Tees, Esk and Wear Valleys
NHS Foundation Trust

COUNCIL OF GOVERNORS
TUESDAY 13 JULY 2021
AT 10.00 AM via MS Teams

Public Observation:
Anyone who has registered to observe the meeting will be sent instructions to join the event using Microsoft Teams. You will be requested to keep your microphone on mute and any camera setting to off. No questions or statements are allowed.

AGENDA

1	Welcome and Apologies	**Chairman**	**Verbal**
2	Chairman's Introduction	**Chairman**	**Verbal**
3	To approve the minutes of the meeting of Council of Governors held on 18 May 2021.	**Chairman**	**Draft Minutes**
4	To receive any declarations of interest	**Chairman**	**Verbal**
5	To review the public action log	**Chairman**	**Report**
6	To receive an update from the Chairman	**Chairman**	**Verbal**
7	To receive an update from the Chief Executive	**Brent Kilmurray, Chief Executive**	**Report**
8	**Integrated Care Systems** To receive a briefing on Integrated Care Systems.	**Brent Kilmurray, Chief Executive**	**Presentation**
9	**Quality Account 2020/21** To receive and note the Quality Account 2020/21.	**Elizabeth Moody Director of Nursing and Governance**	**Quality Account 2020/21**
10	**Governor Question and Answer Session** *(Note: A schedule of questions received from Governors, where they have asked for them to be available at the meeting, and responses to them, will be circulated).*	**Chairman**	**Verbal**

11	To note that the next meeting of the Council of Governors will be the Annual General and Members' Meeting to be held on 23rd September 2021 (timings to be confirmed)	**Chairman**	**Verbal**
12	**The Chairman to move:** *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.* *Information which, if published would, or be likely to, inhibit -* *(a) the free and frank provision of advice, or* *(b) the free and frank exchange of views for the purposes of deliberation, or* *(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.* *Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.*	**Chairman**	**Verbal**

Miriam Harte
Chairman
5 July 2021

Contact: Phil Bellas, Trust Secretary Tel: 01325 552001/Email: p.bellas@nhs.net

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 18 MAY 2021, 2.00PM VIA MICROSOFT TEAMS

PRESENT:
Miriam Harte (Chairman)
Dr Sara Baxter (Redcar and Cleveland)
Mary Booth (Middlesbrough)
Emmanuel Chan (Teesside)
James Creer (Durham)
Gary Emerson (Stockton on Tees)
Dr Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Hazel Griffiths (Harrogate and Wetherby)
Dominic Haney (Durham)
Anthony Heslop (Durham)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Jules Preston (Harrogate and Wetherby)
Jean Rayment (Hartlepool)
Graham Robinson (Durham)
Dr Mojgan Sani (Stockton)
Zoe Sherry (Hartlepool)
Cllr Helen Swiers (North Yorkshire County Council)
Jill Wardle (Durham)
Judith Webster (Scarborough and Ryedale)

IN ATTENDANCE:
Phil Bellas (Trust Secretary)
Angela Grant (Senior Administrator)
Ruth Hill (Chief Operating Officer)
Prof Pali Hungin (Non-Executive Director)
Brent Kilmurray (Chief Executive)
John Maddison (Non-Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Donna Oliver (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance, Commissioning and Communications)
Beverley Reilly (Non-Executive Director)
Shirley Richardson (Non-Executive Director)
Liz Romaniak (Director of Finance and Information)

21/01 APOLOGIES
Lee Alexander (Durham County Council)

Louis Bell (Corporate)
Gemma Birchwood (Selby)
Sue Brent (Sunderland University)
Mike Brierley (NHS County Durham CCG)
Anne Carr (Durham)
Mark Carter (Redcar and Cleveland)
Marie Cunningham (Middlesbrough)
Janet Goddard (Scarborough and Ryedale)
Ray Godwin (Forensic)
Ian Hamilton (University of York)
Christine Hodgson (York)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Prof Tom McGuffog MBE
Jacci McNulty (Durham)
Rachel Morris (Teesside University)
Paul Murphy (Non-Executive Director)
Gillian Restall (Stockton on Tees)
Erik Scollay (Middlesbrough Council)
Stan Stevenson (Hambleton and Richmondshire)
John Venable (Selby)
Dr Ruth Walker (NHS Vale of York CCG)
Cllr Derek Wann (City of York Council)
Dr Hugh Griffiths (Non-Executive Director)

21/14 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting. Apologies were noted from Governors as recorded on the register of attendance.

21/15 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 18th February 2021.

Agreed -

That the public minutes of the meeting held on 18th February 2021 be approved as a correct record and signed by the Chairman.

21/16 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/17 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

1) Minute 19/70 – Update on autism training

The Medical Director provided an update that included confirmation that:

a) All Trust clinical staff received basic autism training, as part of their mandatory training.
b) Level 2 autism training involved a face to face, one day course, which had been going very well before the pandemic with over 2000 members of staff trained. This had been recommenced in September 2020 using Microsoft Teams, with a further 600 staff trained. This equated to around 38% of the workforce.
c) Level 3 autism awareness involved a one week training course and was currently being rolled out to various teams across the localities of Durham and Darlington and Teesside.

Action – Closed

2) Minute 20/25 – briefing session for Governors on ICS/ICP

The Chairman advised that a briefing update for Governors would be held once further details were received around the governance arrangements, including accountability and any potential Non-Executive Director level involvement in the Integrated Care Systems.

The Chairman added that some thought would be given to when it might be possible to return to 'business as usual', as the pandemic restrictions started to ease and the intention to consult with Governors on any relevant topics or information that they might want to be briefed on.

The Lead Governor noted that following an informal discussion with fellow Governors, one of the themes that had come up quite strongly had been around the need for stronger, more informed communication between the Trust and Governors. The Chairman agreed and said that the recent lines of communication - out of necessity had been around critical information, whilst managing throughout the pandemic, but that would now be stepped back up.

It was suggested that some useful updates should include the impact and effectiveness on staff and patient safety from the use of body worn cameras, which had been piloted across some wards by Oxehealth and also current Trust research projects.

Action: M Harte/P Bellas

3) Minute 21/08 (6) – Functionality of Cito and Pando platforms.

It was noted that a response had been issued regarding this matter on 3rd March 2021.

Action – Closed

Following a query it was noted that the Trust was in conversations with key stakeholders about 'place based provider collaboratives' and this was part of the overall strategic thinking for the organisation.

4) Minute 21/08 (8) – Posters in staff area regarding complaints and reference to manipulation.

The Chief Executive confirmed that there had been a review of posters displayed and old posters had been removed and destroyed.

Action – Closed

21/18 CHAIRMAN'S UPDATE

The Governors received and noted a verbal update from the Chairman.

The following matters were highlighted:

1) The intention to reinstate Governor Development days, which would also provide an opportunity to review and refresh matters in light of the changes in the last year and communication of relevant and key pieces of information to Governors, would be of focus.
2) Following the inspection undertaken by the Care Quality Commission, staff Trust wide had been very busy working on the action plan, implementing changes to new processes to ensure patient safety and high quality care. The Chief Executive would cover the CQC update in more detail later in the agenda.
3) The Governor elections were currently underway and the nominations had now closed. Two long standing Governors would be leaving at the end of June 2021, Prof Tom McGuffog and Mr James Creer. They were both thanked for their time and contributions to the Trust in their Governor roles and the Chairman wished them well in their future ventures.

   There was one outstanding vacancy for a public Governor in Hambleton & Richmondshire.

4) There had been a Governor Nomination and Remuneration Committee held on 10th May 2021 with approval to proceed with the appointment of two Non-Executive Directors. It was anticipated that the recruitment process would take place sometime in July 2021 and that Governors would be invited to participate in the arrangements.
5) The Trust continued to face pressures from the increased acuity and complexity of the individuals needing care and access to services. This had led to some pressures on the bed occupancy levels. There was a lot of demand coming through as a result of the pandemic and the four localities were looking at future models of care.

21/19 CHIEF EXECUTIVE UPDATE

The Governors received and noted the Chief Executive's Update Report.

The following matters were highlighted:

1. Care Quality Commission (CQC)

- The CQC inspection to adult acute inpatient wards and PICU had been published on 26th March 2021.
- Following this a warning notice had been issued stating inadequacies relating to clinical risk assessment and management, training in relation to clinical risk management, assurance, observations and engagement; and learning from incidents.
- An action plan had been implemented and this would be overseen by the Quality Improvement Board (QIB) with colleagues from NHSEI.
- One of the key actions included a revised approach to harm minimisation (risk assessment and management), a new training course relating to harm minimisation and a review of observation and engagement.
- Assessments were now being undertaken through audits to make sure that the changes had in fact had the desired outcomes. Feedback from patients and staff had so far been that the new processes were more meaningful and made them feel safer.
- It was anticipated that there would be an unannounced Well Led inspection by the CQC sometime in the next weeks or months. This was part of the national programme of inspections and staff were currently starting to prepare for that.

2. Governance Review

- Following the Governance Review by the Good Governance Institute, commissioned by the Board of Directors there had been a number of recommendations made. The Board had received and accepted the recommendations and the work was now being taken forward.
- A copy of the report and a fuller briefing would be provided to the Governors in the confidential session of the meeting.

3. Covid

- There continued to be a few cases of Covid-19 in the community but there were currently no open outbreaks in inpatient services. As at 7th May 2021 there was only one patient being treated as an inpatient that was Covid positive.
- There would be close monitoring of the impact of the surge demand on services. This had been particularly noted in CYPS eating disorders where referrals had gone up significantly. The wider service implications were being shared with commissioners and stakeholders.

5. Vaccines

All remaining staff that had not taken up the first Covid-19 vaccine would be referred to their GP, which was in line with national guidance.

Following a query around whether the Trust had considered making the Covid vaccine compulsory, it was noted that staff had been strongly encouraged to take up the offer of the vaccine and any that did not would be required to undertake a full risk assessment.

Joan Kirkbride queried whether it was Trust policy that all bank and agency staff should be fully vaccinated against Covid.

The Chief Executive noted that the Covid vaccine was not compulsory; however there had been a good uptake by agency staff. The Trust was taking a strong line on encouraging all staff to be vaccinated. There was now going to be a focus given to the small number of staff that had neither accepted nor declined the vaccine.

21/20 GOVERNOR QUESTIONS

The following questions or comments were raised by Governors:

1. Cllr Ann McCoy, Appointed Governor, Stockton Borough Council

Whether the Trust was doing enough to promote and communicate the good news and positive messages about progress around services and delivery of care.

The Chairman:

a) Noted that there was a line of communication with key stakeholders, including MPs, council leaders and Chief Executives to inform them of the progress being made by the Trust through various meetings held by the Chairman and Chief Executive. There had also been the introduction of a Stakeholder Briefing, the first of which had been sent out last week.
b) Thanked Governors in their role of providing positive information to the people in their various constituencies.

A further point was raised that previously details of any questions had been circulated with agendas for the meeting. It was suggested that this approach should be re-introduced as Governors had found it helpful. Mrs McCoy made a point that this was not a criticism of the Trust Secretary's Department, who had continued to do a sterling job under recent pressures.

The Trust Secretary advised that:

a) The team in the Trust Secretary's Department had reduced due to a recent secondment opportunity for Kathryn Ord and that resources were currently stretched. He thanked his team for their hard work and commitment over the recent months.

b) Following the organisational structure review there would be a restructure of the Trust Secretary's department, in line with delivering the new strategic framework and our Journey to Change. It was anticipated that there would be

some supplementary support and resources in the Department by October 2021.

c) The Chairman agreed that, where requested, questions raised by Governors and answers to them should be circulated with agendas for future meetings.

2. Gary Emerson, Public Governor,Stockton on Tees

It was requested that as the Trust came out of the pandemic and returned to some normality whether it would be useful to have the written Operational Report back on the agenda. Whilst the locality meetings were useful, they only provided a snapshot of one area at each meeting against one report containing a Trust wide position.

The Chairman advised that after some consultation that Operational Report had been taken off the agenda and replaced by the four locality meetings in order to provide more current and live updates to Governors. This was something that could be considered for future agendas, along with what other top headline information that was required for the Governors.

Action: M Harte

3. Dominic Haney, Public Governor Durham

The Governor requested a copy of the response to a question that had been raised previously. This had been about ADHD assessments and the long waiting lists of over 14 months.

It was noted that the Trust was still working on measures to address the waiting times through some scoping work and looking at an option of using some non-recurring funding to support the work. There were no firm plans however yet in place.

This would be picked up and brought back to the next Governor meeting.

Action: Ahmad Khouja

4. Dr Boleslaw Posmyk (NHS Tees Valley CCG)

The Governor raised a query concerning the governance arrangements that were in place across the Committees reporting to the Board, ie, the Resources Committee and/or the Quality Assurance Committee to provide the monitoring and scrutiny of quality and safe care.

The Chief Executive advised that the Regional Quality Board that the Trust was currently working with led, by NHSEI was monitoring progress and levels of assurance being provided on the development and implementation of the actions following the CQC visit. There had been three meetings held so far where the Trust had provided the relevant assurances.

The Chairman thanked Governors for their questions.

21/21 FINANCE REPORT

Consideration was given to the headlines from the finance report.

It was highlighted that:

1) The Trust had submitted its draft Accounts to NHSEI and had achieved its financial targets for both revenue and capital (draft position).
2) The Trust's unaudited draft accounts for 2020/21 (before impairments) had shown a surplus of £9.2m. That was equivalent to 2.2% of the Trust's annual turnover and was £8.6m ahead of the revised target surplus of £0.6m.
3) The cash balance, largely due to a £4.0m VAT rebate was at £80.9m.
4) CRES (cost savings) was behind plan at £589k as at 31st March 2021.
5) The Trust had been working in slightly different financial arrangements over the last year freeing up some of the bureaucracy to focus on managing throughout the pandemic.
   On this matter it was explained that the Centre had devised new terminology around financial planning and the term used for the first six months of the financial year was "H1" with the second half "H2". It was still unclear what the final arrangements would be from September 2021, which would be dependent on how things improved with the pandemic and infection rates.

6) Financial planning for the next six months was now underway with the Trust to agree mental health income and associated partnership investment priorities for a draft submission on 6th May 2021.
7) The Board of Directors had approved the interim 2021/22 budget at its meeting held in March 2021, pending receipt of the national guidance, CCG and System funding envelopes.
8) The finance teams were now busy looking at preparing run rate analysis and l areas where there might be cost pressures and assessing how the national financial framework would fit with funding streams and working with system partners.

In response to queries raised by Governors it was noted that:

(a) The technical adjustments in the financial accounts did include the assessed revaluation of Roseberry Park Hospital.
(b) The Regional Quality Board had been the governance route for discussions around any potential deviation from the long term plan and ring fencing of elements of funding and they had been very supportive in agreeing to invest in additional staffing as a priority for the Trust.
   It was noted that funding for staffing was not an issue for the organisation, however sourcing the right staff with the right skills would be a challenge.

(c) Partnership Boards had expressed their commitment to the Trust and the direction of travel.
(d) There had been a number of community based schemes for children's mental health and the Trust had been successful in securing some funding.

A report was requested to a future meeting on how the pilot schemes for children and young people's mental health would be rolled out and CAMHS initiatives in general.

Action: R Hill

21/22 PERFORMANCE DASHBOARD

Consideration was given to the highlights of the performance dashboard, as at 31st March 2021.

The Director of Planning, Commissioning, Performance, and Communications drew attention to:

(1) An area which required improvement to achieve the NHSE national standard which was inappropriate out of area placements. Some actions had been identified for Durham and Darlington and Trust wide bed management to understand when patients could not be accommodated closer to home. A bed management team had been established and would be taking this work forward.
(2) Other areas of performance requiring improvements were around providing timely treatment, patient experience and outcome measures.
(3) There was positive assurance in the performance around waiting times for seeing patients within four weeks from referral, length of stay and staff appraisals.

Governors raised the following:

1) Whether Covid-19 had led to patients not feeling safe.
It was noted that the issue of patients' not feeling safe had been something that the Trust was trying to positively address before the pandemic and was part of the Quality Account and priorities.
2) Whether there was any flexibility in bed capacity to respond to the rise and fall in admissions, however more notably increasing since the pandemic.

It was highlighted that there had been some additional beds opened in wards to accommodate the increased admissions over the last few weeks, as the Trust did have a degree of flexibility for exceptional circumstances. The admissions were higher across Durham and Darlington and Tees than North Yorkshire & York, however the number of admissions were influenced by the provision of supporting services such as crisis teams and community teams and all factors needed to be taken into consideration.

21/23 APPOINTMENT OF DEPUTY CHAIRMAN

Agreed: *That Mr Paul Murphy be appointed as Deputy Chairman with effect from 1st July 2021.*

21/24 FUTURE MEETINGS

The Chairman confirmed that the next meeting of the Council of Governors would be held on 13th July 2021 at 2pm via Microsoft Teams.

21/25 CONFIDENTIAL RESOLUTION

Confidential Motion

"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:

Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.

Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.

Information which, if published would, or be likely to, inhibit -
(a) the free and frank provision of advice, or
(b) the free and frank exchange of views for the purposes of deliberation, or
(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.

The Chairman closed the public session of the meeting at 1.55pm.

Miriam Harte
Chairman
13th July 2021

Council of Governors Action Log

Item 5

RAG Ratings:

	Action completed/Approval of documentation
	Action due/Matter due for consideration at the meeting.
	Action outstanding but no timescale set by the Council.
	Action outstanding and the timescale set by the Council having passed.
	Action superseded
	Date for completion of action not yet reached

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/11/20	20/25	To organise a briefing session for Governors on ICS/ICP	Kathryn Ord	~~July 21~~	Covered on agenda item no 8
18/05/21	21/17	Future reports to Council to include updates on: a) Current Research projects and initiatives; b) The Trust pilot of body worn cameras in various wards to gain assurance on the impact and effectiveness on staff and patient safety.	E Moody/Prof Ekers	Nov-21	
18/05/21	21/20 (3)	Response to Dominic Haney's question about ADHD assessments and long waiting lists to be reported in to the next Council meeting - Nov 2021 (deferred from May CoG due to ongoing work)	A Khouhja	Nov-21	
18/05/21	21/21	Update report requested about the pilot schemes for children and young people's mental health (requested by Anne McCoy)	R Hill	Nov-21	

Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM NO. 7

PUBLIC

COUNCIL OF GOVERNORS

DATE:	**Tuesday, 13 July 2021**
TITLE:	**Chief Executive's Report**
REPORT OF:	**Brent Kilmurray, Chief Executive**
REPORT FOR:	**Information**

This report supports the achievement of the Strategic Goals:	
To co-create a great experience for our patients, carers and families	✓
To co-create a great experience for our colleagues	✓
To be a great partner	✓

Executive Summary:

A briefing to the Council of Governors of important topical issues that are of concern to the Chief Executive.

Recommendations:

To receive and note the contents of this report.

Care Quality Commission

The Care Quality Commission (CQC) notified us that they would be starting an inspection of core community services on Monday 14th June. They arrived to undertake an unannounced visit later that afternoon to secure inpatient services. The well led inspection is confirmed for 28th and 29th July.

The CQC has visited four core services and issued a large number of data requests. The services visited are Adult Community Mental Health teams, Crisis teams and Healthcare Based Places of Safety, Children and Young Peoples community teams (CAMHS) and Forensics Specialist Inpatient Services.

We have had no official feedback from the CQC. Staff have fed back positively that they were listened to and felt able to tell inspectors about their work and their ways of working and how it feels to work in our services. On this basis we are not aware of any major concerns or risks for the three community based services.

In Forensics, however, the CQC has escalated concerns about staffing and escalation processes and the impact on patient experience. We have rapidly investigated these matters and undertaken work to provide a clearer understanding of our processes and what we have done. The CQC has verbally assured us that they are content with our response and on that basis we do not expect any immediate further escalation.

Preparations for the well led is now well underway.

Governors will also probably be aware from the report made to the Board of Directors recently that inspections have also revisited adult acute and psychiatric intensive care wards following the issuing of the Section 29A warning notice. The Trust had fed back in May that we had completed our action plan and that we were still working on embedding the new safety summaries and plans.

Inspectors undertook a thorough review across all of our sites. As reported to the Trust Board the CQC has written to me with the following feedback:

- There were improved systems to record and understand patient risks. Patient safety incidents were pulled through into the patient overview sections and could be easily found.
- Meetings were observed where risks were discussed and cross referenced to records to ensure risks and observations and leave decisions were properly recorded.
- Daily ward safety briefings facilitated a shared understanding of risks for all staff. Some staff fed back that patient risks being anonymised for confidentiality purposes was not helpful. This is now being looked into.
- Most staff reported being well supported through the changes process including coaching, webinars and supervision.
- The ligature reduction programme had been completed since the previous inspection.
- There was improved learning from serious incidents through leaders communicating reports and safety briefings, staff could talk about recent incidents and lessons learnt.
- Audits and checks to improve governance and assurance of embedding of changes were in place.

The inspectors also found:

- There were examples where not all risks have been reflected in safety summaries.
- There was an incident regarding sexual safety, which had not been reflected in a safety summary and the risk had not been identified in records. The CQC has requested more information about this and other sexual safety incident data.
- Not all incidents had pulled through into the patient overview section.
- A window had not been locked into position presenting a ligature risk, this was addressed on the day of the inspection.
- Staff were concerned about the lack of seclusion facilities.
- There was a discrepancy on the date of an environmental risk assessment on one of the wards.

- A paper file system for safety briefing reports and recommendations was not up to date.

Structures

I announced in June that we were commencing some engagement work with our leadership community on some new operational management structures. There have been several workshops with colleagues on this to share a briefing and to set in train the engagement work in advance of formal consultation.

It is felt that there is an opportunity to introduce a simpler approach to reduce layers of management and to reduce complexity in the associated operational and quality governance arrangements. It is also becoming increasingly important that we align more with our Integrated Care System and local Place based partnership arrangements and the new structure will ensure it picks up this opportunity too.

There are NO requirements for the delivery of efficiencies in this exercise. This is about ensuring the simiplicity and that our key management and leadership positions become more achievable.

To support this resources will be used to ensure that there is additional clinical leadership input at all levels, as a key principle is to ensure we continue to embed and improve on the collective leadership model we operate currently in most services.

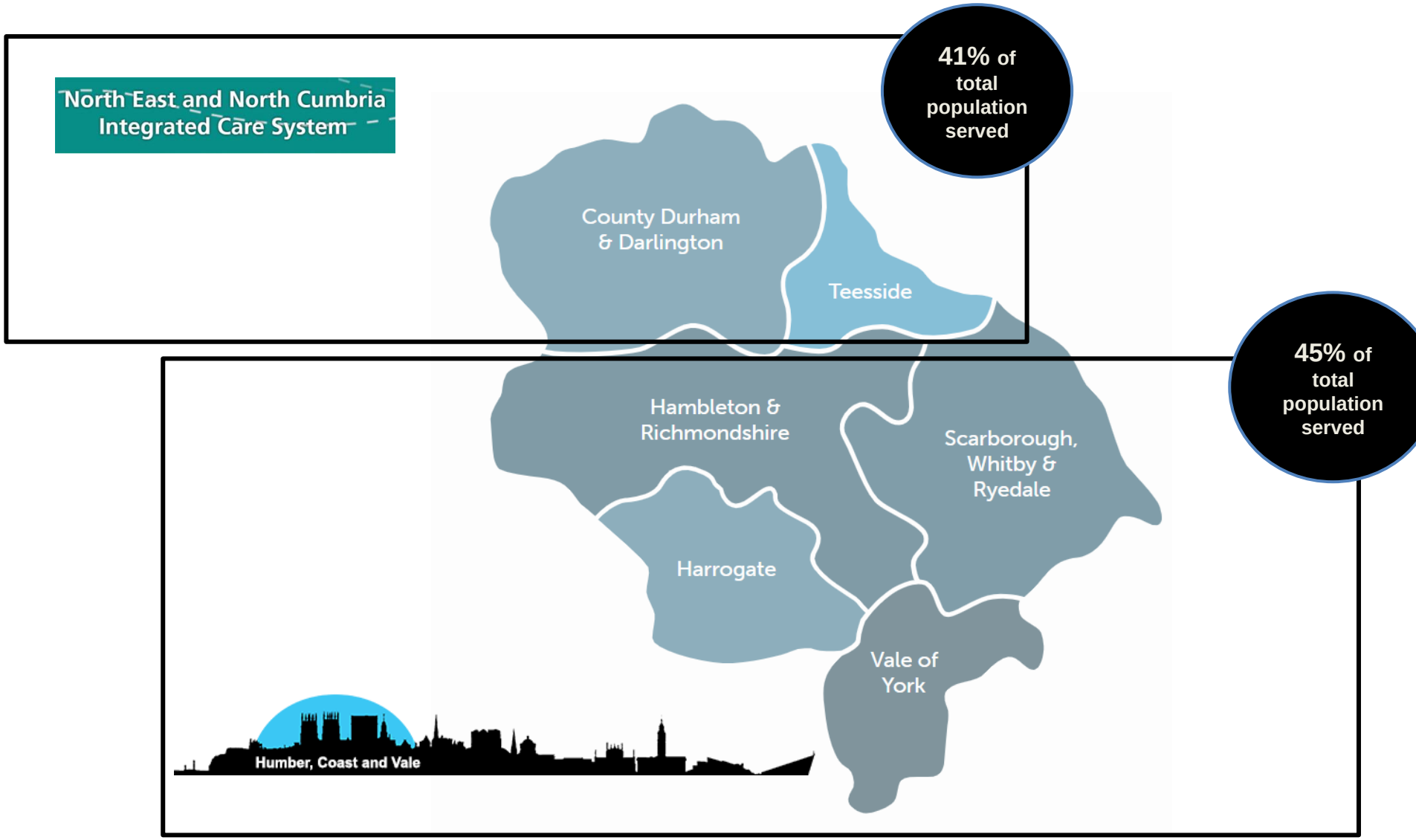
Tees, Esk and Wear Valleys
NHS Foundation Trust

Integrated Care Systems (ICS)

Council of Governors
13th July 2021

Tees, Esk and Wear Valleys
NHS Foundation Trust

We Span two ICS's:
serving a population of 2million and working as part of multiple Places



Integrating Care:

