



TEWV Presentation: Darlington – March 2021

- a) Strategic Framework
- b) Quality Account

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Purpose of this presentation

- 1) To discuss TEWV's new Strategic Framework and the planning work going on around this
- 2) To feedback on the progress TEWV has made on our Quality Account priorities this year, and give a sense of what improvement priorities are likely to be in 2021/22 (though the QA document consultation and publication may be delayed again due to Covid-19)

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TEWV's new Strategic Framework and Business Plan

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What's happened so far...

- 
- Initial *Big Conversation* – lots of staff, service users, carer and partners feedback (over 2,100 people involved)
 - Board Workshops – including service user, carer and commissioner input
 - Development and testing of the new Strategic Framework via another round of the Big Conversation
 - Approval of the new Strategic Framework by the Board of Directors (January 2021)
 - Setting up of 5 planning groups
 - Testing of their initial plans in another Big Conversation (2nd-17th March) and through a Governor workshop



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Our New Strategic Direction



TEWV: Who we are and what we want to be

This is why we do what we do:

We want people to lead their best possible lives.

This is 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 for those who use our services, their carers and their families;**
- Our speed of response is too slow, too often;**
- Too many of us are unclear about our direction;**
- Our partners sometimes find us tricky to collaborate with;**
- We don't provide a consistently good experience for our colleagues.**

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Our New Strategic Direction - Vision

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<p><i>This is the kind of organisation we <u>want</u> to be:</i></p>	<p><i>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.</i></p>
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Our New Strategic Direction - Values



<p><i>The most important way we will get there is by living our values, all of the time:</i></p>	<p>Respect</p> <ul style="list-style-type: none">• Listening• Inclusive• Working in partnership	<p>Compassion</p> <ul style="list-style-type: none">• Kind• Supportive• Recognising and celebrating	<p>Responsibility</p> <ul style="list-style-type: none">• Honest• Learning• Ambitious
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Goal 1



To co-create a great experience for our patients, carers and families

If you use our services, or care for someone who does, by 2025 you will experience:

1. Outstanding and compassionate care, all of the time
2. Access to the care that is right for you
3. Support to achieve your goals
4. Choice and control

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Goal 2



To co-create a great experience for our colleagues

If you work at TEWV, by 2025 you will experience:

1. Proud, because your work is meaningful
2. Involved in decisions that affect you
3. Well led and managed
4. That your workplace is fit for purpose

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Goal 3



To be a great partner

If you are a local, national or international partner of TEWV, by 2025 we will:

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

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The Challenge



- How to turn these words into real change on the ground?
- Our Business Plan for 21-22 to 23/24 will contain a number of actions and milestones to do this
- The next few slides contain the current draft actions – these are likely to change as we think about what people said in the Big Conversation

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Co-creation Actions

1. Expand **peer support** (this includes developing the required support infrastructure)
2. Develop an integrated and comprehensive **involvement and leadership group**
3. Establish a **Lived Experience Advisory Board** - a strong, independent advisory group, who set their own agenda and priorities, but who can be used as a reference or advisory group to the Board

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Clear Clinical Approach Actions

1. Ensure everyone is offered a **care plan** within an agreed timescale and that this is co-created to meet the person's needs
2. Ensure we have clear **care pathways**, which are evidenced, NICE compliant and Safe, and that the offer is clearly stated, available and accessible to staff, patients and referrers in each area.
3. Implement a **Human Rights Approach** in all clinical teams which supports the Trust values of compassionate and responsible care.
4. We will **understand the current state** of our specialist clinical offer to inform our transformation plans.
5. Lead the implementation of **Community Mental Health Framework** and adopt the principles to ensure transformation is realised within all specialist clinical services

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System Leadership Actions

1. Ensure the views, needs of and inequalities experienced by people with mental health needs, a learning disability or autism are reflected in all system and place level discussions and decisions.
2. Support local systems and communities to work innovatively to increase communities' ability to support people with mental health needs, a learning disability or autism and their carers needs within it
3. Work collaboratively with local system partners to actively promote good public mental health and tackle stigma

