



DARLINGTON
Borough Council

Tees Valley Joint Health Scrutiny Committee Agenda

10.00 am

Friday, 17 March 2023

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at the Meeting
2. Declarations of Interest
3. To approve the Minutes of the Meeting of this Scrutiny held on 16 December 2022
(Pages 3 - 8)
4. Update on NHS Dental Services - Tees Valley –
Presentation by the Senior Primary Care Manager (Primary Care Dental Commissioning
Lead – North East and North Cumbria), NHS England – North East and Yorkshire – To
Follow
5. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Account –
Report of the Assistant Director Law and Governance and Presentation by the Director of
Quality, Tees, Esk and Wear Valley NHS Foundation Trust
(Pages 9 - 34)
6. Community Diagnostic Centres –
Presentation by the Deputy Associate Director of Operations (Clinical Specialist Services),
County Durham and Darlington NHS Foundation Trust and Programme Director, Tees
Valley Community Diagnostics Programme & Tees Valley Vaccination Programme, North
East and North Cumbria ICS – To Follow

7. Clinical Services Strategy Update –
Presentation by Director of Place – Middlesbrough and Redcar, North East and North
Cumbria Integrated Care Board
(Pages 35 - 42)
8. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 43 - 46)
9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are
of an urgent nature and can be discussed at the meeting.
10. Questions



Luke Swinhoe
Assistant Director Law and Governance

Thursday, 9 March 2023

Town Hall
Darlington.

Membership

Councillors Layton, Mrs H Scott, Marshall, Cook, Creevy, Smith, Blades, Hellaoui, Rees, Smith, Watts, Cunningham, Gamble and Hall

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 16 December 2022

PRESENT – Councillors Layton (Chair), Newall, Mrs H Scott, Rachel Creevy, Alma Hellaoui, Evaline Cunningham, Clare Gamble and Lynn Hall

APOLOGIES – Councillors Rob Cook, Leisa Smith, Ian Blades, Dan Rees, Sandra Smith and Anne Watts,

ALSO IN ATTENDANCE – Martin Short (North East and North Cumbria Integrated Care Board), Craig Blair (North East and North Cumbria Integrated Care Board), Karen Hawkins (North East and North Cumbria Integrated Care Board), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Cotton (North East Ambulance Service), Stephen Segasby (North East Ambulance Service), Patrick Scott (Tees, Esk and Wear Valley NHS Foundation Trust) and Sarah Gill (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Alison Pearson (Governance Manager), Gemma Jones (Scrutiny and Legal Support Officer) and Gary Woods (Scrutiny Officer)

TVH17 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

TVH18 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 SEPTEMBER 2022

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 23 September 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 23 September 2022 be approved as a correct record.

TVH19 WINTER PLANNING, INTEGRATED URGENT CARE ENGAGEMENT, VACCINATION AND PRIMARY CARE ACCESS - UPDATE

The Director, North East and North Cumbria gave a presentation (previously submitted) updating Members on winter planning, Integrated Urgent Care engagement, vaccinations and Primary Care Access.

It was reported that the Tees Valley Urgent and Emergency Care (UEC) system had remained under significant pressure, with no reduction in demand during the spring/summer months; this pressure was impacting performance across all providers; and the contributing factors creating the pressure across the system were outlined.

Reference was made to the Tees Valley Local Accident and Emergency Delivery Board

(LAEDB) in place as a requirement of the NHS England and Improvement, to assess preparedness for winter against 33 national priorities. Members noted that 15 priorities were in place, 7 priorities had actions in place and were on track to be implemented within timeframes, and 11 priorities had risks associated with their delivery.

The presentation provided details of the initiatives in place to address the following aims; better support people in the community, deliver on ambitions to maximise bed capacity, ensure timely discharge, continuing to support elective activity, infection prevention and control measures, staff vaccinated health care and oversight and incident management arrangements. Reference was also made to the current projects underway to provide support this winter and additional schemes that had been identified. Members noted the current and emerging issues being focused on by the UEC Managed Clinical Network.

Members were provided with a reminder of the proposed new model of integrated urgent care for Middlesbrough and Redcar and Cleveland; an 11 week period of engagement was undertaken between 1 August and 16 October 2022; and the methods of engagement were outlined along with response figures and demographics.

Members noted the additional responses received; that engagement had shown there to be a high level of support for the proposals, with considerations required for a number of factors including accessibility and parking at James Cook University Hospital, capacity and staffing of the new model.

In relation to vaccinations Members were informed of seasonal flu and covid booster vaccination figures for the Tees Valley, including care home residents uptake. It was reported that uptake was lowest in areas of deprivation with uptake at under 30 per cent for flu and under 40 per cent for covid vaccinations; and reference was made to vaccine fatigue and the actions undertaken in the Tees Valley to address this.

Details were provided of the vaccination uptake for frontline healthcare workers, which had seen a reduction when compared to previous years, with flu vaccinations at 48 per cent across the North East and Cumbria and covid vaccinations at 46.7 per cent for frontline healthcare workers and 40.4 per cent for frontline social care workers.

The presentation also provided Members with an overview of primary care in the Tees Valley, with details provided of the configuration and the contract requirements for practices; reference was also made to the Primary Care Network Contract Directed Enhanced Services (DES).