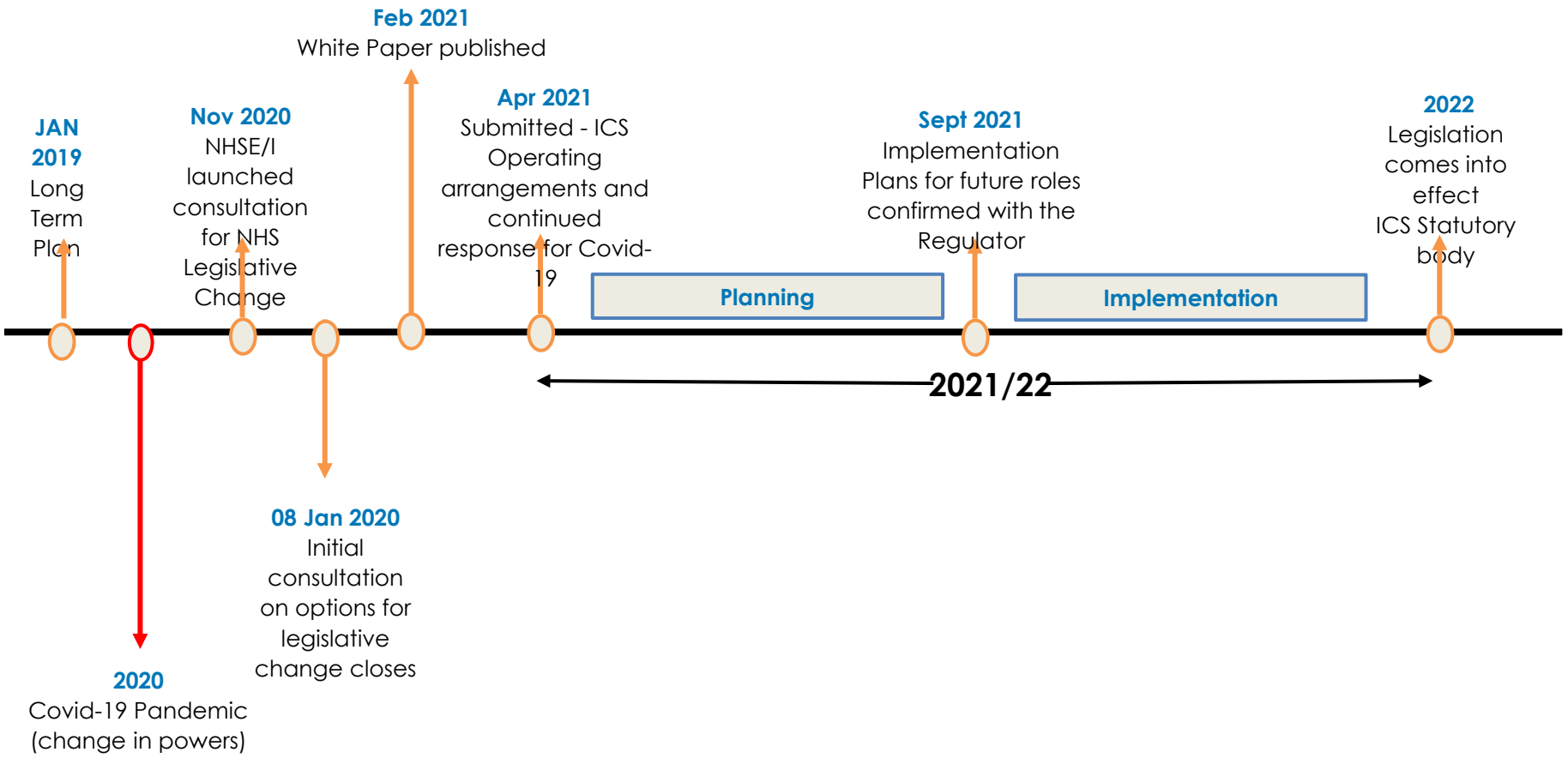
Tees, Esk and Wear Valleys
NHS Foundation Trust

Next Steps to building strong and effective integrated care systems across England Nov 2020

- Establishing statutory ICS's
- Place based partnerships
- Developing Provider Collaboratives
- Changes to competition

Integrating Care: Timescales

Tees, Esk and Wear Valleys NHS Foundation Trust



Integrating Care System Design Principles June 2021

Tees, Esk and Wear Valleys NHS Foundation Trust

- Sets out headline ambitions for how NHS leaders and organisations will work in partnership
- Provides roadmap for implementation of new arrangements
- Sets out more detail on:
  - ICS Partnership
  - ICS NHS Body
  - Place based partnerships
  - Role of providers in ICS
  - People and Culture
  - Finance

ICS Partnership

Tees, Esk and Wear Valleys NHS Foundation Trust

- System level established by NHS and Local Governance as equal partners
- Forum to bring all partners together to align purpose and ambitions with plans to integrate care and improve outcomes:
  - Develop integrated care strategy for whole population
  - Joint action to improve health and care services and things that influence health
  - Enable collective action and targetting of resources
  - Provide clear ways to involve people and communities
  - Collective accountability

ICS NHS Body

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Lead integration in NHS and establish shared NHS Strategic Plans
- Will:
  - Develop plan to meet health needs for population
  - Allocate resources to deliver the plan and agree long term outcome based contracts
  - Lead system implementation of People Plan and action on Digital
  - Drive joint work on estates, procurement etc
  - Delier all CCG functions and duties including safeguarding, incident planning and recovery etc
  - Support collective accountability for whole system delivery

ICS NHS Body Board

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Senior decision making structure
- Expects will be comprised of at least:
  - Independent Non Executive Directors
  - Executive Roles (CE, DoF, DoN, MD0
  - Partner member – at least:
    - One member from Trusts and FTs
    - One member from Primary Care providers
    - One member from LA
- Will have sub committees and groups eg audit committee
- Further guidance to be published

Place Based Partnerships

Tees, Esk and Wear Valleys NHS Foundation Trust

- Delivery Framework positions place as central
- Locally defined based on meaningful geographies and communities
- Will:
  - Coordinate and improve service planning and delivery
  - Drive local integration
  - Involve providers, LAs, Primary care (PCNs) and place based representatives
- ICS NHS Body will allocate resources to place and remain accountable for how they are used

Role of Providers

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Lead delivery and transformation of care
- Help establish priorities and shared plans at place and system level
- Acute and Mental health Trusts expected to participate in on or more Provider Collaboratives
- Provider Collaboratives will need to:
  - Define their working relationships with ICS NHS Body
  - Participate in governance arrangements of ICS NHS Body eg participate in committees
- Further guidance on Provider Collaboratives to be published

People and Culture

Tees, Esk and Wear Valleys
NHS Foundation Trust

- ICS NHS Body will:

  - Deliver specific responsibilities in NHS People Plan
  - Adopt a ‘One’ workforce approach
  - Develop shared principles and ambitions with all ICS partners including LAs
  - Drive equality, diversity and inclusion (with named SRO)
  - Plan the development of the workforce of the future

Finance

Tees, Esk and Wear Valleys
NHS Foundation Trust

- NHSEI will continue to allocate funding to each ICS NHS Body based on population need
- ICS NHS Body will agree:
  - Priorities and outcomes against NHS budget
  - Distribution between Places, Provider Collaboratives and Providers
- Full capital allocations will be made to ICS NHS Body who will agree how these are used
- Removal of current NHS procurement rules for healthcare services (currently recommendation for parliament)

Implications/Considerations

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Need to ensure equal focus on both ICS's
- Need to ensure we focus on place based relationships as well as horizontal relationships
- Need to influence how commissioning arrangements develop
- Need to play key role in the development of specific Mental Health, learning Disability and Autism Provider Collaboratives
- Need to fulfil a System Leadership Role

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ITEM NO. 9

COUNCIL OF GOVERNORS

DATE:	13th July 2021
TITLE:	Quality Account 2020/21
REPORT OF:	Sharon Pickering, Director of Planning, Commissioning, Performance & Communications Elizabeth Moody, Director of Nursing & Governance
REPORT FOR:	Information

This report supports the achievement of the following Strategic Goals:	
To co-create a great experience for service users, carers and families	✓
To co-create a great experience for our colleagues	✓
To be a great partner	✓

Executive Summary:

The 20/21 Quality Account is attached. This was approved by the Board of Directors in June.

The development process for this year's Quality Account has been impacted upon by the Covid-19 pandemic and its consequences for both national guidance and local capacity. The Trust complied with as many of the requirements as possible, but some aspects of our normal process have been affected, for example the involvement of Governors in helping us ensure the document was readable. However, we published by the legal deadline and gave all stakeholders an opportunity to comment (although with a shortened time for consideration).

Some of the normally required data is also not in the document because collection systems were suspended during the first wave of Covid-19. Nevertheless, the document paints a full picture of our performance on quality issues during 20/21.

In addition, the 3 quality improvement priorities for 21/22 are clearly linked to what our data is telling us, fully support Our Journey to Change and have been developed with significant clinical input. QuAC has discussed and approved the priority themes. The detailed actions have been developed by the appropriate leads. These will be added to the Trust Business Plan 2021/22-2023/24 at its next quarterly review.

Recommendations:

The Council of Governors are asked to note the submission and publication of the Quality Account.

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**July 2021**
TITLE:	**Quality Account 2020/21**

1 INTRODUCTION AND PURPOSE

1.1 This report summarises the content of the 2020/21 Quality Account and explains the changes to the normal development process caused by Covid and uncertainties around the national guidance for this document on this occasion.

2 BACKGROUND INFORMATION AND CONTEXT

2.1 Historically, all organisations in receipt of significant NHS funding must produce a Quality Account. Foundation Trusts must incorporate this "Quality Report" into their Annual Report. There is an independent audit of the document and some of the indicator data within it.

2.2 In recognition of the pressure on NHS providers' capacity due to Covid 19, NHSE have waived some of their requirements for this year. This includes the independent audit requirement and the stipulation to include the Quality Account within the Annual report. The minimal guidance issued by NHSE is contained at **Appendix 1**

2.3 In 2019/20 the date for submission of the Quality Accounts was extended as a consequence of the pandemic and we were led to believe that there would be an extension for this year. We therefore agreed to work to an end of July deadline, in acknowledgment of the continuing pressures on some of the clinical staff involved in developing the document and the improvement priorities within it.

2.4 Unfortunately the Department of Health announced on 30th April that it was retaining the legal publication deadline of June 30th. Therefore we had to rapidly develop a revised timetable.

2.5 Our approach, in light of the legal uncertainties and formal detailed guidance around this year's document has been to

a) Include all of the content that has been legally required in the past, except where data collection systems were temporarily stood down during the first wave of the pandemic and hence that data is not available. We make clear in the document where this is the case
b) To utilise the Big Conversation feedback which took place during 20/21 as a substitute for the normal engagement on potential quality improvement priorities with commissioners, healthwatch and governors
c) To continue engagement with Overview and Scrutiny committees on request (Darlington and Tees Valley)
d) To give stakeholders a slightly reduced timescale to return comment to us (20 calendar days rather than the normal 30)
e) Publish in advance of the 30th June legal deadline, once the Board of Directors has approved the document

3 KEY ISSUES

3.1 The final draft of the Quality Account 2020/2021 is attached in **Appendix 2.**

3.2 As normal, the report includes "backwards looking" elements which give a picture of our quality performance in 20/21, and our quality improvement priorities which look forward to 2021/22. Our 3 Quality Improvement priorities are:

- Priority One: Making Care Plans more personal
- Priority Two: Safer Care
- Priority Three: Compassionate Care

3.3 There are some data gaps in 20/21 where data collection and reporting was stood down during the pandemic period. Other foundation trusts' quality account documents are likely to have similar gaps.

3.4 The following stakeholders were sent draft copies of the document on 1st June.

- Clinical Commissioning Groups (x4)
- Health & Wellbeing Boards (x9)
- Local Authority Overview & Scrutiny Committees (x8)
- Local Healthwatch organisations (x8)

The replies received are included in Appendix 4 of the Quality Account document. These were generally positive, while recognising the challenges faced by the Trust.

3.6 The draft Quality Account was considered by the QuAC, and the Audit and Risk Committee prior to it being formally approved at the Board of Directors meeting in June prior to its submission to NHSE and publication on our website.

4 IMPLICATIONS

4.1. Compliance with the CQC Fundamental Standards
This is a key document which will help CQC build up a picture of the Trust's record on quality.

4.2. Financial/Value for Money
There are no direct financial implications associated with this report, however there may be some financial implications associated with improving performance where necessary. These will be identified as part of the action plans as appropriate.

4.3. Legal and Constitutional (including the NHS Constitution)
As discussed in section 2, the elements of the normal requirements under NHSE control have been waived, but the requirement to publish by 30th June (a legal issue under DH control) remained in place.

4.4. Equality and Diversity
In developing and implementing plans, the leads of each priority must take steps to consider whether any "protected group" will be disadvantaged and if so, consider mitigations.

4.5. Risks

By publishing the Quality Account before the legal deadline of 30th June the Trust eliminated any risk of any regulatory action relating to this document. Where the Trust has not fully complied with past requirements, this can be linked to Covid. it is demonstrable that the Trust has done the best that it can to adhere to the spirit of statutory requirements.

5.0 CONCLUSIONS

5.1 The development process for this year's Quality Account has been impacted upon by the ongoing Covid-19 pandemic and its consequences for both national guidance and local capacity.

5.2 However, the document does paint a full picture of our performance on quality issues during 20/21. We have been able to use engagement with stakeholders through the Big Conversation to substitute for our normal engagement processes. We were able to submit our document to NHSE before the statutory deadline.

5.3 The 3 quality improvement priorities are clearly linked to what our data is telling us, fully support Our Journey to Change and have been developed with significant clinical input.

6. RECOMMENDATIONS

6.1 The Council of Governors are asked to note the submission and publication of the Quality Account.

Chris Lanigan
Head of Planning and Business Development

Appendix 1 – NHSE Guidance

https://www.england.nhs.uk/financial-accounting-and-reporting/quality-accounts-requirements-2020-21/

Quality accounts requirements 2020/21

The Department of Health and Social Care (DHSC) has confirmed that the deadline to publish 2020/21 Quality Accounts remains **Wednesday 30 June 2021**. Where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional challenges of 2020/21, trusts can disclose this was the case and their plans to reinstate them. Providers should continue to publish their Quality Accounts online. The functionality to upload accounts onto the NHS.uk website is no longer available. As an interim measure, trusts should also send reports to england.quality-accounts@nhs.net to be uploaded to their individual pages on the NHS England and NHS Improvement website.
NHS foundation trusts are not required to include a quality report in their annual report for 2020/21. For more information NHS foundation trusts should see NHS foundation trust annual reporting manual (FT ARM).

Tees, Esk and Wear Valleys
NHS Foundation Trust

2020 - 2021

Quality Account

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Part One: Introduction and About Us

What is a Quality Account?

A Quality Account is an annual report around the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at our achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

What are the aims of the Quality Account?

1. To help patients and their carers make informed choices about their healthcare providers
2. To empower the public to hold providers to account for the quality of their services
3. To engage the leaders of the organisation in their quality improvement agenda

Who reads the Quality Account?

Lots of different people read the Quality Account. Some are people who use our services, their carers, staff, commissioners and regulating bodies. We produce our report for anyone who wants to know more about the quality of our services, and how we plan to maintain and improve them.

What information can be found in the Quality Account?

In this report, you will find information about how we measure and review the quality of services that we provide. You will also find our priorities for improvements for the year ahead. Like all NHS healthcare providers, we measure the quality of our services by looking at:

- Patient Safety
- The effectiveness of treatments that patients receive
- How patients experienced the care provided

Structure of this Quality Account document

The structure of this Quality Account is in accordance with guidance that has been published by the Department of Health and NHS Improvement, and contains the following information:

- **Part 2:** Information on how we have improved in the areas of quality we identified as important for 2020/21, our priorities for improvement in 2021/22 and the required statements of assurance from the Board and
- **Part 3:** Further information on how we have performed in 2020/21 against our key quality metrics and national targets and the national quality agenda

A profile of the Trust

The Trust provides a range of Mental Health, Learning Disability and Autism services for around two million people from Stanley and Seaham in the north to Selby and Wetherby in the south, and from Hartlepool and Whitby in the east to Harrogate and Weardale in the west The area we serve incudes the cities of York, Durham and Ripon, and the towns such as Middlesbrough, Darlington, Stockton, Northallerton, Bishop Auckland, Whitby, Hartlepool, Redcar, Harrogate and Scarborough.

The area covers 4,000 square miles (approximately 10,000 square kilometres). The Trust also provides some regional specialist services (for example, Forensic Services and Specialist Eating Disorder Services to the North East and North Cumbria and beyond. The Trust is also commissioned as part of a national initiative to provide inpatient care to Ministry of Defence personnel, and provides mental health treatment to prisoners in North East England and also in parts of the North West.

Services commissioned by Clinical Commissioning Groups (CCGs) are managed within the Trust on a geographical basis. This is through three geographic Locality based services; Durham and Darlington, Teesside and North Yorkshire and York. There is also a non-geographic 'Locality' which manages Forensic and Offender Health services. Each is led by a Director of Operations, Deputy Medical Director, Head of Nursing and Professional Lead for Psychology, who report to the Chief Operating Officer, Medical Director, Director of Nursing and Governance and Director of Therapies respectively.

Our Quality Account and Quality Governance

The Department of Health and NHS Improvement (NHS Improvement) require us to include our position against a number of mandated statements to provide assurance from the Board of Directors on progress made on key areas of quality in 2020/21.

In line with our Clinical Assurance Framework the review of data and information relating to our services is undertaken monthly by the relevant Quality Assurance Group (QuAG) for each service. A monthly report is produced for each QuAG which includes information on:

- **Patient Safety:** Including information on incidents, serious incidents, levels of violence and aggression, infection prevention and control and health and safety
- **Clinical Effectiveness:** including information on the implementation of NICE guidance and the results of clinical audits
- **Patient Experience:** Including information on patient satisfaction, carer satisfaction, the Friends and Family Test (FFT); complaints; and contact with the Trust's patient advice and liaison service (PALS)
- **Care Quality Commission:** Compliance with the essential standards of safety and quality, and the Mental Health Act

Following discussion at the QuAG any areas of concern are escalated to the relevant Locality Management and Governance Board (LMGB) and from there to the Trust Board's Quality Assurance Committee (QuAC).

The QuAC receives formal reports from each of the LMGBs on a monthly basis.

We have recently developed a Quality Assurance Framework focusing upon the patient's clinical risk assessment and management. Our assurance programme utilises a range of methods such as Matron Walkabouts and clinical audit and leadership visits, involving a range of personnel. We will continue to build on this and broaden our focus.

We also normally undertake an internal peer review inspection programme; the content of which is based on the Fundamental Standards of Quality and Safety published by the CQC. These inspections cover all services and a typical inspection team will include members of our Compliance Team, patient and carer representatives from our Fundamental Standards Group and peers from other services. In advance of the visit the inspection team review a range of information on the quality of the service being inspected, for example: incident data, Patient Advice and Liaison Service (PALS), complaints data, CQC compliance reports and Mental Health Act visit reports as well as any whistleblowing information. At the end of each internal inspection, verbal feedback is given to the ward or team manager, and any issues escalated to the Head of Service, Head of Nursing and Director of Quality Governance. An action plan is produced and implementation is assured via the QuAGs, LMGBs and QuAC, as described above, and in line with the Trust's Clinical Assurance Framework.

Unfortunately we have been unable to undertake peer review inspections during 2020/21 due to the Covid-19 pandemic, however we plan to resume these as soon as restrictions allow.

In addition, each month members of the Executive Management Team (EMT) and non-Executive Directors undertake visits to our wards and teams across the Trust. They listen to what patients, carers and staff think and feel about the services we provide. As above, we have been able to only hold these visits virtually instead of in person due to the Covid-19 pandemic, however plan to resume face-to-face as soon as we are able to do so.

The Trust also continues to develop its Integrated Information Centre (IIC), which is a data warehouse that integrates information from a wide range of source systems e.g. patient information, finance, workforce and incidents. The information within the IIC is updated regularly from the source systems and allows clinical staff and managers to access the information on their service at any time and 'drill' down to the lowest level of the data available. The IIC also sends prompts to staff which ensure that they can be proactive about making sure their work is scheduled in a timely manner thus improving patient experience and patient safety.

Finally, in addition to the internal review of data/information we undertake as outlined above, we also regularly provide our commissioners with information on the quality of our services.

We hold regular Clinical Quality Review meetings with commissioners where we review key information on quality that we provide, with a particular emphasis on providing assurance on the quality of our services. At these meetings, we also provide information on any thematic analyses or quality improvement activities we have undertaken and on our responses to national reports that have been published.

Whilst we are proud of our achievements over the past year, we are also aware that we have not always got it right; however we believe that by truly listening and working together we can make changes and improve the experience of TEWV for everyone.

Earlier this year, following an unannounced inspection from the Care Quality Commission (CQC), our acute wards for adults and psychiatric intensive care units were rated as 'inadequate' for both safe and well-led. The Trust is currently working on our improvement plans for the CQC and have given assurance that patients are safe on our wards.

We acknowledge that there is still work to do and that it is important to continue to take time for deeper reflection to ensure we take the right course of action and that the changes made are meaningful.

The challenges the Trust has faced over the last couple of years continued into 2020/21. The ongoing Covid-19 pandemic created risks and impacted the Trust's performance. Whilst it did not initially cause the extreme pressures felt elsewhere within the NHS, there were challenges in maintaining our service delivery due to increased infection prevention and control measures and social distancing.

During the second half of 2021/22, we started to experience the expected surge in demand and acuity relating to Covid-19, as social isolation and anxiety arising from the pandemic impacted the mental health of the population. This is expected to continue into 2021/22.

During the year, the findings of inspections and other reviews have given greater insight and clarity on the improvements required. Rapid progress has already been made in response to concerns raised by our regulators and in strengthening our governance processes. However, we do not underestimate the size of the task ahead.

The information contained within this report is accurate, to the best of my knowledge.

A full statement of Director's responsibilities in respect of the Quality Account is included in **Appendix 1.** I hope you find this report interesting and informative.

If you would like to know more about any of the examples of Quality Improvement or have any suggestions on how we could improve our Quality Account please contact:

- Elizabeth Moody (Director of Nursing & Governance) at: elizabeth.moody1@nhs.net
- Sharon Pickering (Director of Planning, Performance, Commissioning and Communications) at: sharon.pickering1@nhs.net
- Avril Lowery (Director of Quality Governance) at a.lowery1@nhs.net

This document has been shared for comment with Trust Governors, local Clinical Commissioning Groups (CCGs), Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in **Appendix 4**.

Brent Kilmurray
Chief Executive
Tees, Esk and Wear Valleys NHS Foundation Trust

What we have achieved in 2020/21

Although we faced the challenges outlined on page 6, there were some notable quality achievements during the year:

- We have opened Foss Park Hospital, our new 72-bed hospital located on Haxby Road in York. It provides two adult single-sex wards (Ebor Ward – female adult beds and Minster Ward – male adult beds) and two older people's wards (Wold View for people with dementia and Moor Croft for people with Mental Health conditions such as psychosis, severe depression or anxiety)
- The York Crisis Home Treatment team was accredited as providing an excellent service by the Royal College of Psychiatrists Home Treatment Accreditation Scheme (HTAS)
- The Tees CAMHS Single Point of Contact (SPoC) went live in 2020; SPoC provides a single telephone line (or email) for children and young people, their parents/carers, and professionals to talk to expert CAMHS trained staff about concerns regarding a child or young person's mental health. It provides an initial point of contact, triage, clinical decision making, access to mental health expertise, advice on self-help, signposting, referral and emotional containment for parents/professionals
- The Trust's care home liaison staff have been working closely with care homes in Teesside and County Durham to support the wellbeing of their residents and staff during the COVID-19 pandemic. In addition to providing telephone, video and face-to-face consultations, the teams have shared resources and guidance on supporting wellbeing
- The Trust has launched a new free-phone service for those in mental or emotional distress. The service, which has been developed as part of our long term ambition to transform mental health crisis services, is available 24 hours a day, seven days a week, providing an alternative to traditional crisis care and offering local people the opportunity to talk to trained mental health support workers
- Adult Learning Disabilities services in Durham & Darlington have secured additional funding to assist primary care colleagues to complete Annual Health Checks for people with a learning disability. The agreed protocol and model is being shared with colleagues in Tees Locality as they have been asked to provide similar support by commissioners
- TEWV's forecasting model, which was designed by TEWV clinicians and planners with the help of our CCG colleagues and our Director of Public Health has been recognised as one of the four best practice models nationally. It identifies the main drivers of increased need (direct impact of Covid 19, impact of the lockdown, and impact of the economic recession on a range of segments in our population). It also estimates how much of the additional mental health needs will translate into demand for secondary care services. TEWV staff will explain how the model works at a forthcoming national NHS England webinar. We will be refining our model in the light of recent research and the learning from the other models. This work has helped the Trust prepare for the expected Covid-related surge in mental health needs and informed our current surge-recruitment campaign

- Within Durham & Darlington Mental Health Services for Older People, work has commenced within the Care Home Liaison Wellbeing Service. This has made significant positive impact and feedback. Due to the extent of the demand and the continuing pandemic, we would hope to extend this service post-March 2021
- Michael Taylor, associate nurse consultant and Dr Paul Tiffin, consultant psychiatrist, have been supporting scriptwriters from the television soap Emmerdale on a storyline featuring a character's relapse in mental health following a traumatic episode. Working closely with scriptwriters the team have reviewed scripts and offered advice and guidance on symptoms, treatment and presentation to ensure an accurate representation is portrayed
- As part of Black History Month the North East regional BAME staff networks, including TEWV, held a virtual event in October called 'Action, allyship and antiracism – what do these mean for everyone?'
- Construction work is underway on the new community mental health hub being built on North Moor Road in Northallerton. North Moor House will provide state of the art facilities for local mental health and learning disability services and will accommodate outpatient services for people of all ages across Northallerton and the surrounding areas
- The Trust has purchased rights to DadPad, a free app that provides dads with advice on caring for a new baby as well as information on various topics including mental health
- The rollout of Attend Anywhere across all services during the Covid-19 pandemic, to enable remote virtual appointments to continue has been largely successful

National Awards – Won or Shortlisted

Awards where TEWV as an organisation, or one of our teams/staff members were shortlisted for an award but did not win that award during 2020/21 were:

Awarding Body	Award Status	Name/Category of Award	Team/Individual
Health Service Journal	Shortlisted	Transformation Category – Mental Health Service Redesign Initiative	North Yorkshire & York Community Learning Disability Service – initial assessments: more co-production, timely clinical documentation and improved staff wellbeing

Nursing Times	Shortlisted	Nursing in Mental Health	Health & Justice Mental Health Inreach Team: HMP Holme House
Healthcare Quality Improvement Partnership	Shortlisted	Clinical Audit Professional of the Year	Robert Redfern
Northern Echo Health & Care Awards	Shortlisted	Mental Health Award	Chris Oakes
Northern Echo Health & Care Awards	Shortlisted	Mental Health Award	Unforgettable Experiences

In 2020/21 the Trust was proud to be recognised externally in a number of national awards. Awards won or highly commended by TEWV teams or staff members are shown in the following table:

Awarding Body	**Award Status**	**Name/Category of Award**	**Team/Individual**
TheraNorth	Won	TheraNorth Award - October	Karen Cartmell
Royal College of Psychiatrists	Won	Psychiatric Team of the Year: Working Age Adults	Redcar & Cleveland Community Affective Disorders Service

Annual Medical Education Awards	Won	Clinical Supervisor of the Year	Steve Wright
Royal College of Psychiatrists: Northern & Yorkshire	Won	25 Women in Psychiatry	Kim Barkas
The Irene Taylor Trust	Won	Koestler Award	Health & Justice PIPE and Primrose Services
Literati Award 2020	Won	Literati Award	Sarah Dexter-Smith Abi Tarran-Jones

Our Big Conversation

In July 2020, our Board of Directors considered a report about revising our overarching strategy. The Board agreed that we needed to review the Strategic Framework but that this needed to be informed by significant engagement with our service users, carers, staff and stakeholders. As a result of this we launched 'Our Big Conversation' as a means of gathering intelligence to inform our new Strategic Framework but also for testing the key messages that we heard from that intelligence.

Our Big Conversation was then undertaken and engaged a total of **2,183** staff, service users, carers and partners, who together shared over **35,800** ideas, comments and votes. This provided an ideal opportunity for the Board to listen to what people are saying about the organisation. The thoughts and ideas provided have been analysed. This analysis was then used to inform an emerging Strategic Framework.

Three Board planning workshops were held between October 2020 and January 2021 to discuss and develop 'Our Journey to Change' (our draft Strategic Framework) and that led to the identification of key areas of focus for the 2021/22-2023/24 Business Plan and the actions for each of these key areas.

'Our Journey to Change' will enable actions to be planned and implemented to address the issues revealed by the conversations.

