Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Monday 20 November 2023**

Time **9.30 am**

Venue **Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend
Members of the Public can ask questions with the Chair's agreement

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 2 October 2023 (Pages 3 - 18)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Winter Preparedness 2023/24 - Presentation by Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust and Michael Laing, Director of Integrated Community Services (Pages 19 - 30)
7. Reconfiguration of Tees, Esk and Wear Valleys NHS Foundation Trust Mental Health Services for Older People (MHSOP) Community Teams in County Durham and Darlington (Pages 31 - 34)

   Report of the Mental Health Services for Older Persons Durham Community Service Manager
8. NHS Foundation Trust Quality Account 2023/24 priorities updates (Pages 35 - 74)

(i) Tees, Esk and Wear Valleys NHS Foundation Trust – presentation by Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data and Dominic Gardner, Care Group Director AMH/ALD

(ii) County Durham and Darlington NHS Foundation Trust – presentation by Warren Edge, Senior Associate Director of Assurance and Compliance; Lisa Ward, Associate Director of Nursing and Patient Safety and Claire Skull, Infection Control Matron

9. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley
Head of Legal and Democratic Services

County Hall
Durham
10 November 2023

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor V Andrews (Chair)
Councillor M Johnson (Vice-Chair)

Councillors J Blakey, R Crute, K Earley, D Haney, K Hawley, J Higgins, L A Holmes, L Hovvels, J Howey, P Jopling, C Kay, C Lines, M McKeon, S Quinn, K Robson, A Savory, M Simmons, D Stoker and T Stubbs

Co-opted Members: Mrs R Gott and Ms A Stobbart

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Paula Nicholson Tel: 03000 269710

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 2 October 2023 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L Hovvels, P Jopling, C Kay, M McKeon, S Quinn, A Savory, M Simmons and T Stubbs

Co-opted Members/Officers
Ms C Bradbury – Healthwatch County Durham

1 Apologies for Absence

Apologies for absence were received from Councillors M Currah, L Holmes and C Lines.

Apologies for absence were also received from Co-opted Member, Ms R Gott and Healthwatch County Durham Project Lead, Ms G McGee.

2 Substitute Members

Ms C Bradbury was present on behalf of Healthwatch County Durham.

Notification had been received that Councillor M Currah would be substituting for Councillor L Holmes.

3 Minutes

The minutes of the meeting held on 14 July 2023 were confirmed as a correct record and signed by the Chair.

4 Declarations of Interest

Councillor Earley declared an interest in Agenda Item 6 - Shotley Bridge Hospital Update as Secretary of Shotley Bridge Hospital Support Group.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

With the agreement of the Chair, the order of business on the agenda was amended to allow Agenda Item No. 7 to be considered first.

6 County Durham and Darlington NHS Foundation Trust Maternity Services CQC Inspection and Improvement Action Plan

The Committee received a presentation from County Durham and Darlington NHS Foundation Trust regarding the CQC Inspection and Improvement Action Plan (for copy of presentation see file of minutes).

Copies of the CQC Inspection reports into Maternity Services in Darlington Memorial Hospital and University Hospital North Durham were circulated with the agenda for Members Information.

Sue Jacques, Chief Executive and Noel Scanlon, Director of Nursing, County Durham and Darlington NHS Foundation Trust were in attendance to deliver the presentation that provided Members with details of the ratings; context; positives; themes identified for improvement; actions taken since CQC's fieldwork in March to keep patients safe and continuous improvement.

Councillor Earley referred to the culture of the organisation and the importance of the Trust being aware of when problems were going to hit you and asked if issues had been flagged up; if they had systems in place to monitor and act upon these issues and if they worked and were any "red flags" identified prior to the inspection.

The Chief Executive responded that they did have monitoring systems in place by way of a national staff survey that happened once a year in Quarter 3, that was broken down by teams.

In response to a further question from Councill Earley, the Chief Executive stated that nothing was flagged in terms of clinical outcomes. In terms of how staff felt about the shortage of midwives within the Trust, across the region and nationally this was where the issues lay as well as in the model of care. She stated that they engaged with clinical staff last summer to look at the plans that had been developed by the leadership team within the service to roll out continuity of care. On the back of that consultation, they modified quite significantly what they had put in place so that they now had birth rate plus which was an approved tool. The Trust

had looked at the model they had and suggested a different way to utilise the staff they had to maximum effect. The consultation on the new model with staff closes this week and they would listen to what their staff were saying. The Trust did not want to lose the intense work that had already been undertaken within the service but would use the current consultation to review the service model moving forward. In terms of the region, out of seven trusts that had put forward Q2 staff survey results they were third out of seven for staff satisfaction in three of the key domains indicators and fourth out of seven for advocacy.

Councillor Stubbs asked for an understanding of the Trust Executive's concerns around maternity services prior to the inspection and whether these had been reflected in the inspection findings.

The Chief Executive responded that they were not expecting the downgrading of the Maternity Services to inadequate from the inspection. She explained that the service was last inspected in 2018 and received a good rating and there were five items that they looked at. In the recent inspection they looked at two domains of Safe and Well-led. They knew that ratings across the country were generally going down but they did not expect to get the rating that they got. They had a number of ways of looking at clinical services and listening to staff that they had established in May before the inspection with a maternity quality approved framework that was looking at making improvements, so they knew there was things that they could do. They were very disappointed in the rating and the failings identified and stated that the report does acknowledge that they were in the middle of doing certain things and advised on the progress made. She advised that they would be re-inspected and they expect this would be the whole service including community services. She commented that they have amazing staff who deserved a better rating.

Councillor Stubbs asked how confident they were going forward and if they were fully aware of what would be included in the inspection based on the fact that they were not fully aware of what the outcome would be from the recent inspection.

The Chief Executive responded that they had put in place a Director of Quality who was currently working with maternity and her role was to give more backing with director level so the postholder had principal responsibility for ensuring that they understand the quality and outcomes and the way staff felt about them in combination with other mechanisms that were established. She commented that freedom to speak was a big part of the NHS.

Councillor Quinn stated that the rating was disappointing but now they could move forward and put things right. She then commented that the morale of staff would be low and asked if support was in place for staff and if there had been an impact on the mothers.

The Chief Executive responded that staff did not want to have the rating and staff welcomed the birth rate plus report that was published in August. She commented

that different groups of staff were in a different place around the post optimal model of what they needed to do. The Trust wanted to maximise the use of staff within community and acute maternity services but they did not want to throw away the valuable experiences that those teams had brought. She advised that the current consultation would feed in their views and the Trust Executive Board would meet to determine what happens next. She stated that they would have an extra 49 members of staff in the team and doctors in the pregnancy assessment unit and additional administrative support. Additional staff were also going in overnight to help with cleaning activities and a lot of resources were going into the service. She commented that some staff who were intending to leave the service had stayed and the results of the consultation would go back out to staff to talk about the next steps to retain confidence with staff. They had teams within the organisation who worked on organisational development and change management and they focused a lot of those teams on the maternity staff in acute and community settings.

The Director of Nursing stated that it had been an emotional journey with the report. Staff had felt embarrassed by the findings but had started to dust themselves off and provided details of some of the challenges staff had faced. In terms of support for mothers, the community midwives were at the heart and they had structures in place that were beginning to stabilise and in the main there was positive stories.

Councillor Jopling referred to preparing for the next inspection and stated that if checks and balances were carried out and procedures followed, they should be ready for an inspection at any time. She stated that preparing for an inspection takes staff away from patient care which was the prime object of looking after patients and asked for reassurance that preparing for the inspection did not take anything away from patient care.

The Chief Executive responded that following the inspection they made some changes reasonably quickly and stated that the consultation closes this week. She continued that they had put in place additional resources to support maternity and the Director of Quality was working with maternity and stated that you could not carry out an inspection without involving staff. They were listening to staff and had put in more resources and they were preparing by addressing issues that CQC had raised and were focusing on that and ensuring that staff were not overwhelmed and the patient was always at the heart of everything.

The Director of Nursing stated that the inspection was about showing effective care and sated that they would be carrying out direct communication and provided details of examples of communication.

Councillor McKeon referred to the CQC report and asked for clarification on who the leaders would be and asked how long they had an issue attracting midwives and indicated that she did not realise that doctors were not on the maternity ward.

She asked if this was common practice and asked what was in the plan a year before the rating came out versus the current plan.

The Chief Executive responded that doctors were in maternity services to help the maternity staff in the pregnancy assessment unit to supplement their work they put in additional F2 doctors during the day to alleviate pressures while they carried out recruitment. She confirmed that when the CQC talked about leaders this was every leader within the organisation but they did not speak to any leaders outside of the service at the last inspection as it was a limited inspection. She continued that when a full inspection was carried out, they looked at all domains of the service and speak to the board, non- executive etc. With regard to the recruitment of midwives they had carried vacancies for about three years, as well as vacancies in nursing staff which all became more evident during the pandemic. She stated that oversees midwives were in training before the inspection but commented that it takes quite a bit of time to bring those staff in. In May they had a workstream looking at screening and that workstream had concluded and they had another workstream looking at staffing that had not concluded but was generating some proposals to appoint from overseas and other ways of recruiting. They also had a workstream looking at continuity of care and a workstream looking at quality and IT systems which had resulted in a new system been implemented.