Details were provided of the findings of the GP Patient survey 2022; causes of access challenges were outlined; and improvements to access included increased practice workforce and increased PCN workforce, with 204 staff funded across the Tees Valley from Additional Role Reimbursement Scheme.

Members were also provided with details of additional access to GP appointments on Sundays and Bank Holidays through a Winter Resilience scheme commissioned by the ICB; and the further support to improve access was outlined.

Discussion ensued regarding potential accessibility issues associated with the urgent care

facility at James Cook University Hospital; and following a question Members were advised that a Workforce Planning Group was in place for the Tees Valley, working to identify methods to improve recruitment and that virtual wards were an area of growth for the NHS.

Concern was raised by Members regarding vaccination uptake, in particular for healthcare workers; Members were informed that whilst vaccinations were not mandated, a range of targeted work was being undertaken to improve uptake.

RESOLVED – That the update be noted.

TVH20 NORTH EAST AMBULANCE SERVICE PERFORMANCE UPDATE

The Chief Operating Officer and Assistant Director of Communications, North East Ambulance Service (NEAS) submitted a report (previously circulated) providing Members with a performance review for NEAS performance. A presentation accompanied the report.

It was reported that the NHS 111 call triage volume was significantly higher when compared to the previous year; that an additional 10,000 calls were received in October compared with the previous month; that average time to answer calls had increased as a result; and despite call volumes, there had been improved performance when compared to Quarter 1 in the previous year. Members were advised that significant investment had enabled over 100 additional health advisors to manage the increase in call volumes, with an expansion of the Billingham emergency operations centre.

Details were provided for 999 incident volumes, which had seen a significant increase; Members noted that the Category 1 response time target was being met and Tees Valley was performance better than the Trust as a whole; the response time target for Category 2 calls was not being met; and NEAS benchmark performance for all category calls was outlined. Reference was also made to See and Treat rates, with rates across the Tees Valley being higher than the service average.

It was reported that the average hospital handover time for NEAS in October was 30 minutes; that on 21 per cent of handovers were completed within the 15 minute target timeframe; and that a pilot scheme in North Tees was looking to reduce unnecessary hospital admission. The patient transport performance was also outlined.

Members were informed that the Trust had seen an increase in assaults and abuse of staff with alcohol being the main contributing factor; and that measures were in place to protect and support staff.

Discussion ensued regarding the patient transport performance and time on vehicles over 60 minutes; and following a question regarding abuse and violence towards staff, the Chief Operating Officer assured Members that all incidents were reported via an internal reporting system and the range of measures in place to support staff were outlined. Members requested figures for abuse and violence towards staff.

Discussion also ensued regarding patient attendance at hospitals; the impact of handover delays on the outcome of category 1 calls; and following a question Members were informed

that a regional deflection process was in place for periods of significant delays. Details were also provided on the management of staff morale, which included the recruitment of a Mental Health Practitioner, access to counselling services and a welfare car to provide support crews during periods of delays for hospital handover.

Following a question regarding resources, the Chief Operating Officer advised Members that funding into the service was adequate, however due to the wider system pressures, a significant increase in staffing numbers would be required to improve the performance of the service. Members suggested that an update regarding funding for the service be provided at a future meeting

RESOLVED – That the update be noted.

TVH21 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT Q2 UPDATE

The Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning and Programmes and , Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation (previously circulated) updating Members on the TEWV Quality Accounts.

It was reported that the Quality Account had 3 improvement actions, Personalising care planning, improving safety on wards and implementing the new National Patient Safety Incident Framework; that of the 16 actions that underpinned the improvement actions, 9 were on track with 4 fully complete, whilst 4 were off track but due to be completed by the end of the financial year and 3 were red and would not be completed in this financial year.

The presentation outlined the details of performance against the quality metrics for Quarter 1 and Quarter 2; and reference was made to the Trusts quality and safety journey.

Concerns were raised regarding physical interventions. Members noted that the increase was due to a small number of patients; that there had been a decrease in prone restraints; and this was a key safety priority for the Trust. It was suggested that a Members briefing be arranged on interventions. Members also requested that benchmarking data be included in future reports to Scrutiny and that trends in relation to the Quality Metric performance be shared with Members.

Concern was also raised in respect of the Quality Metric ‘percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’’. Members were assured that this was being addressed through a number of initiatives; that a range of methods were used to gather information on the wards; and Lived Experience Directors had been appointed to ensure the voice of service users and carers/parents were being captured. It was suggested that an update be provided by the Lived Experience Directors at a future meeting of this Scrutiny Committee.

RESOLVED – That the report be noted.

TVH22 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - CQC INSPECTION UPDATE

The Managing Director Durham Tees Valley and Forensics, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) providing Members with an update on the CQC inspection.

Details were provided of the re-inspection of CAMHS and SIS in July 2022; the CAMHS re-inspection had seen an improvement in the Safe domain which had been re-rated from inadequate to Requires Improvement; and significant improvements had been noted following the SIS re-inspection, however concerns remained in the Safe domain.

It was reported that a full inspection of the Adult Learning Disability (ALD) Services was undertaken in June 2022 following response to concerns identified by the CQC; and the service, which had previously been rated as good overall was re-rated as inadequate.