Quality Priorities

We have identified our three Quality Improvement priorities for 2021/22, based on our assessment of the quality data and intelligence available to us and feedback from service users and carers. The priorities are:

1. Making Care Planning more Personal (this is a continuation of our previous Quality Improvement priority)

2. Safer Care (this is an amalgamation of two of our previous Quality Improvement priorities – Reducing the number of Preventable Deaths and Increasing the percentage of our inpatients who feel safe on the wards)

3. Compassionate Care

The following section includes our proposed actions for these priorities during 2021/22

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2020/21 and 2021/22 Priorities for Improvement – How did we do and our future plans

In this section, we share our quality priorities for the year ahead. Following initial discussion and a review of quality data, risks and future innovation, we developed our priorities in collaboration with our staff, service users and carers. Our priorities will support the Trust as we continue with our mission to make sure that safe, quality care is at the heart of all we do.

Due to the ongoing Covid-19 pandemic, it was not possible to undertake our normal Quality Account stakeholder engagement events. Consideration was given as to whether it would be possible to hold stakeholder engagement activities virtually, for example, via Microsoft Teams. It was however agreed that as the original priorities for 2019/20 were developed by our stakeholders during previous engagement sessions, and the fact that there has been little progress against the actions identified for these priorities during the previous year because of the pandemic, it would not be necessary to undertake further engagement at this time.

The three Quality priorities for 2021/22 which we have identified also sit within TEWV's 2021/22–2023/24 Business Plan.

One of our priorities for 2020/21 – **Improve the Clinical Effectiveness and Patient Experience in times of Transition from CYP to AMH Services** – has not been carried forward to 2021/22 due to the work of this priority being superseded by the Trust-wide project 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust' which is linked to the Trust's wider work around the NHS England CAMHS Whole Pathway Commissioning. This means that many of the actions in relation to this Quality Improvement priority were removed from our Quality Account to ensure there was no duplication or divergence.

Priority 1 – **Making Care Planning more Personal -** has been a priority for the Trust several years; however whilst some improvement has been made we still have some way to go to truly co-create care plans in line with our new goals and service user and regulator's expectations. **Priority 2 –Safer Care** this is an amalgamation of - priorities from the Trust Quality Account – Reducing Preventable Deaths and Increasing the Percentage of Inpatients who feel Safe on our Wards (now known as Safer Care). For these priorities, the section below including information on what we have done during 2020/21 and what we will do in 2021/22. **Priority 3 – Compassionate Care** – is a new priority which we have developed for 2021/22.

Our Progress during 2020/21

Making Care Plans more personal

Why this is important:

Personalisation is defined in the skills and education document by NHS England Person Centred Approaches (2016) as *'Recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. Personalised approaches involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives'.*

Feedback from service users shows that our current approach to Care Planning does not always promote a personalised approach, hence this being identified as a priority in 2020/21.

The benefits/outcomes we aimed to deliver for our patients and their carers were:

- To have their personal circumstances viewed as a priority when planning care and treatment
- To have an accessible, understandable and personalised care plan (including a crisis plan) containing contact details of those people and services that are best placed to help when the need arises
- To have discussions that lead to shared decision-making and co-production of meaningful care plans
- To have agreed plans recorded in a way that can be understood by the service user and everybody else that needs to have this information
- To receive information about getting support from people who have experience of the same mental health needs
- To have personal circumstances, and what is most important to the person and those closest, viewed as a priority when planning care and treatment

What we did in 2020/21:

What we said we would do:	What we did:
• Re-audit and report as per Q4 2017/18 • Compare and contrast review of Patient Experience • Develop and implement a communications and engagement plan to ensure all relevant stakeholders are aware of changes to the CPA and introduction of DIALOG (a clinical tool that allows for more personalised Care Planning) and review this plan with key stakeholders (staff, service users, carers, local authorities and GPs) • Continue User Acceptance Testing (UAT) of DIALOG and wider CITO developments (moving from artificial to real-life testing) • Work with TEWV Information Technology team to ensure a finalised, working version of DIALOG is embedded within CITO • Develop guidance to support the implementation of revised CPA processes including DIALOG • Develop training and supporting materials in relation to the implementation of revised CPA processes including CITO pilot (this may not include the final version of DIALOG) • Pilot training to support staff to implement the revised CPA processes • Evaluate the pilot CPA training, making revisions where necessary • Roll out the revised CPA training across the Trust	• The Covid-19 pandemic has severely impacted progress against this priority over the past year. The lead for this piece of work has been redeployed for much of this time to support the patient and staff swabbing, antibody clinics, outbreak response and vaccination programme. However, aspects of the work have continued, for example, training has been delivered for trainee and newly qualified nurses on a variety of courses, but this has been to a much lesser extent than during previous years. Links have been maintained with the development group for Cito (a system which overlays the Trust's patient record to make it easier to record and view the patient's records), although this has also been impacted by the redeployment of the lead for this piece of work and key others within the group due to the Covid-19 pandemic. These actions have been rolled over into 2021/22

How do we know we have made a difference?

The following table shows how we have performed against the targets we set ourselves for this priority:

Indicator:	Target 2020/21:	Actual 2020/21:	Timescale:
• Do you know who to contact out of office hours if you have a crisis?	85%	74%	Q4 2020/21
• Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	81%	75%	Q4 2020/21
• Have you been given information by NHS Mental Health Services about getting support from people who have experience of the same mental health needs as you? *This was added as a performance indicator as it was anticipated, when this part of the Quality Account was developed, that the Peer Support project would be well-established and would be supporting a different way of approaching care planning. It has been established more recently that this development opportunity will be progressed during 2021/22 with a Trust Lead overseeing recruitment and induction. Patient Experience Surveys will be expanded to include this measure from Q3 2021/22*	42%	N/A	Q4 2020/21
• Do the people you see through NHS mental health services help you with what is important to you? *This is at the heart of care planning; the future state will place this front and centre of the approach to care planning. The use of DIALOG within Cito makes this very explicit, as it asks the questions 'do you need more help in this area' across 11 quality of life domains that will have been self-rated. Communications and basic introductory training and question/answer sessions have been running since November 2020 with support from the Cito team* *This also links to current work that is underway to make sure that plans are 'needs led' and not being written because people feel that they have to. As such, the intervention plans, safety plans and care plans are being reviewed to establish what needs to remain and what can be moved to other parts of the system and processes (i.e. are the plans written because there is a personal need – needs-led)* *The measurement of this indicator will be considered in future Patient Experience Surveys and DIALOG and is fully dependent on the new ways of working following the implementation of Cito in August 2022*	87%	N/A	Q4 2020/21
• Were you involved as much as you wanted to be in agreeing what care you will receive?	82%	75%	Q4 2020/21
• Were you involved as much as you wanted to be in discussing how your care is working?	89%	79%	Q4 2020/21
• Does the agreement on what care you will receive take your personal circumstances into account? *This is linked to the questions above. Again, our intended future state addresses this directly, as there are parts of the process and systems that highlight what is important to the person and describes the context of the care planning. The measurement of this indicator will be considered in future Patient Experience Surveys and DIALOG and is fully dependent on the new ways of working following the implementation of Cito in August 2022*	87%	N/A	Q4 2020/21

The measures for the above come from the NHS Community Mental Health Survey which is administered by the CQC. The targets we have set are very aspirational targets, and the experience that our service users report relates to their experiences in the Trust as a whole, rather than in relation to their CPA alone. Evidence also suggests that service users are more likely to complete this questionnaire if they have had a negative rather than a positive experience.

Improve the Clinical Effectiveness and Patient Experience in times of Transition from CYP to AMH Services

Why this is important:

We define Transition in this Quality Account priority as a *purposeful and planned process of supporting Young People to move from Children's to Adult's Mental Health Services*.

Young people with ongoing or long-term health or social care needs may be required to transition into adult services, other service provision or back to their GP. The preparation and planning around moving on to new services can be an uncertain time for young people with health or social care needs. There is evidence of service gaps where there is a lack of appropriate services for young people to transfer into, and evidence that young people may fail to engage with services without proper support.

This transition takes place at a pivotal time in the life of young person. It is often at a time of cultural and developmental changes that lead them into adulthood. Individuals may experience several transitions simultaneously. A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at enhanced risk of psychosocial problems.

The particular importance of improving the transition from Children and Young People's Services to Adult Services has been recognised for a number of years. We initially agreed to put a two-year Quality Improvement priority in place, focusing on this specific transition. We have extended this as the full extent of the work required has become apparent. The paragraphs below show what we achieved in 2020/21.

The benefits/outcomes we aimed to deliver for our patients and their carers were:

- An improvement in the experience of young people during their transition from Children and Young People's to Adult Services
- Greater involvement in decisions about the care received when they transfer into Adult Services
- To receive care informed by NICE evidence-based guidelines, which will result in better clinical outcomes

What we did in 2020/21:

What we said we would do:	What we did:
• Extend the work of the NHSI Transitions Collaborative project into an internal 3-year project that oversees the development and delivery of key quality improvements – learning from the original pilot and the SI review undertaken in February 2020, taking the work forward. Including the learning form the thematic review – CPA/Process/Caseload Management/Escalation; Reasonable Adjustments & Assertive Engagement in complex cases • Develop an action plan with this 'Preparing for Adulthood Collective' to implement key learning in the first year of the project, and will establish strategies and targets for Year Two and Year Three • Instigate Quality Improvement plans for the effectiveness of the panel process following the evaluations of transition panels which has taken place in Quarter 4 2019/20 • Sustain and maintain improvements in the clinical effectiveness and patient experience at times of transition from CAMHS to AMH throughout the year; this will be informed by the collaborative work and 'plan, do, study, act' cycle via the Steering Group and audit activities	• The majority of these actions were suspended due to the ongoing Covid-19 pandemic. Towards the end of 2020-21 the Trust began to implement the project 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust' which is linked to the Trust's wider work around the NHS England CAMHS Whole Pathway Commissioning. This means that many of the actions in relation to our Transitions Quality Improvement priority were superseded by this work and so were removed from our Quality Account to ensure there was no duplication or divergence • We have however managed to maintain our improvement targets over this time period in terms of actual numbers; we saw an extra 703 young people through their transition period and completed a transition plan for an extra 784 during 2020/21 compared to 2018/19. This is positive especially against the backdrop of Covid-19 and extremely high caseload numbers

How do we know we have made a difference?

The following table shows how we have performed against the targets we set ourselves for this priority:

Indicator	Target	Actual	Timescale
• Percentage of CYP who have a transition plan by age 17 years and 4 months *This remains a high priority within clinical services; further work will be undertaken to better understand why all young people don't have a transition plan in place, and the actions required to ensure that a transitions plan is in place*	100%	87.4%	Q4 2020/21
• Percentage of CYP who have their transition plan discussed at Panel *This metric requires further review; at present we have been unable to extract the information required*	100%	N/A	Q4 2020/21
• Percentage of CYP who have completed transitions questionnaire on leaving CAMHS Services *During the pandemic it has been more challenging to achieve feedback from young people; the service plans to expand the cohort of young people who they approach to complete the questionnaire to the 16-25 service. This will enable a greater number of questionnaires to be completed, providing more detailed feedback to improve services*	90%	N/A	Q4 2020/21
• Percentage of CYP who have a positive transitions experience *Again during the pandemic it has been more challenging to achieve feedback from young people; the service plans to expand the cohort of young people who they approach to complete the questionnaire to the 16-25 service. This will enable a greater number of questionnaires to be completed providing more detailed feedback to improve services*	100%	N/A	Q4 2020/21
• Percentage of CYP who have an unplanned discharge from AMH within 3-6 months	0%	N/A	Q4 2020/21
• Percentage of people who have a '6P*' Formulation when presented at transitions panel *Due to the Covid-19 pandemic, the audit that would encompass these two metrics has been delayed. It is now planned to publish this report during Quarter 3 2021/22*	100%	N/A	Q4 2020/21

*A '6P' formulation (also known as a Rethink formulation) uses a visual approach to organising information for formulation using the '6Ps' as follows: presenting problem(s), predisposing factors which made the individual vulnerable to the problem, precipitating factors which triggered the problem, perpetuating factors such as mechanisms which keep a problem going or unintended consequences of an attempt to cope with the problem, protective factors and predictive factors

Reduce the number of Preventable Deaths

Why this is important:

It is recognised that people with a mental health problem, autism and/or a learning disability are likely to experience a much earlier death than the general population; therefore a key focus for the Trust will be on mortality review processes. Not all deaths of people receiving mental health services from the Trust will represent a failing or a problem in the way that person received care. However, sometimes healthcare teams can make mistakes, or parts of the system do not work as well together as well as they could. This means that when things go wrong, a death may have been preventable. In December 2016, the CQC published their report 'Learning, Candour and Accountability', which made recommendations for the improvements that need to be made in the NHS to be more open about these events.

The Trust already has systems in place to review and investigate deaths in line with national guidance in order to learn from them. We believe it is important to continue to strengthen the way we identify the need for investigations into the care provided and the way that we carry these out.

It is important that families and carers are fully involved in reviews and investigations following a death as they offer a vital perspective on the whole pathway of care that their relative experienced.

In order to reduce preventable deaths, it is also important that learning from deaths is shared and acted on with an emphasis on engaging families and carers in this learning by involving them further in incident reviews.

There have been 11 Patient Safety Briefings disseminated to wards and teams from January to April 2021 to support early learning from incidents. These have covered issues and information including: Assessment and management of risks including updates on clinical risk management improvements to record keeping and environmental risk awareness; management of ligature risks in assisted bathrooms and toilet areas; defibrillation battery indicators; and keeping patients safe through carrying out of care rounds and supportive observations. Staff awareness of these briefings has been enhanced through improved ward communication structures and the inpatient practice development team.

The benefits/outcomes we aimed to deliver for our patients and their carers were:

- Increased confidence that investigations are being carried out in accordance with best-practice guidelines and in a way that is likely to identify missed opportunities for preventing death and improving services
- That the Trust learns from the reviews of deaths, including identifying any themes early so that actions can be taken to prevent future harm
- That our process reflect national guidance and best practice which will support the delivery of the best, evidence-based care and treatment to our patients
- A reduction in the number of preventable harm incidents and deaths of inpatients on leave from hospital
- Patients and families feel listened to during serious incident investigations are consistently treated with kindness, openness and honesty

What we did in 2020/21:

What we said we would do:	What we did:
• Fully introduce 48-hour follow up for all AMH patients after discharge from inpatient wards	• We have fully introduced 48-hour follow-up processes for all AMH patients after discharge from inpatient wards (previously 72 hours)
• Produce report, recommendations and evaluation from Family Conference • Produce action plan from Family Conference and implement these actions	• The Family Conference held in March 2019 was to be followed on by March 28th 2020 by a second event. However the Covid-19 lockdown prevented this from going ahead. This was a disappointment for families who wanted to be part of the event but they were appreciative of why it was cancelled. Due to the sensitive nature of the Family Conference it was not the type of event that could be held remotely. One of the reasons for the success of the 2019 event was due to the support that was in place for the families that attended who were still grieving and distressed about the loss of their loved one
• Involve a lived experience Service User/Carer Representative in the Environmental Risk Group	• We have invited a Service User/Carer Representative with lived experience to be a member of the Trust's Environmental Risk Group and they have attended one meeting so far. The Environmental Risk Group have overseen a comprehensive programme to reduce the risk of ligatures across inpatient services; this has included the fitting of new, safer, ensuite showers, toilets and hand basins as well as the pilot of the Oxehealth Digital Care Assistant in three wards. This is a system that detects movement in bedroom areas and seclusion rooms through the measurement of a patient's vital signs and can send alerts to staff where risks to the patient may be arising
• Implement actions from the external review of unexpected deaths of Adult, Forensic and Older Person's Services inpatients	• We have implemented the actions from the external review of unexpected deaths of Adult, Forensic and Older Person's Services inpatients
• Review the Trust Zero Suicide Plan in view of the Family Involvement Event and Safety Summit in Quarter 2 2020/21; set up a task and finish group to be an umbrella Steering Group around preventing harm and deaths, chaired by the Trust Medical Director	• The Suicide Prevention and Self Harm Reduction Group, chaired by the Medical Director, was established as planned. The group continues to develop a framework to ensure that the Trust is supported in coordinating activities designed to reduce the risk of suicide and frequency of suicide attempts. The group also focuses on dissemination of learning and good practice around suicide prevention and self-harm

How do we know we have made a difference?

The following table shows how we have performed against the targets we set ourselves for this priority:

Indicator	Target	Actual	Timescale
• Increase the number of mortality reviews in relation to deaths (this is in addition to the existing Serious Incident Process) and identify actionable learning	400	326	Q4 2020/21
• Eliminate Preventable Deaths of inpatients (including during periods of leave)	0	1*	Q4 2020/21
• Reduce the number of Serious Incidents where it was identified that the Trust contributed to the incident	<30	55	Q4 2020/21

**There is one other inpatient death in the process of review, which will not be complete until August 2021*

The purpose of reviews of deaths is to understand where problems in care might have contributed to that death. The mortality review process remains under review and is focusing on proportionate investigations to ensure that learning and themes are identified and acted upon Trust-wide and wider. A more robust multi-disciplinary mortality review panel has been established and there has been an event looking at key themes relating to physical health deaths. We have started to share these themes with external stakeholders in keeping with the Community Mental Health Framework which focuses on how we can improve the physical health of people who also experience difficulties with mental health.

In 2020/21 there was 1***** patient where on review of their care it was considered that their death may have been potentially preventable. This means that it was more likely than not to have resulted from problems in healthcare. The Trust is committed to eliminating such preventable deaths and continues to work hard to achieve this through a range of improvement programmes. These programmes have been developed based on the learning identified from reviewing patient care at both a local and national level. This work ranges from a focus on clinical risk assessment, environmental risk reduction, revision of Trust policies and procedures to ensure they are informed by a contemporary evidence base. Implementation of revised practices are supported by the development of competence based training and assessment. Our work on eliminating harm and preventable deaths will continue to develop over the coming year. Following the CQC focussed inspection in January 2021, the Trust held a Quality Improvement event to ensure that robust systems were in place to comprehensively assess and mitigate patient risk. This improvement work has encompassed and enhanced ongoing actions to address the four most common root cause or contributory findings as detailed above. Work has included providing detailed guidance on clinical risk assessment and management to clinical staff to support practice in line with the Trusts Harm Minimisation policy as well as simplifying related documentation on the electronic patient record in the form of the safety summary and safety plan, leave and observation care plan. Harm minimisation training and suicide prevention training content and delivery has also been reviewed to bring greater clarity on standards and expectations as well as more detailed focus on clinical risk assessment aligned to particular patient needs.

Unfortunately the number of serious incidents where it was identified that the Trust contributed to the incident has not reduced during 2020/21. However, each of these incidents has a robust action plan in place for service improvement with the aim of reducing similar incidents during 2021/22.

Increasing the proportion of inpatients who feel safe on our wards

Why this is important:

A known theme among mental health inpatients is that they do not feel safe whilst on our wards; this is identified as a priority for Trusts in the NHS Long-Term Plan (2019). Feedback from our stakeholders in 2019/20 indicated awareness of this as an issue and we therefore agreed to include this as one of our priority areas for improvement within the Quality Account 2020/1 with the aim to increasing the proportion of inpatients who feel safe on our wards.

To enable us to measure this, the question *'during your stay, did you feel safe?'* has been included in a suite of questions within the trust wide Friends and Family Test patient experience survey for some time. The survey is offered to patients and carers at each touch point throughout their journey i.e. at a review meeting or a discharge planning meeting or as a minimum every three months, Patients also have the opportunity to expand on their answers through providing additional narrative.

The Trust is committed to improving this area of our patients' experience. Work has been ongoing for some time to continually review the patient experience survey results and to better understand the reasons why some of our patients do not feel safe on our wards.

The benefits/outcomes we aim to deliver for our patients and their carers are:

- An overall improved patient and family experience
- An increase in the percentage of our service users feeling safe when they are in a Trust inpatient setting
- Increased collaboration between service users, staff and peers
- A reduction in incidents e.g. violence and aggression, absence without leave, drug misuse
- Improved understanding of ward environments and why service users feel unsafe
- Increased opportunity to use digital technology to support the delivery of care

What we did in 2020/21:

What we said we would do:	What we did:
• Use existing data to identify priority wards and actions; collate existing Friends and Family Test and other data	• We undertook a deep dive into the patient survey narrative provided by patients to further understand the reasons why our patients might not feel safe. The key themes identified were due to the environment, due to their illness, other patients and staffing.
• People with lived experience to talk to people currently on the TEWV inpatient wards with the highest and lowest current FFT scores, produce a 'lessons learned' report, develop a plan for each ward identified as a priority and deliver actions from this plan	• This action has been rolled over to our Quality Improvement Business Plan for 2021/22
• Undertake work to improve liaison with the Police	• We have undertaken work to improve liaison with the Police over the past year; this has now been embedded as 'business as usual'. This includes working together to address the issues of violence affecting staff and patients, including developing an action plan to introduce an improved method of recording non-urgent crimes to ensure that when NHS staff need police to attend they are available. This had led to a significant improvement in feedback on incidents reported. There are also regular urgent care interface meetings with the Police to address any issues between both partners. We also have an ongoing safe community work stream with Police and Substance Misuse Services to share community intelligence, think strategically about our approach to care and how we can work collaboratively to overcome criminal activity and risks associated with substance misuse
• Continue monitoring of Key Performance Indicators (KPIs) during the pilot phase of body cameras and develop a Business Case for further roll-out of these cameras (if supported by monitoring of benefit KPIs)	• Although the pilot phase of body cameras has continued during 2020/21, there has been no monitoring of KPIs undertaken due to the Covid-19 pandemic. It is planned to continue the pilot during 2021/22 by rolling out to a further 5 wards. Further consideration will be given to further implementation based on an evaluation/benefits realisation
• Install the technology required for sensor technology in five wards and develop required governance in relation to this pilot work; a benefits realisation of the pilot will be undertaken	• We have tested the Oxehealth Digital Care Assistant in three wards across the Trust. Approval has been given to extend this to a further 12 wards including some seclusion and Section 136 areas – the approach will include three workstreams, overseen by an Implementation Steering Group

	chaired by the Director of Nursing & Governance that will meet every three to four weeks until three months post 'go-live' when the ongoing project and partnership working is then overseen by a Partnership Board. The Partnership Board will report key information into our Senior Leadership Group meeting. We see this initiative as being key to our plans for keeping patients safe

How do we know we have made a difference?

The following table shows how we have performed against the targets we set ourselves for this priority:

Indicator	Target	Actual
• Percentage of inpatients who report feeling safe on our wards	88%	65%
• Percentage of inpatients who report that they were supported by staff to feel safe	65%	68%

Across all of our inpatient wards we have introduced the Safe Wards model. The model is evidenced based and provides approximately 300 ideas for interventions that could be helpful to reduce levels of conflict and containment to make the wards a safer place. A number of interventions have been introduced since its launch including, mutual help meetings between staff and patients, calm down boxes that contain items to lower the level of arousal and agitation and the implementation of bad news mitigation plans when a patient may receive unwelcoming information. Individual wards are required to take ownership of these initiatives and evaluate progress. The wards have been asked to review their local interventions by the end of March 2021 and to consider any additional interventions that could be introduced onto the ward. This will be done in collaboration with the service users where possible and each ward will provide feedback to the Quality Assurance Groups.

Our Quality Improvement Priorities for 2021/22

A summary of our plans for 2021/22 can be found in *Appendix 5: Our Quality Account Plan on a Page*

Priority One: Making Care Plans more personal

What we will do in 2021/22:

- Establish a Steering Group to oversee the development and implementation of high quality, collaborative care planning
- Agree principles and format (inpatients and community) of what constitutes a personalised care plan as opposed to a treatment or intervention plan
- Produce a plan to inform the communication, introduction and safe transition of DIALOG into the patient record and other Cito developments and policy amendments required
- Co-create guidance on 'writing good care plans'
- Co-create updated Care Planning training and agree roll-out plan
- Audit the percentage of service users within inpatient and community services with a personalised care plan and agree an improved target
- Co-create patient reported measures of personalised care plans
- Undertake patient reported evaluation of personalised care plans
- Review Cito plan and produce update on progress
- Undertake service user experience evaluation
- Evaluate embeddedness and make recommendations for sustainability

How will we know we are making things better?

To demonstrate that we are making progress against this priority we will measure and report on the following metrics

Indicator:	Target 21/22:	Timescale:
• Do you know who to contact out of office hours if you have a crisis?	85%	All Q4 2020/21
• Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	85%	
• Have you been given information by NHS Mental Health Services about getting support from people who have experience of the same mental health needs as you?	42%	
• Do the people you see through NHS mental health services help you with what is important to you?	87%	
• Were you involved as much as you wanted to be in agreeing what care you will receive?	85%	
• Were you involved as much as you wanted to be in discussing how your care is working?	89%	
• Does the agreement on what care you will receive take your personal circumstances into account?	87%	

Priority Two: Safer Care

This priority builds on previous priorities related to improving patient safety, learning from patient safety events and deaths and how this drives improvement as well as increasing the percentage of patients who feel safe on our wards.

Why this is important:

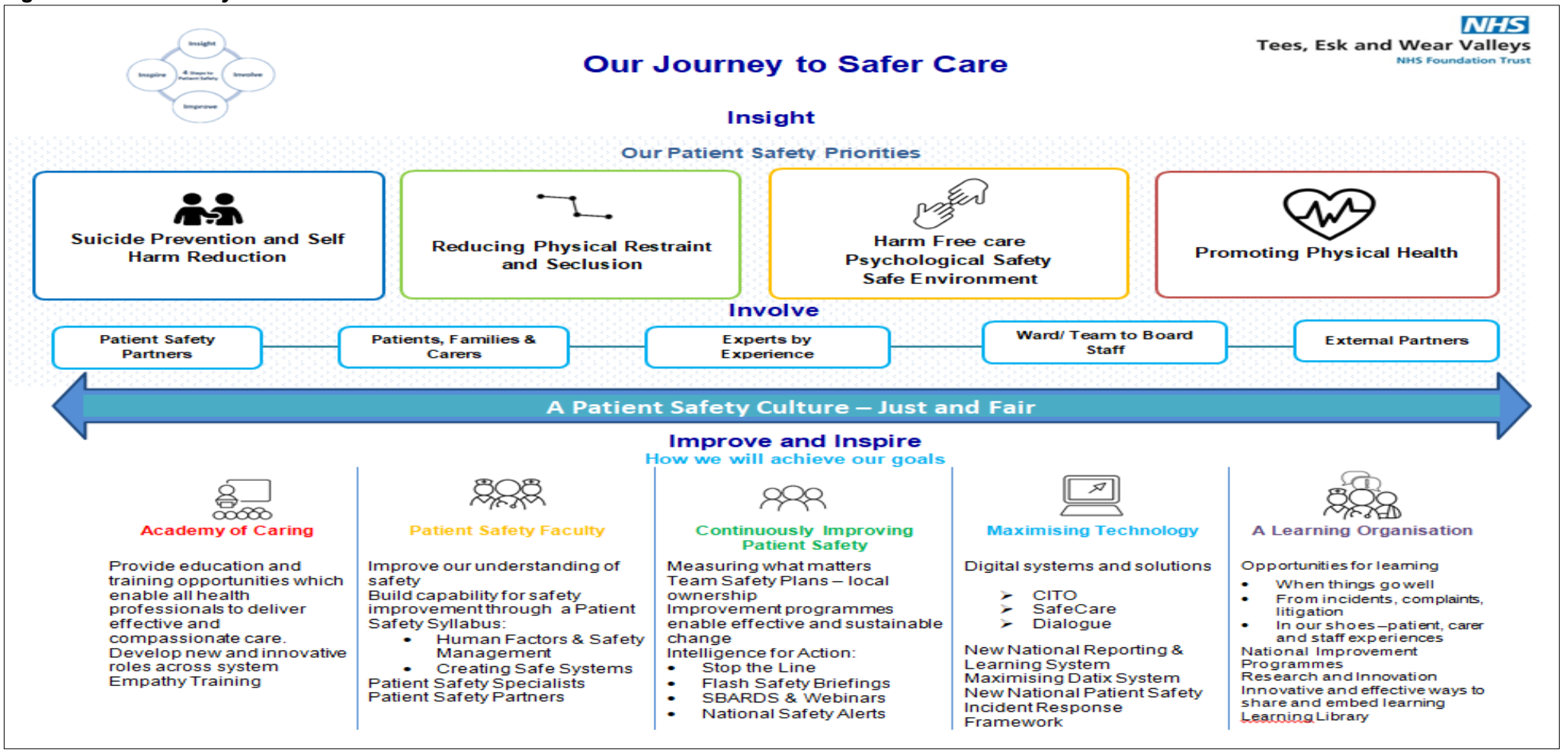
Patient Safety continues to be a key priority for the Trust and we have already identified four Patient Safety priority areas that we will focus upon over the next three years:

- Suicide prevention and self-harm reduction
- Reducing physical restraint and seclusion

- Harm-free care, psychological safety (allowing staff and patients to speak out safely by fostering an open and transparent culture), safe environment
- Promoting physical health

These are illustrated in Figure 1 - 'Our Journey to Safer Care.' This provides an overview of our approaches and key enablers.