The Director of Nursing indicated that the culture between midwives and obstetricians had never been an issue for Durham and Darlington and stated that the relationships were strong and positive.

Councillor Kay indicated that they did not expect the rating that they received and asked what they expected and what was the gap. He stated that he was concerned about the report and was not reassured.

The Chief Executive responded that they had taken the rating very seriously and what they were seeing in these inspections were a number of ratings downgraded within the NHS generally. The Trust knew that they had some issues particularly around staffing but also that their clinical outcomes were good and were expecting a level of reduction in terms of rating but not to the levels that they saw. They had undertaken peer reviews of services and when they met with the ICB they had agreed with them that rather than being in a national programme for oversight whilst they undertake the improvement work, they would work closely with the ICB who had a regional midwife as part of their team to add an element of independent peer review which they did not have previously.

Resolved: That the information contained in the presentation be noted and a further update be provided following the re-inspection by the CQC.

The Principal Overview and Scrutiny Officer advised Members that notification had been received that a Public Question was expected on the Shotley Bridge Hospital Update that was not received until 9.29 am this morning. Members were advised

that the questions had been forwarded to the Trust representatives presenting at Committee this morning and sought the Committee's agreement that a full written response be brought back to Committee and shared with the Member of the Public when received. Members agreed to the request.

7 Shotley Bridge Hospital Update

The Committee received a presentation to update Members on Shotley Bridge Hospital redevelopment (for copy of presentation see file of minutes).

Richard Morris, Associate Director of Operations, County Durham and Darlington NHS Foundation Trust was in attendance to deliver the presentation that provided members with details of the project principles; progress update; service efficiency measures; revised timelines; next steps and communication.

Paul Davies, Cohort 2 Project Lead, Jacqui MacDonald, End to End Specialist Advisor and Karina Dare, Primary Care Estates Strategy Lead and Jane Curry, Programme Manager were also in attendance at the meeting.

Mr Morris reminded the committee that a considerable amount of resource was being expended to retain services at the existing Shotley Bridge Hospital site which was unsustainable, hence the importance of the development of the new facility. He indicated that the proposed development would consist of a facility with 85% floor space utilisation albeit on a smaller scale to that currently provided at Shotley Bridge.

Members were advised that subsequent to previous updates given to the committee in respect of the project and following the submission of the outline business case in January 2023, it became apparent that the costs associated with the project fell considerably outside of the agreed funding allocation due to national hyperinflation pressures. Following consultation between the national hospitals programme and the foundation trusts executive, it was agreed to review the scheme of accommodation and engage healthcare planners to develop an affordable project scope. This involved maintaining current levels of activity across a reduced floor space.

Because of the redesign in the provision of the energy centre facility to service the proposed development, members were advised that it would not be possible to extend vertically but there may be scope at ground level. Mr Morris explained that a definitive timeline for the project could not be provided to members at this time because of ongoing discussions regarding the scheme but he assured members that the trust were fully committed to the new build as we're the representatives of the national hospitals programme.

Members were advised that it was the financial envelope allocated to the scheme and the ongoing inflationary pressures being experienced nationally that were

causing the delays to the scheme as it had to be affordable, deliverable and sustainable. Mr Morris also confirmed that further reports would be brought back to the committee on the progress of the scheme including plans for on effective communication strategy. Furthermore he stressed that the delay to the project would not impact on future delivery of clinical services and importantly the new development retained plans for 16 inpatient beds.

Following the presentation, the Chair asked Members for their questions.

Councillor McKeon stated that she was relieved to hear that community services were not going to be cut back. She continued that she was concerned at moving the generator from the ground floor to the roof that would stop future development of the hospital. She wanted the hospital to stand the test of time and they already had a shortage of community hospital placements and care in the community was the way forward. She was concerned about not being able to expand on the site going forward and indicated that at some point the generator would need to be moved onto the ground floor from the roof to allow the hospital to build upwards and asked if this had been factored into the discussions.

The Cohort 2 Project Lead responded that the expansion issue was very real and they were looking to develop a plan going forward that allowed for expansion on the site. He indicated that he personally did not think that expanding upwards was the answer but going to the side or creating further expansion space was the direction that they were looking to go. They would be taking a paper to the board in the next couple of weeks with the intent of securing the full development area of the site, the money that was invested at this time would help future proof the hospital going forward. They were looking at expansion space horizontally on the building.

The Primary Care Estates Strategy Lead indicated that they were looking to make savings on the new development but not reducing the footprint of the land which would give potential for future development but also gave more flexibility for the siting of mobile facilities. By losing the energy centre to make savings it would create some potential for future expansion at ground floor level.

Councillor Haney indicated that he could only see three possible outcomes, the worst that the project did not go ahead, the second it was produced on the cheap even if services were still the same the way they were delivered was important and the third option would be for government to increase the money as construction costs were continuing to rise and asked the Committee to consider writing to government to express their concerns.

The Associate Director of Operations responded that there was no extra funding from the Trust, ICB or any other elements so the new hospitals programme was their funding source.

The Cohort 2 Project Lead stated that during COVID there was a national retail logistics company that carried out an expansion into the UK to meet the demand when everyone was ordering items from home. They had 10 regional hubs planned and they ran out of materials so they could not deliver that programme that was a 20th the size of the new hospital programme. They were attempting a £22 billion national project, they did not have enough contractors, materials or people, so there was a massive upskilling required on a national level. They had to do something different as there was only so much money and if costs overrun for one hospital this resulted in someone down the line not getting their service. They had to be rational and try to optimise as much as they could so they could deliver within budget. He continued that he did not think that the clinical outcomes were going to be comprised as much as they thought, there were some challenges around chemotherapy and the aim was to drive all the value out of the scheme they could with the opportunity of sitting back down and if they wanted chemotherapy, they could put a business case together and go back if necessary.

It was a national rollout programme and would fail with a number of schemes and commented that hospitals with RAAC needed to also be replaced. He was very positive and they were taking papers through to secure the land and start remediation as quickly as they can; he could not guarantee that it would be this financial year and commented that the comments on inflation were justified and that representations were being made to the treasury that delaying decisions was costing more money.

Councillor Jopling commented that they were going to continue the existing care but then stated that they were going to refresh the activity data and asked for more information on this. She then referred to non-clinical and asked what this referred to. She continued by referring to the business case and stated that when you keep redoing things it costs money and takes a long time and stated that whatever was decided it needed to be done at a pace so that it does not cost more money. She was worried that services may be taken away that were important to some residents and all the facilities were caring for people and it was important not to lose these facilities and put further strain on the bigger hospitals who were already under pressure.

The Associate Director of Operations responded that they could not function without Shotley Bridge Hospital and they did not have any capacity to absorb the services from Shotley Bridge into anywhere else in their setting, it was a fundamental delivery mechanism for care for their Trust. They had two big hospitals, Bishop Auckland as a mid-hospital and five community hospitals. They were conscious that Shotley Bridge Hospital had reached the end of its life, they could look to refurnish but they were not doing that and were continuing with the new build. He then referred to the element of care and stated that they had not finished the re-design yet but he was confident that they would deliver the same services. He stated that they had four other community hospitals and the way they were moving into community care was progressing and were already set up to

deliver that model of care. Shotley Bridge was a plank of real estate that they valued and the public valued it and was valued as an organisation and could not function without it and the new hospital programme was well aware of this and had been discussed at a high level within the new hospital programme. This was not just a standalone community hospital as it had to fit with the overall Trust strategy about how they deliver care for people especially delivering care closer to home. Some of that was driven due to University Hospital North Durham being very small and whilst Darlington was a little bigger UHND was very small for the size of population and was a constrained site. He gave his assurance that they were aware of what they needed to do, which was to deliver acute care from being in hospital and in other facilities then home. He stated that the non-clinical space would be items such as the ventilation system and the third element was how they shared space such as physio and occupational therapy that would traditionally have different space.

In response to a further question from Councillor Jopling, the Associate Director of Operations indicated that the Managers in the new Hospital Programme were very much aware of the costs going up due to inflation and stated that he was convinced that the new Shotley Bridge Hospital would be built.

Councillor Quinn referred to community hospitals and not that long ago they were looking to close these hospitals and stated that it was good to hear that they were considered as a valued asset. She then referred to Bishop Auckland Hospital that could be better utilised and wished that the Trust would give it more thought. She continued that she was disappointed to hear about the reduction in the way the services were going to be developing especially given that hospitals were busier. She stated that this was tranche two and asked if future builds in the other tranches were at risk and asked should everything go the wrong way at Shotley Bridge as the building was decaying all the time, did they have a plan B.

