



Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2023/24

**Leanne McCrindle, Associate Director of Quality Governance, Compliance
and Quality Data**



Trust Quality Account 2023/24

Achievement of the 23/24 Quality Priorities:

Priority 1 – improving care planning

- Patient care plans are now recorded on our new electronic patient record system (Cito) which went live February 2024.
- DIALOG and DIALOG+ is live within Cito and will help patients identify their needs and goals.
- DIALOG+ training has taken place for staff and more training is planned.
- The Trust is moving from CPA towards a new universal standard of personalised care.
- Personalising Care Policy has been co-produced with people who have lived experience to ensure that the service user voice is at the heart of what we do.



Achievement of the 23/24 Quality Priorities:

Priority 2 – Feeling Safe

- Performance Improvement Plan (PIP) for feeling safe was developed by services using feedback from service users and carers to identify the areas for improvement.
- We have continued to progress our body worn camera pilot work and evaluated its impact.
- We have continued to implement the Safewards initiative. We have observed reductions in the use of restrictive interventions, although there is still more to do to reduce violent incidents towards staff.
- We have introduced Peer Support Workers on wards as well as Activity Co-ordinators.
- We have co-created information leaflets for people newly admitted to include suggestions for what could help them feel safe.
- We have used feedback from our Involvement Networks to rephrase our feeling safe questions on our patient surveys.



Trust Quality Account 2023/24

Achievement of the 23/24 Quality Priorities:



Indicator	Target	Actual 2021/22	Actual 2022/23	Actual 2023/24
Percentage of inpatients who report feeling safe on our wards	75%	64.37%	56%	78.63%
Percentage of inpatients who report that they were supported by staff to feel safe	66%	68.04	85%	85%

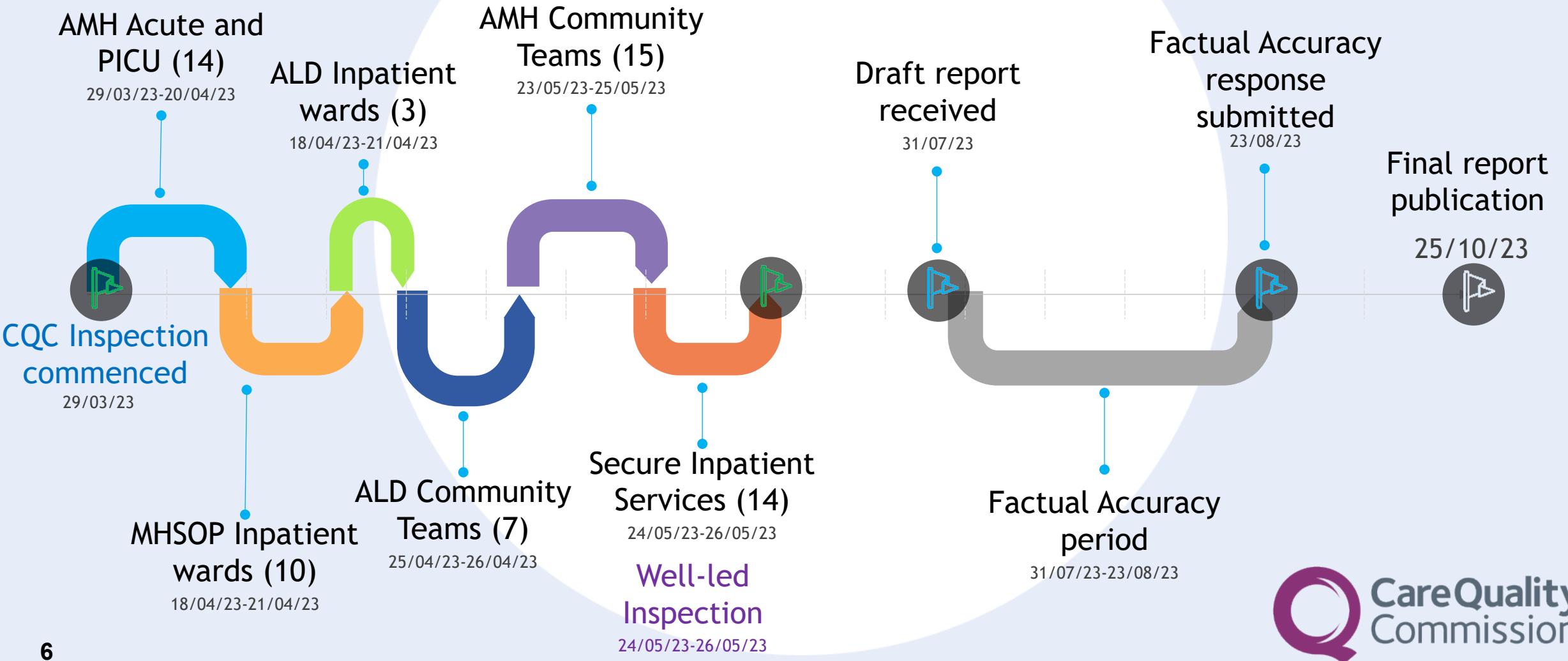
Achievement of the 23/24 Quality Priorities:

