

Report to

Tees Valley Joint Health Scrutiny Committee - 8 June 2022

1 Introduction

Tees Valley Joint Health Scrutiny Committee has sought assurances on a number of issues from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) ahead of their meeting 8 June 2022. The Committee have asked for a general update and progress in relation to the CQC inspection report since their last meeting in mid-March. This report provides an update on progress since then and outlines the Trust's response to these questions.

2 Update and general progress

2.1 Strengthened leadership and governance: capacity, oversight and accountability

Since the Committee last received an update from TEWV's leadership team on 18 March 2022, the Trust has implemented a new governance and organisational structure on 1 April 2022, to ensure we provide well-governed care that is clinically led. It has been developed following feedback from our staff, patients, families and carers, our governors and our partners, as well as consultation with staff whose roles were affected.

We have simplified the organisation by establishing two Care Groups, which will enable the Trust to be better aligned to the two Integrated Care Systems (ICS) in which we provide services, and better play our part in transforming care across the communities we serve. This is a critical element of Our Journey to Change and will enable us to focus on place-based care, meet population needs, influence change and strengthen local relationships.

The two Care Groups cover the Integrated Care Systems (ICS) that we serve:

- Durham, Tees Valley and Forensic Care Group will align with the North East and North Cumbria ICS.
- North Yorkshire, York and Selby Care Group will align with the Humber, North Yorkshire Health and Care Partnership (ICS).

To co-create a great experience for our patients, carers and their families, it is vital that our leaders include people with lived experience of mental illness, who can bring a new level of perspective and understanding to our organisation and how we develop our services.

As part of our new structure, we have appointed two lived experience directors for each care group, who will join the Trust in June and July this year, and who will be supported by a new Head of Co-creation, who has championed trauma informed care and peer support for a number of years. We believe we are one of the first NHS Trusts in the country to make this significant change to our senior leadership team, which will ensure lived experienced voices are heard at all levels of the organisation and make a major contribution to changing the culture of the Trust. They will play a key part in developing and improving our services by working closely with our patients and carers, local communities, and colleagues in other lived experience roles.

We have also increased the number of peer workers across our services and at the end of the recruitment period we will have more than 20 new peers providing support to patients; using the knowledge and expertise that comes from their own lived experience of mental health services. These are hugely important additions to our wards, and the benefits of peer support workers can include

improved experience of services and levels of satisfaction with care. It can also help lead to improved outcomes for service users and support cultural change.

These revised governance arrangements have been developed to strengthen our leadership structure and capacity. This will improve line of sight from ward to Board, improve the flow of assurances and enable greater oversight of risk. We have made the collective leadership model clearer so responsibility and ownership is more transparent. We have also increased clinical leadership significantly and given parity to allied health professions (AHPs) within the structure.

We have also introduced a new integrated performance Board Assurance Framework to support oversight, monitoring and reporting of key measures to demonstrate the delivery of the quality of services and provide assurance to the Board through its sub-committee structure.

We are making improvements to risk management with work to design and prepare to establish risk groups at both executive and care group levels in 2022/23, and improved reporting to the Board and its committees through a new risk escalation framework.

2.2 Workforce and culture

We have an overarching People plan aligned to our Board Assurance Framework built around three key strands of recruitment and retention, staff wellbeing and experience, and culture.

In terms of recruitment, the Trust is growing in numbers of employees, with an increase of 5% in the last 18 months. From 1 January 2022 to 18 May 2022, we have published 2,277 adverts, offered 1,189 jobs, and 873 candidates have started in post. However, we still face recruitment challenges, which are being felt regionally and nationally. As a Trust, we are working extremely hard to streamline and speed up our recruitment processes and offer incentives for prospective candidates.

As well as recruitment, retaining our existing staff remains a high priority for the Trust. We have introduced new 'intention to leave' and 'should I stay' groups, which are allowing us to gain a better understanding of our teams and any issues that arise.

Our Autumn 2021 staff survey response rate increased from 38% to 50%, and we have improved in the following areas:

- bullying/ abuse from colleagues had improved;
- not feeling pressure to come in to work when ill; and
- feeling able to raise concerns.

We recognise that there is still work to do, and there were declining rates in the following areas, which are being addressed through our ongoing culture change, reward and recognition and staff experience programmes, and our CQC action plans:

- Enough staff at organisation to do my job properly
- Would recommend as a place to work
- In last 3 months (Jun-Aug 2021) have not come to work when not feeling well enough to perform duties

Staff survey action plans have been developed, and ongoing quarterly pulse surveys allow the Trust to take a temperature check on how the organisation is doing, and staff are feeling. The important insight is being used to shape and develop our plans around leadership competency, culture change, and staff experience.

We have reviewed our staff reward and recognition offering, and have established a new group, including five staff-side colleagues, to oversee our retention offers in the broadest sense. Our current staff offers are very favourable compared to other NHS Trusts, such as free car parking at Trust sites and reservist training days, and we've introduced a monthly staff prize draw, which is proving really popular.

Staff wellbeing is also one of our top priorities, and we are currently restructuring our People and Culture Directorate to put an increased focus on workforce planning, health and wellbeing and staff engagement.

We hold regular staff engagement sessions which include virtual 'lunch and learn' sessions with guest speakers covering a range of topics including equality and diversity subjects, monthly coffee breaks and a month senior leadership webinar.

Additional information is provided on our staff survey, staff networks and equality and diversity improvements – see section 3.3 Great Place to work.