The Associate Director of Operations responded that community hospitals were a difficult concept prior to COVID then came into their own during COVID and it would be silly to ignore what they delivered for the Trust. She continued that that they were beginning to expand Bishop Auckland hospital and was now a designated community diagnostics centre and had received significant involvement and investment. They were doing well as an organisation with diagnostic capability and Bishop Auckland was helping to deliver this and he could only see this expanding. The Trust had recently agreed to increase the amount of endoscopy that was to be delivered through Bishop Auckland with quite significant capital investment. They did recognise that all of the hospitals were part of the way that they delivered services and had taken a decision to offer support to surrounding hospitals for diagnostic testing.

The Primary Care Estates Strategy Lead responded in relation to Plan B and indicated that they were fully supporting Plan A which was their preferred option. She indicated that they were currently spending £0.5m a year to keep the hospital

operational. Plan B would be to work with the Trust to consolidate within the building and reduce and close off some parts of the building to reduce maintenance costs on those parts, they would need to upgrade or replacement and those costs would fall to her organisation that would need to be planned over three or four years. Their view had always been that even if they made significant capital investment in the building short of a complete refurbishment the hospital only had 2 years of life left. If they spent four or five million over the next four years it would only extend the life of the hospital for a 10-year period.

The Cohort 2 Project Lead indicated that Cohort 2 was positive and that money was secured from the Treasury and that was why the scheme was safe going forward and the figures included inflation.

Councillor Earley stated that he was pleased to hear that there had been a logical breakthrough and commented if they kept to the same footprint, they could commit to groundworks that would be positive for the community to see. He referred to the expansion of the chemotherapy and asked if this was not happening and it would stay at the same level and if the MRI scanner was still going to happen. He continued and asked about the green rating of the building and indicated that there was a question mark over expansion. He asked if going ahead with clinical areas at 85%, were they going to have hospital management ability on site and if they went ahead with the desired plan with Karbon Homes to produce the step-down rehabilitation beds there could be some space within that unit that could be used by occupational health and physiotherapy.

The Associate Director of Operations responded that an MRI scanner as a fixed asset was never in the plan for Shotley Bridge. He did initially bid for an MRI scanner but was not successful but they do have a pad to enable a mobile unit on the proposed new development site which was still part of the design. He then referred to community appropriateness and indicated that they were in six care groups each one having its own management structure for delivery. They were very few care groups directly involved with Shotley Bridge and was highly unlikely that there would be a management structure that supports Shotley Bridge in itself but stated that he appeared to have inherited this role. They did have a clear governance route around management of hospitals so there were no cracks that would allow anything to fall between due to a lack of direct management.

The Programme Manager responded that part of the Trusts wider plan for chemotherapy was to move a lot of the elective chemotherapy to the community hospitals. The ambition was to expand in community provision and reduce Durham but the footprint was still within Durham and there was still a minor expansion planned for Shotley Bridge with ten chairs instead of the current eight. She continued that Health Care services were continually evolving and were moving chemotherapy out to things like home care and these were big moves that they were making within the organisation. Chemotherapy was up 30% and they have to do this across the board not just Shotley Bridge. Chemotherapy services needed to

consider how they operate and intended to increase to weekend working which meant they would get value out of the estate and would allow flexibility for patients.

The Cohort 2 Project Lead referred to net zero that was mandated by the government and would go through according to policy.

Councillor Kay commented that he was yet to see a large public sector new build come in on time and within budget and asked if this was due to building to a price and not specification and asked if any buildings in this programme were on time and within budget.

The Cohort 2 Project Lead indicated that the challenge that they had delivering new projects was a scale issue. There was a lot of challenges around methods of construction and stated that there had been significant reduction in the overspend of schemes.

The Primary Care Estates Strategy Lead indicated that there were significant layers of governance and the difference between a private and public sector scheme was public sector schemes required eighteen months to two years for approval of the scheme.

Councillor Hovvels commented that she was disappointed they did not have timelines and how far they had come and were still standing still but understood the complexities of the issues.

The Associate Director of Operations responded that he was unable to give a timeframe as he did not have a design but he did have the commitment from the funding stream and everyone was committed to build a new Shotley Bridge Hospital.

The Chair commented that it was reassuring that clinical services were remaining.

The Principal Overview and Scrutiny Officer asked the committee to determine if they wished to write to the appropriate Secretaries of State reinforcing this Committee's desire and support for the Shotley Bridge Hospital replacement scheme and to seek assurance from government around the funding envelope and suggesting this be reviewed to take into account the current inflationary financial pressures experienced with major capital projects.

Resolved: (i) That the information contained withing the presentation be noted.

(ii) That a letter be formulated on behalf of the Committee to the appropriate Secretaries of State reinforcing this Committee's desire and support for the Shotley Bridge Hospital replacement scheme and to seek assurance from government on the funding envelope and suggesting this be reviewed to take into account the current inflationary financial pressures experienced with major capital projects.

8 Adult Social Care update on the Introduction of Local Authority Assessment by the Care Quality Commission under the Health and Care Act 2022

The Committee considered a report of the Corporate Director of Adult and Health Services that provided Members with an update on the framework which the Care Quality Commission (CQC) began to use in April 2023 to assess how local authorities discharge their Adult Social Care duties under Part 1 of The Care Act 2014. The report also provided Members with information relating to the update to the Government's plan for care and support reform, 'Next steps to Put People at the Heart of Care' April 2023 (for copy of report see file of minutes).

Lee Alexander, Head of Adult Care was in attendance to present the report and highlighted the main points contained within the report.

In response to a question from Councillor Earley, the Head of Adult Care indicated that there was a significant amount of work that had to be completed for preparing for a CQC assessment. On a positive note, they had a detailed reflection that had enabled them to be into a position where they had stronger insight into what they are doing well in Durham and areas they needed to continue to develop. This had helped to accelerate some of those development and improvement programmes.

The Director of Integrated Community Services indicated that this was an inspection of the local authority not departments, the board of the local authority would be interviewed at some point during an inspection and papers and reports to this committee would be looked at in fine detail. The new regime was built upon children services and Adult Social Care as a sector was out of the habit of inspections. Inspections had always happened for services provided but other parts of the department, data, finance etc had not been inspected for nearly 15 years and they are not in the habit of been inspected so a lot of training was taken place to get up to speed. The proposal was that services would be given a rating and they were very conscious of the importance of receiving a rating that recognised where they are but did not demoralise staff.

Councillor Quinn referred to care homes and such like receiving CQS inspections and asked if Durham County Council carried out any inspections of any of the services that they are commissioning.

The Head of Adult Care responded that they do not undertake inspections but they do undertake quality assurance activity. They commission a large number of social care services in Durham and have a small dedicated group of staff who specialise in safeguarding and where there are any concerns, staff would do work that was sometimes unannounced and not in isolation either so they had a robust system in Durham and worked closely with CQS, ICS, Fire and Rescue and Police. On a

regular basis they held a strategic meeting where they shared intelligence which was triangulated.

Councillor Quinn referred to the introduction of Level 2 training across the board which she welcomed but knew that some people would struggle with this. She asked how this would be carried out and if there were any guarantees that staff were actually doing the work and not getting someone else to do the work for them.

The Head of Adult Care responded that the government had identified social care delivery has been in crisis and there were two strands, one strand was additional money been past forward to care providers to increase rates of pay etc. and the second strand which was emerging but had not been rolled out was the National Care Certificate – Level 2.

Councillor McKeon referred to paragraph 17 of the report, second bullet point and asked if the new framework also looked at the council's interactions with intermediate care beds and the discharging system.

The Head of Adult Care responded that this was likely and they expected the CQS to determine which areas they wished to drill down into and would vary between local authorities.

The Principal Overview and Scrutiny Officer indicated that Members who have or sit on the Children and Young People's Overview and Scrutiny Committee would be aware of the work carried out in that committee to ensure that the work undertaken contributed to the CYP inspection framework and improvement plan that was developed following the Ofsted inspection process some years ago. They would like to see that relationship developed and enhanced for this pending assurance framework for Adults Social Care. The introduction of an assurance framework for Adults Social Care, notwithstanding the work and reports received updating on a number of areas of the service would be welcomed moving forward and the scrutiny team would work with the Committee to support its role in that ongoing process.

Resolved: (i) That the contents of the report be noted and that a further update be received in six months.

(ii) That AWHOSC be informed when CQC notifies Durham County Council that it would be undertaking the assurance process of the delivery of adult social care duties.

9 Quarter 4 2022-23 Revenue and Capital Outturn and Quarter 1 2023-24 Revenue and Capital Outturn

The Committee received a report which provided details of the 2022/23 revenue and capital budget outturn position for the Adult and Health Services (AHS) service

grouping, which highlighted major variances in comparison with the budget for the year. A further report was received which provided the Committee with details of the forecast outturn budget position for the Adult and Health Services service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2023. (for copy see file of minutes).

Joanne Watson, Principal Accountant gave a detailed presentation which provided an overview of the following:

- 2022/23 Revenue Outturn and Variance Explanations;
- 2022/23 Outturn Capital Position;
- 2023/24 Quarter 1 Revenue Forecast Outturn and Variance Explanations;
- 2023/24 Quarter 1 Capital Position

Councillor Quinn asked if vacant posts had impacted on the workloads of current staff and morale.