The presentation outlined the key messages of the CQC inspection report for the ALD Services, including areas of good practice and actions to be undertaken to improve services; and Members were informed that prior to the inspection, the Trust had commissioned Mersey Care NHS Foundation Trust to undertake a review of the services. Members noted that at the time of the review, in February 2022, the inpatient services had been closed to admissions and to date, no further inpatient admissions had been received into the service.

The key findings from the Mersey Care review were outlined for culture and patient care; an improvement programme had been developed with over 100 actions focusing on workforce, restrictive practice, models of care and governance; and details were provided of the key improvements made by the Trust to the service.

Members sought assurance that safety was a priority for the Trust; discussion ensued regarding staff feedback and the ability of staff to report concerns, with Members noting the steps taken at Lanchester Road to address concerns; and Members were advised that the quality assurance framework in place across the Trust ensured oversight across all services within the Trust, and a quality assurance programme allowed for external oversight and scrutiny.

RESOLVED – That the update be noted.

TVH23 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

A number of items were suggested for inclusion on the work programme, this included updates on Lived Experience Directors, Respite Provision and a Member briefing on Physical Interventions.

RESOLVED – That the work programme be updated to reflect discussions.

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**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE
17 MARCH 2023**

**TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST
QUALITY ACCOUNT UPDATE**

SUMMARY REPORT

Purpose of the Report

1. To consider the Tees, Esk and Wear Valley NHS Foundation Trust Quarter 3 2022/2023 Quality Account progress update, the Trust's Quality Journey and proposed Quality Improvement priorities for 2023/2024.

Summary

2. The Health Act 2009 and the National Health Service (Quality Accounts Regulations 2010) requires NHS Foundation Trusts to publish an Annual Quality Account Report.
3. 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.
4. As part of the Quality Account for 2022/2023, the Trust identified and agreed three Quality Improvement Actions and a set of quality metrics. A presentation is attached at Appendix 1 and a representative from Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance at the meeting to give a presentation on the key points from the quality account and respond to questions from Members.

Recommendation

5. It is recommended that :-
 - (a) The Tees Valley Joint Health Scrutiny Committee consider and comment on the performance against the priorities for 2022/2023 and the proposed Quality Improvement priorities for 2023/2024.
 - (b) The views of the Committee be formulated and forwarded for inclusion in the Quality Accounts for 2022/2023, following approval by the Chair.

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

None

author : Hannah Miller

Extension 5801

| | |
|--|---|
| S17 Crime and Disorder | This report has no implications for Crime and Disorder. |
| Health and Wellbeing | This report has implications to address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts. |
| Carbon Impact and Climate Change | 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 |
| Council Plan | The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan. |
| Efficiency | This report does not identify specific efficiency savings. |
| Impact on Looked After Children and Care Leavers | This report has no impact on Looked After Children or Care Leavers |

Our Quality Journey and Quality Improvement Priorities for 23/24

This presentation will cover

- National quality definitions / patient safety strategy
- TEWV's Quality Journey – our Quality Strategy which supports *Our Journey to Change*

The National Quality Board commits us to:

‘A Shared single view of quality where people working in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights;
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit
- **A Positive Experience - Responsive and personalised** - shaped by what matters to people

And....

- **Well led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance
- **Sustainably Resourced** - Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

The NHS Patient Safety Strategy

Continuously improving patient safety



Improve our understanding of safety by drawing insight from multiple sources of patient safety information.

Insight

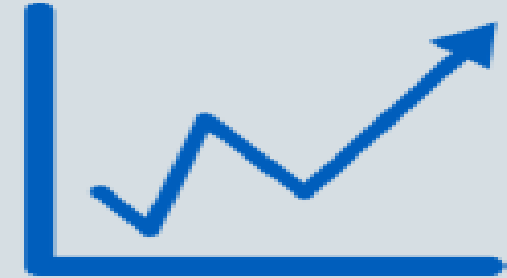
Measurement, incident response, medical examiners, alerts, litigation



People have the skills and opportunities to improve patient safety, throughout the whole system.

Involvement

Patient safety partners, curriculum and training, specialists, Safety II.



Improvement programmes enable effective and sustainable change in the most important areas.

Improvement

Deterioration, spread, maternity, medication, mental health, older people, learning disability, antimicrobial resistance, research.



A patient safety *culture*
A patient safety *system*



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TEWV Strategy and Priorities

Our Journey To Change

journey to change

1 Why we do what we do

We want people to lead their best possible lives.

2 What people have told us about the sort of organisation we were in 2020

We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families.

4

We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

3 The kind of organisation we want to be

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The most important way we will get there is by living our values, all of the time



- Respect**
- Listening
 - Inclusive
 - Working in partnership



- Compassion**
- Kind
 - Supportive
 - Recognising and celebrating



- Responsibility**
- Honest
 - Learning
 - Ambitious

5 We are committed to three big goals for the next five years

Goal 1

To co-create a great experience for our patients, carers and families, so you will experience:

- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

Goal 2

To co-create a great experience for our colleagues, so you will be:

- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

Goal 3

To be a great partner, so we will:

- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

Your opinions are important to achieve our goals. Get Involved





Our Journey to Safer Care

Insight

Our Patient Safety Priorities

Suicide Prevention and Self Harm Reduction

Reducing Physical Restraint and Seclusion

**Promoting Harm Free care
Improving Psychological and Sexual Safety
Providing a Safe Environment**

Promoting Physical Health

Involve

Patient Safety Partners

Patients, Families & Carers

Experts by Experience

Ward/ Team to Board Staff

External Partners

A Patient Safety Culture – Just and Fair

Improve and Inspire

How we will achieve our goals



Academy of Caring

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system
Empathy Training



Patient Safety Faculty

Improve our understanding of safety
Build capability for safety improvement through a Patient Safety Syllabus:

- Human Factors & Safety Management
- Creating Safe Systems

Patient Safety Specialists
Patient Safety Partners



Continuously Improving Patient Safety

Measuring what matters
Team Safety Plans – local ownership
Improvement programmes enable effective and sustainable change
Intelligence for Action:

- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts



Maximising Technology

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework



A Learning Organisation

Opportunities for learning

- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

National Patient Safety Strategy

Reporting incidents directly via the new Learning From Patient Safety Events (LFPSE)

Improving Patient Safety through the transformation of the Patient Safety Incident Reporting Framework (PSIRF)

- ✓ Patient Safety Syllabus
- ✓ Patient Safety Specialists
- ✓ Patient Safety Partners



Our Journey to Effective Care

Insight



Involve



A Patient Safety Culture – Just and Fair

Improve and Inspire How we will achieve our goals



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Digital systems and solutions

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New National Reporting & Learning System
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A Learning Organisation

Opportunities for learning

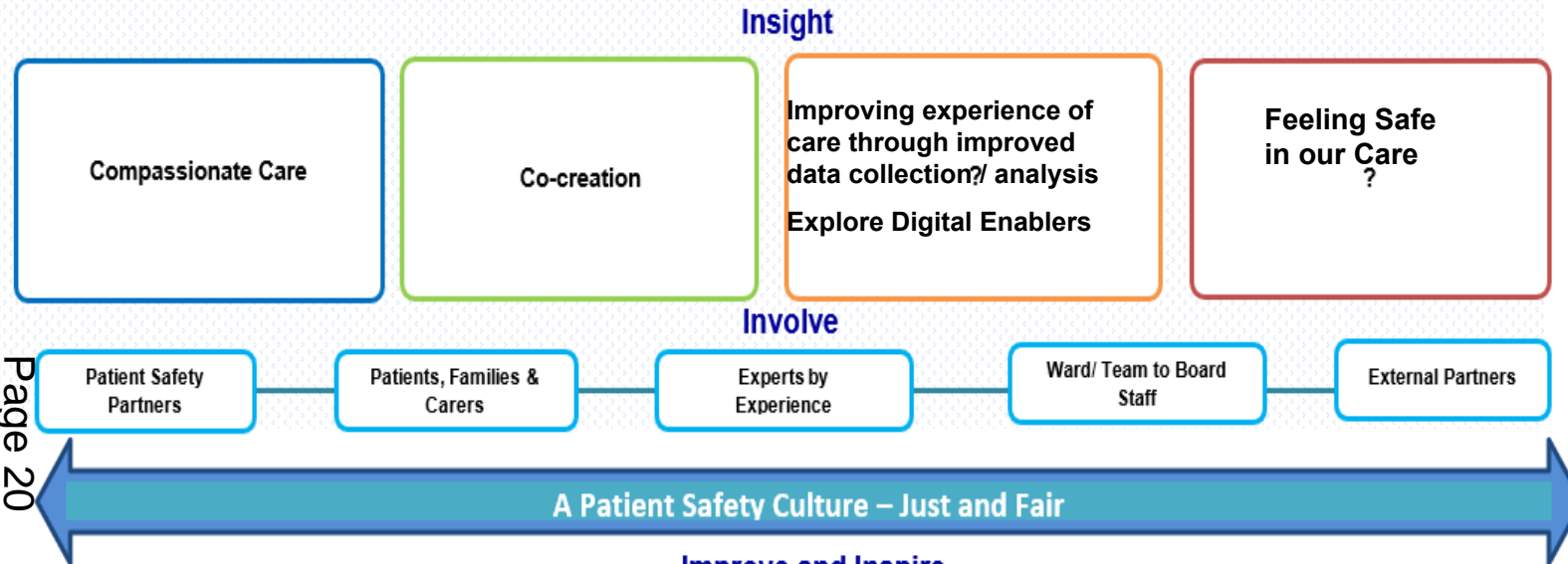
- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

- ✓ For each service, we will have in place a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)
- ✓ We will have improved data quality with regard to the 'effectiveness of care' measures that will be utilised by clinicians to better understand the impact of different approaches to patient care and treatments
- ✓ Using this data, we will see an increase in the number of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust
- ✓ There will be an increase in patients telling us they have been able to influence their care and all care plans will be co-created with patients and their families



Our Journey to Excellence in Patient Experience and Involvement



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Improve and Inspire How we will achieve our goals



Academy of Caring

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system
Empathy Training



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Continuously Improving Patient Safety

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Maximising Technology

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework



A Learning Organisation

Opportunities for learning

- When things go well
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- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

- We will demonstrate significant improvements in the experiences of the people using our services through using an increased range of methods and range of quantitative and qualitative information
- Service users, carers and staff will see that their voice makes a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
- Patients will talk positively about the impact of restrictions on their recovery
- Patients on our wards will feel safe