Staff sickness remains a challenge and much like recruitment, remains a national issue. However, we have retained a lower absence rate than other local Trusts for the last two months, which is around 6-7%.

2.3 CQC Action Plan

The Care Quality Commission (CQC) is likely to revisit us soon to review the progress we're making. This will be an opportunity for us to show the progress we have made, particularly within Secure Inpatient Services (SIS) and CAMHS, and we know that members of this Committee were particularly concerned about these issues too.

Our key areas of focus within SIS are staffing and culture, safeguarding and governance systems for quality and safety.

We have made significant progress with the development of a Healthcare Assistant (HCA) Council, our largest workforce in SIS. Meetings have started to take place, which has strengthened the staff voice in the service and ensured that the team is heard at the highest level. The meeting is chaired by an HCA and supported by the Associate Director of nursing and Quality, reporting into the Care Group so the voice of the HCA is heard and responded to. The council meeting will meet in the morning and then spend the afternoon on the SIS site engaging and feeding back as well as gaining agenda items for the next meeting. The first two meetings have included teaching as requested by the council around BAME, unconscious bias, listening skills and resilience.

We are working hard to improve the culture of the service and make changes based on direct staff feedback and what is most important to them. The service has undertaken a review of shift start and finish times, and we have invested in facilities for staff in order to enable breaks to be taken comfortably within the secure perimeter. We are also reviewing the policy in relation to the use of mobile phones by staff within the perimeter and developing a 'safe area' where staff can use electronic devices.

One of the key concerns highlighted by staff has been movement within the service to pathways they feel unfamiliar with (i.e. staff being moved around the service). We have introduced daily leadership groups that are focused on minimising this type of movement. We have also included this as a key component of SafeCare, so we are able to monitor the impact of this on an ongoing basis.

The Trust's organisational development team are working closely with ward managers in SIS to ensure service managers and modern matrons are visible and offering support to staff on the wards.

In CAMHS we have implemented a Keeping Touch Process (KIT) whilst families are waiting for their assessment (or treatment). Families should as minimum expect to receive a letter from the team as a way of touching base on a quarterly basis (RAG rated green) and monthly contact for those RAG rated amber. We have also taken action to address waiting for young people to access our services. The whole waiting list has undergone a full data validation exercise and we undertake daily monitoring of waiting lists.

An anonymous poll within our children and young people's services discovered that 86% of staff felt that the service was heading in the right direction.

Whilst we recognise there is more work to do, we do feel we have made significant progress to address areas of concern and welcome the opportunity to update the Committee on 8 June 2022.

More specific information on SIS and CAMHS are provided in the responses in Appendix 1.

3 Responses to questions

3.1 Quality and Performance Assurance and Improvement

3.1.1 What new performance measures do locality leaders now use to have oversight and ensure good quality care?

As part of the continuous improvement of the Trust’s Performance Management Framework, we have been developing a more integrated approach to quality and performance assurance and improvement across the Trust during 21/22. We have implemented a new Integrated Performance Dashboard (IPD) in 22/23 which enables us to have oversight, and monitor and report key measures that demonstrate the delivery of the quality of services we provide, and provide assurance to the Board through its sub-committee structure. The measures for the new IPD were identified by the relevant Board Sub-Committees and agreed by the Board of Directors (see list below). All the measures have been aligned to one of our three strategic goals and where appropriate, support the monitoring of the Board Assurance Framework risks.

The IPD is produced and discussed monthly at Care Group level then Board level as part of the information and assurance process. The data for each measure will be available to the lowest level possible (i.e. ward/team level) in order to better understand, and where necessary, help improve the quality of services we provide.

Some of the measures have previously been reported through a variety of reports/formats. We will now have a suite of “integrated” dashboards available for leaders to have oversight of the care being provided.

Our Quality Measures	
1	Percentage of patients surveyed reporting their recent experience as very good or good
2	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for
3	Percentage of inpatients reporting that they feel safe whilst in our care
4	Percentage of CYP showing measurable improvement following treatment - patient reported
5	Percentage of adults and older persons showing measurable improvement following treatment - patient reported
6	Percentage of CYP showing measurable improvement following treatment - clinician reported
7	Percentage of adults and older persons showing measurable improvement following treatment - clinician reported
8	Bed occupancy (AMH & MHSOP assessment & treatment wards)
9	Number of inappropriate OAP bed days for adults that are ‘external’ to the sending provider
10	The number of Serious Incidents reported on STEIS
11	The number of Service Reviews relating to incidents of moderate harm and near misses
12	The number of Restrictive Intervention Incidents
13	The number of Medication Errors with a severity of moderate harm and above
14	The number of unexpected inpatient unnatural deaths reported on STEIS
15	The number of uses of the Mental Health Act
Our People Measures	

16	Percentage of staff recommending the Trust as a place to work
17	Percentage of staff feeling they can make improvements happen in their area of work
18	Staff Leaver Rate
19	Percentage Sickness Absence Rate
20	Percentage compliance with all mandatory and statutory training
21	Percentage of staff in post with a current appraisal
Our Activity and Finance Measures	
22	Number of new unique patients referred
23	Unique Caseload (snapshot)
24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit
25	Underlying Performance - run rate movement
26	Use of Resources Rating - overall score
27	CRES Performance – Recurrent
28	CRES Performance - Non-Recurrent
29	Capital Expenditure (CDEL)
30	Cash balances (actual compared to plan)

In addition to the development work on the integrated approach to performance, we have continued to develop a suite of ‘waiters’ reports, so that we have oversight of our patients that are waiting for assessment. Oversight of local waiting times will now be part of our Care Groups’ governance arrangements with escalation to our Executive Team where required. These locally developed reports follow a patient journey from referral to the point where they first receive an assessment (not a contact), irrespective of the service into which they were first referred. We have already completed testing on the following reports, which are shared monthly with our commissioners:

- Children & Young People’s waits for assessment
- Children & Young People’s waits for autism assessment
- Mental Health Services for Older People waits for assessment

We are in the final stages of testing Adult Mental Health waits for assessment and Adult Learning Disabilities waits for assessment which we hope to release in the coming months. We have also developed a local waiting time for “treatment” for Children & Young People’s services however this is still in development and testing stage. This development is our priority going forward in respect of waiting lists at the current time pending the release of the new National Access Standards.