The Principal Accountant indicated that there were a number of vacancies but she believed that this was in hand and they had plans in place to resolve this. She was unable to comment with regard to staff morale.

The Principal Overview and Scrutiny Officer advised Members that the results of the recent staff wellbeing survey would be reported to the Corporate Overview and Scrutiny Management Board to be held on 23 October 2023.

The Director Integrated Community Services indicated that the vacant posts did have an impact on workloads of staff and the majority of the vacancies were in commissioning and the adult social care assessment side which was a national issue with not enough social workers coming through. They were very conscious about County Durham Care and Support been properly staffed and they do over recruit where they could.

Councillor Higgins suggested that it would be helpful to know how long vacant posts had been vacant.

The Director Integrated Community Services responded that he would get this information to Members.

Resolved: That the financial position be noted.

10 Quarter 1 2023-24 Performance Management Report

The Committee received a report which presented an overview of progress towards achieving the key priorities within the Council Plan 2023-27 in line with the Council's corporate performance framework. The report covered performance in

and to the end of quarter one 2023/24, April to June 2023 (for copy of report see file of minutes).

Matthew Peart, Strategy Team Leader was in attendance to present the report and highlighted the main areas contained within the report.

In response to a question from Councillor Quinn, the Strategy Team Leader confirmed that 18-64 admissions were recorded and reported nationally and were very low for the quarter one outturn and would provide Members with a copy of the quarter one report for 18-64 admissions.

Councillor Quinn referred to the Wellbeing for Life Programme and if this was making an impact in particular on admissions.

The Strategy Team Leader advised that he was unable to confirm if the programme had impacted on admissions.

Councillor Higgins referred to the number of referrals that was down compared to the previous two years but they were not hitting the quarterly figures and asked if this was due to not enough staff or if there was more of an issue.

The Director Integrated Community Services responded that due to leave they did not have the right number of staff in some teams to hit the performance target. There was also the issue of the new system for recording that was not recording the way they would like in particular the closing of cases quickly enough.

In response to a question, Officers confirmed that life expectancy was increasing.

Resolved: (i) That the overall strong position and direction of travel in relation to quarter one performance, and the actions being taken to address areas of challenge be noted.

(ii) That the changes and improvements to the new format performance report which would be used exclusively from quarter two 2023/24 be noted.

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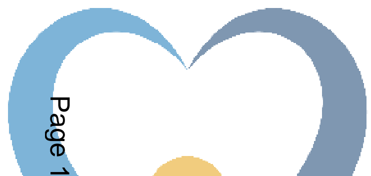
County Durham Care Partnership

Adults Wellbeing and Health OSC

20 November 2023

Winter Preparedness

Sue Jacques Chief Executive County Durham and Darlington NHS Foundation Trust
Michael Laing Director of Integrated Community Services County Durham Care Partnership



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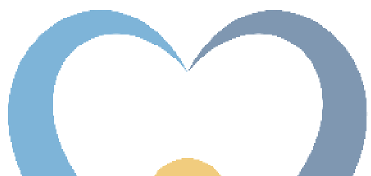
Format

- Lessons from winter 2022/23
- Priority areas 2023/24
- Funding 2023/24
- Managing winter pressures together
- Our plans
- In development
- Thank you and questions



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Lessons from winter 2022/23

County Durham **Care Partnership**

- Demand and pressures unpredictable – November 2022 saw demand surges
- Increasingly complex patients presenting to services
- Covid + numbers varied but generally lower than expected as was flu
- Partners managed winter pressures via the well established LADB with positive relationships
- Workforce resilience and availability a shared issue
- Good performance on discharge and the elective recovery programme
- All parts of the health and care system worked together

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Priority areas 2023/24

- Priorities set by Government in letters from Ministers, NHSE and the ICB to all partners
- Priorities for 2023/24
  - Ambulance handovers
  - Waiting times in A&E
  - Sustaining the elective recovery programme
  - Hospital Discharge
  - Urgent Community Response
  - Admissions avoidance
  - Supporting the social care market
  - Additional data requirements for all partners

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Funding 2023/24

County Durham Care Partnership

- From the Government with requirements to spend on specific areas and reporting arrangements
- Discharge Fund - £7.5m – only to be spent on additional discharge initiatives – given to Council and ICB as part of the Better Care Fund
- Market Sustainability and Improvement Fund (MSIF) -£4.5m – only to be spent on the social care workforce and providers – given to the Council
- Some Acute Respiratory Infection (ARI) Hub funding
- No additional funding so far for extra beds in hospitals

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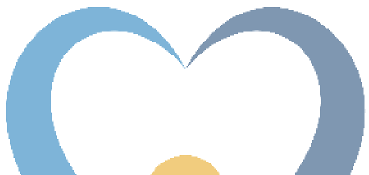
Durham County Council

Managing winter pressures together

- System leadership via the LADB chaired by CDDFT Chief Executive
- LADB informal catch up every Monday 8am and formal meetings monthly
- Using data to inform decisions
- Bed meetings in CDDFT 3 times per day
- Transfer of Care Hub meets daily – and more often if needed - to manage discharges
- Council Winter Planning Group meets weekly led by Public Health
- Oversight by and support from the ICB and the regional Urgent and Emergency Care Network



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Our plans 1

County Durham
Care Partnership

- CDDFT have submitted their Winter Plan to NHSE
- We have invested the Discharge Fund in
  - Additional 8 staff in Hospital Social Work Team
  - Expanded Discharge Management Team
  - Trusted assessment by Therapists in Community Hospitals
  - Extra GP capacity in the GP Hubs working with Emergency Departments
  - Supported housing for people discharged from acute hospitals
  - NEAS additional ambulances
  - Expanded Urgent Community Response
  - Supporting the voluntary sector
  - Continuous improvement on wards focusing on hospital discharge

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Our plans 2

- We have invested the MSIF in
  - Extra Intermediate Care capacity
  - Financial support for the social care workforce
  - Home care capacity
  - Extra social work capacity
  - Training care home staff via The Care Academy
- Likely to have 2 ARI Hubs
- Council will continue Welcome Places, money advice and support to the voluntary sector
- Promotion of vaccination for residents and staff
- Mutual support available if a partner is under pressure e.g. nursing oversight for care homes

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In development

County Durham
Care Partnership

- Same Day Emergency Care close to completion
- Plans being refined on 7 day working
- Looking at an enhanced Social Workout of hours service and crisis response
- "Flexing" our bed capacity in Community Hospitals
- Further work with the Council's Housing Team and housing providers
- Additional transport capacity a key issue
- Joint work on discharges from metal health beds and crisis response
- Looking after our workforce through wellbeing initiatives, enhanced payments, vaccination

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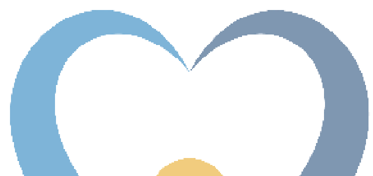
Durham
County Council

Thank you

- Any questions?



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County Durham
Care Partnership

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NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Briefing Note: Reconfiguration of TEWV County Durham and Darlington Mental Health Services for Older People (MHSOP) Community Teams

Background and rationale for change:

For many years MHSOP services in County Durham and Darlington were provided by 5 teams covering the following geographical areas:

- Darlington and Teesdale
- Derwentside
- Durham and Chester le Street
- Easington
- Sedgefield and Weardale

There have been changes at national, regional and local levels to create Integrated Care Systems and Integrated Care Boards; this has resulted in the establishment of the Tees Valley configuration and subsequent alignment of Darlington to that commissioning structure. Alongside this, within TEWV a restructure has resulted in creation of care groups to align to the new arrangements. It is therefore timely and appropriate to consider how the TEWV community teams reflect local commissioning structures and how best to align to provide robust and high-quality services to our expansive geographical areas.

Changes to be implemented:

To change the community team structure in County Durham to:

- Incorporate Teesdale.
- Provide a more balanced staffing resource by population size & service demand.
- Create teams of more equal size to ensure resilience and optimal operational efficiency and provide ability to equitably utilise MDT resource amongst teams.

The new team structure will maintain 4 community teams within County Durham, but will be inclusive of the Teesdale location. The new team configurations will be as follows:
Team 1 Bishop Auckland and Dales – this will cover Weardale, Teesdale, Bishop Auckland and Sedgefield 1 PCN.
Team 2 Durham – to include Durham PCNs and Sedgefield North PCN.
Team 3 Derwentside and Chester le Street.
Team 4 Easington - no change from current structure.

Inpatient admission changes for Sedgefield North PCN:

The change to community teams will also mean that patients from Sedgefield North PCN who require admission to an older peoples (functional) ward will be admitted to Bowes Lyon Unit at Lanchester Road Hospital, rather than West Park Hospital (WPH). Travel time and mileage remains comparable to the current arrangements to WPH. Of the 103 admissions from County Durham in the last 12 months,13 (7%) of

these were from the Sedgefield North area. Admissions for patients with organic (dementia) conditions will remain at Auckland Park Hospital.

