

# Tees, Esk and Wear Valleys NHS Foundation Trust

# Quality Account

# 2023/24

DRAFT: CONSULTATION

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# Part one

## 1.1 Welcome to the Quality Account and its purpose

### What is a Quality Account?

A Quality Account is an annual report describing the quality of services provided by a NHS healthcare organisation. Quality accounts aim to increase public accountability and drive quality improvements in the NHS.

Our Quality Account looks back on how well we have done in the past year at achieving our quality goals.

It also looks forward to the year ahead and defines what our priorities for quality improvement will be and how we expect to achieve and monitor them.

### The aims of the Quality Account

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

### Who reads the Quality Account?

Lots of different people read the Quality Account. Some are people who we support through our services, their loved ones, colleagues, commissioners, partners and regulating bodies.

We produce our report for anyone who wants to know more about the quality of our services, and how we plan to maintain and improve them.

### What information can be found in the Quality Account?

In this document, you will find information about how we measure and review the quality of services that we provide. You will also find our priorities for improvement for the year ahead. Like all NHS healthcare providers, we focus on three different aspects or domains of quality:

- Patient safety
- Clinical effectiveness
- Patient experience

### Structure of the Quality Account

The structure of this Quality Account is in line with guidance published by the Department of Health and NHS England, and contains the following information:

- **Part 1:** Introduction and context
- **Part 2:** Information on how we have improved in the areas of quality we identified as important for 2023/24, our priorities for improvement in 2024/25 and the required statements of assurance from the Board
- **Part 3:** Further information on how we have performed in 2023/24 against our key quality metrics and national targets and the national quality agenda

## 1.2 Chief executive's statement on quality

Welcome to our Quality Account 2023/24. High quality patient care is the core of what we do every day and goes hand in hand with our focus on patient safety and clinical excellence. It's also fundamental in our commitment to achieving our goals - to co-create a great experience for people in our care, carers and families, for our colleagues and to be a great partner.

Whilst we are making progress, nationally and regionally, we continue to see unprecedented demand for our services. Staffing levels also continue to be a challenge across the NHS - and we are no different.

However, we're continuing to work in partnership, as part of the wider health and social care system. This is increasingly important as we focus on place-based care. We're committed to building strong relationships with partners across our communities and working closely with them to collectively support people and meet their needs.

Given the timing of our quality account, it's important to mention the Care Quality Commission (CQC) prosecution as sentencing took place in April 2024. The CQC investigators found that we failed to provide safe care and treatment to two individuals, who sadly died in our care at West Lane Hospital in 2019 and Roseberry Park Hospital in 2020. We pleaded guilty to the two charges as soon as we were able to. The care and treatment for those two individuals wasn't acceptable - they deserved better. We are deeply sorry for the events that led to these tragedies and our thoughts are with their families.

We are now a very different organisation, one that takes responsibility and is moving forwards. The CQC acknowledged this in our latest inspection and that noticeable improvements have been made. This is very much down to the hard work and dedication of colleagues across our trust, and the ongoing support and collaboration with our partners.

As I've reflected over the last year, there have been some significant milestones for our trust. Our latest Care Quality Commission (CQC) report was published in October and inspectors recognised that we're making progress. Overall, seven out of 11 of our services are rated 'good' and four areas are rated as 'requires improvement'. This is an improvement since our last inspection in 2021.

Inspectors could also see a positive culture change and patients said that staff were 'kind and considerate', friendly, kind and supportive' and that they were 'actively involved in their care planning'.

We know there's more to do but the fact that the CQC has told us we're making improvements, and that these positive changes have impacted on the quality of our care, is a really important step in our improvement journey.

There has also been a huge amount of work to ensure we provide safe and kind care, with a clear focus on patient safety, clinical effectiveness and patient experience through our clinical and quality journeys. This has included the successful introduction of the patient safety incident response framework (PSIRF) to ensure learning from incidents and to help prevent an incident happening again and a new incident reporting and quality management system. This means we can learn quickly from incidents, identify common causes and make improvements.

Linked to PSIRF, we also relaunched our organisational learning group. This brings together a range of different teams, such as nursing, patient safety, clinical, therapies and complaints. The group triangulates learning and actions, monitor progress and looks at the impact on the quality of care we provide.

We also implemented assistive technology to enhance patient safety in our wards and launched a new electronic patient record system called Cito at the beginning of 2024.