3.2 Recruitment, Retention and Staffing

3.2.1 Numbers of bank staff and agency staff being used (not just percentages that, in isolation, are not really helpful).

This table shows the number of bank and agency workers **working** per month by contract status across the Trust:

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dual (bank & substantive)	493	501	509	543	551	539	522	523	503	652	516	546	540
Bank Only	304	322	369	368	394	395	430	426	453	470	443	443	447
Agency	95	102	113	124	125	144	147	149	169	185	213	245	245

3.2.2 Are staffing levels in community teams now sufficient to meet the demands of the service for both Adults and Children?

Vacancy rates across the Trust are currently around 7-8%.

In terms of recruitment, the Trust is growing, with an increase of 5% in the last 18 months. From 1 January to 18 May 2022, we published 2,277 adverts, offered 1,189 jobs, and 873 candidates started in post. However, we still face recruitment challenges, as is the case regionally and nationally. We are working extremely hard to streamline and speed up our recruitment processes and offer incentives for prospective candidates.

Within adult mental health, we are in line with the community mental health framework investing in excess of £5 million in community mental health provision across Tees Valley (2021-2024), this is being invested in system wide developments including direct investment in community teams. Investment to date in these teams includes the introduction of community navigator roles, increase in psychology provision, Primary Care Network first contact mental health workers and planned introduction of peer support workers. Over the last 12 months we have had a number of unfilled vacancies in our care coordinator posts, however we have worked to mitigate this with a notable increase in appointments of newly qualified nurses (September cohort) alongside consideration of our teams' skill mix.

Within children and young people's services workforce challenges do remain in some specific CAMHS teams. The primary concern is, as with adult services, the availability of experienced community psychiatric nurses. Where we do have gaps in teams for these roles we have rolling programmes of recruitment and both HR and recruitment teams are prioritising CAMHS recruitment episodes. The rolling recruitment provides ongoing opportunities to attract experienced nurses when they become available and, in parallel to this, we are utilising vacant post funding to recruit alternative roles that still add value to community CAMHS teams. Examples of this include newly qualified nurses, support workers and assistant psychologists. These alternative roles are being used to help facilitate different ways of working to help teams meet the increases in demand, the facilitation of groups for young people with similar needs is a good example.

The Trust has also committed funding at risk to temporarily employ nurses via agencies to help fill some of these gaps in the most affected teams whilst still progressing with the actions detailed above.

Currently our staffing levels remain challenging, with increased demands on our services. For context, our modelling (backed up by national research) suggests that demand will grow at an unprecedented rate: by 20% for older people; 30-40% for adults; and over 60% for children and young people.

3.2.3 In respect of the community based mental health services of adults of working age, are all teams now meeting the Trust target of 28 days for an assessment and/or to start treatment?

The percentage of patients seen within four weeks for a first appointment, following external referral (90% standard) in April 2022 was 87.2% for the Durham and Tees Valley Care Group.

For context please note:

The Trust doesn't have a "target" of 28 days for an assessment and/or to start treatment. We previously monitored first contact within four weeks (as a proxy for assessment) and second contact within 6 weeks (as a proxy for treatment), however that report was retired in April 2022.

Throughout 2021/22, our Associate Director of Performance has led on the development of a new Integrated Performance Report, incorporating an Integrated Performance Dashboard (IPD). The IPD includes a set of measures that have been identified by our Executive Subcommittees as being the

priorities we need to focus on through 2022/23. That report does not include any local waiting times measures, although it will include a section on the System Oversight Framework on a quarterly basis which includes the following national LTP measures:

Over the last few years, we have developed a suite of ‘waiters’ reports, so that we have oversight of our patients that are waiting for **assessment**. Oversight of local waiting times will now be part of our Care Groups governance arrangements with escalation to our Executive Team where required. These locally developed reports, follow a patient journey from referral to the point whether they first receive an assessment (not a contact), irrespective of the service into which they were first referred. We have already completed testing on the following reports, which are shared monthly with our commissioners:

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- Mental Health Services for Older People waits for assessment

We are in the final stages of testing Adult Mental Health waits for assessment and Adult Learning Disabilities waits for assessment which we hope to release in the coming months. We have also developed a local waiting time for “treatment” for Children & Young People’s services however this is still in development and testing stage. This development is our priority going forward in respect of waiting lists at the current time. We are now awaiting the release of the National Access Standards which we understand are imminent, which will provide the opportunity to benchmark with other providers.

Our community mental health services have been significantly impacted by covid-related sickness and an increased level of vacancies over the last 12 months, which has had a direct impact upon waiting times. Current average waiting from referral to assessment for routine appointments is 44 days with 41% of patients assessed within 28 days. All referrals are reviewed by a duty worker within 24 hours of referral with any urgent referrals to our community teams prioritised. In addition to this the service achieves above 90% compliance for crisis referrals assessed within 4hrs.