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Where we are now

QUALITY & LEARNING DASHBOARD

Summary Dashboard –December 22

| Reporting month: December 2022 | | Variation | Assurance | Target | Numerator | Denominator | Rate/% |
|--------------------------------|--|-----------|-----------|--------|-----------|-------------|--------|
| SAFE | Serious Incidents | | | - | 11 | - | - |
| | Incidents | | | - | 1868 | - | - |
| | Incidents per 1000 OBD (Wards only) | | | - | 1332 | 19596 | 67.97 |
| | Incidents per 1000 Caseload | | | - | 401 | 52736 | 7.60 |
| | Restrictive intervention incidents | | | - | 446 | - | - |
| | Restrictive intervention incidents per 1000 OBD (Wards only) | | | 19.25 | 433 | 19596 | 22.10 |
| | Self-harm incidents | | | - | 453 | - | - |
| | Seclusion incidents | | | - | 40 | - | - |
| | All medication errors per 1000 OBD (Wards only) | | | 2.5 | 66 | 19596 | 3.37 |
| | L3 and above Medication Errors | | | 0 | 1 | - | - |
| | Falls per 1000 OBD (Wards only) | | | - | 53 | 19596 | 2.70 |
| | L3 falls per 1000 OBD (Wards only) | | | 0.35 | 1 | 19596 | 0.05 |
| | Shifts greater than 13 hrs | | | 0 | 58 | - | - |
| | CARING | FFT | | | 0.94 | 660 | 722 |
| Carer FFT | | | | - | 240 | 258 | 93.02% |
| Feel safe | | | | 0.88 | 72 | 142 | 50.70% |
| Complaints | | | | - | 29 | - | - |
| PALS | | | | - | 141 | - | - |
| Compliments | | | | - | 15 | - | - |

- 722 Patient FFT responses received for the Trust in November
- Most recent FFT benchmarking data provided by NHSI tells us 91% of people rated our services as good or very good
- A small number of patients account for 75% of all Restrictive Interventions in LD, SIS and PICU. Mean YTD data shows downward trend across all forms of restrictions
- Long Term Segregation and Restrictive Intervention Panels in place
- At the time of reporting the Trust are supporting 14 patients in LTS or prolonged seclusion (8 individual accommodation in LD)
- A reducing trend in self harm incidents following targeted improvement work

Positive & Safe Dashboard



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AutoSave Off
192. WC 23-01-23 Positive and...
BRIERLEY, Mike (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST)

File Home Insert Draw Page Layout Formulas Data Review View Help Accessibility Reminder

Clipboard Font Alignment Styles Analysis Sensitivity

Comments Share

AM20

Positive and Safe Dashboard

Developed by Ben Murphy, TEWV Nursing and Governance and NHS Improvement

Showing Data for:
Directorate: (All)
Specialty: (All)
Ward/Team: (All)
Latest reporting week: WC 23 Jan 23

| | This Week | | | Last week | | YTD Mean |
|---------------------------|-----------|--------|----------|-----------|--------------------|----------|
| | Total | Placed | Unplaced | Total | Number of Patients | |
| Total restraint incidents | 123 | 31 | 92 | 141 | 49 | 142 |
| Prone | 0 | 0 | 0 | 1 | 1 | 2 |
| Supine | 22 | 10 | 18 | 7 | 13 | 47 |
| Mechanical restraint | 0 | - | - | 0 | 1 | 1 |
| Tea proof clothing | 1 | - | - | 1 | 2 | 1 |
| Rapid tranquilization | 24 | 5 | 18 | 13 | 14 | 26 |
| Seclusion | 10 | - | - | 5 | 7 | 15 |
| Self-harm | 908 | - | - | 49 | 55 | 129 |
| Debiel figures | - | - | - | - | - | - |

Time of Day

Trends

- ▲ An improving trend (upward or downward)
- ▼ A concerning trend (upward or downward)
- Normal variation

Directorate Adjusted

- DURHAM, TEES VALLEY AND FORENSIC
- NORTH YORKSHIRE, YORK AND SELBY

Department/Speciality (Responsible...)

- ADULT LEARNING DISABILITIES
- ADULT MENTAL HEALTH
- CHILDREN AND YOUNG PEOPLES SERVICES
- HEALTH AND JUSTICE
- MENTAL HEALTH SERVICES FOR OLDER PEOPLE
- SECURE INPATIENT SERVICES

Team/Ward/Cost Centre (Responsible...)