Whilst these innovations are key for us, people are at the heart of our organisation – and we know that this has a correlation to good patient care. We've been doing some focussed work on recruitment and retention and although there is more to do, we're seeing real progress.

I also want to mention our continued focus on co-creation, which is the golden thread through everything we do. Our ambition is for patient and carer voice to be sought out, listened to, and acted upon at every level.

There is a lot more detail in this report about the progress we've made, as well as areas where we're continuing to make improvements.

We remain committed to putting quality and safety above all else, working with patients and carers and our partners to support people in our region. And to make sure the communities we serve get the mental health and learning disability services they need and deserve.



Brent Kilmurray  
Chief Executive  
30 June 2024

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## 1.3 About our Trust

At Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) we provide a range of inpatient and community mental health, learning disability and eating disorders services.

We serve a population of two million people across County Durham, Darlington and North Yorkshire and are geographically one of the largest NHS Foundation Trusts in England. We also provide mental health care in prisons located in the North East, Cumbria and parts of Lancashire.



We are a catchment area for the largest concentration of armed forces personnel in the UK – Catterick Garrison – and our adult inpatient eating disorder services and adult secure (forensic) wards serve the whole of the North East and North Cumbria.

TEWV was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust.

In 2008 our Trust became the first mental health Foundation Trust in the North and, since then, it has expanded both geographically, and in the number and type of services provided. Our Trust now has around 8,100 staff, who work out of more than 90 sites, and an annual income of over £480 million.

From education and prevention to crisis and specialist care – our talented and compassionate teams work in partnership with patients, communities and partners to help the people of our region feel safe, understood, believed in and cared for. We nurture the recovery journey of people in our care.

Patients and carers have a say in how they are supported and treated, because we know how

important it is to listen and treat people as individuals. Our patients, their families and carers work together with us towards better mental health.

We operate across two care group boards – one covering Durham, Tees Valley and Forensic services and one for North Yorkshire and York.

Across our care group boards, we provide:

- Adult mental health services
- Mental health services for older people
- Children and young people's mental health services
- Learning disabilities
- Health and justice
- Secure inpatient services

## 1.4 Our Journey to Change

In August 2020 we launched Our Big Conversation - the biggest listening exercise in the history of our Trust. Over 2,100 people shared 35,800 ideas, comments, and votes, exploring what could be possible if we got everything right and what we must do to achieve this.

We heard that some people had a good experience with the Trust, but this wasn't consistent, and we heard that there was a lot we needed to work on.

From the rich conversations and feedback we received from Our Big Conversation, we developed big ideas for change and a new strategic direction called Our Journey to Change.

It sets out why we do what we do, the kind of organisation we want to be and how we will get there by delivering our three goals and living our new values of respect, compassion, and responsibility all the time.

The big goals we have committed to deliver over the next five years are:

- to co-create a great experience for patients, carers, and their families
- to co-create a great experience for our colleagues
- to be a great partner

Our Journey to Change is at the forefront of everything we do, and all our decision making and 'supporting journeys' are aligned to it.

We have five underpinning journeys which are:

- clinical
- quality and safety
- people
- co-creation
- empowering infrastructure

We've now past the halfway point of Our Journey to Change, and we're seeing the positive impact this is having on people's experience of our Trust.

We continue to make significant improvements, with a focus on providing safe and kind care, and this was acknowledged in our latest CQC report. Whilst we know there is more work to do, we are continuing to build on our progress and make further improvements to make sure the communities we serve get the mental health and learning disability services they need and deserve.



## 1.5 Co-creation

We're embracing patient and carer experience and using their insights to continually improve; working in close partnership with patients, families, and carers to provide the best possible experience and outcomes. We also work together with our partners and regulators to ensure we understand what good looks like, so we bring meaningful change to the care we provide. We refer to this partnership-style of working as co-creation. It is at the heart of Our Journey to Change and is fundamental to how we improve the care we provide to the communities we serve.

We want co-creation to run through everything we do, so that it becomes the normal way of doing things including:

- Care plans written in partnership, where patients and families have choice about their care and make shared decisions with their clinician.
- A thriving and diverse involvement community that supports co-creation across all areas of our Trust, such as policy, research, recruitment and quality improvement.
- A growing and diverse peer workforce across all services, underpinned by peer values and driven by peer leadership.
- Innovative and diverse methods to really hear the experience of all patients and families and understand the relationship between patient experience, complaints, and serious incidents.
- Lived experience leadership roles supporting transformation and culture change. By lived experience we mean people who have experience of mental illness as a patient or carer and who are using their experiences and insights to help others.