The impact on patients and families in the Sedgefield North PCN area is an average of between 1 and 4 miles further to travel to Lanchester Road Hospital, compared to their travel time to West Park Hospital. The inpatient change will also balance the beds per population size across County Durham.

Impact assessment of the change to CMHT configuration:

- The majority of patients in County Durham will see no change or a decrease in mileage and travel time. Approximately 30% of appointmentsare undertaken at CMHT base and 70% in the patients' home/care home. For 1st appointments this increases to 95% of patients being seen at home.
- An impact assessment has identified 3 areas where mileage and/or travel time will change as a result of the team base changes. These are Gainford (Teesdale PCN), Chester le Street PCN and Sedgefield North PCN areas.

The table below details the impact for the 3 areas highlighted and describes the number of patients who may be affected and the impact (positive and negative) on mileage and travel time to appointments;

AREA	Current team base	Change in mileage and travel time for appointment at new team base	Number of patients affected – new referrals	Number of patients open to the team (current caseload)	Other comments
Teesdale: Gainford	WPH / Richardson hospital	To Auckland Park Hospital(APH)/ Richardson Hospital: The majority of patients (89%) will have a reduced mileage and travel time – on average a reduction of 5 miles and 20 minutes travel time. Gainford residents will have an increase in mileage and travel time - a further 4 miles and 25 minutes extra travel time. Residents will continue to have 1 bus change.	189 Teesdale, of which 22 from Gainford	138 Teesdale, of which 13 are from Gainford	Appointments will continue to be offered at Richardson Hospital

AREA	Current team base	Change in mileage and travel time for appointment at new team base	Number of patients affected – new referrals	Number of patients open to the team (current caseload)	Other comments
Sedgefield North	APH	To LRH: There will be an increase in mileage and travel time, between 2 and 4 miles. Journey time varies with some decreasing. Some journey times increase within a range of 10 – 26 minutes further than current travel time.	399	309	Identifying a satellite base for appointments in Spennymoor area
Chester le Street	LRH	Derwent Clinic: An increase of between 5 – 11 miles and between 27 and 50 minutes additional travel time, compared to the current base	396	424	A range of premises within CLS including the health centre and LRH are being finalised to offer for appointments

We will have a detailed individualised plan for each affected patient to ensure their safe transfer of care between teams or clinicians as a result of this organisational change. We will have direct communication with affected patients to explain the change and ensure a smooth transition.

Implications for GPs:

We have shared the proposal with the PCN network and will have direct contact with affected PCNs (Teesdale, Chester le Street and Sedgefield North) to ensure they are aware of the new team details. Any incorrect referrals during the transition period will be managed internally to ensure they are received by the correct team and not returned to the GP.

Engagement with partners, staff and patients:

The paper has been shared with the Durham Tees Valley Commissioning Group and with the County Durham PCN network. The paper has been sent to leads for Durham and Tees Valley ICB place directors.
The proposal has been discussed with Age UK and Alzheimers society.
We have attended the County Durham Health and Care Engagement Forum who will forward the presentation to the County Durham carers forum and to patient reference groups with TEWV's offer to attend to discuss further.
We are attending the Durham OSC in November to share the proposal and explain the engagement which has taken place.
We have commenced a formal consultation and organisational change process with TEWV staff.
Subject to the outcome of engagement events we anticipate the change will take place in Q4 23/24.
Christine Murphy
Mental health Services for Older Persons Durham Community Service Manager

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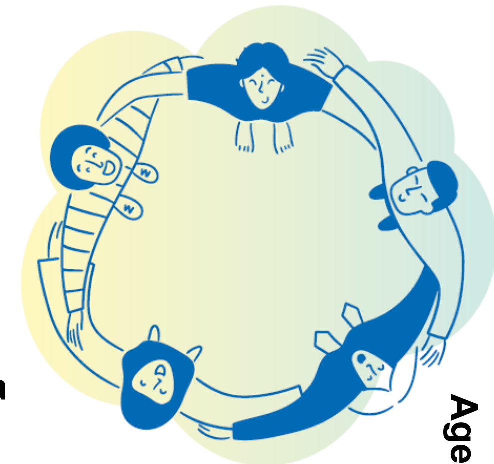
Quality Governance Team

Tees, Esk and Wear Valleys
NHS Foundation Trust

Adults Wellbeing and Health OSC

TEWV Quality Account Quality Priorities 2023/24



Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data
Dominic Gardner, Care Group Director AMH/ALD

20/11/2023

Quality Account Quality Priorities 2023/24

- The Quality Assurance Committee formally agreed the Trust's Quality Account Quality Priorities 2023/24 30 May 2023.

- The Priorities had been developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers.

- Delivery of our Quality Priorities support our Trust as we continue with our mission to ensure that safe, quality care is at the heart of all we do in line with **Our Journey to Change** and our **Quality Strategy**.

Priority 1: Care Planning

By **31 March 2024** we will:

a) Ensure all clinical staff are trained in our new DIALOG+ care planning system.
b) Record all care plans on our new CITO patient record system using DIALOG+.
c) Have measurable goals in all patient care plans.
d) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework).
e) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in patient care plans.

How will we know we have made a difference / made an impact:

Indicator	Target 2021/22	Actual 2021/22	Actual 2022/23
Patients know who to contact outside of office hours in times of crisis	**84%**	80%	78%
Patients were involved as much as they wanted to be in what treatments or therapies, they received	**85%**	85%	75%
Patients were involved as much as they wanted to be in terms of what care they received	**85%**	73%	73%
Percentage of patients who were involved as much as they wanted to be in the planning of their care	**70%**	75.53%	83%

The above metrics are reported as a component of the annual mental health patient survey results and will be reported upon receipt of this national report.

Priority 1: Care Planning

Key progress noted includes:

- A training workstream has been formed to ensure that all relevant staff understand and can use the 3 Patient Reported Outcome Measures (DIALOG+, Goal Based Outcomes and ReQoL-10) meaningfully in their work.
- The proposed new Co-ordination of Care Policy has been developed and has been received by the Co-production Group for feedback and review. This will then go through formal consultation and approval processes.
- There have been 2 Regional planning and delivery events 12/09/23 - NENC ICB and 13/09/23 - HNY ICB to progress the personalised care planning agenda including a focus on the Keyworker role and Care Act compliance. Events included representation from people with lived experience, TEWV/ CNTW, Voluntary Sector Providers, and Local Authorities.
- The Personalising Care Planning Oversight Group will meet monthly to provide oversight and assurance to other workstreams and groups.
- Care Planning Co-production Group meetings have taken place to share work undertaken to date and to gather feedback on the new draft Co-ordination of Care TEWV Policy. Going forward, the Care Planning Co-production Group will inform TEWV from a lived experience perspective.

Priority 1: Care Planning

Tees, Esk and Wear Valleys NHS Foundation Trust

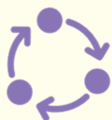
The position statement sets out five principles to signal how systems should start to move away from the CPA

A shift from generic care co-ordination to **meaningful intervention-based care** – with **documentation and processes that are proportionate** and enable the delivery of high-quality care.

A **named Key Worker** for all service users with a **clearer multidisciplinary team (MDT) approach** to both assess and meet the needs of service users.

High-quality co-produced, holistic, personalised and Care Act-compliant care and support planning for people with severe mental health problems living in the community.

Better **support for and involvement of carers** as a means to provide safer and more effective care .



A much more **accessible, responsive and flexible system** in which approaches are **tailored to the health, care and life needs, and circumstances** of an individual, their carer(s) and family members.

Priority 1: Care Planning

Six Priorities for Personalised Care

1. **Workforce** – job descriptions
   - Workforce
   - People (Workforce)
   - Lived Exp Roles
2. **Workforce** – what is our offer?
   - Clinical Outcomes
   - Safety
   - Inequalities
   - Cocreation
3. **Data** (e.g. waiting time metrics)
   - Digital
   - Clinical Outcomes
   - Inequalities
   - Safety

4. **Interoperability** (ICBs)
   - Cocreation / Experience
   - Digital
5. **Managing risk and accountability**
   - Safety
   - Clinical Outcomes
   - Inequalities
   - Workforce
   - People (Workforce)
6. **Working with partner organisations** – communication/transparency
   - Cocreation/Experience
   - Lived Experience Roles

Priority 1: Care Planning

NENC ICB Identified Priorities

1. Clearly articulate to system partners, wider stakeholders and people with lived experience what these changes will mean in practise.
2. Gain clarity and agreement across NENC on the definition of what/who a keyworker, what their role and responsibilities are, who can be a keyworker and how is this reported and governed.
3. To work with system partners to address accountability and agreed approaches to risk and risk sharing.