- ALD - LRH - BEK NP
- ALD - LRH - RAMSEY - TALBOT WARD
- ALD BANKFIELDS BUNGALOW 2
- ALD BANKFIELDS COURT
- ALD BANKFIELDS COURT 1

Total restraints

Prone restraints

Supine restraints

Mechanical restraints

Ready
Accessibility: Investigate
38%

Some Key Quality Markers

Quality Controls, Quality Assurance



Tees, Esk and Wear Valleys
NHS Foundation Trust

Fundamental Standards Groups



Quality Assurance Programme

QA Audits

- Modern Matron Review
- MDT Walkabout
- Peer Review
- Peer & Self Audits

Restrictive Interventions

- Positive & Safe Dashboard
- RI business case
- Merseycare recommendations

Culture Assessment Process

- Phase 1 – IP Ward assessment
- Community Tool in development
- Development of a trigger tool
- PHASE 2 –follow up programme

Safe Staffing report & oversight

- Safe Care Tool
- Staffing Establishment Review (MHOST)
- Career Framework Development

Quality Metrics

| Quality Metrics | Target | Whole Trust 20/21 | Whole Trust Actual Q4 21/22 | Whole Trust Actual 22/23 Q1 | Whole Trust Actual 22/23 Q2 | Whole Trust Actual 22/23 Q3 |
|---|--------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?' | 88.00% | 64.66% | 64.37% | 59.38% | 58.54% | 54.02% |
| 2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients | 0.35 | 0.13 | 0.07 | 0.23 | 0.23 | 0.25 |
| 3) Number of incidents of physical intervention/restraint per 1000 occupied bed days | 19.25 | 20.90 | 37.66 | 34.01 | 33.84 | 31.09 |
| 4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours | 85% | Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care) | | 91.56% | 88.46% | 86.59% |
| 5) Percentage of patients who reported their overall experience as very good or good | 94.00% | 93.21% | 94.34% | 91.76% | 91.74% | 91.81% |
| 6) Percentage of patients that report that staff treated them with dignity and respect | 94.00% | 86.77% | 89.14% | 87.31% | 87.16% | 85.94% |
| 7) The number of Medication Errors with a severity of moderate harm and above | 2.5 | - | - | 2 | 5 | 4 |
| 8) Number of serious incidents reported on STEIS | - | - | - | 34 | 32 | 28 |
| 9) Number of Complaints raised | - | - | - | 82 | 62 | 97 |

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KEY QUALITY RISKS

Areas for concern



Workforce

Medical vacancies
Registered Nurse Vacancies



Reference Cost Index

tariff funding shortfall for MH,
Community and
Ambulance providers – pay
81% cost base



ALD

system pathways not fit for
purpose (£4m+
unfunded complex packages



IP Pressures

DTOC, 104% occupancy
8 IS Beds



SI Backlogs

Lack of system resources
closure of historic backlog and
themed learning



Lack of Recovery Funding

No Mental Health Recovery
Fund



Prosecutions/Reputation

CQC prosecutions
Niche



Autism

not covered by MHIS and very
limited new recurrent
investment despite significant
pressures

West Lane Hospital

Status and remedial actions for the 3 published Niche Reports

Key Actions:

- Gap analysis of improvements and evidence against recommendations in preparation for Niche Assurance review (6 months from publication-due May 2023)
- Narrative assurance statements published (and drafts prepared for 4th report)
- Quality Assurance mapping and oversight in place
- Commissioned independent Duty of Candour review
- Quality Improvement review underway for environmental risk assessment processes
- No immediate risks to delivery identified

Learnings about patient safety from West Lane Hospital

Our Trust stopped delivering inpatient children and adolescent mental health services (CAMHS) in September 2019 following a series of incidents at West Lane Hospital. Following this, NHS England commissioned an independent review looking at the care and treatment of three young woman who sadly died in our care in 2019 and 2020.

The review was clear that we needed to improve some of the ways that we work:

Improving the ward environment:

To reduce ligature risks we have made changes to some ward environments. We have:



Removed shower curtains



Replaced old taps with anti-ligature ones



Installed anti-ligature doors in some areas



Ligature risk is assessed monthly by your matron during walk-arounds



We are also piloting a system called Oxehealth in some areas. Oxehealth is an alert system designed to improve safety for the people we care for.

Improving patient safety

We have changed the way we talk about risk; we now use safety summaries and safety plans. Patients, families and carers are much more involved in this.



We used to record information about risk in multiple places. This led to mistakes. The primary place of recording risk is in the safety summary and safety plan.



The quality of our records and content are regularly checked. We use a quality assurance schedule and peer visits to do this.



Learning from these audits and visits is shared in team meetings and huddles so everybody knows how to keep patients safe.



As part of our daily ward safety review, we now share important information which helps keep our patients safe.



We have improved our response to incidents and how we learn from these.

Improving Our governance

Good governance is about having the right people in the right place with the right skills. This supports services to continuously improve and helps us to provide safe and effective care. We know we weren't getting this right and needed to make some changes:



We have changed the way we share information from ward to board.



New meeting structures have been developed.



We are improving the way we are using data and information to better understand how to improve our services.



We have introduced several new roles, so you may have noticed new faces. We have increased the clinical leadership and focus to help us inform our care.



To enhance the patient voice, we have recruited lived experience directors and increased the number of peer support workers.