Figure 1: Our Journey to Safer Care



The benefits/outcomes we aim to deliver for our patients and their carers were:

- Improved patient safety and reduction of patient harm
- Increased capability for patient safety improvement
- Increased confidence that investigations are being carried out in accordance with best-practice guidelines and in a way that is likely to optimise learning opportunities
- An increase in the percentage of our service users feeling safe when they are in a Trust inpatient setting
- Increased collaboration between service users, staff and peers
- A reduction in incidents e.g. violence and aggression, absence without leave, drug misuse
- Improved understanding of ward environments and why service users feel unsafe
- Increased opportunity to use digital technology to support the delivery of care

What we will do in 2021/22:

We will implement 'Our Journey to Safer Care'

- Communicate and share the agreed patient safety priorities across defined internal and external stakeholders using a range of mediums and mechanisms as part of the trust patient safety campaign
- Determine the programmes of work for each of the four patient safety priorities
- Identify process and outcome KPIs for each of the four patient safety priorities
- Assess current baseline for each performance indicator identified and set incremental targets for improvement throughout 2022/23
- Promote the role of the Trusts Patient Safety Specialist
- Work in collaboration with the ISC 'Better Tomorrow programme: learning from deaths, learning from lives' to improve our processes for identifying lessons learned using information to improve future care and to develop support networks in undertaking mortality reviews within a wider community of practice
- Review and update Learning from Deaths Policy

We will increase the percentage of our inpatients who feel safe on our wards:

- Work proactively within the newly formed Regional Patient Experience Network , maximise opportunities for benchmarking patient experience data
- Use existing data to identify priority wards/teams and actions: collating existing Friends and Family Test (FFT) and other data
- People with lived experience to talk to people currently on wards with highest and lowest current FFT scores

- Develop a plan for each ward/team identified as a priority, with involvement from clinical staff, management and service users and deliver actions throughout the year
- Further review information from patient experience surveys and concerns raised from patients and carers through PALS contact and complaints and use this to feed into report and action plan, and deliver actions throughout the year
- Seek ideas as part of the 'mutual help' meetings that take place on the wards on what we can do to make patients feel safe - roll out across the Trust
- Review current 'ward orientation' process for patients being admitted onto our wards and incorporate into personal safety plans - roll out across the Trust (currently in Tees only)
- Continue existing pilot of body cameras to a further six wards and an additional 60 cameras
- Develop a business case for further roll-out of body cameras (if supported by monitoring of benefit Key Performance Indicators)

We will strengthen organisational learning, including learning from deaths:

- Implement an Organisational Learning Group (OLG)
- Deliver the four organisational learning work programmes that aim to strengthen and embed robust systems for the identification and sharing of learning (infrastructure and governance, systems for communication of immediate patient safety concerns, development and launch of a Learning Library and share learning from West Lane Hospital
- Have in place an Integrated Organisational Learning Report with an initial focus on learning from patient safety issues
- Have in place a mechanism assessing the impact of organisational learning

How will we know we are making things better?

Indicator:	Target 2021/22:	Timescale:
Expand the pilot use of staff body cameras to include a further five wards	Body cameras in place in a further five wards	Q1 2021/22
Percentage of inpatients who report feeling safe on our wards	88%	Q4 2021/22
Percentage of inpatients who report that they were supported by staff to feel safe	65%	Q4 2021/22

Priority Three: Compassionate Care

Why this is important:

The Trusts new strategic framework describes the kind of organisation we want to be:

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.

Fundamental to achieving this is by living these three values, one of which is Compassion, and through ensuring our systems and processes support these.

The benefits/outcomes we aim to deliver for our patients and their carers are:

- Personalised, compassionate care
- Co creation of care that optimises and improves life experiences
- Feeling involved and listened to when there is a serious incident investigation
- Responses to complaints and concerns that are underpinned by an empathetic and compassionate approach

What we will do in 2021/22

- Develop the Serious Incident review process to take account of feedback from patients and families regarding a more collaborative and informed approach
- Undertake an evaluation of the new process
- Refresh current improvement plan related to responses to complaints

We will embed the new Trust Values and Behaviours within the Trust:

- Hold engagement events with staff at all levels to develop our new ways of working together, with involvement of service users and carers
- Share outputs of initial engagement events so all staff, service users and carers can access tools and resources which help to describe our new ways of working
- Further roll-out of engagement events, to be attended by all staff
- Work with staff, service users and carers to identify work which has already been developed which supports the new values. Agree how we will learn from and build on this work

- All teams to co-create their ways of working and development plans

We will roll out empathy and compassion training across locality and corporate services:

- Establish a baseline of those requiring training
- Undertake a formal evaluation of training

How will we know we are making things better?

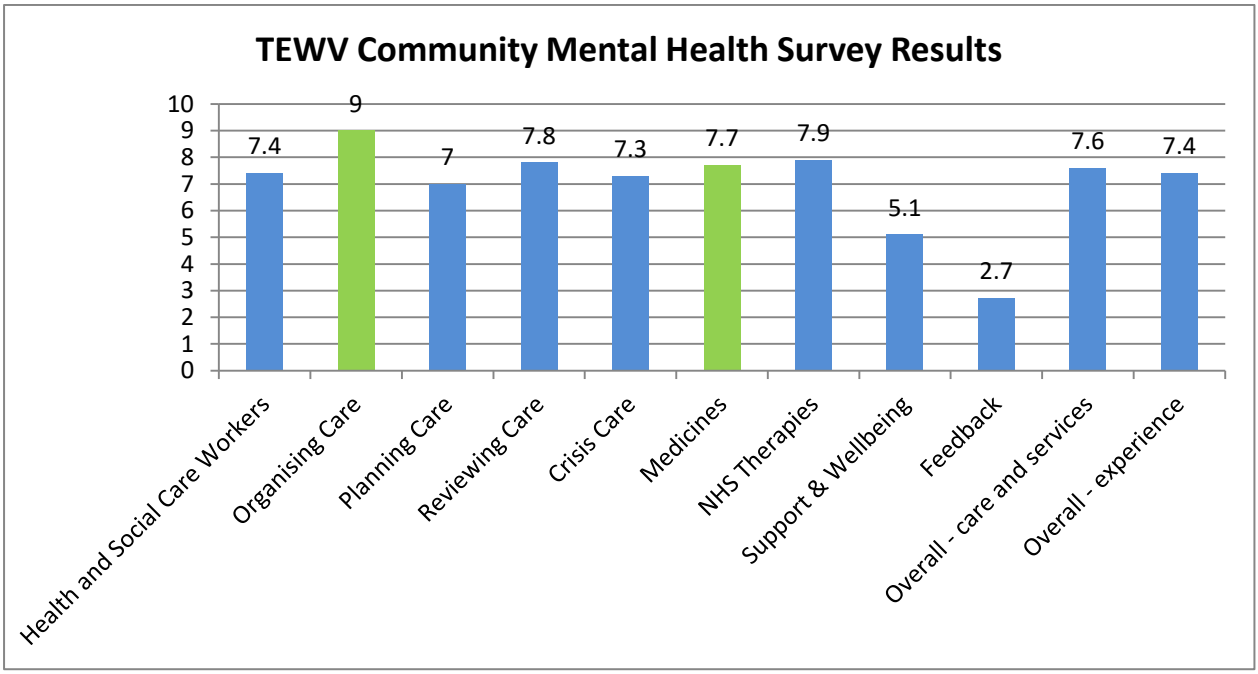
Indicator:	Target 21/22:	Timescale:
• Percentage of patients reporting that they felt treated with dignity and respect	94%	All Q4 2021/22
• Percentage of patients who were involved as much as they wanted to be in the planning of their care	70%	
• Percentage of patients who report being listened to and heard by staff	76%	
• Reduction in the number of complaints that request a further local resolution	18%	

Monitoring Progress

The Trust will monitor its progress in implementing these priorities at the end of each quarter and will report to our Quality Assurance Committee, our Council of Governors and our wider Stakeholders.

TEWV's 2020 Community Mental Health Survey Results

- There were 340 responses from people about the Trust
- The Trust's score for 'Overall Experience' was 74% compared to 71% in 2019, 66% in 2018 and 71% in 2017, demonstrating a steady improvement over the past few years
- The Trust performed 'Better' than most other Trusts that took part in the survey in the following categories: Organising care and Medicines
- The Trust performed 'About the same' as most other Trusts that took part in the survey in the following categories: Health and social care workers, Planning care, Reviewing care, Crisis care, NHS therapies, Support and wellbeing, Feedback, Overall views of care and services and Overall experience
- The Trust did not perform 'Worse' than most other Trusts that took part in the survey in any of the categories.



Full results of the Survey for the Trust can be found at:

https://www.cqc.org.uk/provider/RX3/survey/6

In order to take forward these results in relation to improving our patient experience, we will:

- Improve communication between services, patients and GPs by focusing on the sharing of information between the Trust, Partners, Patients and Carers
- Aim to reduce waiting times for therapy and appointments through a recruitment programme of additional clinical staff
- Hold a scoping/improvement event to review and agree future Crisis Operational Models Trust-wide. This follows on from the implementation of the all-age single

central crisis line in May 2020 and subsequent evaluation undertake alongside the review of the telephony system requirements and demand and capacity predications
- Allow the patient to be included more in consultations and decision-making by recording of attendance at CPA meetings and reviews on PARIS and undertaking further Patient Experience Surveys
- Circulate the National Community Mental Health Survey report and findings across the Trust for discussion at local governance groups and add this report to the agendas for discussion at patient and service user involvement groups
- Develop a further action plan in relation to the issues raised by the survey

TEWV's 2020 National NHS Staff Survey Results

The National NHS Staff Survey is commissioned by the Picker Institute on behalf of TEWV and 26 other Mental Health and Learning Disabilities Trusts.

- TEWV were ranked 11th out of 27 Trusts
- All TEWV Staff were invited to participate
- The response rate decreased from 45% in 2019 to 38% in 2020 – there were 2,785 participants in total which is a decrease of 186 staff from 2019
- The median response rate across all Mental Health Trusts was 45%
- Overall staff engagement remained at 7 (out of ten)

The following table shows the categories where the Trust scored 'Better', 'Worse' or 'About the Same' as other Mental Health Trusts:

Better	• Equality, Diversity and Inclusion
Worse	• Immediate Managers • Quality of Care • Safe Environment – Violence • Staff Engagement • Team Working
About the Same	• Health and Wellbeing • Morale • Safe Environment – Bullying and Harassment • Safe Culture

Benchmarking

Below are the questions where the Trust scored above or below average when benchmarked against the other organisations, along with the percentage difference from the average score:

- Have adequate materials, supplies and equipment to do my work (+6%)
- Satisfied with level of pay (+6%)
- In last 12 months, have not experienced musculoskeletal problems as a result of work activities (+5%)
- Organisation acts fairly: career progression (+6%)

- Not experienced discrimination from patients/service users, their relatives or other members of the public (+5%)
- Organisation treats staff involved in errors/near misses/incidents fairly (-5%)

Top Five Scores

- Have adequate materials, supplies and equipment to do my work (69%)
- In last 12 months, have not experienced musculoskeletal problems as a result of work activities (78%)
- Organisation acts fairly: career progression (89%)
- Satisfied with level of pay (45%)
- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public (76%)

Bottom Five Scores

- Organisation treats staff involved in errors/near misses/incidents fairly (54%)
- Last experience of physical violence reported (87%)
- Immediate manager values my work (76%)
- Satisfied with opportunities for flexible working patterns (63%)
- Not felt pressure from manager to come to work when not feeling well enough (76%)

An overview of these results have been shared with the Trust's Senior Leadership Groups/Committees and the locality-specific free text comments have also been shared with the leadership teams within each locality. We have identified locality representatives and an initial meeting will be scheduled to discuss the approach the Trust will take in order to take forward these results in relation to improving our staff experience and what assurance this approach will offer. Our journey to safer care goals will also help us to address our staff feeling safer to raise errors and incidents and violence reduction within our inpatient settings. We will focus on themes and 'bite-size' improvements, so as not to overwhelm staff with more actions/targets and to ensure that we implement improvements which will really make a difference to our staff.

TEWV's Staff Friends and Family Test Results

Due to the ongoing Covid-19 pandemic, data collection for the Staff Friends and Family Test was stood down during 2020/21

Review of Services

During 2020/21 the Trust provided and/or subcontracted **20** relevant health services. The Trust has reviewed all the data available to them on the quality of care in **20** of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents **100%** of the total income generated from the provision of relevant health services by the Trust for 2020/21.

Participation in clinical audits and national confidential inquiries

A clinical audit is the process by which the quality of care and services provided are measured against agreed standards. Where services do not meet the agreed standard, the audit provides a framework where suggestions for improvements can be made. A third party conducts national audits. Participating in these audits gives organisations the opportunity to compare their results with other organisations. Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team. The statements on a clinical audit demonstrate the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

During 2020/21, **four** national clinical audits and **two** national confidential inquiries covered the health services that TEWV provides.

During 2020/21, TEWV participated in **100% (four out of four)** of the national clinical audits and **100% (two out of two)** of national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that TEWV was **eligible to participate in** during 2020/21 were as follows

- POMH Topic 20a: Improving the Quality of Valproate Prescribing in Adult Mental Health Services
- POMH Topic 18b: Use of Clozapine
- National Clinical Audit of Psychosis (NCAP): Spotlight re-audit in EIP
- National Audit of Inpatient Falls (NAIF)
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The national clinical audits and national confidential inquiries that TEWV was **participated in** during 2020/21 were as follows:

- POMH Topic 20a: Improving the Quality of Valproate Prescribing in Adult Mental Health Services
- POMH Topic 18b: Use of Clozapine
- National Clinical Audit of Psychosis (NCAP): Spotlight re-audit in EIP
- National Audit of Inpatient Falls (NAIF)
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

The national clinical audits and national confidential inquiries that TEWV participated in, **and for which data collection was completed during 2020/21** are listed below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of the national audit or inquiry.

Audit Title	Cases Submitted	% of number of registered cases required
POMH Topic 20a: Improving the Quality of Valproate Prescribing in Adult Mental Health Services	Sample provided: 203	100%
POMH Topic 18b: Use of Clozapine	Sample provided: 120	100%
National Clinical Audit of Psychosis (NCAP): Spotlight re-audit in EIP	Sample provided: 440	100%
National Audit of Inpatient Falls (NAIF)	Sample provided: 3	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	22 questionnaires sent to the Trust; 12 returned	55%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	*	*

** The Trust was eligible to participate in this confidential enquiry during 2020/21; data collection, however, continued into 2021/22 therefore figures will be reported within the 2021/22 Quality Account*

Due to the timings of the national audits, the Trust had not received and reviewed the reports for all the national audits or confidential inquiries at the time of the publication of this report. Upon receipt of final reports the Trust will formally receive them and agree actions to improve the quality of healthcare provided.

The reports of **130** local clinical audits were reviewed by the Trust in 2020/21 and TEWV intends to take actions to improve the quality of healthcare provided. **Appendix 3** includes the actions the Trust is planning to take against the **ten** key themes from these local clinical audits reviewed in 2020/21

In addition to those local clinical audits reviewed (i.e. those that were reviewed by our Quality Assurance Committee and Clinical Effectiveness Group), the Trust undertook a further **36** clinical audits in 2020/21 which include clinical effectiveness projects undertaken by Trainee Doctors, Consultants or other Directorate/Specialty Groups. These clinical audits were led by the services and individual members of staff for reasons of service improvement and professional development and were reviewed by the Specialty Clinical Audit Subgroups. Over the next year the Trust will explore the use of audit apps to make audits quicker and more efficient and to make it easier for teams to understand their information and make the changes needed.

Participation in Clinical Research

The Trust participates in research activity to help provide new knowledge that has the potential to be valuable in managing and treating patients. It is important that such research is open to critical examination and open to all that would benefit from it.

The number of patients receiving relevant health service provided or sub-contracted by TEWV in 2020/2021 that were recruited during that period to participate in research approved by a Research Ethics Committee was **836**. Of the **836** participants, **826** were recruited to **20** National Institute for Health Research (NIHR) portfolio studies. This compares with **658** patients involved as participants in NIHR research studies during 2019/20.

Examples of how we have continued our participation in clinical research include:

- We were involved in conducting **52** clinical research studies during 2020/21; **43** of these studies were supported by the NIHR through its networks
- **36** members of our clinical staff participated as researchers in studies approved by a Research Ethics Committee, with **27** of these in the role of Principal Investigator for NIHR supported studies
- **2921** members of our staff were also recruited as participants to NIHR portfolio studies
- We continue to collaborate with a wide range of universities and other NHS providers to deliver large multi-site research studies for the benefit of our service users, carers and staff
- Many studies have adapted recruitment methods to accommodate over the phone and video calls to ensure participants can still consent to and have access to research opportunities. The ability to receive feedback from research participants through the Participant in Research Experience Survey has been impacted upon by Covid-19.
- **2293** TEWV staff took part in NHS CHECK which is a major study of the impact of the COVID-19 pandemic on the short and long-term health and wellbeing of all staff working within 18 partner NHS Trusts.

Key achievements:

The emergence of Covid-19 has seen research in the global spotlight to develop solutions swiftly. Our staff and service users have been taking part in research that is finding effective vaccines, developing treatments and informing government policy. The Department of Health gave Urgent Public Health status to a variety of studies where research is essential and deemed to have an important effect on the progress and outcome of the pandemic. TEWV is sponsor for the only interventional mental health research study badged as Urgent Public Health, the Basil C19 study, which examines the use of behavioural activation in older adults with low mood or loneliness and long term health conditions during Covid-19.

We are looking forward to welcoming our first research participant to Foss Park Clinical Research Facility with the opening of a new commercial research study to compare two medications as add-on treatment to anti-depressant therapy for adults with depression and sleep problems.

The ComBAT study (Community Based Behavioural Activation Training for depression in adolescents) has now opened. It is a 5-year programme grant that commenced in January 2021 and aims to develop and deliver a standardised community based behavioural activation training programme in consultation with adolescents, their parents and professionals from the NHS, schools and charities. The partnership with the University of York continues to thrive with new emerging grant applications in progress.

The Trust is proud to have a Consultant Nurse who is funded by the NIHR through the '70@70 Senior Nurse and Midwife Research Leader Programme'. We are committed to increasing the visibility of nursing research and nurses' contribution to research delivery. Our Consultant Nurse has worked collaboratively to overcome challenges and drive changes in this area.

The programme is now in its final year and key objectives for 2020/21 are:

- Complete Care Covid Study – data collection, analysis, write-up, presentation and feedback to relevant groups
- Complete dissemination and agreed actions on recommendations from Nurse Consultant research activity audit
- Complete job planning work for TEWV Nurse Consultants
- Continue supporting preceptor programme in TEWV
- Complete the podcasts we are currently making with the Local Clinical Research Network: North East & North Cumbria
- Undertake a three-year survey in TEWV of what nurses want in terms of required support etc. to become more involved in research
- Work with the TEWV Research & Development Team and Nursing & Governance Directorate to ensure actions from the research strategy and nursing strategy are met as planned
- Prepare abstract and poster for end of year three as per '70@70' three-year plan
- Final Year three report as per '70@70' three-year plan
- Continue supporting individual nurses for NIHR Clinical Academic Pathways and PhD preparation

- Agree arrangements for follow up to the role in the Trust with the Director of Nursing & Governance for TEWV

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

Due to the ongoing Covid-19 pandemic NHS England and NHS Improvement stood down all CQUIN requirements

What the Care Quality Commission (CQC) says about us

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services, and then publishes its findings and ratings to help people make choices about their care.

Tees, Esk and Wear Valley NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **registered without conditions for services being delivered by the Trust**. The Trust is therefore licensed to provide services.

The CQC **has** taken enforcement action against TEWV during 2020/21. TEWV **has** participated in a special review/investigation by the CQC during the reporting period.

In January 2021, the CQC carried out an unannounced, focussed inspection of five of our Acute Wards of Adults of Working Age and Psychiatric Intensive Care Units (PICU) and observed that some risk assessment and management processes were not fully effective to support the delivery of safe patient care. A number of urgent and immediate actions were taken across the core service and a quality improvement event was held to address standards around risk assessment and organisational learning across all services.

In March 2021, due to enforcement action taken in the safe and well-led dimensions, the CQC inspection report rated the Acute Wards for Adults of Working Age and PICUs as inadequate in these areas. The Trust was required to complete an improvement plan addressing all the requirements in the inspection report and the Section 29A Warning Notice with actions to be completed by 3rd May 2021.

In addition to clearly evidencing delivery of the required actions, the Trust acknowledges that a wider programme of change and improvement is required beyond this date. It is recognised that increasing multidisciplinary involvement and oversight, improving staffing establishments, building in appropriate training, expertise, sustainable support, clinical supervision and leadership to our clinical teams is critical to prioritising a culture of patient safety and continuous quality

improvement. In addition, work is underway to enhance and embed organisational learning from a range of internal and external sources. This includes reviewing, strengthening and developing mechanisms for capturing and communicating learning and importantly gaining assurance of the impact of our actions to improve care for services users and their families.

Since the inspection, we have invested £5.4 m in staffing, with a focus on inpatient services, seven-day capacity and quality governance. An improved assurance schedule that includes a review of care documentation has been put in place to provide assurance that patients risks are assessed and that they have a safety plan in line with their needs.

A 'Quality Improvement Board', chaired by the Chief Executive with executive team attendance with responsibility for ward/team to board reporting on implementation has been put in place to oversee quality assurance standards including regular audit and direct observation on wards and to provide assurance to the Trust Board that actions being taken to address patient safety are improving. Community assurance processes have included the development of a dashboard to support community caseload reporting and improved clinical supervision.

Improvement Plan

A Regional Quality Board has been set up where TEWV is reporting on progress to other partners such as NHSE and ICSs as well as the CQC. We are also accessing expert support from outside the Trust to support with rapid improvement and embedding actions.

In addition to the attainment of all CQC recommendations and conditions related to the Section 29a warning notice issued by CQC in March 2021, an umbrella improvement plan has been developed with overarching work-streams which include:

- Implementation of the trust's new strategy-'Our journey to change'
- Board development
- Strengthening 'ward/team to Board governance flow' and focus on the Board Assurance Framework/Risk Registers
- Embedding organisational learning including reviewing the involvement of families and carers in Serious Incident reviews
- Simplification of management and governance structures to support the line of sight, communication and flow of information
- Development of new Board integrated assurance performance report and strengthening capacity and capability in corporate and locality/specialist governance roles
- Training and professional development for clinical staff
- Sustainability of improvements including leadership development and strengthening lines of accountability
- Technological improvements including the development of a new electronic patient record system

We are confident that we will continue to improve services and will work with staff, service users, carers, volunteers, governors, commissioners and partners to address the areas where standards were not as expected.

Although we have retained a 'Good' rating for the well-led domain, we now have an overall rating of 'Requires Improvement' with a number of actions having been taken to improve the quality and safety of our services.

The CQC's current rating for the Trust for each key domain overall is:

Further information can be found at: https://www.cqc.org.uk/provider/RX3

Quality of Data

It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. In addition, data must be of a high quality to help inform organisational decision-making and planning. For example, it is also important that the General Medical Practice Code is recorded so information about the patient's health and any hospital treatment received is sent back to their GP, who should be able to treat the patient appropriately.

The Trust did not submit records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics; these were stopped by the 'reducing the burden team at NHS Digital, as the Trust submits to the Mental Health Services Data Set it is no longer required to make these submissions.

Information Governance

Information Governance requires the Trust to set a high standard for the handling of information. The aim is to demonstrate that it can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance.

Due to the ongoing Covid-19 pandemic, NHS Digital has delayed submission of the Data Security and Protection Toolkit 2020-21 until 30th June 2021. Of the **110** mandatory evidence items and **42** assertions, we anticipate publishing the Toolkit with all evidence provided and assertions met.

In the most recent NHS Digital published results (January 2021) TEWV gained a score of 98.1% for the Data Quality Maturity Index which is a measurement of data quality in the NHS

The following steps have been put in place to ensure that appropriate controls are in place to ensure the accuracy of data:

- The Trust has in place an internal group which has the responsibility for ensuring data quality within the Trust; this was put on-hold during the COVID-19 response but is set to be reinstated as part of the Trust's revised governance structure

- Data quality is included within the Corporate Risk Register which is used by the Board of Directors to monitor the risk of incomplete and inaccurate data. The Trust has a Data Quality Strategy which provides a framework for improvements in this important area

- The Trust has the following policies linked to data quality:

  - Data Quality Policy
  - Minimum Standards for Record Keeping
  - Policy and Procedure for PARIS (Electronic Patient Record/Information System)
  - Care Programme Approach (CPA) Policy
  - Information Governance Policy
  - Information Systems Business Continuity Policy
  - Confidentiality and Sharing Information Policy

  These policies incorporate national standards where available and are regularly reviewed. All the policies are held on the staff intranet and are available to staff at all times. When policies have been reviewed (or new ones published) there is a mechanism to inform staff through 'Team Brief' and other cascade mechanisms.

- A significant amount of training is provided to support staff using PARIS and to ensure compliance with CPA. Training is provided where issues around data quality have been identified

- As part of performance reporting to the Board, real-time data is used to forecast future positions thus improving the decision-making process. The Trust has introduced the use of Statistical Process Control (SPC) charts this year to enhance decision making

- All data returns are submitted in line with agreed timescales

Freedom to Speak Up

Following a review by Sir Robert Francis in 2015, a national standard 'Freedom to Speak Up' policy was published by NHS Improvement and NHS England. This policy has the aim of developing a more open and supportive culture for staff to raise any issues of patient care, quality or safety. The Trust has subsequently adopted this standard policy in its own policy.

The Trust has a policy which details how staff can speak up about risk, malpractice, or wrongdoing. Most of the time staff will choose to raise their concerns with their line manager. However sometimes they may feel this is inappropriate. They then have the option to 'Speak Up' anonymously using our Raising Concerns email address (which can be found on the Trust Intranet) or by contacting the Trust's Freedom to Speak Up Guardian via mobile telephone or dedicated email address.