Priority 3 – Embed the new Patient Safety Incident Response Framework (PSIRF)

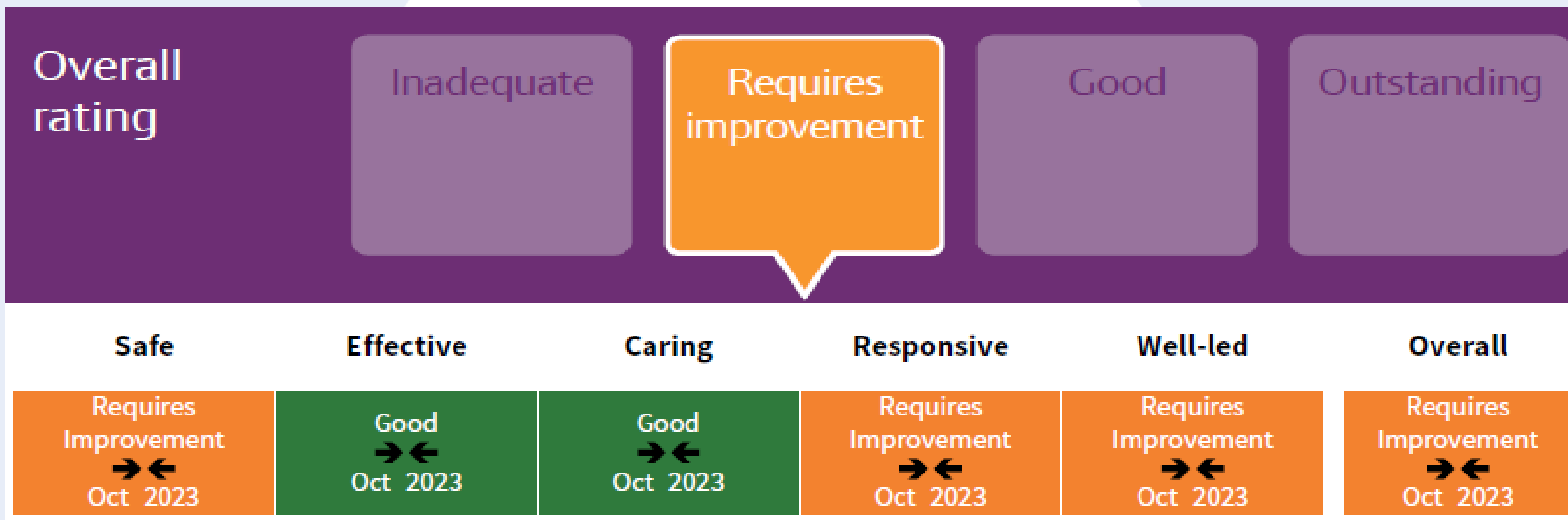
- We went live with our new incident reporting system (InPhase) 30th October 2023 in line with the new national Learning From Patient Safety Events (LFPSE) standards.
- PSIRF was implemented on 29th January 2024 in line with the key quality priorities within the Quality Journey and Quality Strategy.
- We have made Patient Safety Training mandatory for all staff and the Trust has **95%** compliance with Level 1 and **79%** with Level 2 for staff.
- The daily patient safety huddle is now embedded as routine practice and is operating effectively. The daily huddle reviews all incidents of moderate and above severity to ensure that a proportionate response is identified. This supports multi-disciplinary engagement, service user, family engagement and early learning.
- Standard action plan is now embedded applied to both Serious Incidents, Patient Safety Incident Investigations, and Early Learning processes (now referred to as After Action Reviews).
- A patient safety summit was held March 2024 to share learning and focused on the impact of inequalities on patient safety. This was attended by service users, carers, partners, Trust staff and other stakeholders.