We have made sustained progress in this area and we have two lived experience directors who joined the organisation in 2022. Throughout 2023/24 they have established themselves across both of our care boards, offering a lived experience lens, insight and challenge across strategic decision making in our trust. The lived experience directors have broadened the lived experience input across the organisation, by establishing two co-creation boards that work closely with our care boards and are shaping how we deliver services - putting lived experience voice at its heart. We have also employed a head of co-creation with lived experience to lead the development of our approach co-creation across the organisation.

Several of our trainers have experience of mental illness and are supporting staff to put themselves in the shoes of both patients and their families so that we show true empathy in the care we deliver.

We also employ peer support workers, who have lived experience of mental illness either themselves or as a carer and these roles are continuing to grow.

Examples of co-creation and lived experience in action:

- The launch of a trust wide staff co-creation network, which has been co-developed with staff, service users and carers and aims to give staff the support and tools to put co-creation into action in their services.
- The co-creation and co-delivery of training to staff and students by patients at Ridgeway.
- Co-designing and co-hosting a patient safety summit across Teesside, which involved a range of local community organisations.
- A number of co-creation groups established and working with staff on major transformation projects across the trust, from the development of our electronic patient record system (Cito), community transformation in adult mental health services and the care programme approach.
- Service user and carers joining our PLACE inspections of our wards to offer their perspective of the wards from lived experience.
- Service users and carers involved in the recruitment of staff across the trust from board level to community-based teams.

## 1.6 A patient story



An inspirational North Yorkshire man is using his mental health experiences to support others – after finally seeking help for the anxiety which plagued him for decades.

Marc Blair, 48, battled “a constant background of anxiety” from childhood, which created problems at school, in the workplace and in his personal life.

Now, following treatment from our Trust’s North Yorkshire Talking Therapies, he is looking forward to a brighter future – and has set up a support group for men in the same situation.

*“It felt like I was standing at the gates of hell when I was first referred for treatment,”* said Marc, from Catterick Garrison. *“It was a very tough time, but the therapy was amazing. I really appreciate the help I got from Talking Therapies, and now I want to support others. I’m here for them all the way. Helping people helps my own wellbeing, but it also makes me happy.”*

### Need to escape

Marc’s anxiety struggles first became apparent as a child, when he found sitting in large groups – such as in a classroom or assembly – overwhelming.

His need to “get up and escape” led to dozens of skipped lessons and, ultimately, Marc left school without any qualifications.

*“I didn’t realise my feelings were caused by anxiety at the time – no one did. Back then, people didn’t really recognise the symptoms, they just thought I was disruptive,”* he said. Marc was determined to follow in the footsteps of his father and grandfather by joining the army – and had a long-cherished ambition of becoming a physical training instructor. However, anxiety again became a barrier to success after he secured a place to study sport at college. Within months he had dropped out.

*“I loved sport – running and athletics had always been a big thing for me. But it was just too much being around so many strangers. It was very difficult for me,”* he said.



### Troubled times

Marc then enlisted in the army at 17 but, after eight weeks of training, he discharged himself. It was a decision he blames on his anxiety – and which he immediately regretted.

A succession of jobs followed before Marc was eligible to re-enlist. This time it went well – at first. But difficulties started after he was posted overseas, and he ended up going AWOL.

*“I won trophies for best physical training and best shot during training. I found things I was good at,”* he said. *“But, after a while, my anxiety returned and I felt the need to escape again.”*

Marc later transferred to a different regiment and, after three years, left the army and joined the guard service with the Ministry of Defence.

He spent several happy years as a dog handler, among other roles, before becoming a truck driver for a new company. Sadly, his anxiety again caused problems.

*“I found the job very, very stressful, and it was the first time since the army that I didn’t want to go to work,”* he said.

### Switching roles

The company was sympathetic to his struggles and offered Marc an alternative job as a groundworker, which he enjoyed. Then, in 2021, he moved to a similar role with the MoD.

Despite his initial happiness, his mental health started to deteriorate, so he switched jobs yet again – and went back to truck driving.

“Anxiety can make you make some very strange decisions,” he said. “I knew truck driving wasn’t for me, yet I did it again. I lasted about six weeks before the stress became too much.

“My anxiety really started to get the better of me around then. One night, while at an event with my wife and friends, I kept having to go outside. I felt so overwhelmed – like when I was at school.”



