017/18 – The Head of Planning and Business Development gave a PowerPoint presentation which updated Members on the performance against quality priorities and metrics during the first half of 2017/18 as at 30 September 2017.

The presentation shared with Members progress against the four key quality priorities for 2017/18 Quality Account as well as performance against the agreed quality metrics, national targets and regulatory requirements and mandatory indicators.

The Head of Planning and Business Development explained the five Quality Priorities for 2017/18, as follows :-

- **Priority 1** - Implement Phase 2 of the Recovery Strategy;
- **Priority 2** – Ensure Safe Staffing in all the Trusts Services;
- **Priority 3** - Improve the clinical effectiveness and patient experience at times of Transition from Child to Adult Services;
- **Priority 4** – Reduce the number of preventable deaths; and

- **Priority 5** – Reduce the occurrences of serious harm resulting from inpatient falls.

It was stated that Priority 2 would now be titled 'Right Staffing' in the future as it was essential that the Trust had the right staff, with the right skills in the right place at the right time.

Scrutiny was advised that the five Priorities were supported by 37 individual actions all of which had green status.

In relation to performance against the Trust's nine Quality Metrics, Members noted that six out of nine metrics were currently reporting red against their Quarter 2 targets. Representatives from the Trust provided further information in relation to those six red Quality Metrics which were Metric 1 - percentage of patients reported 'yes' 'always' to the question, 'do you feel safe on the ward?'; Metric 3 - number of incidents of physical intervention/restraint per 1000 occupied bed day; Metric 6b - average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards; Metric 7 - percentage of patients who reported their overall experience as excellent or good; Metric 8 - percentage of patients that report that staff treated them with dignity and respect; and Metric 9 percentage of patients that would recommend the Trusts service to friends and family if they needed similar care or treatment.

In relation to Metric 1 it was stated that partly due to the nature of patients' health issues only two-thirds of patients felt safe but the Trust wanted the figure to be higher and that the figure varied within the localities covered by the Trust. TEWV's Executive Management Team consider this Metric on a monthly basis and refer back to locality management teams for discussion and action.

Further clarification was given for Metric 3 where it was stated that even just the touching of a shoulder was classed as a restraint. It was also noted that because the region's adult eating inpatient unit was provided by TEWV, this increased the overall level of restraint use because some patients with eating disorders had to be restrained at each meal. The Trust was keen to have all incidents reported and although North Yorkshire was the only locality achieving the target, Durham and Darlington was the next best performing with 389 restraints out of 16,860 occupied bed days. Members noted that the use of prone restraints had reduced, work was ongoing across the Trust to ensure appropriate training for staff and that incidents were reported correctly on Datix, the Trust's electronic incident reporting system.

Durham and Darlington was the best locality for Metric 6b as the Care Home faced fewer issues than in the Tees or York areas. It was also noted that some people had both physical and mental health issues resulting in longer stays in TEWV beds.

The Trusts' representatives advised that in relation to Metric 7 there were multiple ways to capture the information including tablets, paper, text, kiosk, smiley to sad face push button choice although it was recognised that people who had been legally detained in hospital were potentially likely to give a negative response. This target has been raised from 90 per cent to 94 per cent to encourage improvement.

Scrutiny was advised that Metric 8 was to be highlighted via the Trust's Patient Experience Group as an area for improvement across the organisation as it was

important that the Trust understood how patients felt and why some thought they were not treated with dignity and respect.

Work continues to promote the completion of the patient Family and Friends Test (FFT), Metric 9, by patients, carer experience teams and clinical services. Members noted that Durham and Darlington FT scores were better than the Trust average and that patients who were legally detained might score lower than voluntary patients.

Members noted the four proposed quality priorities for 2018/19 of :-

- Reducing the number of preventable deaths;
- Further improving the clinical effectiveness and patient experience at times of transition from Children and Young People to Adult Mental Health Services;
- Improving the personalisation of Care Planning; and
- Developing a Trust-wide approach to dual diagnosis which will ensure that people with substance misuse issues can access appropriate and effective mental health services.

Members noted that the Trust's Draft Quality Account would be circulated to stakeholders in mid-April 2018 to allow for stakeholders to provide comments for inclusion in the Quality Account prior to final publication during June 2018. A special meeting of this Scrutiny Committee will give consideration to the Final Quality Accounts during May 2018.

Members were advised that an invitation would be forwarded to attend a Stakeholder event scheduled for 6 February 2018.

Discussion ensued on a Community Services survey which was undertaken at set points i.e. entering or leaving the service; streamlining of the dual diagnosis service; the falls clinical pathway; and staffing of Care Homes within the TEWV localities.

RESOLVED - (a) That the presentation be noted.

(b) That the Head of Planning and Business Development and the Director of Quality Governance be thanked for their attendance and informative presentation.

(c) That this Scrutiny Committee notes the Board's initial proposals for Quality Account priorities for 2018/19.

(c) That this Scrutiny Committee gives consideration to the Trust's Final Quality Accounts 2017/18 during May 2018.