Quality Account improvement Priorities and Next Steps

TEWV draft Delivery Plan 23/24



These will be underpinned by:

- Service user, carer, staff & partner engagement to inform plans & gather intelligence on impact
- Detailed plans (why, how, when, who)
- Measuring impact

Our three big goals

- 1. Cocreate a great experience for our patients, carers & families**
- 2. Cocreate a great experience for our colleagues**
- 3. Be a great partner**

Quality Account improvement priorities

- Will be specific actions in the following areas, which support improvement in the quality account metrics
 - a) Patient Safety
 - b) Harm Free Care
 - c) Personalising Care Planning

Quality Account Process

- **Draft to be circulated to stakeholders (including local authorities) in early May (hopefully before local authority election, but will be very tight)**
- **30 day formal consultation period**
- **We publish responses from all stakeholders**
- **So, we hope this year's Tees Valley OSC can write it's letter now, i.e.**
 - a) **Comment on our quality position / progress**
 - b) **Comment on our proposed areas of improvement**

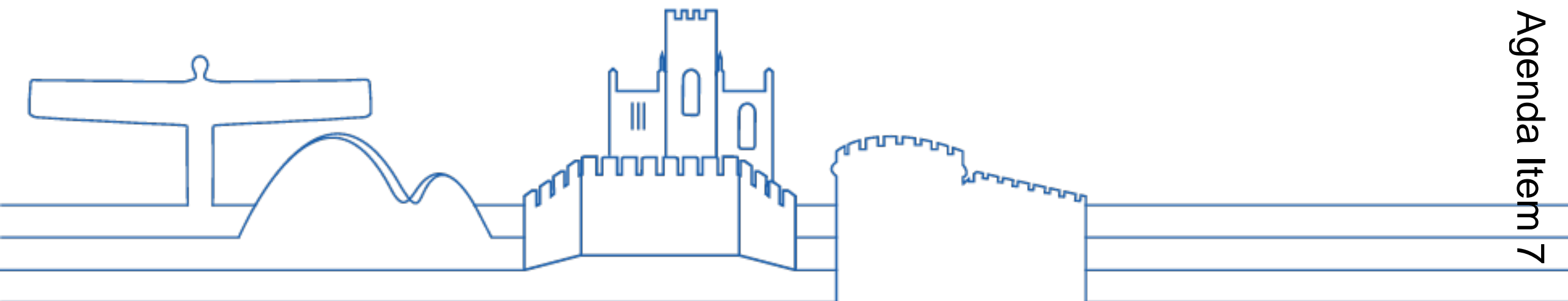
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North East and
North Cumbria

Clinical Services Strategy Update

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17th March 2023



Agenda Item 7

Overview

The Tees Valley health system continues to have numerous challenges that require addressing regarding clinical, operational and financial sustainability across multiple organisations

A number of these challenges are longstanding, and a range of actions and programmes of work have been undertaken in the last 4-5 years taking a variety of forms

The impact of the Covid-19 pandemic has placed significant **increased** pressures across all parts of the system, with a need to recover and restore services, ensuring that patients across the Tees Valley continue to have timely access to services

Overview



North East and
North Cumbria

The Clinical Strategy aims to continue to build on the work started under the Better Health Programme in stabilising and strengthening some of our most vulnerable services

The programme remains focussed on the improvement and sustainability of acute hospital services, whilst the wider ambition of improving population health remains at the heart of the Tees Valley

The wider partnership approach has been key to ensuring that service proposals and ways of working support these broader ambitions and are therefore embedded within the agreed governance of the programme

Service changes and transformation must respond to the emerging evidence base, planning guidance and be both significant and highly dynamic

Aims & Objectives



North East and
North Cumbria

'To ensure the best possible care outcomes to every member of our population across the Tees Valley'

Delivered in the most cost effective and sustainable way through the best use of resources

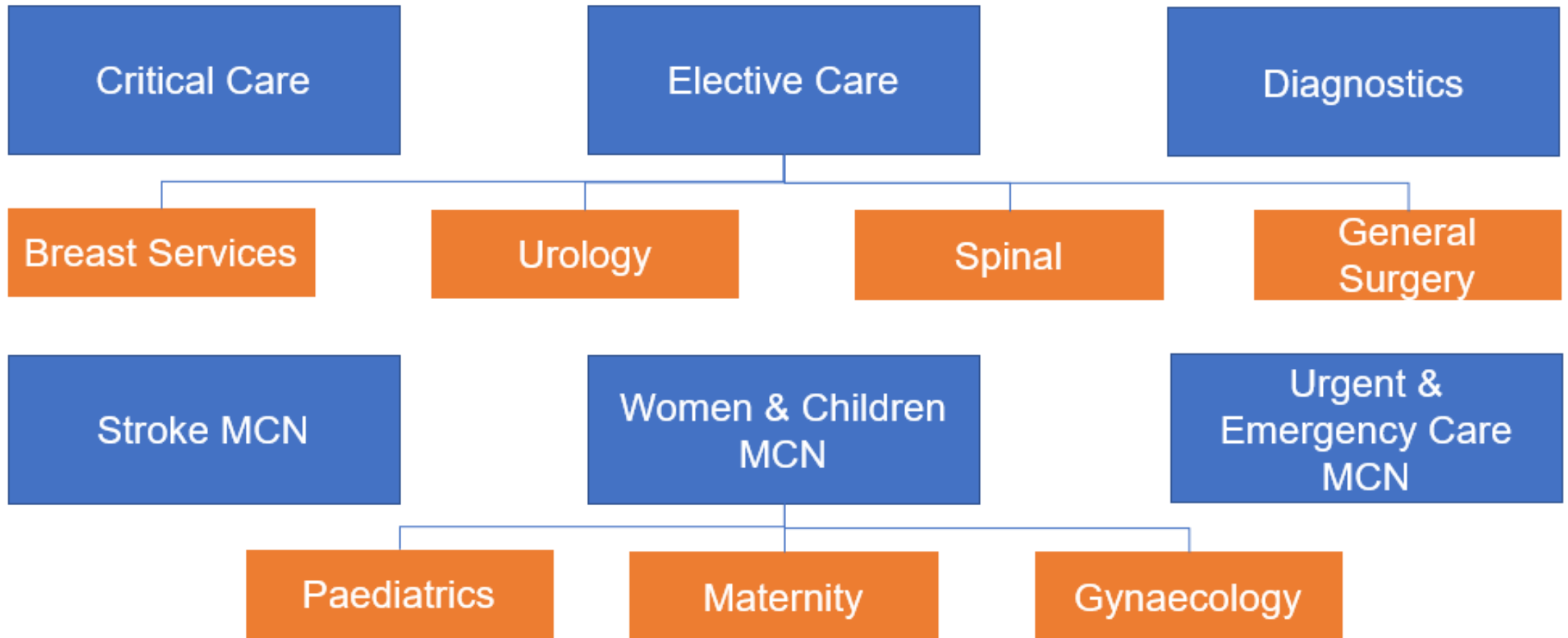
Recognising the local needs of population health