4. Engage with Health Regulator (CQC) and Coroners regarding risk sharing and accountability to gain an agreed position that is supported and understood.
5. Address system interoperability, and access to shared care plans and risk information for all organisations employing keyworkers. (Primary care, Social Care, VCSE), including the information governance surrounding this (inc Great North Care Record).
6. Support NHS Commissioned VCSE organisations delivering community MH interventions to a: flow Data to MHSDS and b: to implement required PROMS.
7. Working with MH provider trusts MHA – statutory requirements and defining this.

Priority 2 – Feeling Safe

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Our patient experience data tells us that our inpatient services report around 50% of our service users said they feel safe “all of the time”.

We wanted to better understand the reasons why some patients don’t feel safe on our wards, what helps them and what we need to do to improve.

We thought that the best way to do this was to go out and ask people, to have conversations and understand things from the perspective of people that are staying on our wards.

Priority 2 – Feeling Safe

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NHS Foundation Trust

What people told us helps them to feel safe on the ward:

Plenty of staff around especially in communal areas

Feeling involved, accessing peer support

1:1 Support when feeling unwell or if there is an incident on the ward

Providing meaningful activities on the ward

Being able to go to your room where it is quiet

Being able to access the community and access leave

Priority 2 – Feeling Safe

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NHS Foundation Trust

- Why people don't feel safe on our wards:

  - Lack of staff visibility.
  - Not feeling like I am part of my care.
  - Not feeling involved in decisions and communicated to.
  - Other patients being loud
  - When I see Violence and aggression on the ward.
  - Environment such as doors banging, alarms going off, keys jangling in the night.
  - Not being able to access 1:1 support from staff especially when something happens on the ward.
  - Bored on the ward, there is not enough to do.
  - Because of my own illness.

- This was reiterated by staff that reported that patient presentation, violence and the ward environment can make patients feel unsafe. Staff reported that they didn't always feel safe on shift in some areas due to low staffing numbers and the presentation of complex patients.

- **Reassurance from staff and staff support** is a key protective factor in ensuring that patients feel safe on the ward, patients told us that they value their relationships with staff.

Priority 2 – Feeling Safe

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- Feeling safe is not a mandated measure nationally – different Trusts have different measures, and it is not therefore possible to undertake benchmarking.
- A survey published in 2020 by the Parliamentary and Health Service Ombudsman found that one in five people did not feel safe while in the care of the NHS mental health service that treated them.
- Not feeling safe may be an inherent feature of an individual's mental health condition, however, there are many other elements that can impact upon how safe patients feel on our inpatient wards.
- We aim to create a positive relationship in which patients feel safe.
- There is a need to create an open and rehabilitative environment that promotes patient recovery, patient safety and a good working environment for staff. Therefore, it is important to create a safe environment through preventative interventions so that both patients and staff can feel safe.

Priority 2 – Feeling Safe

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NHS Foundation Trust

By **2023/24 Q4** we will:

a) Implement the range of actions identified from the Feeling Safe Focus Groups with patients and staff.

a) Continue to progress our body worn camera pilot work and evaluate its impact.

a) Continue to implement the Safewards initiative.

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	Actual 2021/22	Actual 2022/23	Target for end 2023/24	Position as at end Q1 2023/24	Position as at end Q2 2023/24
Percentage of inpatients who report feeling safe on our wards	64%	56%	**75%**	54%	53%
Percentage of inpatients who report that they were supported by staff to feel safe	69%	85%	**75%**	60%	60%

Priority 2 – Feeling Safe

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- We have received feedback that the wording of the response options to the question “During your stay, did you feel safe?” may be having a negative impact on how patients respond.
- The option of ‘Yes, all of time’ is being reviewed by the Trust’s Lived Experience Directors with support from members of the Involvement Team.
- The questions and responses within the survey are currently being reviewed with the view to cocreating a refreshed survey.

Priority 2 – Feeling Safe

Implementing the Actions Identified from the Feeling Safe Focus Groups:

- Overall, the Focus Group work has produced rich information from which, the Care Groups have developed Improvement Plans. The main themes of focus currently are ward environment, patient activities, safe staffing and reducing restrictive interventions. Progress is being monitored via relevant quality governance forums and through the Fundamental Standards Groups.
- It was recognised that several key quality improvement priorities and work programmes have the potential to impact on patients feeling safe and therefore there is to be a mapping exercise undertaken to capture all of the work streams that can make a positive impact in better understanding patients feeling safe and subsequent improvements. This will inform the development of an overarching rationalised strategic workplan and reporting framework that encompasses all of the various strands of work.
- A Steering Group is being established to develop the Strategic Workplan. Group membership will include Lived Experience colleagues, Care Group representatives, representatives from key workstreams and Specialty Development Managers.

Priority 2 – Feeling Safe

Improvement actions across the Care Group – DTV&F

- **A focus on reducing restrictive interventions and self-harm** - DTV&F Positive and Safe Group and the introduction of the Reducing Restrictive Intervention (RRI) Panel to identify patients 'at risk' and ensuring that robust plans are in place for those patients. **Review and re-establishment of Safewards** and Pilot of body worn cameras on some of our inpatient wards. New roles to support the reduction of restrictive intervention - SIS have appointed an Associate Nurse Consultant for 'behaviours that challenge' who has provided awareness training for all teams (including estates teams) supporting them to understand their role and how to challenge restrictions in their area. This also includes work to reduce the use of seclusion. Training is also open to patients as part of the United Voices Groups. Self-harm review and pilot work which included peer reviews and assurance processes being developed has taken place across **14** AMH wards, including PICUs.
- **Feeling secure in a safe and pleasant environment** - A pilot is currently underway to trial the use of 'silent alarms' to support the reduction of noise levels on the ward. Initial feedback is that this has led to a better experience for patients. Improving sexual safety work on PICUs. Reasonable adjustments work and sensory differences for people with autism through the development of the 'Autism project' action plan. Implementation of Oxevision on AMH, SIS and MHSOP inpatient wards. Making our environments safer, such as the introduction of sensor doors and anti-ligature works on inpatient wards.
- **Support by staff that are available** introduction of activity co-ordinators and peer support workers on our wards – recruitment of newly registered nurses and international recruitment.
- **Being honest respectful and polite** Ensuring culture, observation of staff patient interactions and patients and carers views are incorporated within our peer review tool. Trustwide 'professional boundaries' training has been provided by ADNs across the Care Group.
- **Understanding our data:** Deep dive work is being piloted with Practice Development Practitioners (PDPs) and the patient experience team to understand feeling safe data alongside other key quality and safety metrics and ward narrative.

Priority 2 – Feeling Safe

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Body Worn Cameras (BWC):

- Ten wards have been testing the use of body worn cameras. As the pilot has progressed there has been a range of emerging challenges. These include IT issues and the need for additional training to further progress the pilot.

- To date, positive consistent progress has been observed in Adult Learning Disability Services where there are local processes established to review BWC footage (with sound) and the ability to use this to review incidents and learn lessons. There has also been a positive impact for individual patients where the use of camera footage has informed care planning and observed improvements in clinical outcomes.

- Within other services, the benefits realisation to date has been more limited due to the technical challenges experienced. Calla, the Trust's camera provider have offered the Trust an alternative hardware product that will provide a solution to these challenges. The technical suitability assessment/ testing to be undertaken for the new hardware has been requested and will be taken forward following the implementation of CITO.

- The Body Worn Cameras pilot is now part of the Trust's Reducing Restrictive Interventions Plan, and an in-depth review of the pilot is also a component of the Trust's Positive and Safe Plan which was approved by the Quality Assurance Committee in August 2023.

Priority 2 – Feeling Safe

Continued Implementation of the Safewards initiative:

- It was agreed that there is a need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for the Safewards standards. This will be reviewed through Care Group Fundamental Standards Group and reported to the Strategic Fundamental Standards Group.

Priority 3 – Embed the New Patient Safety Incident Reporting Framework (PSIRF)

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

By **2023/24 Q4** we will:

a) Be compliant with the national requirements regarding PSIRF.
b) Increase the number of staff completing level 1 and 2 training within the national Patient Safety Syllabus training.
c) Introduce an annual patient safety summit.
d) Introduce the role of patent safety partners.
e) Complete the focused work we have initiated on the Duty of Candour through the delivery of an improvement plan

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 indicators:

- Full implementation of PSIRF.
- Compliance with level 1 and 2 national patient safety training.
- Delivery of our Duty of Candour Improvement Plan.

There has been significant preparatory work undertaken over the past 2 years in relation to implementation of the PSIRF. This includes patient and family involvement, a move from root cause analysis to a proportionate approach to review and identification of key learning. The PSIRF reporting template has also been adapted and the **InPhase** risk management system has gone live (this is a key enabler to meeting some of the PSIRF standards).
Transition to this new national approach needs to continue and to include changes to the process, training and culture in relation to serious incidents.
The Quality Assurance Committee received and endorsed the PSIRF Implementation Plan September 2023, and will be presented to Board for approval 08 November 2023.

A full update on the progress with the PSIRF implementation was presented to the Executive Directors Group 04 October 2023 and this will be reviewed by the ICB on 15 November 2023 for sign off.