### Seeking support

As the weeks went by, so Marc’s anxiety continued to “go through the roof” – putting his marriage under strain. The loss of his mother, followed the collapse of his relationship, left him in a “dark place”.

By the time Marc finally sought medical help, he felt as if he was “stood at the gates of hell.” Taking part in Talking Therapies, however, helped turn his life around. NHS Talking Therapies provides a range of talking therapies designed for supporting people with symptoms of depression, panic, anxiety, stress, worry and scary thoughts. Joe Greensmith, a psychological wellbeing practitioner, supported

Marc through 12 weeks of specialist treatment – helping him to develop skills and techniques to manage his anxiety.

“I had tried to manage my anxiety with exercise, but I needed a structure in my life. Joe helped so much. He was always there for me, always willing to listen to me.”

### Here to help others

Marc is now keen to use his experience to help others – and recently set up a men’s mental health support group in Colburn with a friend.

The drop-in group, named Together Strong, is held in the village hall on the third Monday of every month from 7pm.

“One person’s mental health challenges can affect other people within their family and friends,” Marc said. “I’m now at the point when I’m finally looking after my mental wellbeing properly. I use the advice Joe gave me to help not only the people in the group, but my friends and family too.”

Marc is now planning to train as a mental health counsellor and, in the future, he may even re-take his GCSEs and go on to university.

“I can’t help every single person, but if I can make a difference to one person’s life, that would be good. Joe helped change my life, and I’d like to do the same for others,” he said.

Helen Dodd, the associate practitioner for North Yorkshire Talking Therapies, today praised Marc’s work on the new group and said:

“He is an inspiration to us all. Marc’s experience demonstrates the empowerment that learning to manage anxiety can bring.”

## 1.7 The services we provide

We deliver care under six clinical directorates across our care group boards:

- Adult mental health services
- Mental health services for older people
- Children and young people's mental health services
- Learning disabilities
- Health and justice
- Secure inpatient services

There is further detail about our Trust and the services we deliver in section 1.3.

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## 1.8 Our CQC ratings

The CQC's current ratings for our Trust overall and for each key domain is as follows:

Overall rating: Requires improvement

For each key domain our Trust is rated:

- Safe: **Requires improvement**
- Effective: **Good**
- Caring: **Good**
- Responsive: **Requires improvement**
- Well-led: **Requires improvement**



### Are services



Further information can be viewed within section 2.13: What the Care Quality Commission (CQC) says about us.

## 1.9 What we have achieved in 2023/24

We're making progress on our goals and working together to deliver a great experience for patients, carers and families, for colleagues and to be a great partner.

### How we're co-creating a great experience for patients, carers and families

- In our latest inspection report (October 2023), the Care Quality Commission (CQC) recognised we are making progress. Seven out of 11 of our services are rated 'good' and four areas are rated as 'requires improvement'. This is an improvement since our inspection in 2021.
- Introduced a new incident reporting and management system called InPhase. It makes it easier for our colleagues to report incidents, learn quickly from events, involve different areas of the organisation in learning, identify common causes and make improvements.
- Successfully introduced the patient safety incident response framework (PSIRF) to ensure learning from incidents and to help prevent an incident happening again. It includes compassionate engagement and involvement for all involved or affected by a patient safety incident.
- Retained our 2 star rating from the Carers Trust for continuing to work with carers, following the Triangle of Care principles.
- Launched two co-creation boards – one in our Durham, Tees Valley and Forensics care group and one in our North Yorkshire York and Selby care group.
- Supported a further 600 people through our Individual Placement Service, with over 300 people progressing into paid employment in the last year.
- Launched Cito, our new electronic patient record system. This was one of the largest and most ambitious investments in technology to improve patient care that we have undertaken.
- Established our new complaints service, which was co-created with people in our care and carers. Importantly, throughout the review and development, we considered the experiences of people that had used our PALS and complaints service.
- Opened a new sensory room in our children's respite unit in Teesside.
- Launched the 'Think Together Team', a transformation project designed to support children and young people to access mental health services in North Yorkshire.
- Appointed two more positive and safe practitioners to support us to reduce our use of restrictive interventions.
- Our children and adolescent mental health services (CAMHS) teams are now engaging in an 'Investors in Children' accreditation.
- Our eating disorder home treatment (EDHT) team, part of the North Yorkshire and York CAMHS service, marked its milestone first year and has helped to significantly reduce both admissions and re-admissions.
- Our children and adolescent mental health services (CAMHS) launched the iThrive model of care in Durham and Tees Valley. iThrive is designed to support children and young people to access mental health services in Durham and Tees Valley. It aims to talk about mental health and wellbeing help and support in a common language that everyone understands.
- Increased the number of therapy pets by 47%.