CQC Core Service and Well-led Inspection 2023



CQC Core Service and Well-led Inspection 2023

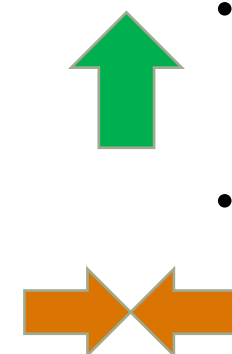


The overall Trust rating remains as: **Requires Improvement**

CQC Core Service and Well-led Inspection 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↔ Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Requires Improvement ↔ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023
Wards for older people with mental health problems	Requires Improvement ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023	Good ↔ Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement ↔ Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Of the 6 Core Services inspected:



- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **3** where the rating has decreased.



CQC Core Service and Well-led Inspection 2023

Positives

- ✓ Cultural changes
- ✓ Innovative practice
- ✓ Person-centred care
- ✓ Multi-disciplinary working
- ✓ Environmental changes
- ✓ Medication Management
- ✓ Risk Management
- ✓ Governance
- ✓ Clear Vision and Strategic Direction

Areas for Improvement

- Staffing
- Mandatory/Statutory Training
- Complaints/PALs
- Supervision
- Waiting times
- Physical health monitoring
- Serious Incident processes (including Duty of Candour)

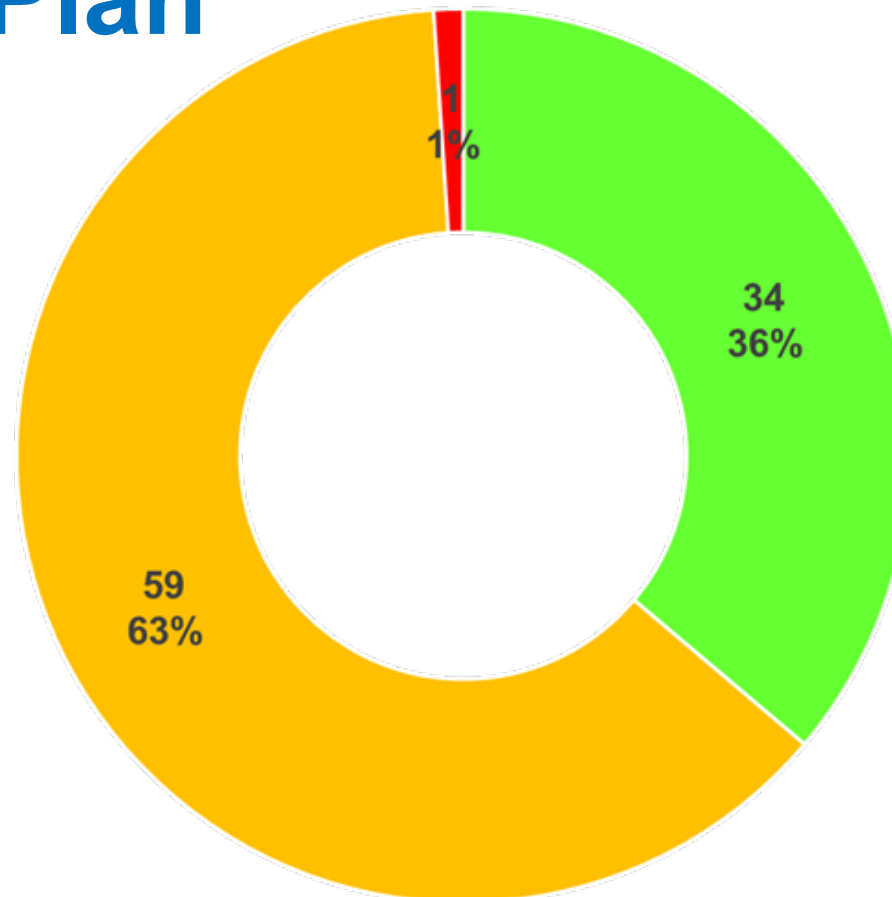
Trust timeline for Quality Account 2023/24

