

Tees, Esk & Wear Valleys NHSFT update

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Update on Service Provision

- ✓ Significant investment from County Durham CGG & national transformation monies
- ✓ Further development of urgent care services to include a support team, 111/2 response, introduction of peer worker roles, development of 24/7 comprehensive crisis service for older people with organic and complex needs
- ✓ Enhanced support to care homes - care home liaison hub and wellbeing service
- ✓ Community MH Framework; investment to significantly extend community rehab team for working age adults to include OT, Psychology, Activities Co-ordinators, with funding to enhance VCS support and support for those with Personality Disorder
- ✓ Preparing a case to improve rehab inpatient provision (OSC later this year)
- ✓ Introduced a new system – Safecare – that allows all wards to quickly identify staffing shortages based on patient acuity and to escalate same



Update (continued)

✓ Significant investment into C&YP eating disorder service to address rising demand

✓ Provided specialist partnership eating disorder nurses working into paediatric wards in Acute Trust

✓ Piloted use of Oxehealth on PICU and Elm ward



✓ Implemented a new model for STOMP (Stop Over Medication of People with a Learning Disability)



✓ Recruitment of Positive Behaviour Support (PBS) associate practitioner to work with providers

✓ Recruitment of learning disabilities primary care liaison nurses

✓ Developing Ramsey ward to offer 3 single occupancy flats



Business Plan 21-22

Durham & Darlington Business Plan on a Page 2021/22		
	Goal 1: To co-create a great experience for our patients, carers and families	Goal 2: To co-create a great experience for our colleagues
Goal 3: To be a great partner		
<p>MHSOP Improving our services by:</p> <ul style="list-style-type: none"> • Developing a Crisis and Home Based Treatment service for older people including those with Dementia • Securing funding to continue Care Home Wellbeing and Namaste • Exploring the development of Primary Care Dementia Services • Evaluating the Persistent Physical Symptoms Service <p>Increasing our staffing by:</p> <ul style="list-style-type: none"> • Introducing new roles into Care Home Hub MDT • Reviewing ward staffing establishments • Implementing new and different ways of working 	<p>CYP Completing the transformation of our service by:</p> <ul style="list-style-type: none"> • Developing our new model for core services • Implementing our new operational structure • Implementing new Neurodevelopmental and Single Point of Access (SPA) pathways <p>Supporting CYP with Eating Disorders by:</p> <ul style="list-style-type: none"> • Utilise links with ARFID (Avoidant Restrictive Food Intake Disorder) national work and improve local response 	
<p>AMH & MHSOP Improving our Community Services by:</p> <ul style="list-style-type: none"> • Implementing Year 1 plans of the Community Mental Health Framework which focusses on people with Serious Mental Illness and develops community rehab and Personality Disorder <p>Using national investment to further improve our Urgent Care Services by:</p> <ul style="list-style-type: none"> • Increasing Peer Support, Comprehensive Older Adult Provision, Safe Haven Capacity (which is provided by voluntary sector) 	<p>ALD Improving our services by:</p> <ul style="list-style-type: none"> • Exploring the need for additional Physical Health monitoring for our patients and assessing Covid impact • Improving the inpatient environment e.g. Ramsey single occupancy flats • Evaluating the STOMP (Stopping Overmedication of People with an LD, autism or both) and embedding into business as usual • Producing ideas to embed Trauma-Informed Care into improved inpatient physical environments and all care delivery 	
<p>AMH Improving our services by:</p> <ul style="list-style-type: none"> • Completing the reconfiguration of our Community Teams • Carrying out Rehab inpatient options appraisal and implementing the best option • Evaluating the Crisis Hub model (including Street Triage) 		

Demand



● Bed occupancy (AMH and MHSOP)

2020										2021								
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
88.79%	65.29%	71.53%	85.16%	85.31%	89.81%	93.43%	84.12%	83.61%	85.56%	88.86%	91.15%	96.38%	97.47%	99.66%	99.13%	101.59%	99.71%	98.19%
90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

● Referral Numbers (internal and external)

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
3,463.00	2,319.00	2,713.00	3,164.00	3,691.00	3,235.00	3,577.00	3,808.00	4,645.00	3,497.00	3,222.00	3,304.00	4,643.00	4,030.00	4,241.00	4,469.00	4,081.00	3,610.00

● Patient Flow / Delayed Transfers of Care

2020										2021								
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1.87%	1.47%	1.51%	1.64%	1.64%	1.71%	1.63%	1.43%	1.29%	1.77%	2.80%	1.82%	2.40%	1.18%	2.53%	3.65%	4.82%	4.67%	5.76%

● Out of Area placements (in days)

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
458.00	366.00	244.00	96.00	152.00	224.00	307.00	416.00	338.00	341.00	471.00	667.00	892.00	966.00	980.00	1,001.00	832.00	724.00

CQC Inspection

- On 27th August, the CQC published its report following the re-inspection (in May) of our acute wards for adults of working age and psychiatric intensive care units.
- It followed a previous inspection in January where we were raised about our management of risk. The focused inspection in May was to see if improvements had been made.
- The CQC has rated our acute wards for adults of working age and psychiatric intensive care units as **requires improvement**.
- In Durham and Darlington, inspectors visited Elm, Tunstall and Cedar (PICU).
- The CQC no longer has significant concerns relating to risk management.
- We have better systems in place to comprehensively assess and mitigate patient risk.
- Staff have a better understanding regarding the risk assessment process and what is expected of them when updating documentation.
- We now have mechanisms in place to monitor, audit and ensure oversight of the patient risk assessment process.
- We have effective procedure and process in place to review and learn from serious incidents.