- Organisational development has worked with our experts by experience to develop our culture plan and look at what gaps there are.
- We are co-creating the range of ways in which people can work with us to make it more flexible for people to be paid for the time they give to us.
- Co-creation programme for staff and co creation board for experts by experience is in development.
- We are developing ways to improve the experiences of trans and non-binary patients.
- Working with partners to improve the access to our services for people from Gypsy, Roma, Traveller communities.

### How we're co-creating a great experience for colleagues

- Recruited to over 1,780 positions - 781 of these posts were to external candidates.
- Welcomed over 150 newly qualified nurses into our workforce, supporting them in the start of their nursing careers.
- Reduced our use of agency staff by 10%.
- Increased our peer support workforce by 27%.
- 221 staff started an apprenticeship with us and during the same period 120 successfully achieved their apprenticeship.
- A 28% increase in volunteers.
- Our annual staff survey response rate was up 4%. 95% of colleagues said they'd not experienced discrimination from patients, care givers, members of the public or colleagues and 91% said they felt trusted to do their job.
- Continued our international recruitment drive to expand our workforce. We also received the NHS Pastoral Care Quality Award for giving great pastoral support to our internationally recruited nurses.
- Junior doctors ranked our Trust as the top organisation for their training in the North East, in the GMC national training survey.
- Achieved Better Health at Work Award Scheme Silver-level accreditation.
- Recruited more staff health and wellbeing champions – we now have 304 people in these roles supporting colleagues across our trust.
- Received a record number of nominations (484) for our annual staff awards.
- Established a staff-led health and wellbeing council.
- Our staff networks continue to develop - we now have more than 500 colleagues who are members.
- Developed a charter for the medical workforce, outlining our commitments to current and future medical colleagues.
- Reaccredited for reducing restraint network standards for positive and safe care.

- The intentions to leave process has been updated and improved.
- A new managers programme has been updated and rolled out.
- Promoting and using the National Staff survey and the National Quarterly Pulse Survey – introduced staff experience champions to support with this – increased response rate and maintained or improved in 100/103 areas following being the most improved Mental Health/ Learning Disability and Autism Trust last year. Notably rates of discrimination continue to drop and staff report feeling more fairly treated after an incident or near miss.
- Achievement of Better Health At Work Award Scheme Silver-level accreditation in 2023 (aiming for Gold-level status in 2024).
- Recruited more staff health and wellbeing champions, with 304 staff now in the role.
- Staff-led health and wellbeing council has been established and is meeting regularly – there is a process for spending charitable funds for the benefit of staff wellbeing now in place across the Trust.
- Started a centralised reasonable adjustment pilot to support staff and managers access and implement appropriate workplace adjustments.
- Roll out of core leadership and management training for all staff in formal senior roles continues and Leadership Academy has been scoped and is due to launch in May 2024.
- The Freedom to Speak Up (FTSU) service has continued to see a rise in the number of people accessing the service and reporting that they feel it is a trusted service.

### **How we're working with our partners**

- Our innovative and world-class research team, in partnership with the University of York, delivered the largest clinical trial ever undertaken to combat loneliness and depression.
- Led a pilot of a portable ECG device that helped protect mental health patients during the COVID-19 pandemic, resulting in it being used across the country. Our pilot has now played a key role in changing national guidance around ECGs.
- Expansion of mental health support teams for schools service in Darlington and Durham.
- Community transformation work in Tees Valley has seen the introduction of a peer support network in partnership with Red Balloons. There are plans in place to develop similar networks in Durham and North Yorkshire, York and Selby.
- In partnership with local authorities and commissioned substance misuse service providers in North Yorkshire and Middlesbrough, our teams are taking part in a 12-month pilot to help prevent drug related deaths.
- Signed a Memorandum of Understanding (MoU) with Teesside University, which builds on successful joint working. We'll work collaboratively on a broad range of initiatives to help support students and graduates within the healthcare sector, as well as support the transformation of practice.
- A new two-year project providing mental health and well-being support for women aged 18-25 launched following funding from the North Yorkshire and York community mental health transformation programme.
- Hosted research into food insecurity (also known as food poverty) in collaboration with Fuse, the Centre for Translational Research in Public Health (Teesside University and Newcastle University) and Equally



Well UK (a collaborative hosted by the Centre for Mental Health). It found that over 50% of people with severe mental illness (SMI) in the north of England live with food insecurity.