The timeline for delivery of the Quality Account is detailed below:

- Stakeholder Consultation (30.04.24 – 29.05.24: 30 days)
- Quality Assurance Committee (06.06.24)
- Audit & Risk Committee (17.06.24)
- Approval by Board of Directors (25.06.24)
- Publication on the Trust website (30.06.24)

Delivering the Trust's CQC Improvement Plan

Following the Core Service and Well-led CQC inspection (published 25 October 2023), the CQC Improvement Plan was co-created in collaboration with Care Group colleagues, Specialty/ Directorate Leads and subject matter experts in response to the Must and Should Do recommendations. This forms a component of the Integrated Oversight Plan.



Key:

- Complete
- In Progress (within target date)
- In Progress (behind target date)

Progress of the CQC Improvement Plan as of **11 April 2024** (by CQC Recommendation):

- **34** recommendations complete
- **59** recommendations in progress
- **1** recommendation in progress behind target date

Actions taken in response to our CQC Improvement Plan

Complete



- ✓ We have a revised schedule / work plan for the Quality Assurance Committee which incorporates learning from audits, incidents, CQC visits and complaints.
- ✓ Learning from Executive visits is reported into the Management Group and informs quarterly learning events (alongside the review of SI, incidents and CQC visit themes).
- ✓ A recovery plan was developed and implemented to address the backlog in the SI review process. The progress of the plan was closely monitored by the Quality Assurance Committee up to the Board of Directors. The backlog is in the final stages of reporting.
- ✓ Completed a review of the complaints and PALS processes (January 2024).
- ✓ A Procedure setting Standards for responding to requirements and recommendations from external and internal reviews was implemented and all external and internal reviews that result in recommendations have an associated improvement plan.
- ✓ Incident reporting is now on InPhase.
- ✓ We have reviewed the approach to reducing restrictive practice and the use of restrictive practices is reported by Specialties and Care Groups into the Executive Review of Quality and QuAC.
- ✓ We have reviewed the approach to reducing restrictive practice.
- ✓ The use of restrictive practices is reported by Specialties and Care Groups into the Executive Review of Quality and Quality Assurance Committee and this has improved oversight.
- ✓ We have developed a forward plan for the Mental Health Legislation Committee to identify regular reporting requirements from the Positive and Safe Group, including data on the use of restraint and Use of Force Act compliance.
- ✓ There is a focus on reducing prone restraint incidents.
- ✓ Use of prone restraint is reviewed by each Care Group Positive and Safe Group and the Trust-wide Positive and Safe Group. Performance against the standards is reported up through Care Groups and the Trust-wide Positive and Safe Group to QuAC and the MH Legislation Committee.

Improvement Action delivery

(since previous presentation received)

Complete



- ✓ We have agreed a plan for the use of Speak Up Guardian data and intelligence, and how it is shared and triangulated with other information / data to lessen the risk of closed cultures.
- ✓ We have agreed a proposal for the People, Culture and Diversity Committee regarding how we manage and report Freedom to Speak Up outcomes (without breaking individual confidentiality).
- ✓ Learning from Executive visits is reported into the Management Group and informs the quarterly Multi-Disciplinary Team learning events (alongside the review of SI, incidents and CQC visit themes).
- ✓ We have developed a workforce plan for pharmacy professionals and non-registered Pharmacy staff.
- ✓ The Care Groups have developed a plan for site visits across 7 days a week and the 24-hour period.
- ✓ The Trust implemented Cito in Quarter 4 2023/24 to facilitate improved ease of access to information for staff and patients.
- ✓ We have reviewed site maintenance (including the cleaning schedules) and regular meetings take place between the service and the Estates and Facilities Management Team to ensure that the estate is well maintained.
- ✓ We continue to work in collaboration with the HOPE(S) model for all patients in long term segregation and seclusion. All people have a plan that has a long-term goal of leaving long term segregation. This has been very successful in helping patients move out of long-term segregation.
- ✓ We have reviewed the ALD inpatient estates and where required, taken actions to ensure that people's living spaces are conducive to recovery and feel welcoming. We work with service users and their loved ones to understand individual preferences.
- ✓ Contact details of non-executive directors and their biographies have been shared again with all governors, and non-executive directors make themselves available to governors wherever possible through normal Trust business, including Council of Governors meetings.
- ✓ All Governors were informed of what support is available and from whom within the trust.
- ✓ We have reviewed all wards within the ALD service to ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms
- ✓ We have developed a system in collaboration with Occupational Therapy to ensure that when patients need are assessed and a change of environment is required, that a monitoring and escalation process is in place.