3.3 Great Place to Work

3.3.1 How has continued improvement in the Trust’s approach to equality and diversity been demonstrated in 2021/2022?

A revised Equality, Diversity and Human Rights Strategy for 2020–2023 was approved by the Board of Directors in January 2020 to better align with our vision, mission, and strategic goals. Progress on the associated action plans is reported to the equality, diversity and human rights steering group and from there to the people, culture and diversity committee, which is a subcommittee of the Board.

The Trust also completes the workforce race equality standard (WRES), workforce disability equality standard (WDES) and workforce sexual orientation equality standard (SOWES). These measure differences in outcomes and experience between staff in the three protected groups referred to and those not in those groups. The associated plans are approved by the Trust Board and progress is reported through the same process outlined above.

There have been the following improvements in the WRES, WDES and SOWES data during the year 21/22:

Year	Black, Asian, and Minority Ethnic (BAME) staff in the organisation	BAME staff in bands 8a-8d
2021	359 (4.7%)	13
2022	387 (5.1%)	18

Staff survey results show improvements in the following questions:

BAME staff		
Year	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Percentage of staff who have personally experienced discrimination at work from any of the following in the last 12 months- Manager/team leader or other colleagues
2020	25%	15% (national benchmark 15.1%)
2021	21.4%	10.3% (national benchmark 14.4%)

Staff with Long Term Health Conditions		
Year	Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months
2020	15.1%	23.1% 23.1% (national benchmark 21.3%)
2021	12.6%	19.7% (national benchmark 20.2%)

Staff survey results show that there have been improvements for bisexual staff in the following staff survey questions:

Bisexual staff		
Year	Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months	Percentage of staff who have personally experienced discrimination at work from any of the following in the last 12 months- Manager/team leader or other colleagues
2020	30%	23.3% (national benchmark 15.1%)
2021	20%	12.7% (national benchmark 13.8%)

Staff Networks

The Trust currently has four staff networks which provide safe spaces for staff who identify with these protected groups. Staff feel they belong and are listened to, support is given, and actions and changes are made. We have the follow networks:

- Black, Asian and minority ethnic staff
- Staff with long term health conditions
- Lesbian, Gay, Bisexual, Trans and Questioning staff
- Neurodivergent staff

Members of the executive team regularly attend the network sessions, which are well attended, and feedback has been very positive:

“I feel the network gives people the safe space to speak and share issues or suggestions without being judged and it makes me feel seen and heard. There is also great support from the equality and diversity team, as well as higher management.” – BAME network member

In addition to the four networks currently running, we are now in the process of establishing a new Armed Forces network, a health and wellbeing board, and are exploring thoughts and suggestions around a menopause network.

To highlight the work that is happening around the Trust, we have invited our protected groups to share their voice in our staff weekly blog, which is usually written or vlogged by chief executive, Brent Kilmurray. Each network will write their own piece and raise awareness of any issues, challenges, and changes.

Lunch and Learn

The equality and diversity team have recently started to run monthly lunch and learn sessions for staff. Topics which have been covered are, hate crimes, Gypsy, Romany and Traveller communities, racism, and Ramadan. Each session has been well attended and positive feedback has been widely received.

<i>Gary is very powerful in educating through story telling. No PowerPoint slides, just telling it as it is. Authentic. Open. Honest. Easy style. I could listen to him all day. Thanks so much for organising this, it's been an inspirational session.</i>	- Racism session
<i>What a good insight into Ramadan, interesting, informative, and moving, thank you.</i>	- Ramadan session
<i>Thank you so much for such an interesting session, brilliant and we all enjoyed it! There were five of us from our ward that tuned in, and we all gained so much from attending.</i>	- Gypsy, Romany and Traveller communities

Refugee and Asylum Seeking work in Teesside

Research and consultation was undertaken in Teesside which identified that the refugee and asylum-seeking population had specific mental health needs. This was because of fleeing and post migration stressors, such as language barriers, lack of knowledge of services available and how to access mental health pathways. As a result, several actions have been taken over the last 12-18 months to help make this process more accessible.

We have an additional role reimbursement scheme mental health practitioner based in the Primary Care Network (PCN) that covers arrival in Stockton and Middlesbrough. Specialist GP practices are provided for asylum-seekers who have just newly arrived, and the practitioners provide input to each practice on a weekly basis	- Longer appointments are automatically facilitated to make reasonable adjustments for any language barrier
Both Teesside PCN staff and Tees liaison psychiatry staff have had specialist contextual knowledge training on refugees and asylum-seekers, this training was provided by Refugees Voices.	- The same training is due to be delivered to the Tees crisis and intensive home treatment teams next week

<p>A BAME link worker role has been created specifically to address the mental health of refugees and asylum-seekers. They will work with the mental health access teams and within primary care practices with the highest population of asylum-seekers in Tees Valley.</p> <p>The Trust aims to improve services through active engagement and collating input and feedback on barriers, gaps in knowledge of mental health pathways and interventions.</p>	<ul style="list-style-type: none"> - Discussions are ongoing about recruiting a specialist refugee and asylum-seeker mental health practitioner for Teesside
<p>The link worker aims to build relationships and trust with local communities to ensure health needs are met and early intervention is delivered before crisis point. They will also work to co-produce effective communication tools, helping to improve our service offering.</p> <p>The link worker will cultivate strong working partnerships with diverse community-based support groups, with an awareness that people seeking asylum are not a homogeneous population.</p>	<ul style="list-style-type: none"> - Asylum-seekers and refugees come from different countries and cultures and have had experiences that rely on responses that are person centred in their approach and are both trauma and culturally informed

3.3.2 Has the Trust’s target of 90 per cent for mandatory training compliance in relation to safeguarding level three, raising concerns/whistleblowing, medicines management, rapid tranquilisation and manual handling been achieved in 2021/22?