Priority 3 – Embed the New Patient Safety Incident Reporting Framework (PSIRF)

Summary of the implementation of PSIRF:

- Implementation of the Patient Safety Incident Response Framework is progressing in line with national requirements.
- Feedback on the Early Learning Review form was that it was repetitious and difficult to complete. It has been reviewed with Care Group representatives, revised and implemented and a new form that is compliant with the PSIRF framework implemented.
- Following a time out event held in June 2023, process flowcharts to support service understanding have been developed and this will support further work planned as part of the Patient Safety Incident Management Programme.
- Implementation of the new InPhase System is progressing with successful go live of the Risk Module which took place in September 2023 and the Incident Reporting Module in October 2023. A PSIM Board is running and the PSIRF implementation plan continues to progress all milestones.
- InPhase will run monthly reports on low harm incidents to ensure these align with appropriate workstreams.
- An MDT Thematic review of Serious Incidents was undertaken 04 November 2023 and future quarterly reviews will be scheduled in collaboration with key specialty/directorate colleagues to review quarterly themes and to ensure learning is identified and embedded in workstreams and/or monitored.
- A Non-executive Director will be nominated as a Patient Safety Lead to give objective oversight to the PSIRF Implementation.

Patient Safety Training:

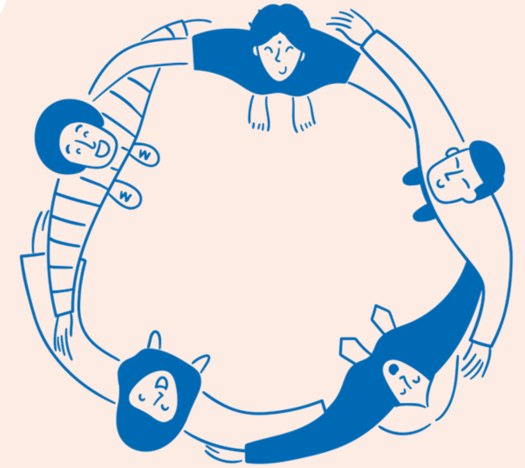
- Training modules are available, and an extensive training programme roll out has commenced. This includes level 1 and level 2 national patient safety training and also training to support staff in the use of the new InPhase system.
- The Patient Safety Team are undertaking engagement events with Care Groups and will also be facilitating webinars.

Delivery of our Duty of Candour Improvement Plan:

- The Duty of Candour Improvement Plan is progressing well including consultation and approval of the new Duty of Candour Policy which has been revised in line with the recommendations from the Niche Governance Review and Independent Investigation recommendations. This was also informed by the National Guidance and recommendations from Internal Audit.

Tees, Esk and Wear Valleys
NHS Foundation Trust

Thank you



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Quality Accounts – Mid-year Update

Presentation to the Co Durham Adults Wellbeing and Health OSC
20th November 2023

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Lisa Ward, Associate Director of Nursing, Patient Safety
Claire Skull, Infection Control Matron

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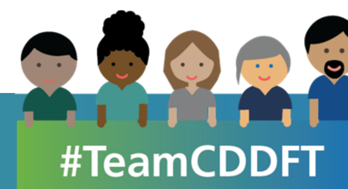

Positive performance to October 2023

- The best ambulance clearance times in the region, with DMH (average 24 mins) first and UHND (average 28 mins) second
- A&E waiting times performance is on plan and in line with the national average– in October 75% of patients were seen in 4 hours close the national year end target of 76%
- Targeted quality improvement work saw an increase in performance for waiting times for Type 1 attendances from around 50% to 57% (seen and treated within four hours), although this remains a few per cent below the national average
- 89% of patients with suspected cancer diagnosed in line with the national Faster Diagnosis Standard – the best performance nationally
- Only 35 patients now waiting for 65 weeks or more and a reduction of over 50% in patients waiting more than 52 week waits since April – one of few trusts making this progress in the region
- We are consistently the second best performing trust in the region for diagnostic services and have been asked by region to help others
- Urgent Crisis Response – patients seen within two hours well above target (average 79% compared to the target of 70%)

Quality Strategy Progress

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A RAG-rating system has been used to indicate progress to date, using the following key:

On track to deliver improvements expected over the life of the strategy	(green)	Broadly on track, with some consolidation of improvements needed	(yellow)
Improvements have been made; however, there are some areas where progress has not been as expected and further work is needed.	(amber)	Off track, with remedial work needed	(red)

Quality Strategy Progress

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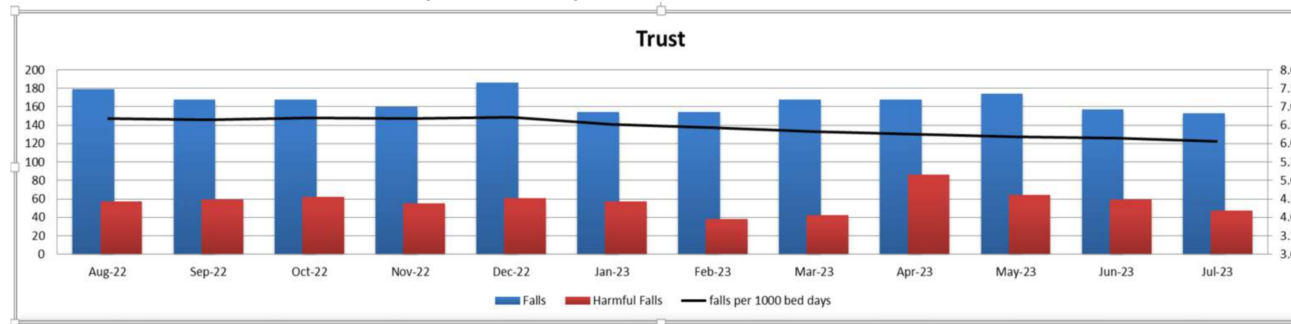
Objective and commentary	RAG rating
Reducing falls and harm from falls In the face of increasing patient acuity, the number of falls – when linked to activity – is starting to reduce as shown in the graph below, taken from the last report from the Falls Team to EPSEC. Falls with harm, have, however, remained at a similar level, with a spike in April 2023.  	
Meeting our zero tolerance for Grade 3 and 4 pressure ulcers with lapses in care There have been no pressure ulcers with lapses in care during April to September 2023.	
Meeting Infection Control thresholds The Trust has breached its zero tolerance for MRSA and its threshold for C-Diff and other reportable infections. See later slide.	

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Quality Strategy Progress

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Objective and commentary	RAG rating
Improving recognition and action of patient deterioration There have been many positive developments in the period, with Treatment Escalation Plans developed in our EPR system, together with processes to monitor (real-time) completion of observations and alerting staff to out of range observations. Current compliance with recording observations is over 90%. Remaining gaps, on which we are focusing for the remainder of the year are life support training, where there is still some catch-up following the pandemic, increasing timely commencement of treatment for sepsis, and ensuring that escalated observations are acted on promptly.	Amber
Re-embedding Local Safety Standards for Invasive Procedures Compliance with all safety standards was audited for the first time since the pandemic, predictably finding variable levels of compliance. A dedicated task and finish group is in place which has established version control, ensured that all safety documents are up to date and launched a communication and awareness campaign across all services. A further, full audit is planned for early in 2024.	Amber
Maternity Services The Trust received an inadequate rating from CQC for services at both main sites and has focused on implementing the remedial actions required – see later slide.	Red

Quality Strategy Progress

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Objective and commentary	RAG rating
Minimising loss to follow up The Trust has not experienced any Serious Incidents involving a loss to follow up in the current year. There is a Failsafe Officer in place for Ophthalmology, where previous incidents were experienced and improvements have been made to procedures for capturing clinic outcomes and forward bookings.	
Releasing Time to Care The roll out of Cerner, with decision support pathways and removal of duplication of effort in some areas has helped to release some time to care and there are some examples where non-clinical roles have been deployed to release clinical staff to focus on care. Ward audits are also being streamlined and replaced by automated audit extracts from the system where possible. This work is ongoing.	
Listening to Patients and Families We reinvigorated our Friends and Family Test, increased the "You Said, We Did" feedback to patients and families and introduced an easy-read version to help some patient groups. We have re-launched our internal Patient Experience Forum and our Patient Experience Network including Healthwatch and other partners. Sharing and spreading best practice in patient engagement and making better use of Patient Stories at Board are the priorities for the remainder of the year.	

Quality Strategy Progress

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Objective and commentary	RAG rating
Improving discharge We have consolidated our multi-agency approach to discharge. We have also started work on a Transfer of Care Hub to operate as a system-level coordination centre for local health and social care joining-up all relevant services to support safe, timely and effective discharge. The Trust's Safeguarding teams have introduced thematic working groups with Discharge Facilitators / Coordinators to embed all learning arising from sub-optimal discharge reports submitted via our Local Authority colleagues. The number of such reports has reduced as a result.	
Caring for patients with additional needs Take up of training in care of patients with dementia remains high, we continue to embed our specialist LD nurses in the delivery of care and, working with TEWV, have undertake a gap analysis against best practice for care of patients in acute hospitals with mental health needs. We are rolling out improvements to address the gaps.	