Ensuring a focus on transformation as a Tees Valley rather than from a particular organisational perspective

Aligning programmes of work to the requirements of the Long-Term Plan, Operational Planning Guidance and Covid-19 Recovery

By working in close collaboration and uniting ambitions, the shared vision will ensure equitable health and care provision for the people of the Tees Valley to become a reality

Workstreams



Workstream Achievements over last 18 months



North East and
North Cumbria

Critical Care

Business cases developed to support pressure areas in each Trust

Bed Capacity across sites agreed

Good understanding of workforce establishment across each Trust (locally & regionally)

Diagnostics

30,477 additional diagnostic tests delivered through the CDC programme 22/23

Year 1 business case approved to develop and establish 3 spoke sites

Year 2 revenue funding secured to enable continuation of activity from spoke sites

Business case approved for the completion of the new build hub to be operational by March 2024

Stroke

Joint Stroke consultant in place across North & South Tees Trusts

Established stroke identity for Tees Valley

Thrombectomy services now provided as part of the tertiary services in Tees Valley, streamlined TIA & carotid artery disease pathways

Workstream Achievements over last 18 months



North East and
North Cumbria

Urgent & Emergency Care

Development & implementation of Urgent Community Response Services

Development & implementation of Frailty & Respiratory Virtual Wards

Development of standardised Urgent Care Services across the Tees Valley

Supporting system pressures throughout times of SURGE

Elective Services

Introduction of a Free Flap breast reconstruction pathway and commencement

Breast and plastic surgeons jointly operating from September 2022

Agreed the ongoing transfer of emergency Urology patients from Darlington Memorial Hospital to James Cook University Hospital

Appointment of additional Spinal consultant working across sites to increase elective capacity

Women & Children

Adoption of Child Health & Wellbeing Network's Healthier Together platform to promote self-management and reduce unnecessary primary care and ED attendances

Funding for Badgernet electronic maternity record secured and being rolled out in NTHFT and STHFT

Agreed over-arching WCYP Workstreams Education Programme, and funding for Education Coordinator role approved - currently going through job evaluation

Moving Forward

Work is continuing within each of the clinically led workstreams to;

- Reconfirm the strategic intent of the workstream
- Detail next steps in terms of specific tasks and actions
- Ensure sufficient and appropriate capacity to support progression of the work

The Integrated Care Board will continue to provide updates to the Tees Joint Overview and Scrutiny committee in relation to developments and progress with the strategy

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE
17 MARCH 2023**

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Joint Committee during the 2022/23 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2022/23 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Joint Committee.

Recommendation

3. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

No background papers were used in the preparation of this report.

Author : Hannah Miller 5801

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| Meeting Date | Work programme topic |
|-------------------|--|
| 8 June 2022 | <ul style="list-style-type: none"> • Appointment of Chair and Vice Chair • Tees Valley Health Scrutiny Joint Committee – Protocol • Work Programme/Meeting timetable • Tees, Esk and Wear Valley NHS Foundation Trust Quality Accounts 2021/2022 • Tees, Esk and Wear Valley NHS Foundation Trust - CQC Inspection Update |
| 23 September 2022 | <ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board and System implementation • Urgent and Emergency Care Access • Paediatric ophthalmology services • Clinical Journey and Quality Journey - TEWV |
| 16 December 2022 | <ul style="list-style-type: none"> • North East Ambulance Service (NEAS) Performance Update • TEWV CQC Inspection Update • TEWV Quality Accounts – Q1 Update • Winter Plan Update (to include Primary Care Access Vaccination (Covid) response at an ‘above organisation’ level) |
| 17 March 2023 | <ul style="list-style-type: none"> • Tees Valley Clinical Services Strategy • Dental Services • Community Diagnostics Centres • TEWV Draft Quality Accounts |

To be programmed:

- Breast symptomatic services (June/July)
- NEAS CQC Inspection (June/July)
- Opioid prescribing and dependency across the Tees Valley
- Palliative and End of Life Care strategy development and implementation
- CAMHS Update
- Lived Experience Directors Update
- Respite Provision Update
- NEAS – assault and financial update

Briefings/Workshops

- Physical Restraints/Interventions

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