We are committed to providing high quality, safe services and environments for patients, carers, families and staff. To do this it’s essential that staff have access to appropriate levels of training and that this training is up to date.

We have met the Trustwide target for Safeguarding Level 3 and Raising concerns/whistleblowing. As of March 2022, 86.7% of staff were compliant with their training across the Trust. (92,998 training courses out of 107,306).

	Trust	Children & Young People	Secure Inpatient Services	Health & Justice Services
Full Mandatory Training	86.67%	89.80%	87.06%	93.90%
Safeguarding Level 3	90.85%	94.97%	95.98%	97.33%
Raising concerns/Whistleblowing	90.81%	93.36%	92.49%	98.48%
Medicines Management Annual Module	77.95%	68.75%	80.00%	100%
Rapid Tranquilisation (1-3)	83.74%	N/A	88.92%	100%
Manual Handling (part 1 and part 2 updates)	64.48%	92.59%	67.24%	-

We continue to monitor training and actively encourage staff to complete outstanding training requirements as soon as possible, with new targets in place. However, we been impacted by covid, ongoing service pressures and staffing levels.

Face-to-face training is making good progress back to pre-covid levels.

To ensure that staff have the necessary time to complete their training, services have provided trajectories to improve compliance by the following dates:

- Forensic Services – 31 July 2022
- Durham & Darlington, North Yorkshire & York – 30 June 2022
- Tees – 30 September 2022

3.4 Secure Inpatient Services

3.4.1 Has the issue of unsafe staffing numbers in forensic inpatient wards now been fully resolved?

Our staffing levels are safe. We now use SafeCare as part of Health Roster to ensure we are safely staffed on a daily basis. SafeCare is clinician-rated and is used to ensure rapid escalation and mitigation of concerns. A review of our staffing is carried out in three formal meetings per day, and is monitored via the designated Duty Nurse Coordinator system to ensure immediate response to any issue that may arise. All services are safe and no service is left uncovered.

In terms of recruitment, the Trust is growing in size, with an increase of 5% in the last 18 months. From 1 January to 18 May 2022, we have published 2,277 adverts, offered 1,189 jobs, and 873 candidates have started in post. However, we still face recruitment challenges, which are being felt regionally and nationally. As a Trust, we are working extremely hard to streamline and speed up our recruitment processes and offer incentives for prospective candidates.

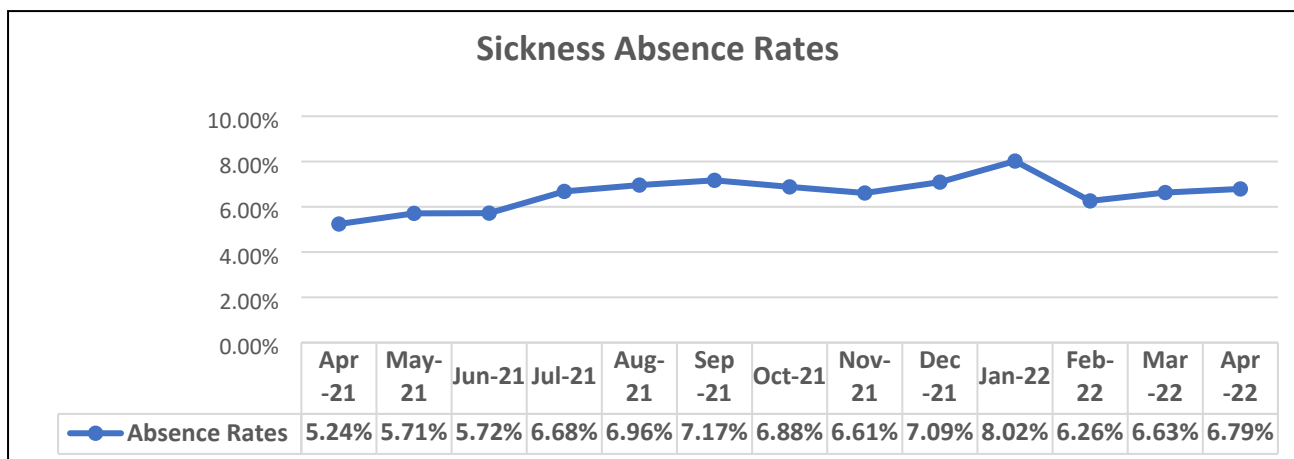
We also have a focus on the retention of current staff, and have made significant progress with the development of a Healthcare Assistant (HCA) Council, our largest workforce in SIS. Meetings have started to take place, which has strengthened the staff voice in the service and ensured that the team is heard at the highest level.

3.4.2 Has the average sickness rating within the forensic inpatient service reduced from the reported rate of 9.83% over the 12 month period up to 18 June 2021?

We have had some challenges with sickness for the period July 21 – March 22. We saw particular challenges during December and January when Omicron was at its peak

The average sickness rate for the period in question within SIS is 13.2%. However, Trustwide, our sickness is stabilising around 6-7%, which is lower than neighbouring Trusts.