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A Great Place to Work Actions

1. Ensure the values are lived at organisational, team, and individual levels and our organisation is a psychologically safe place to be
2. Ensure that we are all engaged and committed to this new way of working together so that our culture is noticeably different across the organisation
3. Strengthen our people, leadership and talent development at scale to enable us all to develop and find our meaningful work with partners

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Behind the Scenes (Infrastructure)

- 
1. Ensure our plans connect the right people with the right expertise to work together to identify problems and create solutions
 2. Ensure that our governance systems, processes and culture are transparent and support safe, simple and responsive decision making
 3. Improve our digital offer, communications and information sharing

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Questions and Comments on TEWV's new Strategic Framework and early thinking about our Business Plan?

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TEWV Quality Account 2020/21 and 2021/22

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Performance against Quality Metrics Q3 2020/21

Tees, Esk and Wear Valleys



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Quality Metrics <i>(Where data is unavailable, reporting was paused due to the Covid-19 pandemic)</i>		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Patient Safety Measures							
1	Percentage of patients reported 'yes 'always' to the question, 'do you feel safe on the ward' ?	88%	N/A	88%	N/A	88%	64.66%
2	Number of incidents of falls (level 3 and above) per 1000 occupied bed days (for in patients)	0.35	N/A	0.35	N/A	0.35	0.13
3	Number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	N/A	19.25	N/A	19.25	20.90

Q3 data is very slightly better than 20/21 Q4

Performance against Quality Metrics

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Clinical Effectiveness Measures							
4	Existing Percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric in-patient care	>95.00%	95.76%	>95.00%	96.22%	>95.00%	96.62%
5	Percentage of clinical audits of NICE Guidance completed <i>*There were no NICE Clinical Audits scheduled during 2020/21</i>	100%	N/A*	100%	N/A*	100%	N/A*
6a	Average length of stay (in days) for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards	<30.2	23.50	<30.2	22.92	<30.2	22.08
6b		<52	70.28	<52	50.40	<52	59.94

Q3 data slightly worse for CPA, better for Length of Stay than 20/21 Q4

Performance against Quality Metrics

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics (Where data is unavailable, reporting was paused due to the Covid-19 pandemic)		QUARTER 1 2020/21		QUARTER 2 2020/21		QUARTER 3 2020/21	
		Target	Actual	Target	Actual	Target	Actual
Patient Experience Measures							
7	Percentage of patients who reported their overall experience as excellent or good	94%	N/A	94%	N/A	94%	93.21%
8	Percentage of patients that report that staff treated them with dignity and respect	94%	N/A	94%	N/A	94%	86.77%
9	Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94%	N/A	94%	N/A	94%	87.20%

Q3 data is very slightly better than 20/21 Q4



Quality Account Progress in 2020/21

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Quality Improvement Plans for 2021/22

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Quality Account Priorities 2021/22

- Improve the clinical effectiveness and patient experience at times of Transition from CYPS to AMH
- Improve the personalisation of Care Planning
- Reduce the number of Preventable Deaths
- Improve the proportion of inpatients who feel safe on our wards

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Progress during 2020/21

- Progress against actions during 2020/21 has been limited due to the Covid-19 pandemic
- For the most part, the actions for this year will be carried forward into 2021/22
- Where progress has been made, this will be outlined in more detail in the Quality Account document for 2020/21

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Priorities during 2021/22

- The following will be QA priorities during 21/22:

- Care Planning
- Feeling Safe
- Compassionate Care (Title TBC)

Plans are currently being drafted

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Quality Account 2020/21



- Normal timescales remain the same at present; however **dates could yet be delayed due to NHS England/ Government guidance around Covid-19**
- *If the regulations are not changed this year:*
- Consultation on the draft will take place during in April / May 2021
- Publication will be by the end of June 2021

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Questions and Comments about the TEWV Quality Account

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