Part of the role of the Freedom to Speak Up Guardian is to ensure that staff receive feedback on how their concerns are being addressed e.g. who is conducting the service review or investigation, what they found and what, if any, subsequent actions are being taken. Depending on the case, this feedback can be verbal or written. It often forms part of regular feedback aimed at developing a trusting relationship.

Ensuring that people who speak up do not experience detriment is a central commitment of the Guardian's role. It is also clearly stated within the Trust policy. Staff are also regularly reminded that they should not tolerate any negative consequences of their speaking up. At the end of their involvement, staff are asked to answer two questions – "Would you feel confident to speak up in the future?" and "Did you feel you experienced any detriment?"

The Trust has little evidence of overt actions leading to detriment. However, some staff have felt a loss of trust in the organisation to keep them safe. This loss of trust has on some occasions resulted in staff feeling unable to remain in their current post. Many have moved to another post within the organisation and have reported their satisfaction with this outcome.

The Freedom to Speak Up guardian attends the Trust Board on a twice-yearly basis to deliver their report. This report contains numbers of new cases taken on, the number closed, the broad category of the concern, and any feedback. It also contains anonymised case studies/examples and any lessons learnt.

During 2020/21, there were **51** cases referred to the Freedom to Speak Up Guardian. Of these, **20** were submitted anonymously. **21** of the concerns related to culture of bullying, and **9** related to patient safety and **11** to staff safety. The remainder related to other issues such as culture or systems/processes. We are committed to creating an open and transparent culture where every member of staff can speak out safely. Over the next year we will continue to raise the profile of the Freedom to Speak Up Guardian and triangulate the information we have with other sources to ensure the best and safest care for our service users.

Reducing Gaps in Rotas

The Guardian of Safe Working for Junior Doctors within the Trust produces quarterly reports to the Trust Board that focus on gaps in medical rotas and safety issues. The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours. The work of the Guardian is subject to external scrutiny of doctors' working hours by the Care Quality Commission and by the continued scrutiny of the quality of training by Health Education England.

The Guardian is required to levy a fine against a department(s) if a Junior Doctor:

- Works on average over 48 hours/week
- Works over 72 hours in seven days
- Misses more than 25% of required rest breaks
- On non-residential on call (NROC) does not have a minimum of continuous rest for five hours between 22:00 and 07:00
- Does not have the minimum eight hours total rest per 24-hour NROC shift
- Has more than the maximum 13-hour residential shift length
- Does not have the minimum 11 hours rest between resident shifts

The Guardian of Safe Working for Junior Doctors within the Trust produces quarterly and annual reports to the Trust Board that focus on gaps in medical rotas and safety issues.

The Trust's Board received the Guardian's annual report for 2020/21 at its meeting of 29th April 2021. During the year, the most common reasons for needing short-term/locum cover was due to vacancies on the rotas, staff sickness (short/long term) and COVID 19 related absences (sickness or self-isolation).

Exception reports received related mostly to not having five hours continuous rest while working between 10pm and 7am on a Non-Residential On-Call rota, having to stay later than normal working hours or shift end time or missing teaching/training due to staff shortages. Discussions on these issues have taken place where appropriate and additional staffing put in place where possible.

Bolstering staffing in adult and older adult community mental health services

The Trust through its Commissioners, national transformation investment and Covid surge monies has increased its staffing across all clinical services. During 2020/21 we recruited an additional 567 whole-time equivalent members of staff, which is a percentage increase of +8.5% from 2019/20. These staff were recruited across a range of clinical services to respond to demand within urgent care services, enhancing community and inpatient teams and to improve skills in responding to complex presentations.

Examples of service improvements enabled by additional staffing include:

- The introduction of Structured Clinical Management Practitioners in County Durham, which is a nationally recognised model to support patients with a Personality Disorder
- The enhancement of our GP-aligned Mental Health services which support GP practices to help and improve people's mental wellbeing who do not require secondary care level interventions
- The creation of dedicated roles in North Yorkshire Older People's Services to improve physical health monitoring
- The introduction of a social worker to the North Yorkshire and York Older People's Service who facilitated a virtual 'Steps to Recovery' group in addition to working with individuals and families in the community and providing discharge liaison support
- The North Yorkshire and York Adult Community Team were able to extend their opening hours to Saturday

The Trust is currently agreeing with Commissioners their investment plans for 2021/22, which it is anticipated will be mobilised to implement a range of roles in both Inpatient and Community based-Services.

Learning from Deaths

Following publication of the Southern Health report in 2015 there has been enhanced national scrutiny on how all NHS organisations respond to deaths of service users in their care. This culminated in the release of a 'Learning from Deaths Framework' which was published by the National Quality Board in 2017. The Trust collects data on all known deaths and has processes in place to determine the scope of deaths which require further review or investigation. The Board of Directors (meeting in public) receive a quarterly Learning from Deaths dashboard and report summarising learning. As well as being included in this Quality Account, information is also included in the annual Patient Safety report.

In Mental Health and Learning Disability Services we have a number of older people who are cared for in the community and their needs are such they only require minimal contact with us. We have undertaken some analysis of the average age of service users who died during 2020/21, which was found to be **79** years old. Many of these people, who die, do so through natural causes as happens in the wider population. This explains the difference between the total number of deaths (from all causes including natural causes) and the numbers we go on to investigate further. To support staff in their decision making regarding the investigation of deaths, staff have clear policy guidance, setting out criteria for categories and types of review.

Despite the pressures of COVID-19, good progress has been made to improve both the quality and the number of Serious Incident and Mortality reviews completed over the year, notably the number of Learning Disability Deaths that have been reviewed internally and reported to LeDeR (Learning Disabilities Mortality Review).

It is recognised that team development and skilled staff are key to the delivery of high quality, safe care and high functioning teams to minimise the risk of incidents occurring. Progress is being made to enhance senior clinical leadership with recruitment to new Community Matron Roles, Practice Development Practitioners and Peer Workers to support co-creation, recovery and involvement.

In 2019, a family conference was held with bereaved families who had experienced the serious incident process. One of the aims of the conference was to identify how we could improve the way we engage with families. An action from this event was to appoint a Family Liaison Officer. This role is now well established and has received positive feedback from both families and staff. In May 2021, an improvement event is planned to consider how we can further improve involvement with families to facilitate a more equal partnership in the Serious Incident Investigation process. The Trust was due to hold its second annual family conference in March 2020; this has been put on hold due to COVID-19 and is regularly under review.

Any death of a person open to Trust services, which is reported through our Incident Management System, is subject to an initial review by the Central Approvals Team. During 2020/21 **2,315** TEWV patients died; this comprised the following number of deaths which occurred in each quarter of that reporting period:

- **926** in the first quarter
- **375** in the second quarter
- **481** in the third quarter
- **533** in the fourth quarter

From the **2,315** deaths, **2,033** were expected/physical health deaths in the community; many of these patients, as alluded to above, had minimal contact with services. Please see above paragraphs for further narrative

There were **249** unexpected deaths (this figure includes community and inpatients). Of these **249** deaths, **four** were deaths in inpatient services. Two of the four were unexpected physical health deaths. All four cases were reviewed as a serious incident.

There were also **32** expected, physical health deaths in inpatient services

By 31st March 2021, in relation to unexpected and expected physical health deaths **286** mortality reviews and **40** structured judgement reviews had either been carried out or requested.

The number of deaths in each quarter that were identified as requiring a serious incident investigation are as follows:

- **24** in the first quarter
- **23** in the second quarter
- **17** in the third quarter
- **27** in the fourth quarter

Out of cases that have been completed during 2020/2021 (126), **44** cases had either a root cause or contributory finding. There is no agreed or validated tool to determine whether problems in the care of the patient contributed to their death within Mental Health or Learning Disability Service. This means that Mental Health and Learning Disability organisations are using different ways of assessing this.

The definitions used by the Trust are as follows:

- **Root Cause** - The prime reason(s) why an incident occurred: A root cause is a fundamental factor, an act or omission that had a direct effect on the incident occurring. Removal of these will either prevent, or reduce the chances of a similar type of incident from happening in similar circumstances in the future.
- **Contributory Factor/Influencing Factor -** An act or omission that influences the likelihood of the incident occurring and hence contributed to the incident

Root and/or contributory findings from serious incident reviews undertaken in 2020/21 have highlighted the following areas for learning and improvement:

- Record keeping
- Communication
- Patient risk assessments
- Non-compliance with some elements of Trust policy

The Trust has seen a decrease of over 30% in the number of serious incidents resulting in deaths in 2020/21 (133 in 2019/20)

Detailed below are some of the actions we have already taken, or will take during 2021/22 in response to what we have learned from reviews of deaths:

The Trust is undertaking an extensive programme of estates works to reduce potential ligature points within inpatient services to address learning from inpatient deaths and an increase in fixed ligature incidents. Phase one of the programme has focused on the replacement of sinks, taps, toilets, shower controls and soap dispensers to standardise these with anti-ligature fittings in ensuite bathrooms and agreed standards for assisted bathrooms which are recognised as high risk areas for patients. Phase two of this work will be completed during 2021/22 and will enhance the safety of bedroom doors and replace windows.

In addition, 11 wards have now been prioritised for installation of Oxehealth Digital Care Assistant, which is assistive technology that has been proven to reduce harm within in-patient services. The Environmental Risk Group, chaired by the Director of Nursing and Governance, has oversight of these safety measures and receives monthly incident reports involving ligatures and other risks where environmental factors may have contributed to harm as well as progression of initiatives to reduce harm.

A Rapid Patient Safety Review Meeting has been introduced for unexpected inpatient deaths, usually to be held within 48 hours of the incident occurring. This is to ensure that all immediate identified actions have been put in place to maintain patient safety and to share any early learning identified.

The Suicide Prevention and Self Harm Reduction Group, chaired by the Medical Director continues to develop a framework to ensure that the Trust is supported in coordinating activities designed to reduce the risk of suicide and frequency of suicide attempts.

The group is also focusing on dissemination of learning and good practice around suicide prevention and self-harm. Trust Suicide Prevention Leads continue to build up and maintain effective partnership working with the suicide prevention taskforces/alliances and other agencies

In line with the North Cumbria and North East Integrated Care System (ICS) priorities around physical health and learning from deaths, the Trust has identified ‘Making Every Contact Count’ leads within services and is incorporating the principles of this. These include making healthy changes such as, stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption into daily practice. These can help people to reduce their risk of poor health significantly.

The Trust is strengthening its arrangements for organisational learning with the establishment of the Organisational Learning Group, chaired by the Director of Quality Governance. Workstreams include the development of effective systems for rapid dissemination of urgent safety messages, sharing early learning and establishing and maintaining a Learning Library.

In January 2021, following the CQC focused inspection, the Trust held a Quality Improvement Event to ensure that robust systems were in place to comprehensively assess and mitigate patient risk. This improvement work has encompassed and enhanced ongoing actions to address the four most common root cause or contributory findings from serious incident investigations. Work has included providing detailed guidance on clinical risk assessment and management to clinical staff to support practice in line with the Trust's Harm Minimisation policy (clinical risk assessment and management) as well as simplifying related documentation on the electronic patient record in the form of the safety summary and safety plan, leave and observation care plan.

Harm minimisation training (clinical risk assessment and management) and suicide prevention training content and delivery has also been reviewed to bring greater clarity on standards and expectations as well as more detailed focus on clinical risk assessment aligned to particular patient needs.

As an organisation, the decision was made to provide Suicide Prevention training to staff. To progress this, 26 staff members have been trained to date by Connecting with People (4 Mental Health). These staff will then deliver the training to all TEWV registered staff – as at 28th May 2021 there had been 139 staff trained, with another 316 places already booked on future training. The training provides a whole organisational approach to embed best practice and governance, with training designed for real impact and improvement of individual and organisational working practices. The training reflects the latest evidence-based principles and best practice, and provides individuals the opportunity to reflect on their own practice and how they can utilise the skills they have refreshed or learnt in their practice. We have also recently introduced Suicide Awareness training for all non-registered staff; as at 28th May 2021 there have been 113 placed booked on this training.

PALS and Complaints

Complaints are managed following national guidance and we endeavour to respond to all of our formal complaints within 60 days. We have a complaints manager aligned to each locality area of the Trust who works with the relevant operational staff member, service user and/or carer to resolve the issue that has been raised.

The Trust's Policy and Procedure for the Management of Compliments, Comments, Concerns and Complaints outlines the Trust's approach to receiving valuable feedback and information from patients and their carers about the services provided by the Trust. When people raise concerns they are given options by the Patient Advice and Liaison Service (PALS)/Complaints Team for taking their concerns forward. They may opt to have their concerns addressed by PALS staff liaising on their behalf with clinical staff or through meetings with the Clinicians.

People may also choose at any point to have their concerns registered under the NHS Complaints Regulations (2009) with a more formal investigation and a written response letter from the Chief Executive.

During 2020/21 PALS dealt with **2,127** concerns or issues from patients and carers, a decrease of **244** when compared to 2019/20. **1,102 (52%)** of the concerns raised were around AMH services across the Trust.

1,972 of the PALS concerns (**85%**) were closed within 15 working days (although no formal target is set for this). Non-compliance was largely as a result of the Covid-19 pandemic where it has not always been possible to obtain timely feedback from operational services.

265 formal complaints were received and registered during 2020/21 compared to 296 for the same period last year.

Complaints across services: **172** in AMH services, **41** in CYPS, **23** in MHSOP, **11** in Secure Inpatient Services, **2** in Health and Justice, **6** in ALD services and **10** in Corporate Services.

The most common cause for complaints across the Trust related to aspects of clinical care (154) followed by communication (61) and attitude (28). Complaints have also been received relating to discharge arrangements (11), environment (5), medical records (3), waiting Times (1), General Advice (1) and Bereavement (1).

175 responses were sent out during 2020/21, **134** (**78%**) were within timescales (60 working days).The number of complaints received and closed are published on the Trust's website.

The Trust has commissioned specific training to support and empower a wide range of our staff to develop reasoned empathy, emotional awareness, intelligent compassion and resilience in order to promote wellbeing and a just, caring culture. Learning is applied within the context of duty of candour, ensuring a person-centred approach to complaints, resilience and leadership culture. The training is supporting our staff to understand vulnerability in themselves and others and prevent psychological harm. It does this in a thought-provoking, honest and supportive learning environment. Learning the science and reality behind meaningful, empathic communication, as well as self-care and to build confidence in why empathy and emotional awareness is a key and important focus.

An example is the session of experimental learning; it not only identifies what empathy is, but enables those attending to 'feel' empathy, analyse and understand it on a deeper level, and why it is so important within complaints. The session takes empathy out of the text book and into real life as delegates go on a journey of empathy and emotional awareness and the importance of both these things when an incident occurs, to support patients, loved ones and themselves.

Part Three: Other Information on Quality Performance 2020/21

Mandatory Quality Indicators

Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. Normally the Trust is required to present a mandatory statement and the data on NHS Digital for the most recent and the previous reporting period available. However, due to the ongoing Covid-19 pandemic, this mandatory collection was stood down by NHS Digital

Care Programme Approach Seven-Day follow-up

In March 2020, the national collection of this measure by NHS Digital was suspended due to the Covid-19 pandemic and the need to release capacity across the NHS to support the pandemic response. Subsequently, a consultation on the Quarterly Mental Health Community Teams Activity return opened and the outcome was published on 15th April 2021 announcing the decision to retire this collection as the measure has effectively been replaced by the new 72-hour follow-up standard.

109 people were not followed up within seven days during 2020/21. Given the unprecedented times, it has not been possible to gather the level of intelligence in terms of this area of underperformance that would normally be included within the report, as all efforts have been diverted to manage the Covid-19 situation and the need to ensure that the Trust's focus remains on this clinical priority. However this figure should be considered within the context that **95.91% were followed up within seven days.**

The Trust intends to take/has taken the following actions to improve this percentage and so the quality of its services, by:

- Adding a dedicated item on this measure to the agendas for Service Business Meetings/Huddles and Quality Assurance and Improvement Boards
- Ensuring that all relevant teams regularly review their performance against this metric

Crisis Resolution Home Treatment team acted as gatekeeper

In March 2020, the national collection of this measure by NHS Digital was suspended due to the Covid-19 pandemic and the need to release capacity across the NHS to support the response. Subsequently, a consultation on the Quarterly Mental Health Community Teams Activity return opened and the outcome was published on 15th April 2021 announcing the decision to retire this collection. A replacement for this measure will not be introduced immediately; time will be taken to

explore developing an alternative indicator(s) to help measure meaningful contact with Crisis Resolution & Home Treatment Teams before admission.

220 people during 2020/21 were not assessed by the Crisis Team prior to admission. Given the unprecedented times, it has not been possible to gather the level of intelligence in terms of this area of underperformance that would normally be included within the report, as all efforts have been diverted to manage the COVID-19 situation and the need to ensure that the Trust's focus remain on this clinical priority. This number needs to be considered within the context that **86.50% of individuals were assessed by a Crisis Team prior to admission**.

TEWV **has taken** the following actions to improve the percentage, and so the quality of its services:

- Implemented additional capacity to Mental Health Support Teams to respond to calls from people who are in distress but do not require a crisis assessment
- Added a review of this metric to daily huddles
- Implemented Business Continuity Plans during the Covid-19 pandemic to ensure liaison psychiatry teams and CRHTs worked jointly to address gatekeeping
- Amended and updated the Crisis Operational Policy for AMH Services to clarify roles and responsibility of professionals acting on behalf of the CRHT services (out of hours) in a gatekeeping capacity
- Reviewed the Quality Standards Work for AMH Crisis Teams
- Reviewed and introduced a Safety Summary and Safety Plan for all urgent care services to improve risk recording/documentation and collaborative working with patients, improving quality of information, care and safety

TEWV **intends to take** the following actions to improve the percentage, and so the quality of its services:

- Undertake a scoping event to review urgent care/crisis services during 2021/22, considering the Trust-wide central crisis line, and explore potential opportunities for future development and operational models for the delivery of services, working with patients, staff, partners and stakeholders
- Use NHS England Transformation Funding to continue to support options for alternatives to crisis, working with the voluntary sector and ensuring services meet core fidelity. Work is continuing to implement innovative approaches within the localities

Patients' experience of contact with a health or social care worker

The figures we have included are from the CQC website but at the time of writing comparative figures were not available from NHS Digital.

An overall Trust score is not provided, due to the nature of the survey, therefore it is not possible to compare trusts overall. For 2020, we have reported the Health and

Social Care Workers section score which compiles the results from the questions used from the survey detailed below in the table.

TEWV Actual 2020	*National benchmarks in 2020*	*TEWV Actual 2019*	*TEWV Actual 2018*	*TEWV Actual 2017*
Overall section score: 7.4 **(sample size 340)**	Highest/Best MH Trust: **7.8** Lowest/Worst MH Trust: **6.4**	Overall section score: **7.3** (sample size 209)	Overall section score: **7.3** (sample size 209)	Overall section score:**7.7** (sample size 232)

Patient Safety incidents including incidents resulting in severe harm or death

The data made available by NHS Digital with regard to the number of patient safety incidents, and percentage resulting in severe harm or death, reported within the Trust during the reporting period.

TEWV Actual Q3 20/21	*National Benchmark in Q1 & Q2 20/21*	*TEWV Actual Q1 & Q2 20/21*	*TEWV Actual Q3 19/20*
Trust reported to NRLS: **3,105** incidents reported of which **27 (0.9%)** resulted in severe harm or death* * **10** Severe Harm and **17** Death	Not available	Trust reported to NRLS: **6,207** incidents reported of which **80 (1.3%)** resulted in severe harm or death* * **22** Severe Harm and **58** Death	Trust reported to NRLS: **3,312** incidents reported of which **40 (1.2%)** resulted in severe harm or death

Although this may seem like a large number of total incidents, this is in line with expected numbers for a Trust with a caseload the size of TEWV; the Trust is one of the largest Mental Health Trusts in the country.

TEWV considers that this data is as described for the following reasons:

- The number of incidents reported by TEWV to the NRLS for Quarter three 2020/21 was slightly less than the same period in 2019/20. However, it is not possible to use the NRLS data to comment on a Trust's culture of incident

reporting or the occurrence of incidents. The absolute numbers of incidents reported is a factor of the relative size of a Trust and the complexity of their case-mix

- Amongst the most common themes reported are self-harming behaviour, patient accident, disruptive, aggressive behaviour and medication which account for three-quarters of all incidents leading to harm

- During 2020/21 TEWV reported **141** incidents as Serious Incidents, of which **94** were deaths due to unexpected causes. This compares with **119** (from a total of **159** in 2019/20) and **126** (from a total of **142**) in 2018/19**.**

- TEWV is one of the largest Mental Health Trusts in England in terms of population served and caseload

TEWV **has taken** the following actions to improve this indicator, and so the quality of our services by:

- Analysing all patient safety incidents; these are reported and reviewed by the Quality Assurance and Improvement Group which is a sub-group of the Trust's Senior Leadership Group. A monthly report is circulated to the Trust's Quality Assurance Committee and are reported to commissioners via the Clinical Quality Review Process

- Implementing a consistent approach to the grading of incidents and to improve the overall quality of reporting via the Trust's Central Approval Team who review all reported incidents

- Ensuring all Serious Incidents (i.e. those resulting in severe harm or death) are subject to a Serious Incident review. This is a robust and rigorous approach to understand how and why each incident has happened, to identify any causal factors and to identify and share any lessons for the future

- Undertaking mortality reviews on those deaths that are classed as physical health expected/unexpected deaths. Mortality reviews are completed in line with guidance from the Royal College of Psychiatrist and peer organisations across the region. The mortality review tool used consists of a Part One and Part One review. Part One is a review of the care records, if any concerns are noted a Part Two (more in-depth Structured Judgement Review) will be carried out

- The identification of learning themes from incidents helps the Trust to identify key areas for improvement and this is built into our quality improvement work plans. Many examples are given within this report including the development of the suicide and self-harm reduction strategy, environmental ligature reduction, harm from falls reduction, and reducing restrictive practices

- We now have an Organisational Learning Group, chaired by the Director of Quality Governance. The group is responsible for developing robust and effective

systems for sharing learning and ensuring the actions identified have the desired impact

- The official statistics publishing schedule is changing; NRLS are now publishing the Organisation and National level patient safety incident reports once a year rather than every six months, with the next publication due in September 2021. This has resulted in the Trust not being able to benchmark their data with other Mental Health Trusts

Our performance against our quality metrics

The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Quality Metrics

Quality Metrics		2020/21		2019/20	2018/19	2017/18	2016/17
		Target	Actual	Actual	Actual	Actual	Actual
Patient Safety Metrics							
1	Percentage of patients reported 'yes always' to the question 'do you feel safe on the ward'?	88%	67.54%	62.39%	61.50%	62.30%	N/A
2	Number of incidents of falls (level 3 and above) per 1000 occupied bed days (for inpatients)	0.35	0.18	0.15	0.18	0.12	0.37
3	Number of incidents of physical intervention/restraint per 1,000 occupied bed days	19.25	26.27	30.45	33.81	30.65	20.26
Clinical Effectiveness Measures							
4	Existing Percentage of patients on Care Program Approach who were followed up within seven days after discharge from psychiatric inpatient care	>95.00%	96.14%	97.13%	96.49%	94.78%	98.35%
5	Percentage of Quality Account audits of NICE guidance completed	100%	100%	100%	100%	100%	100%

6a	Average length of stay for patients in Adult Mental Health (days)	**<30.2**	**23.25**	**25.55**	**24.70**	**27.64**	**30.08**
6b	Average length of stay for patients in Mental Health Services for Older People (days)	**<52**	**59.80**	**66.84**	**66.53**	**67.42**	**78.06**
Patient Experience Measures							
7	Percentage of patients who reported their overall experience as excellent or good	**94%**	**90.32%**	**91.65%**	**91.41%**	**90.50%**	**90.53%**
8	Percentage of patients that report that staff treated them with dignity and respect	**94%**	**84.59%**	**85.80%**	**85.70%**	**85.90%**	**N/A**
9	Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	**94%**	**89.94%**	**86.70%**	**86.90%**	**87.20%**	**86.58%**

Notes on selected Metrics

1. Data for CPA seven day follow-up is taken from the Trust's patient systems and is aligned to the national definition
2. The percentage of Quality Account audits of NICE Guidance completed is based on the number of audits of NICE guidelines completed against the number of audits of NICE guidelines planned. Data for this metric is taken from audits undertaken by the Clinical Directorates supported by the Clinical Audit Team
3. Data for average length of stay is taken from the Trust's patient systems

Comments on areas of under-performance

Metric 1: Percentage of patients reported 'yes always' to the question 'do you feel safe on the ward'?

The end of **2020/21** position was **67.54%** which relates to **1864** out of **2760** surveyed. This is **20.46%** below the Trust target of **88.00%.** All localities underperformed this year. **Forensic Services** was closest to the target with 72.5**%** and **North Yorkshire and York** was furthest away with **62.43%**

When brief analysis has been undertaken of why patients do not feel safe in a ward environment, the most often cited cause has been due to the behaviour of other patients. It has also been noted that due to the acuity levels of patients who are admitted, they are likely to feel unsafe due to the fact that they are acutely unwell. As there is a persistent significant gap between our target and performance on this

metric, improving the percentage of patients who feel safe on wards has been identified as a Quality Improvement priority for 2020/21 (see page 25).

Metric 3: Number of incidents of physical intervention/restraint per 1,000 occupied bed days (OBDs)

The end of **2020/21** position was **26.27;** which relates to **5727** interventions and **217,975** OBDs; this is **7.02** worse than the Trust target of **19.25**

Durham and Darlington were the only locality achieving the target with a rate of **16.74**. Of the underperforming localities, **Tees** had the highest number of incidents per 1000 OBD with **43.64**

A large proportion of restrictive intervention usage across the Trust occurs in a small number of wards and is more likely to occur with a small group of patients with complex needs. Severe forms of physical restraint i.e. prone (face-down) have significantly reduced in recent years.

The Trust continues to work towards the long-term reduction of all forms of restrictive intervention. A range of actions are in progress across the Trust via our Restrictive Intervention Reduction Plan; our recent improvements include:

- Feasibility testing of the use of Body-worn cameras in a number of our inpatient wards to help reduce the use of restrictive interventions
- Our mandatory training for all clinical staff in the prevention and management of violence and aggression is now accredited via the national standards for reducing restrictive interventions
  We have developed new procedures for the safe use of segregation and are currently working to train staff across the Trust
- We have increased the availability of training for Advanced Practitioners in Positive Behaviour Support in collaboration with Northumbria University
- In conjunction with Cumbria, Northumberland Tyne and Wear NHS Foundation Trust and Cumbria University we have developed graduate training for staff in reducing the use of restrictive interventions, which is now available nationally

TEWV is aware that our patient satisfaction rate as measured in our ongoing data collection has gently risen from 90% to 92% during 2018/19. Despite being one of the highest reporting Trusts nationally we have aspirations to further improve and have set a target of 94%. We are also aware that only around 60% of inpatients who have been surveyed feel safe, and only approximately 87% of surveyed service users feel they have been treated with dignity and respect. More detailed data discussed by our Patient Experience Group and reported to our Quality Assurance also notes that staff availability and environment stands out as issues most often mentioned in negative comments by patients are carers.