We have dedicated HR clinics to manage and support staff sickness and wellbeing. We also have a clear focus on staff wellbeing initiatives and have a range of wellbeing activities that are available within the service.



3.2.3 What action has been taken to address poor culture within the forensic inpatient wards and how has the impact been measured?

Significant work has taken place with regard to the development of an overall model of care and professional development within the service. The model of care describes the key underpinning principles and requirements of staff in terms of values and approach. There is a continued focus on staff retention within the service as well as robust induction processes for new staff. We have invested in our safeguarding, boundaries and values training as well as freedom to speak up processes, so staff feel safe to speak up and are supported. We have also ensured that we monitor levels of clinical supervision.

There is a monthly focus on wellbeing and we have established the healthcare assistant (HCA) and Investing in our People Councils as well as ensuring ward improvement groups and staff meetings regularly take place. In addition, the service has recently partnered with a production company to create a film, 'Diamonds in the Rough', which dramatises the experience of living in a secure inpatient service from the patient perspective. This was cocreated with our patients in the service. The film comes with a series of clips and exercises and will form a key part of induction and training processes for our staff in the future. In addition, all ward managers are undertaking a development programme to support them in the key role they play in shaping culture. Clips from the film can be viewed on the following links:

<https://www.youtube.com/watch?v=0uR4hpAFF54>
<https://www.youtube.com/watch?v=8TZ9ESCTXSk>
<https://www.youtube.com/watch?v=drFnOCmLZiQ>
<https://www.youtube.com/watch?v=Hbud3UozVeM>

The focus on safeguarding has been particularly important. We have had a member of the corporate safeguarding team based within the service offering direct support, supervision and involvement in clinical care. Positively, we have seen the number of safeguarding concerns being raised within the service almost double. However, the number of formal referrals to the Local Authority has remained at a similar level. This indicates that staff are more vigilant and aware of potential safeguarding issues and are actively discussing these with the Trust safeguarding team. The new leadership team will continue to support staff wellbeing and address these issues.

3.4.4 Have any of the improvements made been embedded in the inpatient forensic service?

The use of Safecare to assess, escalate and mitigate any safe staffing concerns is embedded within our secure inpatient service.

We have also introduced a number of daily, weekly and monthly management processes. These ensure consistent oversight of the key areas of quality, including use of restrictive interventions and associated debriefs for staff and patients, use of restrictive practices, availability and delivery of psychological interventions, availability and delivery of AHP interventions, delivery of leave and meaningful activities.

In addition, we have demonstrated consistent improvements in levels of mandatory and statutory training, and safeguarding training. We have introduced quality assurance processes in relation to completion and accuracy of care records.

3.4.5 How many incidents of escorted leave have been cancelled between May 2021 and May 2022 due to insufficient staff at the start of shift? (Figure for May 2020 to May 2021 257 instances)

Between June 21 – April 22:

	Medium Secure units	Low Secure units
No of episodes of escorted leave delivered	5,467	5,391
No of episodes of escorted leave were cancelled due to staffing	137	248
Cancellation rate (%)	1.1%	2.2%

It is not possible to state that all of these cancellations were due to insufficient staff at the start of the shift. Incidents can occur during the course of a shift that require the re-prioritisation of staff resources (e.g. hospital escorts, acuity of patients).

We have taken a number of steps to minimise cancelled leaves, including implementing a clear escalation process via daily staffing huddles to try and prevent cancellations wherever possible. We have also recruited to a Leave Team which is already having an impact.

3.4.6 Are all of the nine wards inspected, holding team meetings? How often do these take place?

Yes, all wards are now holding meetings. The meetings take place on a monthly basis and this is monitored via the Inpatient Fundamental Standards group covering Durham and Tees Valley.

3.5 Children and Young People's Mental Health Services

3.5.1 What percentage of children waiting for support from CAMHS have not received "keep in touch (KIT) calls" as per protocol since July 2021?

Previously teams manually created, maintained and kept in contact with their own waiting lists. Now, all team waiting lists are centrally generated from the IT system giving much greater visibility and accuracy across the Trust.

Whilst families are waiting for their assessment or treatment, we have a keeping in touch (KIT) process. This means quarterly contact for children and young people who are waiting and who are RISK-RAG rated GREEN and monthly contact for those RISK-RAG rated AMBER. Anyone rated RED for risk will be receiving active support. Not everyone will receive a call; GREEN RISK-RATED patients receive a letter, as is our protocol. AMBER RISK-RATED young people receive a telephone call and RED-RAG RATED cases will receive support.

We monitor compliance with this process on a daily basis within teams and three times per week on a Trust-wide basis. All staff at clinical and senior management levels have oversight of the same waiting list, containing the same KIT information and it is held in the same place; this data is always a 'live' position. This means 'compliance' fluctuates on a daily basis but is measured as part of the three-times-weekly Trust-wide compliance check.

Since monitoring of this new process began in November 2021, compliance has been between 91%-99%, as of today it is 97%. This means that 97% of people currently on the Trust-wide CAMHS waiting list have had a contact within the timeframe in accordance with their risk level.

For any young person who becomes 'overdue' for a contact; these will be flagged up within the three-times per week Trust-wide compliance huddles and action taken to make contact. Due to the regularity of the team-level and Trust-wide compliance checks within this process and the 'live' nature of the data, usually no young person remains 'overdue' for more than 24 hours. This is a much better position than at the time of the inspection when the majority of breaches remained overdue for longer than this. Our regular communication as part of these contacts reiterates to families what other support is available in their communities and how to contact our 24/7 crisis line if needed.