Developing the Trust's Quality Priorities 2024/25

As part of the Trust's ongoing commitment to co-creation, it was proposed and agreed that from 2024/25, development of the Quality Account Quality Priorities would be **led by people with lived experience**. This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

To support the development of the Quality Priorities, **a service user and carer Focus Group** was held. Members of the Group were recruited through the **Involvement Team** and included those with personal lived experience and also those currently working with Involvement Networks and other community organisations.

The Focus Group (held 21 March 2024) was facilitated by the Care Group Director of Lived Experience for DTV&F and the Associate Director of Quality Governance and Compliance. **Key quality issues from national and local sources** (including learning from Co-Creation Boards, Lived Experience Directors, Involvement Networks, serious incidents and other governance intelligence) were shared with the Group.



Developing the Trust's Quality Priorities 2024/25

The outline quality priorities for 2024/25 agreed by the Group were endorsed by the Quality Assurance Committee 04 April 2024:

Patient Experience: Promoting education using lived experience

- ❖ This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories will establish a cycle of learning, which will be shared with key Partners.

Patient Safety: Relapse Prevention

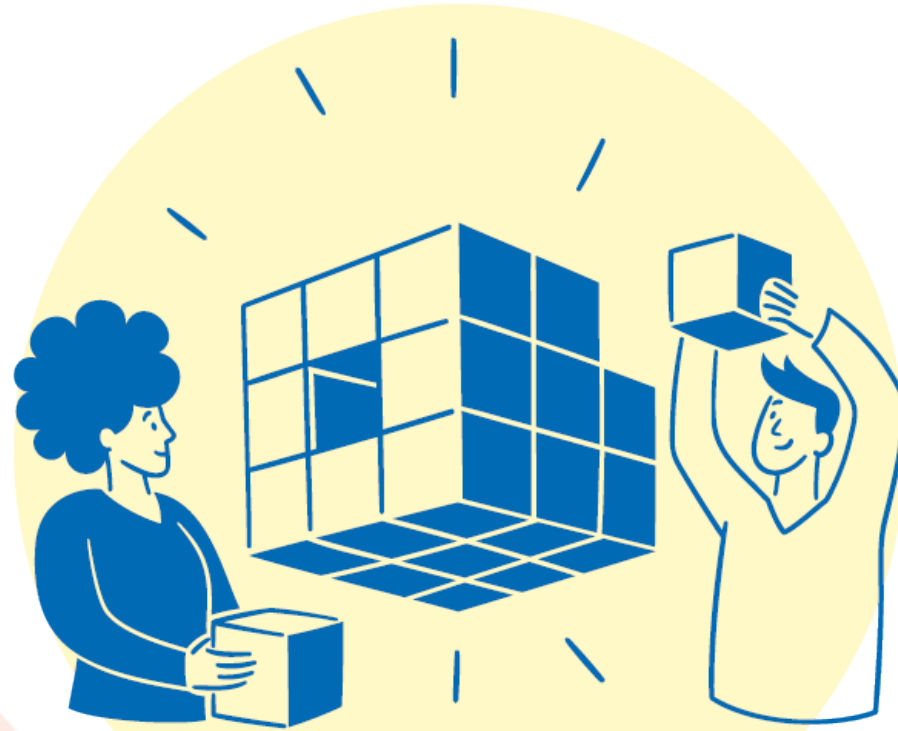
- ❖ This priority is focused on timely and proactive access to support for patients who experience relapse in order to minimise harm, particularly through the effective use of well-being plans

Clinical Effectiveness: Improving Personalisation in Urgent Care

- ❖ This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.



Developing the Trust's Quality Priorities 2024/25



Co-Creation Boards are continuing to develop the Quality Priorities and the associated milestones/ measures.

Thank You