In 2019/20 we have a number of actions in our Quality Account and wider Business Plan which we believe will improve our patient experience results. These include:

- Our continuing commitments to Recovery oriented services that focus on wider personal wellbeing
- Our Making Care Plans More Personal priority, which should see more service users able to co-produce their care plans, and able to access these electronically. To support this work we are training clinical staff in shared-decision making principles and practices
- Our Dual Diagnosis priority which should improve the Trust's approach to treating people with substance misuse issues who are also mentally unwell. These improvements may reduce the number of people who feel unsafe in our hospitals
- Our Urgent Care priority should see further incremental improvements in crisis care delivered in 2019/20, while principles for long-term changes in urgent care mental health services as a whole are developed to drive future improvement
- Our Right Staffing business plan priority which through reviewing ward establishments and rostering systems should ensure that we have the right staff, with the right skills available at the right time to support service users' recovery
- Our Making a Difference Together priority will work on preserving what is good in our current culture, while promoting culture change where this is required in order to improve service user experience
- Our commitment to reducing admission rates and phasing out dormitory inpatient accommodation in Harrogate as part of our service transformation plans
- Opening a new mental health hospital in York (by end 2020)
- Continuing to rectify the construction and maintenance defects at Roseberry Park Hospital in Teesside
- Our digital transformation plans which will make it possible, where clinically appropriate and in line with service user preferences, for service users to interact with clinicians via Skype rather than travelling long distances to clinics

Metric 6b: Average length of stay for patients in Mental Health Services for Older People assessment and treatment wards

The average length of stay for older people has been worse than target since Quarter 3 2013/14 reporting **59.80** days as at end of **2020/21**. This is **7.8** worse than target but is an improvement on the position reported in 2019/20. The pie chart below shows the breakdown for the various lengths of stay during 2020/21.

The median length of stay was **46** days, which is 4 days better than the target of 52 days and demonstrates that the small number of patients who had very long lengths of stay have a significant impact on the mean figures reported.

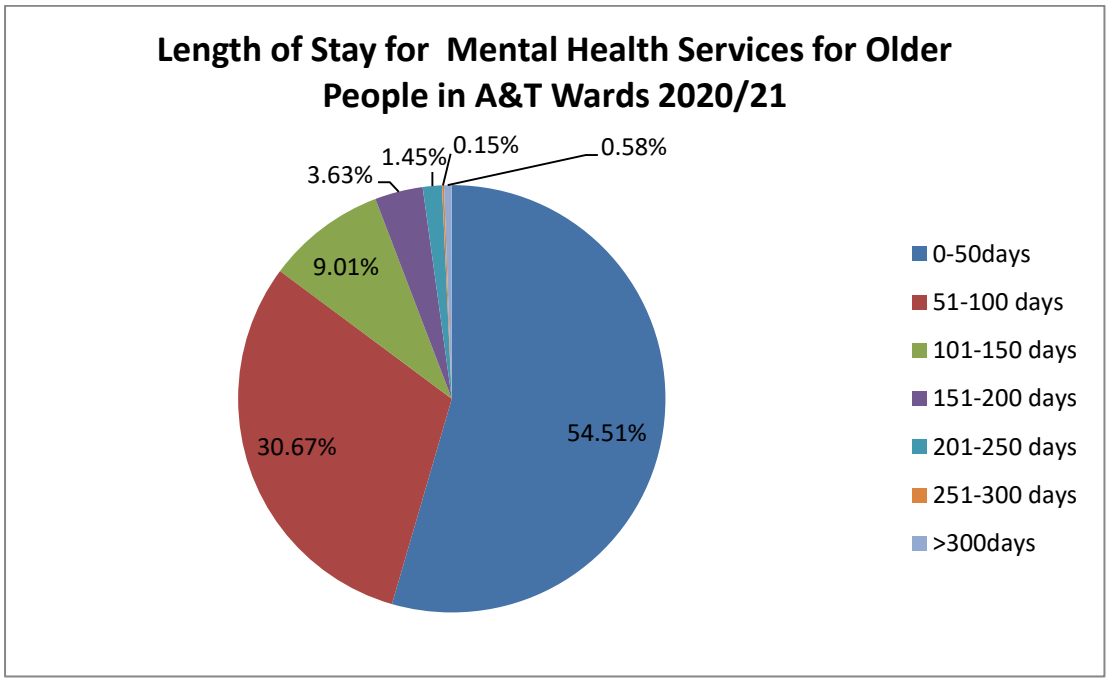


Figure 2: Average length of stay for MHSOP during 2020/21

The length of stay of patients (for both adults and older people) is closely monitored by all services within the Trust. The reasons for the increase in average length of stay for patients are due to a small number of patients who were discharged after a very long length of stay, which has skewed the overall average. In total (Adults and MHSOP) **82.63%** of lengths of stay were between 0-50 days, with **12.52%** between 51-100 days. There were 26 patients who had a length of stay greater than 200 days. Given the unprecedented times, it has not been possible to gather the level of intelligence in terms of this area of underperformance that would normally be included within this report.

Metric 7: Percentage of patients who reported their overall experience as excellent or good

The end of **2020/21** position was **90.32%** which relates to **10,109** out of **11,192** surveyed. Whilst we have not reached our target of 94% we are very pleased to see that over 90% of our patients reported their overall experience as excellent or good

All localities underperformed against the target in 2019/20. **Teesside** were closest to the target with **93.42%** and **Forensic Services** was performing furthest away from the target at **86.21%.**

Metric 8: Percentage of patients that report that staff treated them with dignity and respect

The end of **2020/21** position was **84.59%** which relates to **9363** out of **11,069** surveyed. This is **9.41%** below the Trust target of **94.00%.**

All localities underperformed in 2020/21. **Teesside** were closest to the target with **88.62%** and **Forensic Services** were furthest away from the target with **81.23%.**

We continue to focus on this important area of patient experience; our patients tell us that treating people with dignity and respect includes staff treating people in a caring and compassionate way which will be strengthened by the work we are doing on our Trust values and empathy training for staff. It is also about involving people in decisions around their care which will be supported by the ongoing quality priority around personalised care planning and our goal of co-creation. Having an environment that respects privacy and dignity is important and we are proud that we have eliminated all dormitory accommodation and all patient bedrooms are now single, many with ensuite facilities.

Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment

The end of **2020/21** position was **89.94%** which relates to **9521** out of **10,586** surveyed. This is **4.06%** below the Trust target of **94.00%.**

Whilst the Trust has not met its own target, we are pleased that almost 90% of our patients would recommend our services and we continue to focus on a range of improvement work focused on providing high quality and responsive services that provide a good patient experience. Examples are given throughout this report.

All localities underperformed in 2020/21. **Teesside** were closest to the target with **93.55%** and **Forensic Services** were furthest away from the target with **85.43%.**

Our Performance against the Single Oversight Framework Targets and Indicators

The following table demonstrates how we have performed against the relevant indicators and performance thresholds set out in the NHS Oversight Framework 2019/20 Annex 2, released in August 2019.

Single Oversight Framework

Indicators		2020/21		2019/20	2018/19	2017/18	2016/17	2015/16
		Threshold	Actual	Actual	Actual	Actual	Actual	Actual
A	Percentage of people experiencing a first episode of psychosis that were treated with a NICE approved care package within two weeks of referral	56%	**77.58%**	**77.53%**	**64.89%**	**73.32%**	**70.04%**	**55.91%**
B	IAPT/Talking Therapies – proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50%	**50.89%**	**48.83%**	**51.29%**	**50.44%**	**48.32%**	**N/A**
C	Percentage of people referred to the IAPT programme that were treated within six weeks of referral	75%	**98.70%**	**96.49%**	**97.91%**	**95.49%**	**95.44%**	**84.01%**
D	Percentage of people referred to the IAPT programme that were treated within 18 weeks of referral	95%	**99.93%**	**99.84%**	**99.73%**	**99.89%**	**99.14%**	**95.93%**
E	Percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care	>95.00%	**96.14%**	**97.56%**	**97.31%**	**96.52%**	**98.35%**	**97.75%**
F	Admissions to adult facilities of patients who are under 16 years old	N/A	**1**	**0**	**0**	**1**	**N/A**	**N/A**
G	Inappropriate out of area placements (OAPs) for adult mental health services	N/A	**2061**	**2367**	**874**	**1913**	**N/A**	**N/A**
H	Data Quality Maturity Index (DQMI) – Mental Health Services Data Set Data Score	N/A	**98.20**	**98.2**	**N/A**	**N/A**	**N/A**	**N/A**

Notes on the Single Oversight Framework Targets and Indicators

The data represents the Trust's position as monitored through internal processes and reports.

Metric F: Admissions to adult facilities of patients who are under 16 years old

There was one Tees Valley CCG patient under the age of 16 admitted to an adult ward in February 2021. The patient was admitted under section because no CAMHS

PICU beds were available nationally; they spent one night in a Trust AMH unit but in a specific area separated from the main adult ward under 2:1 observations. The child did not therefore come into contact with any of the AMH service users on the main part of the ward.

Metric G: Inappropriate out of area placements for Adult Mental Health Services

The national standard we agreed with NHS England has been largely impacted by an ongoing concern in Durham & Darlington Locality. Adult Mental Health Services have reported an increase in acuity that has particularly affected female wards, resulting in increased lengths of stay and higher bed occupancy, which has led to more female patients requiring placement out of area. This has been further impacted by Covid-19 outbreaks on wards, which necessitated temporary closures to new admissions and beds having to be sourced within other areas of the Trust. The Service does not have the facility to utilise swing beds, so are not able to flex AMH female and male bed capacity to respond to demand. Pressure remains on AMH female beds and admissions continue to be coordinated proactively across the locality and repatriated where possible.

Within Mental Health Services for Older People the increase has been primarily attributable to a Covid-19 outbreak on a ward, which prevented new patients from being admitted to the ward and beds having to be sourced within other areas of the Trust.

Metric H: Data Quality Maturity Index (DQMI) – Mental Health Services Data Set Data Score

The latest available published data is at December 2020.

External Audit

Due to the COVID-19 pandemic, the external audit of the 2020/21 Quality Account was stood down.

Our Stakeholders' Views

The Trust recognises the importance of the views of our stakeholders as part of our assessment of the quality of the services we provide and to help us drive change and improvement.

How we involve and listen to what our stakeholders say about us is critical to this process. Due to the Covid-19 pandemic we have been unable to hold our usual Stakeholder engagement events; however we have sought views from our Stakeholders, service users, carers and staff through a variety of other means throughout the year, including Our Big Conversation (see Page 12). We have used this feedback when formulating our priorities and actions for 2021/22.

In line with national guidance, we have circulated our draft Quality Account for 2020/21 to the following stakeholders:

- NHS England
- North East Commissioning Support
- Clinical Commissioning Groups (County Durham, Tees Valley, North Yorkshire, Vale of York)
- Local Authority Overview & Scrutiny Committees (x9 inc. Tees Valley Joint Committee)
- Local Authority Health & Wellbeing Boards (x7)
- Local Healthwatch Organisations (x8)

All the comments we have received from our stakeholders are included verbatim in **Appendix 4.**

The following are the general themes received from stakeholders in reviewing our Quality Account for 2020/21:

- Support for the Trust's Quality Account priorities for 2021/22
- Acknowledgement that the Transitions priority work is being superseded by the Trust-wide project work and will therefore not be carried over as a Quality Account priority for next year
- Positive partnership working and good practice via the inclusion of key stakeholders
- Concern around not meeting the majority of key targets/metrics; also questions around whether these targets are realistic and achievable
- Support for increasing use of technology for both staff and service users
- Concerns around issues raised by the CQC inspection, although support for the action plans in place moving forward
- Positive feedback on 'Our Big Conversation' and resulting 'Our Journey to Change'
- Positive feedback around improvements to urgent care services, such as the new Freephone helpline across the Trust
- Appreciation of the issues faced by the Trust around the ongoing Covid-19 pandemic and concerns around the morale of staff and the potential increase in workload once lockdown restrictions ease

The Trust will write to each stakeholder addressing each comment made following publication of the Quality Account 2020/21 and use the feedback as part of the annual lessons learnt exercise in preparation for the Quality Account 2021/22.

APPENDICES

Appendix 1: 2020/21 Statement of Director's Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Accounts/Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support the data quality for the preparation of the Quality Account/Report.

In preparing the Quality Account/Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account/Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 20120/21 and supporting guidance

- The content of the Quality Account is not inconsistent with internal and external sources of information including:

    - Board minutes and papers for the period April 2020 to May 2021
    - Papers relating to quality reported to the Board over the period April 2020 to May 2021
    - Feedback from the Commissioners dated10th June 2021 and 21st June 2021
    - Feedback from local Healthwatch organisations dated 17th June 2021, 18th June 2021, 21st June 2021 and 24th June 2021
    - Feedback from Overview and Scrutiny Committees dated 17th June 2021, 18th June 2021, 21st June 2021 and 23rd June 2021
    - Feedback from Health and Wellbeing Boards dated 23rd June 2021
    - The Trust's complaints information reported to its Quality Assurance Committee of the Board of Directors, which will be published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
    - The latest national patient survey published 24th November 2020
    - The latest national staff survey published 11th March 2021
    - CQC inspection report dated 3rd March 2020 and 26th March 2021

- The Quality Account/Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- The performance information reported in the Quality Account/Report is reliable and accurate

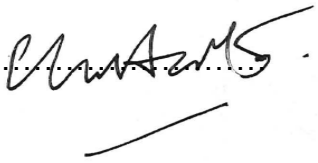
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account/Report, and these controls are subject to review to confirm that they are working effectively in practice

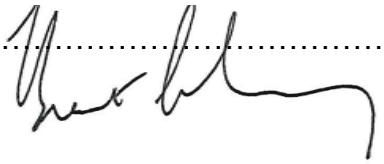
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account/Report

By order of the Board:

25th June 2021……  Miriam Harte (Chairman)

25th June 2021 ……  Brent Kilmurray (Chief Executive)

Appendix 2: Glossary

Adult Mental Health (AMH) Services: Services provided for people aged between 18 and 64 – known in some other parts of the country as 'working-age services'. These services include inpatient and community mental health services. In practice, some patients younger than 64 may be treated in older people's services if they are physically frail or have Early Onset Dementia. Early Intervention in Psychosis (EIP) teams may treat patients less than 18 years of age as well as patients aged 18-64

Audit: An official inspection of records; this can be conducted either by an independent body or an internal audit department

Autism Services/Autistic Spectrum: This describes a range of conditions typically characterised by social deficits, communication difficulties, stereotyped or repetitive behaviours and interests, and in some cases cognitive delays

BAME: Black and Minority Ethnic; is defined as all ethnic groups except White ethnic groups. It does not relate to country of origin or affiliation

Board/Board of Directors: The Trust is run by a Board of Directors made up of the Chairman, Chief Executive, Executive and Non-Executive Directors. The Board is responsible for ensuring accountability to the public for the services in manages. It is overseen by a Council of Governors and monitored by NHS Improvement. It also:

- Ensure effective dialogue between the Trust and the communities it serves
- Monitors and ensures high quality services
- Is responsible for the Trust's financial viability
- Appoints and appraises the Trust's executive management team

Business Plan: A document produced once a year by the Trust to outline what we intend to do over the next three years in relation to the services that we provide

Child and Adolescent Mental Health Services (CAMHS): See Children and Young People's Services (CYPS)

Care Planning: See Care Programme Approach (CPA)

Care Programme Approach: describes the approach used in specialist mental health care to assess, plan, review and coordinate the range of treatment options and support needs for people in contact with secondary mental health services who have complex characteristics. It is called 'an approach' rather than a system because of the way these elements are carried out, which is as important as the tasks themselves. The approach is routinely audited

Care Quality Commission (CQC): The independent regulator of health and social care in England. They regulate the quality of care provided in hospitals, care homes and people's own homes by the NHS, Local Authorities, private companies and voluntary organisations, including protecting the interests of people whose rights are restricted under the Mental Health Act

Children and Young People's Services (CYPS): Mental Health Services for children and young people under the age of 18 years old. This includes community mental health services, inpatient services and learning disability services

Cito: An information technology system which overlays the Trust's patient record system (PARIS) which makes it easier to record and view the patient's records

Clinical Commissioning Groups (CCGs): NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all GP practices in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs are overseen by NHS England

Clinical Supervision: a supportive mechanism which involves clinicians meeting regularly to reflect on practice, with the intention of learning, developing practice and providing high quality, safe care to patients

Commissioners: The organisations that have responsibility for purchasing health services on behalf of the population in the area they work for

Commissioning for Quality and Innovation (CQUIN): A payment framework where a proportion of NHS providers' income is conditional on quality and innovation

Community Mental Health Survey: a survey conducted every year by the CQC. It represents the experiences of people who have received specialist care or treatment for a mental health condition in 55 NHS Trusts in England over a specific period during the year

Confidential Inquiry: A national scheme that interviews clinicians anonymously to find out ways of improving care by gathering information about factors which contributed to the inability of the NHS to prevent each suicide of a patient within its care. National reports and recommendations are then produced

Co-production/Co-creation: This is an approach where a policy or other initiative/action is designed jointly between TEWV staff and service users, carers and families

Council of Governors: Made up of elected public and staff members, and includes non-elected members such as the Prison Service, Voluntary Sector, Acute Trusts, Universities and Local Authorities. The Council has an advisory, guardianship and strategic role including developing the Trust's membership, appointments and remuneration of the Non-Executive Directors including Chairman and Deputy Chairman, responding to matters of consultation from the Trust Board, and appointing the Trust's auditors

Crisis Resolution & Home Treatment (CRHT) Team: Provide intensive support at home for individuals experiencing an acute mental health crisis. They aim to reduce both the number and length of hospital admissions and to ease the pressure on inpatient units

Dashboard: A report that uses data on a number of measures to help managers build up a picture of operational (day-to-day) performance or long-term strategic outcomes

Data Protection and Security Toolkit: A national approach that provides a framework and assessment for assuring information quality against national definitions for all information that is entered onto computerised systems whether centrally or locally maintained

Data Quality Strategy: A TEWV strategy which sets out clear direction and outlines what the Trust expects from its staff to work towards our vision of providing excellent quality data. It helps TEWV continue to improve the quality and value of our work, whilst making sure that it remains clinically and financially sustainable

Department of Health: The government department responsible for Health Policy

DIALOG: A clinical tool that allows for assessment, planning, intervention and evaluation in one procedure and allows more personalised Care Planning

Directorate: TEWV's Corporate Services are organised into a number of directorates – Human Resources and Organisational Development; Finance and Information; Nursing and Governance; Planning, Performance and Communications; Estates and Facilities Management

Forensic Adult and Mental Health and Learning Disability Services: Work mainly with people who are mentally unwell or who have a learning disability and have been through the criminal justice system. The majority of people are transferred to a secure hospital from a prison or court, where their needs can be assessed and treated

Formulation: When clinicians use information obtained from their assessment of a patient to provide an explanation or hypothesis about the cause and nature of the presenting problems. This helps in developing the most suitable treatment approach

Freedom to Speak Up Guardian: Provides guidance and support to staff to enable them to speak up safely within their own workplace

Friends and Family Test (FFT): A survey put to service users, carers and staff that asks whether or not they would recommend a hospital/community service to a friend or family member if they need treatment

Gatekeeper/Gatekeeping: Assessing the service user before admission to hospital to consider whether there are alternatives to admission and the involvement in the decision-making processes that result in admission

General Medical Practice Code: The organisation code of the GP Practice that the patient is registered with. This is used to make sure a patient's GP code is recorded correctly

Guardian of Safe Working: Provides assurance that rotas and working conditions are safe for doctors and patients

Harm Minimisation: Our way of working to minimise the risks of sometimes multiple and conflicting harm to both service users and other people

Health and Wellbeing Boards: The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system (i.e. Local Authorities and the NHS) would work together to improve the health and wellbeing of their local population and to reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way

Health Services Journal (HSJ): A peer-reviewed journal that contains articles on health care

HealthWatch: Local bodies made up of individuals and community groups, such as faith groups and resident's organisations associations, working together to improve health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people

Home Treatment Accreditation Scheme (HTAS): Works with teams to assure and improve the quality of crisis resolution and home treatment services for people with acute mental illness and their carers

Hospital Episode Statistics (HES): The national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals

Improving Access to Psychological Therapies (IAPT): An NHS initiative to increase the provision of evidence-based treatments for common mental health conditions such as depression and anxiety by primary care organisations

Integrated Care Partnerships: An emerging NHS initiative to encourage integration and place-based planning

Integrated Information Centre (IIC): TEWV's system for taking data from the patient record (PARIS) and enabling it to be analysed to aid operational decision making and business planning

Intranet: This is the Trust's internal website used for staff to access relevant information about the organisation, such as Trustwide policies and procedures

Learning Disability Services: Services for people with a learning disability and/or mental health needs. TEWV has an Adult Learning Disability (ALD) service in each of its three localities and also has specific wards for Forensic LD patients. TEWV provides Child LD services in Durham, Darlington, Teesside and York but not in North Yorkshire

LeDeR: The learning from deaths of people with a Learning Disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a Learning Disability and reduce health inequalities

Local Authority Overview and Scrutiny Committee: Statutory committees of each Local Authority which scrutinise the development and progress of strategic and operational plans of multiple agencies within the Local Authority area. All Local Authorities have an OSC that focusses on Health, although Darlington, Middlesbrough, Stockton, Hartlepool and Redcar and Cleveland councils have a joint Tees Valley Health OSC that performs this function

Locality: Services in TEWV are organised around three localities (Durham and Darlington, Teesside and North Yorkshire & York). Forensic Services are not organised on a geographical basis, but are often referred to as a fourth 'Locality' within TEWV

Locality Management and Governance Board (LMGB): A monthly meeting held in each locality (see above) that involves senior managers and clinical leaders who work in that Locality and take key decisions

Mental Health Act (1983): The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. In most cases when people are treated in hospital or in another mental health facility they have agreed or volunteered to be there. However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act and treated without their agreement. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others

Mental Health Services for Older People (MHSOP): Services provided for people over 65 years old with a mental health problem. They can be treated for 'functional' illness, such as depression, psychosis or anxiety, or for 'organic' mental illness (conditions usually associated with memory loss and cognitive impairment) such as dementia. The MHSOP Service sometimes treats people less than 65 years of age with organic conditions such as early-onset dementia

Ministry of Defence: The British government department responsible for implementing the defence policy set by Her Majesty's Government and is the headquarters of the British Armed Forces

Mortality Review Process: A Trust process to review deaths, ensuring a consistent and coordinated approach, and promoting the identification of improvements and the sharing of learning

Multi-Disciplinary: This means that more than one type of professional is involved, for example, psychiatrists, psychologists, occupational therapists, behavioural therapists, nurses, pharmacists all working together in a Multi-Disciplinary Team (MDT)

National Institute for Clinical Excellence (NICE): NHS body that provides guidance sets quality standards and manages a national database to improve people's health and to prevent and treat ill health. NICE works with experts from the NHS, local authorities and others in the public, private, voluntary and community sectors – as well as patients and carers – to make independent decisions in an open, transparent way, based on the best available evidence and including input from experts and interested parties

National Institute for Health Research (NIHR): An NHS research body aimed at supporting outstanding individuals working in world class facilities to conduct leading edge research focused on the needs of the patients and the public

National Reporting and Learning System (NRLS): A central (national) database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care

NHS Digital: Previously known as the Health and Social Care Information Centre (HSCIC) and set up as an executive non-departmental public body in April 2013, sponsored by the Department of Health. It is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care

NHS England: leads the National Health Service in England

NHS Improvement (NHSI): The independent economic regulator for NHS Foundation Trusts – previously known as Monitor

NHS Long-Term Plan (2019): A new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next five years

NHS Staff Survey: Annual survey of staff experience of working within NHS Trusts

Non-Executive Directors (NEDs): Members of the Trust Board who act as a 'critical friend' to hold the Board to account by challenging its decisions and outcomes to ensure they act in the best interests of patients and the public

North Cumbria and North East Integrated Care System: Consists of four Integrated Care Partnerships – North, South, East and West (see Integrated Care Partnerships)

PARIS: The Trust's electronic care record, designed with mental health professionals to ensure that the right information is available to those who need it at all times

Patient Advice and Liaison Service (PALS): A service within the Trust that offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers

Peer Worker: Someone who is trained and recruited as a paid employee within the Trust in a specifically designed job, to actively use their lived experience (as a patient or carer) to support other patients, in line with the Recovery approach

Prescribing Observatory in Mental Health (POMH): A national agency led by the Royal College of Psychiatrists, which aims to help specialist mental health services improve prescribing practice via clinical audit and quality improvement interventions

Programme: A coordinated group of projects and/or change management activities designed to achieve outputs and/or changes that will benefit the organisation

Project: A one-off, time limited piece of work that produces a product (such as a new building, a change in service or a new strategy/policy) that will bring benefits to relevant stakeholders. Within TEWV, projects will go through a scoping phase, and then a Business Case phase before they are implemented, evaluated and closed down. All projects will have a project plan and a project manager

Psychiatric Intensive Care Unit (PICU): A unit (or ward) that is designed to look after people who cannot be managed on an open (unlocked) psychiatric ward due to the level of risk they pose to themselves or others

Quality Account: A report about the quality of services provided by an NHS Healthcare Provider, The report is published annually by each provider

Quality Assurance Committee (QuAC): Sub-Committee of the Trust Board responsible for Quality and Assurance

Quality Assurance Groups (QuAG): Locality/divisional groups within the Trust responsible for Quality and Assurance

Quarter One/Quarter Two/Quarter Three/Quarter Four: Specific time points within the financial year (1st April to 31st March). Quarter One is from April to June, Quarter Two is from July to September, Quarter Three is October to December and Quarter Four is January to March

Reasonable Adjustments: A change or adjustment unique to a person's needs that will support them in their daily lives, e.g. at work, attending medical appointments, etc.