3.6 Autism Services

3.6.1 What improvements have been put in place to ensure children and adults waiting for an autism assessment receive support whilst they are waiting?

Children and Young People's Services

Whilst families are waiting for their assessment with the neurodevelopmental team, we have a keeping in touch (KIT) process. Families should as minimum expect to receive a letter from the team as a way of keeping in contact on a quarterly basis. In some of our localities a newsletter is produced and we want to work towards this being a co-production opportunity with our parent/carers forum across the localities.

There are services that are commissioned to offer a 'bubble of support' which is provided by our partners, for families and there is work underway by the CCG to continue to develop services to offer a menu of options. Bubble of Support is needs-led and for any CYP/family who have an ASC presentation – whether they are formally on the specialist pathway or not.

The Trust works with our partners in delivering the ITHRIVE framework that encompasses a systems approach in supporting families with their emotional wellbeing and mental health needs, the provision of which will be different in different areas.

The i-THRIVE framework includes:

- Thriving: prevention and promotion in the community
- Getting Advice and Signposting: signposting, self-management and one-off contact
- Getting Help: goals focused, evidence informed, outcomes focused intervention
- Getting More Help: Extensive treatment
- Getting Risk Support: Focus of intervention is providing risk management

There is a monthly Emotional Wellbeing and Mental Health Steering Group, with local provider task & finish groups – to identify the direction of transformation and work. This steering group is chaired by North of England Commissioning Support and has key providers and Local Authority leaders as core members. At a clinical level there are clinical huddles at all levels to get the right child to the right place at the right time.

At any time (whether waiting for assessment or during assessment) where a mental health need is identified, the young person is referred into the most appropriate service that will support them with their mental health (which may/may not be TEWV).

Adult Mental Health Services

Adult Mental Health services have developed bespoke principles around keeping in touch. These principles apply from the point that someone is allocated onto caseload.

In AMH there are occasions when a person is waiting for a specific assessment or treatment. However, this does not mean that the service user will be left 'waiting' - this is in effect stage 1 of assessment/treatment and it is important that there is an initial assessment that informs the safety summary and safety plan. This will be co-produced wherever possible and will set out the identified ongoing support, help and guidance that will be available during this period.

When identified as being in stage 1 there will be an initial assessment of need to cover the 'waiting' period. This will be documented in the safety summary and safety plan, regardless of whether the agreement is about interim interventions such as self-help guidance or how to keep in touch.

The safety plan should therefore reflect the following:

- A likely timescale agreed with the service user/carer to have the specific assessment /treatment they are waiting for
- Who will keep in touch
- How often
- By which preferred method
- If appropriate what interventions will take place (e.g. self-help, recovery college)
- What to do/who to contact if there are any concerns or changes in circumstances

There may be occasions where there are no interventions identified as being required during this stage but there will always be an agreed minimum review period, of no more than six months, as well as an escalation route if there are concerns/changes in circumstances.

3.6.2 How many people, children and adults, are on the waiting list for an autism assessment and long is the current wait time for an assessment?

Children and Young People's Services

Waiting time to access Children and Young People's Services specialist autism assessments are typically around 2 years. This is due to a lockdown backlog. In addition, a recent review with CCG partners shows demand has increased by 300% post COVID-19.

Each week we provide an internal report which provides oversight of the numbers of children and young people waiting for a specialist autism assessment and the length of time waited. We also provide assurance in relation to the status of each of the long waiters and the actions being taken.

In addition, each month we provide the same report to Commissioners which also includes a Patient Tracker List (PTL) for the longest waiters.

On 16 May 2022, we had 3,391 children and young people waiting for a specialist autism assessment.

- Within Durham and Tees Valley we had 3,166 children and young people waiting for a specialist autism assessment (Durham and Darlington 1829 and Teesside 1337).
- Within North Yorkshire, York & Selby we had 225 children and young people waiting for a specialist autism assessment. TEWV do not have a commissioned service in North Yorkshire; only York & Selby.

Within Durham and Tees Valley we have 10 children and young people recorded as more than 2 years.

- Nine of our children and young people are genuine waiters, due to demand for autism assessments exceeding capacity within the team. They are all due to be seen between May and July 22. The longest wait is 805 days (2 years, 3 months)

Within North Yorkshire, York & Selby we have eight children and young people between 1-2 years.

Adult Mental Health Services

There are currently 371 patients on the waiting list to be allocated for diagnostic assessment. The longest waiter is 770 days.

3.7 Patient Safety

3.7.1 Has a trust-wide policy for safeguarding adults been developed?

A policy has been developed and is now undergoing a six-week staff consultation from 19 May-30 June 2022.

3.7.2 Who is the named doctor for adult safeguarding?

A job description is currently being developed for a new role within the Trust as a named doctor for safeguarding adults. In the Interim, the Medical Director covers these responsibilities.

3.7.3 How are the level of restrictions placed on patients' freedom measured? Does the level of restrictions in place remain high?

There will be occasion where in order to keep our patients safe, staff will need to use certain restrictions as part of the overall care and treatment we provided.

The types of restrictions that will be put into place will vary depending on the patient's needs at that time, and these can range from preventing a patient from having access to certain items i.e. mobile phones to using a physical restraint technique to prevent a patient from harming the self or staff member.

All forms of restriction should always be carried out as a last resort using the least restrictive approach that is available in order to keep a patient safe.