CQC Inspection

- Most patients found nursing and support work staff to be supportive and caring.
- They reported that staff worked hard to keep patients safe.



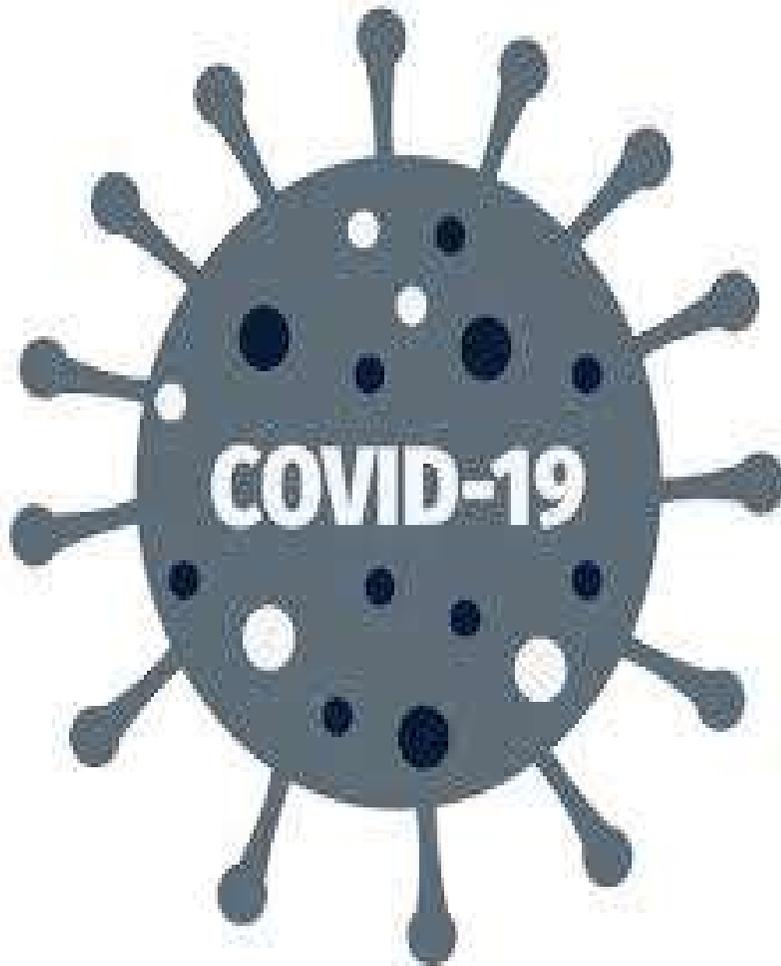
However we still have more to do:

- Patient risks were still not always fully reflected within the written patient safety summaries in a small number of files reviewed.
- Staff were not always following the trust's policy and expectations. An example was an unlocked window which presented a ligature risk. The CQC noted that we addressed these very quickly.
- Staff were not always mitigating the risks of operating mixed sex accommodation to fully promote patients' safety, privacy and dignity.

CQC Inspection

- During June and July the Trust also had its full inspection including the Well Led element – we are still awaiting the draft report from this visit.
- We know we still have work to do to continue to improve the safety and quality of services we deliver but we are committed to doing this and will keep the Committee updated of our progress

Impact of Covid-19



- Number of positive inpatients – 51
First admission 25/04/20
Last admission to date 14/09/21
- Cohorting arrangements/staffing
- Developing new systems and processes at pace and building in flexibility – e.g. PCR swabs for staff and for inpatients, PPE
- Psychological support to ward staff, 'wobble' rooms

Impact of Covid-19 (continued)

- Impact of shielding staff – alternatives to usual roles, working from home
- Impact of school closures/school bubbles – little time to plan absence
- Information Technology – arranging kit, networking, MS Teams
- Impact of staff testing positive – importance of PPE to protect colleagues
- Impact of Test and Trace absences
- Staff wellbeing



Staff Health and Wellbeing

Trustwide Health and Wellbeing opportunities, including:



There are also a range of Trustwide support groups – burnout, bereavement, isolation, BAME, long term health conditions
In addition, Locality based initiatives including:

- ✓ Staff Health & Wellbeing Facilitator for D&D staff
- ✓ Wellbeing bags for staff throughout the pandemic
- ✓ Wobble rooms on each site
- ✓ Additional psychological support for ward staff
- ✓ Wellbeing Champions/Coaches in Teams



Any questions?