Recovery College: A learning centre where patients, carers and staff can enrol as students to attend courses based on recovery principles. Our recovery college, *ARCH*, opened in September 2014 in Durham; this resource is available to TEWV patients, carers and staff in the Durham area, and courses aim to equip students with the skills and knowledge they need to manage their recovery, have hope and gain more control over their lives. All courses are developed and delivered in co-production with people who have lived experience of mental health issues

Recovery College Online: An initiative that allows people to access Recovery College materials and peer support online (see above). This is available to service users and staff in all areas served by TEWV

Research Ethics Committee: An independent committee of the Health Research Authority, whose task it is to consider the ethics of proposed research projects which will involve human participants and which will take place, generally, within the NHS

Royal College of Psychiatrists: The professional body responsible for education and training, and setting and raising standards in psychiatry

Safeguarding: Protecting vulnerable adults or children from abuse or neglect, including ensuring such people are supported to get good access to healthcare and stay well

Secondary Uses Service: The single, comprehensive repository for healthcare data in England which enables a range of reporting and analysis to support the NHS in the delivery of healthcare services

Section 29a Notice: This is a warning notice served by the CQC where concerns are identified across either the whole or part of an NHS Trust and where it is decided that there is a need for significant improvements in the quality of healthcare

Senior Leadership Group (SLG): Individuals at the senior level of management within the organisation (e.g. Directors) who meet on a regular basis. They are responsible for the overall management of TEWV and the high-level decisions within the organisation

Serious Incident (SI): An incident that occurred in relation to NHS-funded services and care, to either patient, staff or member of the public, resulting in one of the following – unexpected/avoidable death, serious/prolonged/permanent harm, abuse, threat to the continuation of delivery of services, absconding from secure care

Single Oversight Framework: sets out how NHS Trusts and NHS Foundation Trusts are overseen

Specialties: The term that TEWV uses to describe the different types of clinical services that we provide (previously known as Directorates). The Specialties are Adult Mental Health Services, Mental Health Services for Older People, Children and Young People's Services and Adult Learning Disabilities

Staff Friends and Family Test: A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It helps the Trust to identify what is working well, what can be improved and how

Statistical Process Control (SPC) charts: a graph used to show how a process changes over time and to see whether a situation is improving or deteriorating, whether the system is likely to be capable to meet the standard and whether the process is reliable or variable

Steering Group: Made up of experts who oversee key pieces of work to ensure that protocol is followed and provide advice/troubleshoot where necessary

Strategic Framework: primarily intended as a framework for thinking about the future and a guide to inform the investment and disinvestment decisions by those tasked with future planning

Substance Misuse Services: Clinical services who work with people who abuse alcohol, illegal drugs or over-the-counter or prescription medications in a way that they are not meant to be used

TEWV: Tees, Esk and Wear Valleys NHS Foundation Trust

Thematic Review: A piece of work to identify and evaluate Trustwide practice in relation to a particular theme. This may be to identify where there are problems/concerns or to identify areas of best practice that could be shared Trust-wide

The Trust: see TEWV above

Transitions: For the Transitions Quality Account priority we define a transition as a purposeful and planned process of supporting young people to move from Children's to Adult Services

Trust Board: See Board/Board of Directors above

Trustwide: The whole geographical area served by the Trust's localities

Unexpected Death: A death that is not expected due to a terminal medical condition or physical illness

Urgent Care Services: Crisis, Acute Liaison and Street Triage services across the Trust

Whistleblowing: this is a term used when a worker highlights a concern about their organisation and/or services to the Freedom to Speak Up Guardian or NHS Regulators. This will normally be regarding something they have witnessed at work

Year (e.g. 2019/20): These are financial years, which start on the 1st April in the first year and end on the 31st March in the second year

Appendix 3: Key themes from action plans produced in response to 130 Local Clinical Audits in 2020/21

Audit Theme	Key quality improvement activities associated with clinical audit outcomes
1. Infection Prevention and Control (IPC)	• All Infection Prevention and Control (IPC) audits are continuously monitored by the IPC Team and any required actions are rectified collaboratively by the IPC Team and ward staff. Assurance of implementation of actions is monitored by the Clinical Audit and Effectiveness Team via the clinical audit action monitoring database. • A total of **96** IPC clinical audits were conducted during 2020/21 in inpatient areas, prison teams, and community teams where there is a clinic. **73% (70/96)** of clinical areas achieved standards between 90-100% compliance. Local clinical audit action plans were implemented in collaboration with the IPC Team and the clinical team members to mitigate all areas of non-compliance.
2. Medicines Management	• The Trust Pharmacy Team continues developments to ensure that documentation is robust for leave/discharge controlled drugs medication. Pharmacy have re-introduced the controlled drugs newsletter within the Trust to encourage improvement in the management of controlled drugs and to share good practice. • The admissions checklist was updated to provide a prompt to staff to document evidence that patients are given information about their medication. • The Pharmacy Team issued a bulletin including key areas of note from the National Prescribing Observatory for Mental Health (POMH) clinical audit in relation to antipsychotic prescribing for people with a learning disability. Key areas highlighted included awareness of the Mental Capacity Act principles at the time of prescribing and associated documentation and use of the Trust's Psychotropic Medication Monitoring Guide. • The High Dose Antipsychotic Treatment (HDAT) monitoring chart was made available as a Word document to support recording of monitoring on the electronic patient record. • A presentation was given to the Trainee Doctor induction which included results from the Clinical Audit of Prescription and Administration Chart Standards. This highlighted the importance of completing all information on the new and re-written charts. The information was also adapted within the Nurse Medicines Management training to remind staff of the importance of not giving medication after the stop date and to ensure that there are two signatures obtained for depot medication.

Audit Theme	Key quality improvement activities associated with clinical audit outcomes
3. Physical Healthcare	• A number of community mental health teams in MHSOP services have established health and wellbeing exercise programmes using existing facilities following clinical audit results. • The use of the Measure Yourself Medical Outcome Profile (MYMOP) was promoted to be conducted as part of the Physiotherapy Functional Clinical Link Pathway (CLiP). • All inpatient wards have the New Early Warnings Score (NEWS) as an agenda item within the MDT meeting or on their report out board • Clinical audit has evidenced key quality improvements for compliance with the Emergency Response Bag equipment and associated daily monitoring. • The requirement to conduct an e-cigarette risk assessment on admission of patients was highlighted to all teams. Teams were advised to undertake weekly reviews looking at suitability of product choice, strength, and quantity of nicotine for patients identified as smokers and admitted for more than one week. • Additional dedicated support was provided to specific wards by the Smoke Free Trust Lead following the clinical audit findings. • The assessment documentation has been adapted to include the requirements of history taking for medical or genetic problems/disorders for Autism Spectrum Disorder. An information pack on genetics and family risk of Autism is in development. • The Trust continues to use information from the monthly NHS Patient Safety Thermometer to compare and review this data against wider incident data to inform the Trust position in relation to measurable patient harms.
4. Service Provision	• Clinical audit results have been used to successfully establish a resource increase within the Autism Spectrum Disorder (ASD) Team.
5. Policy and Pathway Developments	• The Trust Did Not Attend (DNA) / Was Not Brought policy was amended following clinical audit findings to highlight the requirements relating to attempting same day contact with all patients irrespective of whether the patient has previously not attended or is unknown to services. The policy also includes a standard protocol for Crisis Teams and this was shared with all Crisis Team Managers. • A review of policies/procedures was undertaken and established that there was clear guidance in the Trust which includes a recording template to be for services to use. • The Autism Pathway will be amended to include a flowchart to ensure that there is a clear process for staff to follow all appropriate steps. • The Venous Thromboembolism (VTE) e-Learning training will be linked within the VTE Trust Policy. • The Trust Care Programme Approach (CPA) policy will be revised following clinical audit findings in line with system changes and national guidance, particularly in relation to the implementation of the Community Services Framework for Adults and Older Adults.
6. Supervision	• Specialist services monitor and routinely report the duration of clinical supervision received by staff. Local actions have been progressed within Locality Performance Improvement Groups in collaboration with Team Managers and Modern Matrons to make improvements in practice. • Clinical Audit has facilitated improvements in the documentation of supervision requirements within Health and Justice, Prison and Liaison & Diversion Teams. This is being further enhanced Trust wide through the recording of all supervision sessions on the electronic system (Foundry).
7. Transition from CAMHs to AMHs	• A review of the administration capacity available to support transition panels (for young people moving into adult services) in each locality is in progress. A standard process description has been implemented for meetings between professional to ensure consistent documentation of panel meetings. An agreed panel meeting format will also be standardised across the Trust led by the Service Development Manager.

Audit Theme	Key quality improvement activities associated with clinical audit outcomes
8. Systems Development	• Findings from the Prescribing Observatory for Mental Health (POMH) audit cycle regarding Prescribing for Depression in Adult Mental Health Services have been used to support the development of the new electronic care records system (CITO). • Findings of the National Clinical Audit of Psychosis in EIP services have been used to support the development of the physical health monitoring for psychosis module within the new electronic care record. • Clinical audit findings identified areas which required improvement related to documenting functional problems/disorders. This is being actioned by adaptations to the differential diagnosis and screening document within the electronic care record. • The VTE risk assessment document will be built into the electronic care records system. This will facilitate generation of an automatic alert if the risk assessment has not been completed for the patient by the clinical staff.
9. Care Programme Approach	• A communication plan is in development to ensure staff are aware of changes in the CPA processes, primarily to support the introduction of DIALOG and other system developments. • A range of multi-media guidance is in development following learning from clinical audit findings to support the implementation of DIALOG.
10. Training	• Training in Autism Diagnostic Observation Schedule (ADOS-2) assessments was provided to clinical staff following clinical audit findings. • The Level 3 Safeguarding training was updated to include areas of good practice and areas for improvement identified by the safeguarding clinical audit.

Appendix 4: Feedback from our Stakeholders

Contact: Councillor Patricia Jopling
Direct Tel: 03000 269140
email: Patricia.jopling@durham.gov.uk
Your ref:
Our ref:

Durham County Council

Mr. B Kilmurray,
Chief Executive
Tees, Esk and Wear Valleys NHS Foundation Trust,
West Park Hospital
Edward Pease Way
Darlington
DL2 2TS

21 June 2021

Dear Mr Kilmurray,

Tees Esk and Wear Valleys Foundation Trust – Quality Accounts 2020/21

Please find attached Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee's response to your draft Quality Accounts for 2020/21.

The response provides commentary on the Trust's performance for 2020/21 as well as the identified priorities for 2021/22.

I would like to thank the Trust for providing the opportunity for continued engagement of the Adults Wellbeing and Health Overview and Scrutiny Committee in the aforementioned process.

Yours sincerely,

On behalf of:
Councillor Patricia Jopling,
Chair of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee

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DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 20221

The Committee welcomes Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Quality Account 2020/21 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee usually undertakes in year monitoring of the trust's progress against their quality account priorities however, the pressure placed upon both the NHS and Social Care system by the COVID-19 pandemic alongside the reduced number of Overview and Scrutiny Committee meetings and more prioritised work programme has not made this possible during 2020/21.

The context for the Quality Account in terms of the pressure placed upon TEWV to maintain services and performance whilst at the same time ensuring that they are COVID-19 safe is noted. Members have engaged with the Trust in respect of the specific impact of the COVID-19 pandemic on the services provided by TEWV. Examination of the closure of inpatient beds at West Lane Hospital, Middlesbrough has previously taken place, and the committee have asked that the CQC inspection improvement plan be brought to members for consideration. A detailed examination of the implications of the West Lane Hospital closure and the plans for reprovision of the service has been undertaken by the county council's Children and Young Peoples' Overview and Scrutiny Committee.

The Committee considers that the Quality Account is clearly set out and that progress made against 2020/21 priorities is clearly identified. The committee notes the positive steps taken by the Trust during the past year including the support provided to Care Homes in County Durham by the Care Home Liaison staff; the launch of the Trust's new freephone service for those in mental or emotional distress; additional funding secured for Adult Learning Disabilities in Durham and Darlington working with Primary Care to complete annual health checks; and the commencement of the Care Home Liaison service across Durham and Darlington Mental Health Services for older people.

Members remain concerned about the impact of the current COVID-19 pandemic on mental health within the community, which is likely to result in a further increase in demand upon mental health services and therefore are keen to learn from TEWV as to how they are working with partners across the health and social care system to ensure that service users continue to be supported.

In respect of the proposed quality account priorities for 2021/22, the committee supports them and the associated actions. It also notes with some concern the cessation of the 2020/21 priority "Improve the clinical effectiveness and patient experience in times of transition from children and young peoples' mental health

services to Adult mental health services". This was an area of concern identified by the Committee particularly in view of the events leading to the closure of West Lane Hospital and the CQC inadequate judgement of the Trust. The Trust has indicated that the new trust-wide project "Improving Transitions and Service provision for people aged 16-25 in Tees Esk and Wear Valleys NHS Foundation Trust" has supersedes the work of the previous priority. It is therefore important that the work of this new project is implemented and monitored to ensure that it addresses those issues identified by the CQC.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and to provide assurances in this respect to the residents of County Durham, the Committee would request a six monthly progress report on delivery of 2021/22 priorities and performance targets with a particular emphasis on the effects of COVID-19 on demand and the trust's response to this.

Tees, Esk and Wear Valleys NHS Foundation Trust – Draft Quality Account 2020/21

Members of the Health and Housing Scrutiny Committee welcomed the opportunity to consider the draft Quality Account 2020/21 for Tees, Esk and Wear Valleys NHS Foundation Trust and had the following comments to make:

Members noted the progress made against the four priorities, 'Making Care Plans more personal', 'Improve the clinical effectiveness and patient experience in times of transition from CYP to AMH Services', 'Reduce the number of Preventable Deaths' and 'Increasing the percentage of inpatients who feel safe on our wards' and welcome the actions outlined to further embed improvements for the priorities that will be continuing into 2021/22.

Members noted that Safety within the Trust has been identified and recognised as an area of weakness and a key area for overall improvement and so look forward to seeing improvements against the 2021/22 performance targets, with particular emphasis on the need to reduce the number of serious incidents where it was identified that the Trust contributed to these incidents; increase the percentage of patients who report feeling safe on the wards; and developing a safe working environment for all staff.

In relation to preventable deaths Members felt that this is very inpatient focused and overall, the majority of TEWV patients will be looked after in the community. Members requested further information be provided in respect of actions taken to address preventable deaths in community settings.
Members also requested further information be provided in respect of audits on aggression or restraint.

Priorities for 2021/22

In respect of the proposed quality account priorities for 2021/22, the committee supports the retention of the priority 'Making Care Plans more personal' and welcomed the amalgamation of the priorities 'Reducing Preventable Deaths' and 'Increasing the Percentage of Inpatients who feel Safe on our Wards' to form Priority 2 – Safer Care and the new priority 'Compassionate Care'.

In relation to the priority 'Improve the clinical effectiveness and patient experience in times of transition from CYP to AMH Services', Members noted that the majority of the actions to achieve this priority were suspended due to the Covid-19 pandemic and that the work of this priority has been superseded by the Trust-wide project 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust'. As such Members acknowledged that this priority would not be carried forward into the Quality Account priorities for 2021/22.

Overall, Health and Housing Scrutiny Committee welcomed the opportunity to comment on the Trust's Quality Accounts and were pleased with the Trusts progress against the chosen priorities, in a particularly challenging year for all NHS organisations.

Members would like to receive six monthly reports on the progress being made, to enable them to provide a more detailed and valuable contribution to the Quality Accounts in the

future. They would also like to continue to be invited to Stakeholders events as and when circumstances allow these.

Councillor Ian Bell
Chair, Health and Housing Scrutiny Committee

From: christopher@healthwatchhartlepool.co.uk
[mailto:christopher@healthwatchhartlepool.co.uk]
Sent: 18 June 2021 12:29
To: PICKERING, Sharon (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST)
Cc: KIRKBRIDE, Laura (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST); Stephen Tomas; 'Zoe Sherry'; 'wrenn ARTHUR'
Subject: Healthwatch Hartlepool - Response to proposed TEWV NHS Foundation Trust Draft Quality Account 20/21

Dear Sharon,

First, may I thank you on behalf of Healthwatch Hartlepool for the opportunity you have gave us to comment on the Tees, Esk and Wear Valleys NHS Foundation Trust Draft Quality Account 2020/21. We appreciate what a difficult year everyone has endured, and the priority has very much been about keeping people (patients, staff, carers etc.) safe and protected during the pandemic. It is good that there remains ambition for future plans, up and above the difficulties encountered keeping status quo. Perhaps in the future we may be better informed of how planning and associated outcomes are embedded in our local communities. We feel the draft Quality Account has been crafted at quite a high level and therefore it has been difficult for us to share the document widely and initial feedback was that our members would have liked to see greater transparency of how services were being delivered locally across Hartlepool.

Initially we would like to raise the issue of care-planning (page 12) and note our concern that a consistent, patient-centred, co-produced approach to care planning has not been achieved across the Trust. This must be addressed in the coming year as it is central to the delivery of excellent care outcomes for patients and a key factor in achieving Priorities 2 and 3 (Safer Care and Compassionate Care) as outlined on Page 12. We would very much hope that the priority to improve the format, content, consultation, and explanation to every patient is indeed achieved. Every patient should have their personalised care plan that includes all services that they use.

Some Achievements really stand out and should be applauded. The CAMHS SPoC, which has had such a beneficial effect on access and signposting to appropriate services. We note the new free phone service, though welcome, it does not have the number attached. Likewise (Page 9) he DadPad app is new to us, and we would like to see this promoting.

We welcomed the ‘Big Conversation’ that involved so many people that allowed an insight into how the Organisation is perceived, and what could be remedied to make it make accessible and understood.

On the transition service CYP to AMH. We are happy to see the proposed changes. We noted the delayed metrics and we look forward to the update when these are published at Quarter 3. The ‘Freedom to speak up’, which came out of the Francis Review is a positive move. We sincerely hoped that all staff have access to this should they feel it necessary

May we also ask regarding Page 45 & the last paragraph about enhanced GP-Aligned Mental Health services? Is there any tangible evidence that has been

published to corroborate that this is working? We would welcome having sight of this if available.

It is extremely good to know the additional COVID19 monies for staffing has been put to good use.

Finally, we must say the performance indicator for Out 0f Area Placement (OAP's) (Page 61) is concerning. Though the explanation around the problems with the female wards and the COVID19 ward closures, which prevented new admissions and beds being sourced to other areas in the trust, there were still a large number of people placed away from families and friends, which would not be acceptable to some. It is hoped that this will soon be resolved as the pandemic hopefully passes.

Kind regards,

Mr Christopher Akers-Belcher
Chief Executive - Healthwatch Hartlepool

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Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) Quality Accounts for 2020-21.

These comments are on behalf of Healthwatch Darlington Limited. (Jubilee House 1 Chancery Lane Darlington DL1 5QP). (June 2021)

Healthwatch Darlington (HWD) have welcomed the opportunity to be involved with Tees Esk and Wear Valley NHS Foundation Trust (TEWV) Quality Accounts over the last twelve months and understand the restrictions and delays which the Covid -19 pandemic has had on the Trust over this period.

Making Care Plans more personal

HWD appreciate the difficulties of implementing actions for this priority during the pandemic with the redeployment of staff which has highlighted why not much progress has been made other than some staff training. HWD are pleased to see that this will be rolled over to next year and hope to see improvements then.

Improve the clinical effectiveness and patient experience in times of transition from Child to Adult Services Priority

HWD were disappointed to read that the majority of this was suspended due to Covid-19 pandemic but are pleased to read that the Trust has a new initiative 'Improving Transitions and Service Provision for People aged 16 to 25 years, which is linked to the Trust's wider work around the NHS England CAMHS 'Whole Pathway Commissioning'. HWD look forward to learning more about the project and look forward to seeing more information.

Reduce the number of Preventable Deaths

HWD understand and recognise that people with a mental health problems, autism and/or a learning disability are likely to experience a much earlier death than the general population and are pleased to see that the Trust continue to set this as a priority. It is disappointing to see that there were 55 serious incidents being recorded which is well above the target of 30. However, you do report that each of these incidents have had a robust action plan in place for service improvement with the aim of reducing similar incidents during 2021/22. We are also pleased to see that families and carers are fully involved in reviews and investigations.

We also note the CQC rating of Requires Improvement and measures and action plan have been put in place to support the delivery of safe patient care.

PRIORITY 2021/22

Making Care Planning more Personal (this is a continuation of our previous Quality Improvement priority) HWD agree that this continues to be a priority as individuals have individual needs and this needs to be added to peoples care plaining.

Safer Care (this is an amalgamation of two of our previous Quality Improvement priorities - Reducing the number of Preventable Deaths and Increasing the percentage

of our inpatients who feel safe on the wards) HWD welcome this priority in light of the CQC recommendations.

Compassionate Care Reviewing HWD welcome this priority**.**

HWD agree and welcome these priorities, we understand the complex needs of some of the patients and appreciate the commentary within the report explaining these complexities and the reflection they have on targets.

Healthwatch Darlington agree with the priorities set out by the Trust for 2021-22 and thank you for involving Healthwatch Darlington. Healthwatch Darlington have enjoyed the opportunity to work with Tees Esk and Wear Valley NHS Foundation Trust. We look forward to working with the Trust in 2021-2022.

Vale of York
Clinical Commissioning Group

NHS Vale of York CCG
West Offices
Station Rise
York
YO1 6GA
Telephone: (01904) 555870

21st June 2021

Website: www.valeofyorkccg.nhs.uk

Dear Mr Kilmurray,

Re: Tees Esk and Wear Valleys NHS FT Quality Account 2020/21

Many thanks for the submission of the TEWV Quality Accounts. This details what the Trust has done to improve the quality of our services in 2020/21 and how you intend to make further improvements during 2021/22. NHS Vale of York CCG welcomes the opportunity to provide comments on this report.

Firstly, we would like to take this opportunity to thank all staff at Tees Esk and Wear Valleys NHS FT for their hard work and dedication during the COVID19 pandemic that has been ongoing for a significant period of time. The efforts taken in responding to this health crisis have been truly impressive across the health system. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS and wider system response.

Following the Care Quality Commission (CQC) visit in January 2021 the CCGs are working with the Trust through the established NHSE/I led Quality Board to support the Trust in responding to actions arising from elements of the report. Whilst the overall rating of the Trust is currently 'Requires Improvement', system partners recognise the incredible amount of progress that has been made following inspection and how these actions will continue into the Quality priorities for 2021/22.

The Trust set out to achieve four priorities in 202/21. We appreciate that due to the impact of the pandemic varying levels of progress have been made against these priorities. Our comments are focussed mainly upon these key priorities

- **Making Care Plans more personal** - There has been limited progress made in this priority due in part to the pandemic and also note the patient reported views of personalisation have reduced during this year. We fully recognise the impact of the pandemic, however fully agree that this needs to continue as a priority for 2021/22.

- **Improve the Clinical Effectiveness and Patient Experience in times of Transition from CYP to AMH Services** – We recognise the change in scope for this work as the 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust' project commenced and the pandemic impact. We acknowledge the numbers of young people supported by the Trust are increasing with subsequent impact upon those requiring effective and personalised transition plans. Whilst the number of young people who have received a transition plan is positive, there is further work to do to ensure these are meaningful and enable a positive transition from the young person's perspective.

- **Reduce the number of Preventable Deaths** – We recognise the scale of work undertaken Trustwide following the CQC focussed inspection in January 2021. This is upon the background that there has been no reduction in the number of serious incidents where it was identified that the Trust contributed to the incident. Therefore work to ensure there are effective risk assessments and mitigations which are easily accessible and visible for all clinicians involved in an individual's care is paramount. Whilst this work has focussed upon process, we would be interested to hear more about how consideration for wider human factors, culture and compassion are integrated.

  Integrated working with physical health partners is welcomed in order to ensure physical health needs are appropriately assessed and plans in place to meet them. Continued integration is welcomed in order we ensure we strive to ensure our patients are cared for holistically.

- **Increasing the proportion of inpatients who feel safe on our wards** – We recognise there are varying factors that determine whether a patient feels safe, whether these be associated with their own illness or external factors on the ward. There has been slow progress over the year, which is anticipated due to the pandemic, however we expect to see actions being delivered that enable patient reported experience of 'feeling safe' to increase.

Quality Priorities for 2021/22

It is evident from the last year that aspects of the above priorities need to be continued and progress expedited. We therefore welcome and support the Trust's identified Quality Improvement Priorities for 2021/22 of :-

- Making Care Plans more personal
- Safer Care
- Compassionate Care

In addition to the actions identified for these priorities, we would welcome inclusion of mental health transformation where adults and older adults who have severe mental illnesses will be supported to access new and integrated models of primary and community mental health care. This in turn brings greater choice and control over their care, and to be supported to live well in their communities. Primary Care Network integration and closer working across social care and the voluntary care sector is fundamental to this.

The CCG would like to acknowledge the continued commitment from all staff to improve and deliver high quality services. We welcome the opportunity to review the Quality Account and look forward to continuing to work with the Trust to build on these successes.

We can confirm that NHS Vale of York CCG are satisfied with the accuracy of this Quality Account and consider it to be a fair reflection of the Trust's performance and acknowledges the progress made to improve patient safety and experience despite the challenges brought about by the ongoing pandemic. The key successes and challenges are reflected in the Quality Account.

The CCG look forward to continuing to work collaboratively with Tees Esk and Wear Valleys NHS FT in 2021/22 .

Yours sincerely.

Michelle Carrington

Executive Director Quality and Nursing

NHS Vale of York Clinical Commissioning Group

Thanks Laura,

It's a very informative QA, thank you.

My only two observations are:

- In terms of future priorities, I couldn't see a mention of the formation of provider collaboratives. This will be an exciting development for the Trust and will have some impacts on quality assurance in the future
- In relation to the quality metrics, I didn't see any mention of the Specialised Services Quality Dashboards (SSQDs). The mandatory reporting of these has been stood down (due to COVID), but where they have been completed they may have some usual data

Steven

Steven Duckworth
Head of Quality

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June 2021

Response from Healthwatch York to Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2020/21

Thank you for giving Healthwatch York the opportunity to comment on your Quality Account 2020/21.

Healthwatch York acknowledge this year has been a uniquely challenging one for all partners. In previous years, we have welcomed the opportunity to work in partnership with TEWV on public engagement events. We have also been grateful in the past for the way the Trust have welcomed our volunteers and enabled their continuing involvement. We look forward to a time where we can once again work collaboratively on bringing people together to shape local services, especially the opportunities that the Community Mental Health Transformation work provides for doing this for York.

It is good to see that the focus on reducing preventable deaths will remain for 21/22, and that this work has a focus on improving the physical health of those experiencing mental ill-health. We were recently asked to get involved in surveying people about how well the physical health checks for people with severe mental illness are operating locally, and any barriers to this, and we look forward to working with TEWV to make sure this reaches the widest possible audience, and to make sure what we hear helps lead to improvements in our offer.

We also welcome the new priority around compassionate care. We hear so many stories where the fundamental problem boiled down to a failure to ever really listen, empathise, and then build care or support around this. We also hope this approach extends to supporting the resilience of frontline staff and managers, so that they feel able to be their best at work, rather than facing compassion fatigue and burnout.

Healthwatch York appreciates the commitment TEWV have shown to keeping partners informed, and particularly as the Coronavirus pandemic began to affect service delivery. This enabled us to provide accurate information at a time of very rapid change.

Dear Laura

Please see below the feedback from County Councillor John Ennis, the Chairman of the North Yorkshire County Council Scrutiny of Health Committee:

The North Yorkshire County Council Scrutiny of Health Committee has been in regular contact with the Tees Esk and Wear Valleys NHS Foundation Trust for a number of years and has appreciated the open and constructive dialogue that has been maintained as mental health services in the county have gone through a number of changes. We have seen a reduced emphasis upon in-patient treatment and consequently more investment in enhanced community services; the opening of a new, purpose built hospital in York; the development of community hubs and new facilities for community based work in Northallerton and Selby; widespread public engagement through 'Our Big Conversation'; and a strong focus upon improving the breadth and depth of services in the county. The last of these points will take time as the county has, historically, seen years of underinvestment in mental health services, when compared to similar local authority areas. It is recognised that the work to improve and expand services is demanding and is taking place within the context of ongoing workforce pressures and shortages.

The committee is interested to see how the Foundation Trust will work with the developing Integrated Care System and Partnerships, which will lead on the commissioning of health services in the county. In particular, how the profile of mental health services and the needs of service users will be maintained in amongst many competing demands and priorities.

The Foundation Trust has kept the committee fully informed of how it has adapted to working during the pandemic and what measures it has put in place to enable services to continue in a safe manor and in a way that is open and accessible to people with serious and enduring mental health problems. It is noted that the pandemic and periods of prolonged social isolation and stress associated with a series of lockdowns has increased the demand for services, often from people who have previously been unknown to them.

Whilst recognising the huge amount of work that the Foundation Trust has done over the past year to support service users and staff and implement new ways of working, there have been some concerns raised by the Care Quality Commission following inspections in March 2020 and March 2021. The committee has been kept informed of the reasons for the issues identified in the inspections and the plans that have been developed and implemented to respond to and rectify them, which has been appreciated. The committee will continue to monitor closely progress with the Trust's action plan for dealing with the CQC's criticisms.

Please do not hesitate to contact me if I can be of any further assistance.