Any use of these types of interventions are recorded as incidents and will be subject to comprehensive reviews at ward, local and senior levels within the Trust. The nature and number of restrictions are overseen by the Quality Assurance Committee, the quality sub-committee of the Trust Board.

Ward teams continue to implement a range of approaches to reduce restrictive interventions through the Trusts positive and Safe plan. Specialist support in Positive Behaviour Support is in place across SIS. The CQC routinely undertake Mental Health Act inspections of inpatient wards to monitor compliance

3.7.4 Has the level of restrictions reduced since the inspection was held?

The Trust has seen significant reductions in the use of physical intervention in the last 12 months and we remain committed to reducing this further across all of our services. The use of physical intervention is only implemented when the safety of our patients or staff is at risk, and when all other practical means of managing a challenging situation have been unsuccessful. Between 2020/21 and 2021/22 there has been:

- 50% reduction in prone restraint
- 68% reduction in mechanical restraint
- 25% reduction in seclusion usage

The Trust has clear aims in place to reduce all forms of restrictive practices across our inpatient areas. We have invested in developing human rights training for supporting people in our care; and introduced clinical frameworks focused on improving ward spaces and developing individualised approaches for managing risk and behaviours that challenge. Whilst these approaches continue to have a positive impact across our service, we recognise that there is further work to consider and areas for further development that we want to explore.

We have developed a robust process for open and transparent reporting of restrictions across our services. We have seen significant reductions in different types of restrictions we use i.e. restraint. We regularly monitor our usage as part of national benchmarking programmes and report similar to other Trust's nationally.

3.7.5 How many safeguarding issues in relation to the protection of patients have been referred to the local authority adult safeguarding team since December 2021?

	20-21	21-22			
	Q4	Q1	Q2	Q3	Q4
Trustwide	147 (27.5%)	167 (27%)	170 (26%)	175 (27%)	144 (21%)
Durham and Darlington	29 (20%)	45 (27%)	46 (27%)	36 (22%)	34 (19%)
Forensic	18 (26.5%)	24 (38%)	11 (16%)	24 (23.5%)	23 (18%)
Teesside	47 (33%)	64 (27%)	72 (29%)	53 (27%)	53 (25%)

The table above shows 21% of the safeguarding concerns recorded were referred to the Local Authority. 79% of the concerns did not meet the requirement for a referral and were managed by the clinical teams.

3.7.6 What quality and assurance systems are in place to ensure information within care records are kept accurate and up to date?

The Trust has a range of quality and assurance systems in place which support services to ensure that care records are kept accurate and up to date.

The Trust's electronic care system supports clinicians to ensure care records are up to date and accurate by monitoring and flagging when care and treatment reviews are due to take place. This includes reviews of key care documents, such as care and safety plans. There are quality and performance management systems in place to ensure senior level oversight of clinical teams is maintained.

We've invested in a new electronic patient information management system (CITO), which has been developed in partnership with teams and in line with service delivery plans. The new system is due to go live in Autumn 2022 and will further support the patient journey, ensuring actions take place in a timely and efficient manner and records are updated and accurate.

The Trust has in place a Quality Assurance Schedule. This includes a range of clinical audits, many of which focus on reviewing care documents to ensure that these are up to date and to provide assurance regarding the quality of their content. Services have a range of senior professionals who support with the delivery of the quality and assurance systems which are in place. This includes Modern Matrons and Practice Development Practitioners who provide coaching and mentoring to ensure continuous quality improvement with regard to the quality of clinical practice (including record keeping practices).

The Quality Assurance Schedule reports into Trust governance forums as part of the quality assurance system and has supported significant improvements in practice since its introduction.

Clinical staff also undertake clinical supervision sessions with a designated clinical supervisor. Sample clinical cases are reviewed during these sessions, which supports peer review and checks that clinical recording is accurate and up to date.

3.7.8 How many serious incidents have there been in the last 12 months?

We have undertaken significant improvement work to learn from serious incidents and prevent harm to patients. There were 145 serious incidents reported on the national data base (StEIS) from the beginning of May 2021 to the end of April 2022. This includes both community and inpatient services. The Trust currently has more than 56,200 patients open to services, which includes over 630 inpatients.

A patient safety event was held on 20 May 2022 around improving the experience of patients and families during serious incident reviews. The 'journey to safer care' event provided an update on the significant work we have been undertaking to modernise our incident reporting processes and how these align to the forthcoming national requirements outlined in the Patient Safety Incident Reporting Framework (NHSE/I).

It also looked at the incident reporting and investigation process from start to finish, and how we will use information from 'low' harm to 'catastrophic' harm incidents to ensure that we identify themes, and actionable learning, how we will embed learning, and how we propose to monitor the impact and outcome of actions on patients and the quality of our services.

We are also transforming and improving incident reporting and incident reviews from the perspective of patients, families, carers, staff and external partners.

3.7.9 What improvements have been made to ensure learning from serious incidents is shared with the whole team and wider service to prevent future serious incidents?

The Trust continues to strengthen its arrangements for organisational learning via the Organisational Learning Group. Urgent patient safety messages identified when incidents have occurred are shared Trustwide via patient safety briefings and assurance is obtained confirming that the information has been shared with the clinical teams within a given timescale. 'Learning from serious incidents' bulletins are distributed across the Trust, which share key learning and good practice highlighted in serious incident reports presented at the Directors' Assurance Panel. A quality Improvement event will be held in August 2022 to focus on how we can improve the communication and impact of learning in front line services.

ENDS