Objective and commentary	RAG rating
Shared decision-making Principles and practices associated with shared decision-making are embedded, to varying degrees in services. Some aspects, such as best interests decisions, are audited and are improving. The Trust's Lead MacMillan Cancer Nurse, who is involved in regional project on shared decision-making considers that many services have strong practices; however, we need to complete a full stock-take against the nice guidance and to 'share and spread' the good practice.	

Infection Control

Positively, training rates are in line with the Trust standard for both clinical and non-clinical staff and counts of legionella in the DMH water supply are reducing.

However, as of 3rd October, the Trust had seen 3 MRSA cases against its zero tolerance and, for reportable infections, rates were as follows:

- C-Diff: 40 cases versus a full year threshold of 50
- Klebsiella: 27 cases versus a full year threshold of 33
- E-coli: 51 cases versus a full year threshold of 98
- Pseudomonas: 10 cases against a full year threshold of 10.

The MRSA cases involved issues with blood cultures, IV lines and catheterisation. The C-Diff trend is being observed regionally and nationally, with the ICB bringing together all IPC teams to agree a reductions strategy. CDDFT has committed to a reduction plan. Themes being addressed include:

- “Gloves off” Hand hygiene
- Commode cleanliness
- Anti-microbial stewardship / use of antibiotics
- Stool sampling protocols
- Reducing UTIs / CAUTIs
- MRSA screening and de-colonisation
- Assessment of risk on admission
- Learning from individual cases

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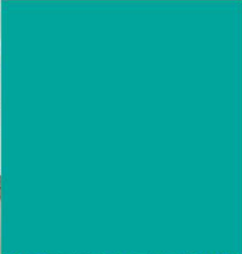

Carbapenamase Producing Enterobacterales (CPE)

There are presently four outbreaks in the Trust, three at DMH and one at UHND. One outbreak at DMH has persisted since February, despite decontamination of drains, a bay by bay deep clean, and the a full ward decant and deep clean.

A great deal of work has also been done to upgrade the clinical environments in DMH – a two-year £2m 'refresh' programme is well underway.

The Trust has implemented guidance from UKHSA (engaged as part of its response) and has recently had a commissioned external microbiology review, the recommendations from which are being worked through.

From 1st December 2023, we will screen all patients who have been in hospital in the last 12 months with one-day turnaround PCR tests making the identification of carriers and isolation more rapid.

CPE isolation requirements impact severely on patient flow by reducing the flow of side rooms and on the availability of Infection Control Nurses to support other programmes of work whilst the team has two vacancies (which are being recruited to).

Maternity Services

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- 2022/23 was a challenging year, as a result of:
  - Staffing shortages, linked to the regional and national picture
  - Exacerbated locally by a high-level of leavers linked to the roll out of continuity of carer and its actual or perceived impact on individuals
- Following extensive staff engagement, we scaled back continuity of carer to just two community-based teams, which we kept to support vulnerable families and we introduced a staff model including some hybrid acute and community teams.
- However, the model inadvertently made it more difficult to maintain a strong skill mix for overnight shifts
- We invested in a branded recruitment campaign and in international recruitment, with limited benefit set against attrition
- We tackled issues with antenatal and new-born screening in a project supported by NHSE and reduced incidents significantly
- We trained and enabled staff to use our Maternity Services system, Badgernet, effectively and extended the use of electronic systems to include CTG trace monitoring and archiving
- We established an Executive-led Maternity Quality Improvement Framework to implement quality and safety improvements aimed at reducing recurring incidents.
- In March 2023, CQC inspected the service. They published their report in September and rated the service, on both main sites **inadequate**

Maternity Services – present

County Durham and Darlington NHS Foundation Trust

- CQC required improvements with respect to:
  - Triage and risk assessment, including further improvements to screening
  - Staffing, including training
  - Observations and monitoring, including foetal heart monitoring
  - Suitability and availability of equipment
  - Governance, risk management and learning from incidents
- We have taken the report very seriously and have a focused improvement programme in place reporting to the Executive and the Board. We are recruiting a Director of Midwifery to lead and embed the further improvements we need.
- We are implementing the recommendations of an external Birth Rate Plus staffing review. We have recruited around 30 new midwives to start between September and November and are deploying additional medical, nursing and administration roles to support the service.
- We have implemented an evidence-based triage system for service users attending our Pregnancy Assessment Units, strengthened screening and risk assessment.
- We have improved compliance with CTG monitoring. We have provided training and support to over 200 staff to enable the required improvements with observations and escalation.
- We have purchased and deployed additional CTG machines and resuscitation equipment
- We have reviewed and enhanced governance roles and are now on top of incidents over 60 days old. We've improvements to governance, clinical audit and risk registers and are receiving ongoing support from the ICB Lead Midwife to implement further improvements.

Sepsis

- There is a dedicated sepsis training programme including simulation training
- We are able to monitor, and report daily, the screening of patients with suspected sepsis, and how promptly this is being done.
- In September 2023, screening compliance ranged between 80% and 90% for most of the month.
- Our systems have been configured to send alerts using hand-held devices, to trigger both screening and treatment.
- Timely initiation of treatment remains a challenge but is being better supported by the alerts noted above.
- There are logistical challenges in ensuring that commencement of treatment in A&E is timely. As previously reported a patient group direction allows some nursing staff to administer Tazocin for sepsis of unknown origin to relieve demand on medical staff but the value is limited (there is often a suspected origin requiring a more targeted approach)
- Patient flow challenges and the availability of suitable space in pressured A&E departments can constrain early commencement of treatment; however, the A&E teams are actively looking for potential solutions.

Update on Committee questions

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Considering the national shortage of midwives how will the mentors be monitored as well as the students to ensure the standard is of a high enough quality during their educational programme?

We have a dedicated preceptorship programme and a practice education team with protected time. We have recognised the vital importance of high quality education and support for new staff and the practice education midwives are NOT being used to backfill gaps in rotas for this reason.

Recognising, again, the current shortage of nurses and other health professionals and carers. How can improving the care with additional needs, Mental Health, Dementia and other conditions be achieved?

There are specific training programmes for staff for Dementia and LD and Autism which are well-attended. A dedicated Dementia Nurse, working through a network of champions, and specialist LD nurses support ward staff and direct patient care. Patients with MH needs have dedicated care plans developed and delivered with TEWV. We must, and indeed do, take the view that we are here to provide safe, compassionate joined up care for all our patients meeting all their needs whilst in our care.

Update on Committee questions

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Fabulous system using colour coded jugs but how will it be monitored accurately to ensure this doesn't just become another task rather than an essential need for hydration and nutrition?

Use of the jugs is an aid to help staff readily monitor the fluid intake of their patients. It is being piloted using a Plan, Do, Study, Act (PDSA) approach before roll out to all wards, giving staff time to learn and adopt the approach. It has been piloted on three wards at DMH, four wards at UHND and the elderly care ward at BAH. It will be fully rolled out by the end of the year. Matrons carry out monthly monitoring checks of care on their wards, with independent checking every second month.

Is there a correlation between Sepsis and C-Diff? Is there close monitoring of antibiotic use following transfer from ED to ward areas and is there a potential risk to patients from overuse of antibiotics?

The emphasis is placed on taking blood cultures promptly, so that the correct antibiotic can be identified and used. There is research that suggests that overuse of antibiotics can increase the development of gut bacteria and C-Diff. There is a regular programme of audits to check the correct use and selection of antibiotics and start and stop dates, with any concerns as to overuse forming the basis of education to medical staff.

Update on Committee questions

County Durham and Darlington NHS Foundation Trust

Are urethral catheters removed as quickly as possible if not essential?

This is our policy and we are looking to build an audit process into our Cerner (EPR) system. The Infection Control Committee monitors incidents for themes and trends and would consider whether any such theme or trend involved delayed removal of a catheter.

In respect of the management of patients with Sepsis: are there any plans for specialist practitioners/prescribers for this assessment and management process, in line with NICE recommendations to consider training of additional non-medical prescribers to enable redesign of services if necessary?

We did introduce the PGD for sepsis of unknown origin in our A&E departments, however, this is not often used as the origin of the sepsis is often known or suspected. We have considered a service redesign for other PGD's; however, given the real risk with antimicrobial resistance we are not pursuing this further at present.

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Update on Committee questions

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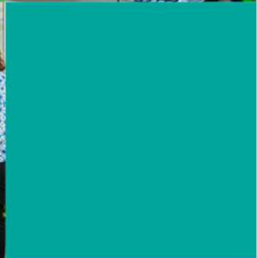
A specific query was raised regarding how the Trust makes arrangements for pain management for children who are discharged from hospital and need appropriate medication.

For a child going home, medication would be provided from the ward, with any further prescriptions to be from the GP. Parents would be consulted if only over the counter medications were needed and no ward supply required e.g. if they had paracetamol at home.

For a child with significant long-term pain, necessitating a pain management service, we would refer into the services available at the Great North Children's Hospital or James Cook University Hospital.



Questions

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