All the best

Daniel

Daniel Harry

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Your ref:
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Durham County Council

Sharon Pickering
Director of Planning, Performance and Communications
Tees, Esk and Wear Valleys NHS Foundation Trust
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23 June 2021

Dear Sharon

Re: Tees, Esk & Wear Valleys NHS Foundation Trust Quality Account 2020-21

Thank you for the opportunity to comment on the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2020-21. The County Durham Health and Wellbeing Board appreciate this transparency and have taken account of the impact of Covid-19 on the Quality Accounts, as well as the delays and changes brought about by this and as such would like to provide the following comments on the document.

We acknowledge performance against the following four priority areas of improvement for 2020-21 and wish to provide feedback against these:

Priority 1: Improve the clinical effectiveness and patient experience in times of transition from child to adult services
Priority 2: Reduce the number of preventable deaths
Priority 3: Making care plans more personal
Priority 4: Increasing the proportion of inpatients who feel safe on wards

Moving forward the Board note that there will be three priority areas for 2021-22:

Priority 1: Making care planning more personal
Priority 2: Safer care
Priority 3: Compassionate care

The Health and Wellbeing Board supports the Trust's 2021-22 priorities for improvement and notes that the two priorities *Reduce the number of preventable deaths* and *Increasing the proportion of inpatients who feel safe on wards* have been amalgamated into a new 'safer care' priority.

It is also noted that the priority to *Improve the clinical effectiveness and patient experience in times of transition from child to adult services* will not be carried forward to 2021-22, and as such, actions in relation to this priority have been removed from the quality account.

The Board note that *Compassionate Care* is a new priority for 2021-22 and are aware of the actions identified under this priority area.

It is important that the Quality Account aligns, where appropriate to the County Durham Joint Health and Wellbeing Strategy 2021-25, and the County Durham Place Based Commissioning Plan which have been agreed through the County Durham Health and Wellbeing Board.

The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health, wellbeing and the social determinants of health cutting across our priorities. The three TEWV priorities for improvement align with our three strategic priorities of Starting Well, Living Well and Ageing Well.

As part of the development of the Joint Health and Wellbeing Strategy 2021-25 we worked with young people through Investing in Children and Durham Youth Council to gather their views. Young People agreed that mental health should be a priority, especially given the impact of the pandemic as it has been difficult throughout the pandemic for young people to maintain routines and enjoy aspects of normal life. The restrictions have made accessing help and support more problematic and have made young people feel isolated from friends and family, whether this is physical isolation or due to restricted access to technology. Young people feel that Mental Health services should be more accessible and should be in an open and comfortable environment.

Positive partnership working in County Durham is evidenced through a number of different partnership boards including the Mental Health Strategic Partnership Board, Children, Young People and Families Partnership Board and the Resilient Communities Group.

The Health and Wellbeing Board shared the TEWV "Big Conversation" widely with partners to ensure the opportunity was available to share views to help further develop areas of focus which will influence part of the TEWV business plan for the next three years.

The Health and Wellbeing Board note that the establishment of the Child and Adolescent Mental Health Services (CAMHS) single point of access for referrals and self-referrals to CAMHS services as a positive development. The Board also welcome the introduction of a new freephone line, available 24 hours a day, seven days a week, which will make it easier for people in mental health distress to access urgent help.

Although the priority to 'Improve the clinical effectiveness and patient experience in times of transition from child to adult services has not been identified as a priority in the Quality Account for 2021-22, we are pleased to hear that this work has been superseded by the 'Improving transitions and service provision for people aged 16 to 25 years in TEWV NHS Foundation Trust' and that this is linked to the wider work around the NHS England CAMHS whole pathway commissioning. As part of the overall integration work for County Durham our transitions pathway for 14-25 year olds will work with local partners across children and adult services to develop and implement new ways of working to provide better and more integrated support for 14-25 year olds with their education, health, care and housing needs. It is important that we ensure these pathways work in harmony. The Board would welcome updates on these developments as the progress of this work is integral to the overall integration work for County Durham.

Making care plans more personal
The Board acknowledge that the impact of Covid has had a significant impact on this area during the last year and note that the lead for this work has been redeployed to support the work around the Covid response.

It is positive that some training courses have been delivered to trainee and newly qualified nurses, albeit at a lesser extent than anticipated. The continued emphasis on workforce development is recognised, to ensure the workforce has the right skills to enable them to undertake their roles safely and effectively. Continued training and development provides assurance that care planning will be meaningful and undertaken in a timely way by experienced professionals to minimise the need to do this when an individual is in distress.

It is noted that none of the performance indicator targets have been achieved, and although the Board acknowledges that service users are more likely to provide feedback should they have a negative experience of the service, which will be reflected in the performance indicators, we would encourage the Trust to continue to work towards gathering feedback from service users across the board to ensure that a range of views are reflected.

The Health and Wellbeing Board are keen to ensure that moving forward care planning is based on shared decision making, and co-production which focuses on meeting the needs of individual patients rather than the needs of the service. It is reassuring to see that a steering group will be established to oversee the development and implementation of this, and that co-created guidance on writing good care plans will be developed.

Improve the clinical effectiveness and patient experience in times of transition from CYP to AMH services
It is noted that the majority of actions under this priority were suspended due to the pandemic and moving forward will be superseded by the work to implement 'Improving transitions and service provision for people aged 16 to 25 years in TEWV NHS Foundation Trust' which is linked to the wider work around the NHS England CAMHS whole pathway commissioning.

However, it is acknowledged that TEWV maintained improvement targets in terms of actual numbers and saw an extra 703 young people through their transition period and that transition plans were completed for an extra 784 young people during 2020-21 (compared to 2018-19). The Board recognise this achievement given the challenges of the ongoing pandemic, alongside extremely high caseloads.

Moving forward, the Board would encourage the use of modern technology to support young people as they often tell us this is their preferred method of communication, however caution must be taken not to exclude those who are not able to access this.

Reduce the number of preventable deaths
The plans to review and investigate deaths and involve families and carers in the process is welcomed as this will offer wider perspective on the whole pathway of care received which will inform learning and shape practice improvements.

The Board acknowledges that 11 patient safety briefings have taken place to support early learning from incidents, and that staff awareness of these briefings has been enhanced.

It is unfortunate that the Family Conference engagement events were unable to go ahead due to the pandemic, but it is hoped this can be re-established following the success of the 2019 event, as these can provide valuable service user feedback which plays a crucial part in shaping services as we move forward.

It is positive that the 48 hours follow up for all patients discharged from AMH services is now fully introduced.

Whilst it is acknowledged that TEWV are working to eliminate preventable deaths through a range of improvement programmes, it is noted that sadly one patient's review indicates that their death may have been preventable, and we understand that another inpatient death review is due to be completed by August 2021. The Board works closely with the Safeguarding Partnerships and we continue to promote that safeguarding is everyone's business and advocate for improvements in this area.

Increasing the proportion of inpatients who feel safe on wards
It is assuring to know that there is a renewed and concentrated focus to increase the proportion of inpatients who feel safe on wards, and that this is a priority for the Trust.

It is concerning that the deep dive indicated that the main reason patients do not feel safe on wards is due to the environment, their illness, other patients and staffing and the Board would strongly advocate an improvement in this area.

It is promising to see the innovative ways of technology being used in care settings, and that the Oxehealth Digital Health Care Assistant has been trialled in three wards, and that approval has been given to roll this out to a further 12 wards. It is noted that the body camera KPIs have not been monitored during 2020-21 due to the pandemic, but that this pilot will continue into 2021-22 and will be rolled out to a further five wards.

The Health and Wellbeing Board understands that liaison with the Police is now embedded across the Trust as business as usual.

The Board support the evidence based 'Safe Wards' intervention model which has been implemented, and would welcome feedback on the review of local interventions, as consideration could be given to implementing some of these ideas when mental health support is being provided in other areas e.g. calm down boxes.

It is noted that across 2021-22 TEWV will work towards implementing the safer care priority by implementing a range of actions, for example to share the agreed patient safety priorities, benchmarking patient experience data, implement an organisational learning group and implementing mechanisms to assess the impact of organisational learning.

Serious Incidents
The number of serious incidents increased in 2019-20 and has not reduced during 2020-21, which is concerning. The Board were informed by TEWV that the Care Quality Commission (CQC) took enforcement action against them during 2020-21, however it is noted that since the inspection TEWV have invested £5.4 million in staffing, with a specific focus on inpatient services, seven day capacity and quality governance. The Board note that a Quality Improvement Board has been put in place to oversee quality assurance

standards and to provide assurance to the Trust Board that actions are being taken to address patient safety.

We look forward to continuing to work with TEWV as an important partner around the Health and Wellbeing Board to achieve our vision of being "a healthy place, where people live well for longer".

If you require further information, please contact Andrea Petty, Strategic Manager Partnerships, on 03000 267312 or by email at andrea.petty@durham.gov.uk.

Yours sincerely

Cllr Paul Sexton
Chair of the County Durham Health and Wellbeing Board
Cabinet Portfolio Holder for Adult and Health Services

Tees Valley Joint Health Scrutiny Committee

Comments from a meeting of the Tees Valley Joint Health Scrutiny Committee held on 22 June 2021 in respect of the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account.

The Joint Committee welcomed the opportunity to consider and comment on the quality of services at the Trust. The Committee had met previously with Trust representatives to consider the Trust's quality priorities and overall performance, and is grateful to representatives of the Trust for attending and discussing the key features of the 2020-21 Quality Account.

Comments on areas of under-performance

The committee was concerned at the high number of incidents of physical intervention / restraints, as Tees had the highest number of incidents per 1000 occupied bed days (OBD's) with **43.64** against the Trust target of **19.25**. Previously the committee was advised that the high rates of restraints in Teesside were as a result of the eating disorder service being provided in the area and the use of nasogastric feeding. However, the service is no longer delivered on Teesside and the rates remain high.

The committee was advised that Learning Disability services still have high levels of physical intervention / restraints although a number of initiatives were in place to address this issue. These include the introduction of Positive Behaviour Support (PBS) Leads and investment in staff training and qualifications.

The committee is very keen to see significant change in this area and looks forward to seeing the RAG rating for this metric change from red to amber and then green.

The committee was also concerned that staff are not always giving dignity and respect to patients. The end of **2020/21** position was **84.59%** against the Trust target of **94.00%.** All localities underperformed in 2020/21, although Teesside were closest to the target with **88.62%**. The committee acknowledged that progress has been made but is keen to see further improvement in this area.

It was acknowledged that the launch of the 'Big Conversation' and the Trust's 'Journey to Change' highlighted TEWV's commitment to improving the patient experience and is a very welcome and positive development. Through this work TEWV has purposefully engaged with patients, carers, staff and partners and sharpened its attention and focus

on areas for improvement. The committee was also pleased to see the inclusion of 'Compassionate Care' as a quality account priority for 2020/21 and looks forward to seeing improvements in respect of this metric.

The Quality Account Priorities for 2020-21 were identified as below. Two of the three were continuing priorities from the previous year.

- Making Care Plans more Personal
- Safe Care
- Compassionate Care (new for 2020-21)

The priorities were supported by the Committee. Members welcomed the updates on progress made to date and made the following observations and comments:

Progress:-

- The Trust's open and honest response to concerns raised by the CQC was appreciated. The Trust has listened and taken on board people's views in response to the CQC's findings.
- The notion of the 'Big Conversation', its extensiveness and involvement of a wide variety of stakeholders was very much welcomed and viewed as a key initiative.
- The need to embed and extend the provision of 'Compassionate Care' at every level and across the system was acknowledged.
- The Oxehealth Digital Care Assistant initiative undertaken to help prevent people in in-patient settings trying to commit suicide has been a very positive step.
- The introduction of the IT system Dialog offered reassurance around the future delivery of personalised care planning.
- The 'Journey to Change' will take time and it will not happen overnight but the notion of the journey and the areas identified for improvement were fully supported.
- The simplicity of the priorities for 2021/22 were acknowledged. The priorities were easy to remember and understand.

Concerns:-

- The huge geographical footprint covered by TEWV and the differences in the socio-economic make-up of the areas served.
- Recruitment and retention of staff at TEWV remains an issue and is impacted upon by both the national and regional shortages of mental health professionals. There were also concerns in respect of the availability of local training provision.
- The CQC has raised concerns about care planning and risk management practices and it remains an area for improvement for TEWV.
- The huge challenges presented by the COVID-19 pandemic and how these would be met in addition to those already faced by the Trust remain a concern.
- The potential for a huge increase in demand for children's mental health service provision would also pose a real challenge in 2021/22.
- The trauma and bereavement which people have experienced as a result of COVID-19 has generated a need for additional proactive work and increased investment in this area.

On a more general point the Committee felt there would be benefit in producing an easy read version of the Quality Account document, as this would allow it to be shared more widely and easily. The Committee thanked the Trust for its continued and pro-active engagement with the Committee and looks forward to continuing to receive updates on progress against the priorities during the year ahead.

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Dear Laura,

Healthwatch South Tees response to TEWV Quality Account 2020-2021

Healthwatch South Tees comments:

Healthwatch South Tees is pleased to have the opportunity to again comment on the TEWV quality account which, for the most part, reflects the high standards of care the area has grown to expect from this particular healthcare institution. None-the-less, we would make the following comments, given below:

Pg 15: Making Care Plans More Personal

- How do we know you have made a difference? Why are some of the performances against indicators labelled N/A? What does this mean?

Pg 18: Improve the Clinical Effectiveness and Patient Experience in times of Transition from CYP to AMH Services

- How do we know you have made a difference?

Again, too many actual performances against targets labelled as N/A. You rightly say this transition period is important and this past year will have been particularly difficult for many young people. It is the opinion of Healthwatch South Tees that they should be made a priority group.

Pg 19: Reduce the number of Preventable Deaths

- It's good to read that you have invited a Service User/Carer Representative with lived experience to be a member of the Trust's Environmental Risk Group and they have actually been able to attend one meeting given the present circumstances.

Pg 22:

- We share your concerns that the number of serious incidents where it was identified that the Trust contributed to the incident has not reduced during 2020/21 and hope to see the "robust" action plans put in place for service improvement actually reducing similar incidents during 2021/22.

Increasing the proportion of inpatients who feel safe on our wards

- Also, good to read of the increased liaison work taking place with Cleveland Police who have made one of their own priority areas the need to ensure the safety of vulnerable adults.

Page 26: Priority One: Making Care Plans More Personal

- What is a Cito plan?

How will we know we are making things better?

- Indicator: Have you been given information by NHS Mental Health Services about getting support from people who have experience of the same mental health needs as you? *Why a target of only 42% for this one?*

Page 30: Priority Two: Safer Care

- Percentage of inpatients who report that they were supported by staff to feel safe. *Why a target of only 65%?*

Page 32: Priority Three: Compassionate Care

Reduction in the number of complaints that request a further local resolution 18%

- *A reduction from what?*

TEWV's 2020 National NHS Staff Survey Results

Page 34:

- Why was there a decrease in staff response rate at TEWV cf. other Trusts? Where the TEWV Trust scored worse than other Trusts, Healthwatch hopes to see how matters have improved in next year's QA report.

Page 36:

- Good to see the TEWV Trust involved in so much clinical audit, this can only improve the quality of clinical care.
- Also, good to see the increased participation in clinical research and the reports of some impressive key achievements.

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Pg 42:

- Regarding the Care Quality Commission (CQC) report, Healthwatch South Tees hopes to be able to read in next year's TEWV QA report that the key domains of 'safe' and 'responsive' labelled as requiring improvement by CQC have improved to 'good'.

Pg 44:

- It is disappointing to read that a loss of trust in the organisation to keep them safe has on some occasions resulted in staff feeling the need to another post.

Pg 50: Learning from Deaths

- Healthwatch is pleased to see the work undertaken by The Suicide Prevention and Self Harm Reduction Group, particularly the decision made to provide Suicide Prevention training to staff and a reduction in formal complaints registered by the Trust compared to the previous year.

Pg 56/7: Performance against quality metrics

- Healthwatch South Tees is concerned to find that of the nine quality metrics concerning patient safety and experience and clinical effectiveness measures, TEWV did not achieve its target in six of them.

Pg 75: Appendix 3
Infection prevention and control

- There is no section dealing with this in the QA report, including the huge direct impact the SARS-CoV-2 virus must have had on both patients and staff.

We hope you find our findings and comments helpful to inform your next steps and priorities for the next 12 months.

Kind Regards

Lisa Bosomworth

Healthwatch South Tees Development & Delivery Manager

NHS
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Mr Brent Kilmurray
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Sharon Pickering
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Tees, Esk and Wear Valleys NHS
Foundation trust

25 June 2021

Dear Mr Kilmurray,

Re: Tees Esk and Wear Valleys NHS FT (TEWV) Quality Account 2020/21

Many thanks for the submission of the TEWV Quality Accounts. This details what the Trust has done to improve the quality of our services in 2020/21 and how you intend to make further improvements during 2021/22. North Yorkshire Clinical Quality Group (NYCCG) welcome the opportunity to review and provide a statement for the Trust's Quality Report for 2020/21. This Draft Quality Account has been reviewed in accordance with the Department of Health and Social Care (Quality Accounts) Amendment Regulations 2017.

This report has been shared with key individuals across NYCCG and their views have been collated into my response. We are committed to ensuring the provision of high-quality services for our population and take seriously our responsibility to commission services that not only meet quality and safety standards, but also listen and respond to patient feedback to help inform service developments.

Firstly, we would like to take this opportunity to thank all staff at TEWV for their hard work and dedication during the on-going COVID19 pandemic, which we acknowledge has had an impact on the achievement of some of the priorities and targets set for 2020/21. The system response to this issue has been incredible and seen a requirement for a flexible approach to patient care and we would like to express our appreciation to TEWV for your part in the local NHS and wider system response.

Overall NYCCG considers the Draft Quality Account of 2020/2021 to be a fair reflection of the Trusts performance and acknowledges the progress made to improve patient safety, outcomes and experience.

The key successes and challenges of the priorities are clearly reflected in the Quality Account.
The CCG particularly notes:

- Serious Incidents – The CCG has raised concerns regarding the serious incident process within the organisation and the investigation of these, often resulting in further evidence /questions being asked to offer assurance that lessons have been learned. It is recognised within this report the evidence that changes have been introduced to improve the process including the Rapid Patient Safety Review. The 30% reduction in the number of serious incidents resulting in death for 2020/21 and the introduction of Patient Safety briefings, management of ligature risks and the suicide prevention training is noted.

- Pals & Complaints - The CCG would like to acknowledge, despite pressures and impact of covid to the organisation, the success in achieving 85% of enquiries closed within 15 working days despite no formal target and 78% of complaints closed within 60 days even though the national target was suspended due to covid. This demonstrates commitment and provides assurance that the organisation continues to improve services and listens to their users.

- CQC inspection – The CCG acknowledges there has been a CQC inspection in which the Trust received a 'requires improvement' rating. We recognise the significant progress made since that inspection and how that has influenced the quality priorities for 2021/22. The CCG acknowledges the commitment towards the longer term need for a wider program of change and improvement and is pleased to be working with the Trust to deliver improvements to quality and safety of patient care in a partnership approach.

NYCCG welcome the opportunity to review the Quality Account and confirm that the account is a fair reflection of the Trust performance and acknowledges the progress made to improve patient safety and experience despite the challenges brought about by the ongoing pandemic. The key successes and challenges are reflected in the Quality Account.

NYCCG look forward to continuing to work in partnership with TEWV in 2021/22 to support a coordinated, collaborative approach towards safeguarding the quality and safety of services provided to our patient population, whilst developing new ways of working to deliver improvements across pathways of care.

Yours sincerely

Sue Peckitt
Chief Nurse
NHS North Yorkshire CCG
suepeckitt@nhs.net

Councillor Rob Cook
Chair, Audit and Governance Committee
C/o Civic Centre
Hartlepool
TS24 8AY

HARTLEPOOL
BOROUGH COUNCIL

Dr Chris Lanigan
Head of Planning and Business Development
Tees Esk and Wear Valley NHS Foundation Trust

23 June 2021

Dear Chris

Audit and Governance Committee – TEWV Quality Account 2020/21

Whilst it was not possible to timetable a formal meeting following the publication of the Tees, Esk and Wear Valley NHS Foundation Trust Quality Accounts for 2020/21 Members of the Audit and Governance Committee were individually provided with a copy of the quality accounts document. As Chair of the Audit and Governance Committee, I would like to make the following comments in relation to the Quality Account.

i) Clarification of progress made by the Trust in delivering its 2019/20 priorities are welcomed:

- Making care Plans more personal
- Reduce the number of preventable deaths
- Increasing the proportion of inpatients who feel safe on our wards

ii) The identification of the below as priorities for 2020/21 are supported:

- Making care Plans more personal
- Safer care
- Compassionate care

In addition to the above, I would also like to highlight our:

- Recognition that the Trust has given a clear assurance that staffing levels are being monitored on an ongoing basis with particular investment in adult mental health staffing and inpatient / community services. The challenge facing the TEWV (and other trusts nationally) in terms of recruitment and retention, however, remains a concern not only in the delivery of exiting services but also service development.

- Ongoing concern regarding the impact of Covid-19 on the level of demand for services and the significant challenge that faces the trust in 2020/21 (and beyond).

- Concern in relation to the impact on the provision of services geared to meet the needs of

smaller local authority areas (and of course individuals) as a result of ICS / ICP changes.

I would like to thank you for the opportunity to comment and look forward to being able to take the 2021/22 Quality Account through the formal Committee process next year.

Yours faithfully

COUNCILLOR ROB COOK

CHAIR OF AUDIT AND GOVERNANCE COMMITTEE

Appendix 5: Our Quality Account – Plan on a Page

Priority One: Making Care Plans more personal

- Ensure finalised, working version of DIALOG is embedded within CITO
- Ensure all relevant stakeholders are aware of changes to CPA processes
- Develop guidance and training to support the implementation of DIALOG
- Identify how many patients/agreed others receive a care plan and understand key elements of safety, quality, timeliness and accessibility and address the issues identified
- Establish Steering Group with identified governance structures to oversee the development and implementation of high quality, collaborative care planning that is fit for purpose
- Agree how to align with but not duplicate the care plan and safety plan to ensure a simple, consistent and comprehensive plan
- Review and revise local CPA policy in line with system changes and national guidance
- Review and update care planning training
- Assess additional actions and priorities to remove barriers to care planning
- Work with teams and commissioners to ensure sufficient capacity is built into clinic scheduling to properly co-create and develop care plans

Priority Two: Safer Care

- Communicate and share the agreed patient safety priorities
- Determine the programmes of work for each of the four patient safety priorities, assess current baseline and identify process and outcome KPIs
- Promote the role of the Trusts Patient Safety Specialist
- Work in collaboration with the 'Better Tomorrow programme: learning from deaths, learning from lives' to improve our processes and develop support networks
- Review and update Learning from Deaths Policy
- Work proactively within the newly formed Regional Patient Experience Network
- Identify priority wards, talk to people currently on these wards, develop and implement an action plan
- Further review information from patient experience surveys and concerns raised from patients and carers
- Seek ideas as part of the 'mutual help' meetings that take place on the wards on what we can do to make patients feel safe
- Review current 'ward orientation' process for patients being admitted onto our wards and incorporate into personal safety plans
- Continue existing pilot of body cameras and develop a business case for further roll-out
- Deliver the four organisational learning work programmes
- Develop an integrated organisational learning report with an initial focus on patient safety
- Develop our systems for ensuring the impact of improvement actions from learning

Priority Three: Compassionate Care

- Hold engagement events with staff to develop our new ways of working together, with involvement of service users and carers and share outputs from these events
- Commission and deliver a range of educational approaches with a focus on Empathy and Compassion
- Design, develop and deliver a Trust leadership programme with service users and carers and all staff in formal leadership positions to complete
- Seek views of staff about organisational processes and systems which do not live the values, or which get in the way of them living the values
- Review People & Culture processes and policies in relation to Trust values
- Review our people management processes and policies in relation to Trust values
- Ensure people have access to meaningful breaks and thinking time
- Model the values in how we communicate, how we hold meetings
- Promote the values through our interactions with service users and carers
- Identify additional involvement opportunities e.g. HealthWatch, survivor groups, support groups
- Produce a prioritised plan for the future in conjunction with other partners
- Present findings and discuss possible changes with lead Directors around organisational processes and systems which do not live the values
- Implement a process to capture informal concerns and complaints that enables us to identify any key themes where patients have raised issues with us
- Director of Quality Governance and Patient Safety Team to work with patients and families to develop the Serious Incident review process

Tees, Esk and Wear Valleys
NHS Foundation Trust

Agenda Item 10

Council of Governors

13th July 2021

Governor Questions

1 **Care Plans**

Does the trust have written quality standards for care plans? If yes can I have a copy please. If not, how does the trust objectively monitor and measure the quality of care plans across the organisation as a whole?

Anthony Heslop, Public Governor for Durham

Response:

There are standards for what should be considered in a care plan contained within the Trust's CPA and Standard Care Policy. There are also information leaflets for service users and carers that explain what they should expect from the care planning process.

In terms of objectively monitoring and measuring the quality of care plans across the organisation, there are regular local audits as well as larger scale audits of the whole Trust; the latter being managed via the central clinical effectiveness and compliance team.

Whilst we have standards for what should be considered when it comes to care planning, and audits that review and develop action plans for improvements, there has been a recognition that the quality of the care plans can differ from person to person and team to team. As a Trust we have tried to introduce standards for care planning via written principles and introduced them via face to face training, with variable levels of success. We have recognised that one of the barriers to successfully introducing these standards is the level of waste within current processes, and as such there is a task and finish group set up to rectify this once and for all, with the full backing of senior leaders.

It is also worth noting that there has been significant investment in the Cito developments to ensure that the process of care planning is more structured, leading people through choices and options, shared decision making and identifying actions that are meaningful to the person. This will lend itself to more useful monitoring and measuring of the quality of care planning, and the task and finish group looking at the waste in the processes is also looking at how we can introduce these same ways of working within the existing systems."

(Note: Copies of the policy and information leaflets referred to above have been provided to Mr. Heslop)

2 **Compulsory Vaccination**

When the Government consult on compulsory vaccination for NHS staff how will the Governors be involved in the response from TEWV?

Cllr Ann McCoy, Lead Governor &
Appointed Governor for Stockton-on-Tees Borough Council

Response:

Should a consultation be held individuals, including Governors, would be able to provide their responses directly to Government. If the Trust considered it was a significant consultation, to which a formal response was required, the Director of People and Culture would seek feedback via email from staff and members.

3 **Well-Led Review**

During the discussions under minute P/21/09 (18/5/21) concerns were raised about the lack of involvement of Governors, particularly Public Governors, in the recent well-led review conducted by the Good Governance Institute.

The Chief Executive apologised to Governors for the lack of involvement and assured them that this would not happen again.

Clarity was sought on the Governors who had participated in the review and the rationale for their involvement.

Response:

It has not been possible to gain feedback from the Project Manager at GGI as he has now left the organisation for another role.

The following Governors were interviewed as part of the review:

- *Cllr Ann McCoy*

  Cllr McCoy was interviewed in her capacity as the Lead Governor.

- *Emmanuel Chan and Louis Bell, Staff Governors.*

  There were challenges in involving staff in the review as the fieldwork coincided with the CQC inspection in January 2021 and subsequent improvement activities. It is understood that Mr. Chan and Mr. Bell were interviewed as representatives of staff as broader engagement was difficult to arrange.

Governors are also asked to note that, in addition to interviews, document reviews and observations, GGI was able to use feedback from the 'The Big Conversation' in order to gain an insight into the views of stakeholders including patients and carers, staff and partner organisations.