- Launched a new hub aimed at helping people leaving prison to re-integrate into the community in Durham. The new hub has been developed by the Reconnected to Health partnership – including our Trust, Humankind, Spectrum Community Health CIC and Rethink.
- Our performance team were governance showcase winners at the NHS Providers Governance Conference 2023 for our new integrated performance approach to quality and performance assurance and improvement.
- Held our first ever hybrid Annual General and Members Meeting (AGM) allowing guests in person and online.
- We are active members of regional work in both integrated care boards (ICBs). We are working on streamlining employment processes and making it easier for colleagues to move around the health care system.
- We are working in partnership with Middlesbrough College on a work-based academy, initially piloting a 'business admin academy'.

## 1.10 National awards – won and shortlisted

In addition to our Trust achievements listed above, external bodies have recognised the work of individuals or teams through the award shortlisting, or award wins listed in the table below.

Award body	Awarding status	Name / category of award	Team / individual
Better Health at Work	Awarded	Bronze and Silver standard	Trustwide wellbeing service
	Awarded	Gold standard	NHS Durham and Darlington Talking Therapies
Hospitality Assured	Accreditation	World Class Service	Trustwide hotel services
	Shortlisted	Team of the Year	Trustwide hotel services
NIHR School for Public Health Research	Shortlisted	Public Involvement & Engagement	Emma Giles and Jo Smith, Fuse (Food Insecurity in Adults with Severe Mental Illness)
Hull York Medical School Teaching Excellence Awards	Won	Physician Associate Tutor of Excellence Award	Polly Snelling
	Won	Medicine Phase II & III Tutor of Excellence	Dora Katalenac Zovko
	Shortlisted	Exceptional Contribution to Student Experience	Dora Katalenac Zovko
HSJ Digital	Shortlisted	Driving Change through Data and Analytics	Perinatal mental health clinical outcome reporting
BBC Radio 4 All in the Mind	Shortlisted		Nikki Lonsdale
Health Education England - Durham and Tees valley GP Training programme	Won	Hospital Supervisor of the Year	Grish Rao
NHS Providers Governance Conference 2023	Won	Governance Showcase	Trust performance team
Healthcare Financial Management Association	Won	Unsung Hero of the Year	Adam Hind
NHS England	Accreditation	NHS Pastoral Care Quality	International recruitment team
Nepacs' Ruth Cranfield	Won	Certificate of Excellence	Gemma Fawcett-Smith, registered learning disability nurse, Tracey Forster, speech and language therapist and

Award body	Awarding status	Name / category of award	Team / individual
			Pam Jenkins, speech and language assistant, HMP Holme House mental health team
Royal College of Psychiatrists	Accreditation	Quality network from Eating Disorders (QED)	Adult community eating disorders team
	Accreditation	Quality Network for Crisis Resolution and Home Treatment Teams (QNCRHTT)	Harrogate crisis resolution and home treatment team
National Service User	Shortlisted	Community and Collaboration Award	Ridgeway Recovery Awards Ridgeway Community Day
Nursing Times	Shortlisted	HRH The Prince of Wales Award for Integrated Approaches to Care	REACH team (Reducing Exclusion for Adults with Complex Housing needs)
	Shortlisted	Nursing in the Community	REACH team (Reducing Exclusion for Adults with Complex Housing needs)
Nursing Times Workforce	Shortlisted	Preceptor of the Year	Jade Jackson

# Part 2: Quality priorities for 2023/24 and required statements of assurance from the Board

## 2.1 Introduction – purpose of this section

In part two of our Quality Account, we outline our planned quality improvement priorities for 2024/25 and provide a series of statements of assurance from the Board on mandated items as required by NHS England.

In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2023/24 Quality Account.

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## 2.2 Our approach to quality governance and improvement

Our Trust has a robust governance infrastructure. Our governance structure is focused on clear oversight and accountability and is supported by the Trust's accountability framework.

The governance structure supports the delivery of Our Journey to Change by making sure we are:

- Clinically led and operationally enabled.
- Better able to align around the regional changes in the form of the two Integrated Care Systems in which we provide services.
- Able to deliver on individual and collective system wide accountability effectively and consistently, by making all roles clearer and manageable for post holders.
- Organised in a more simple, less complex way formally incorporating patient leadership into our structures.

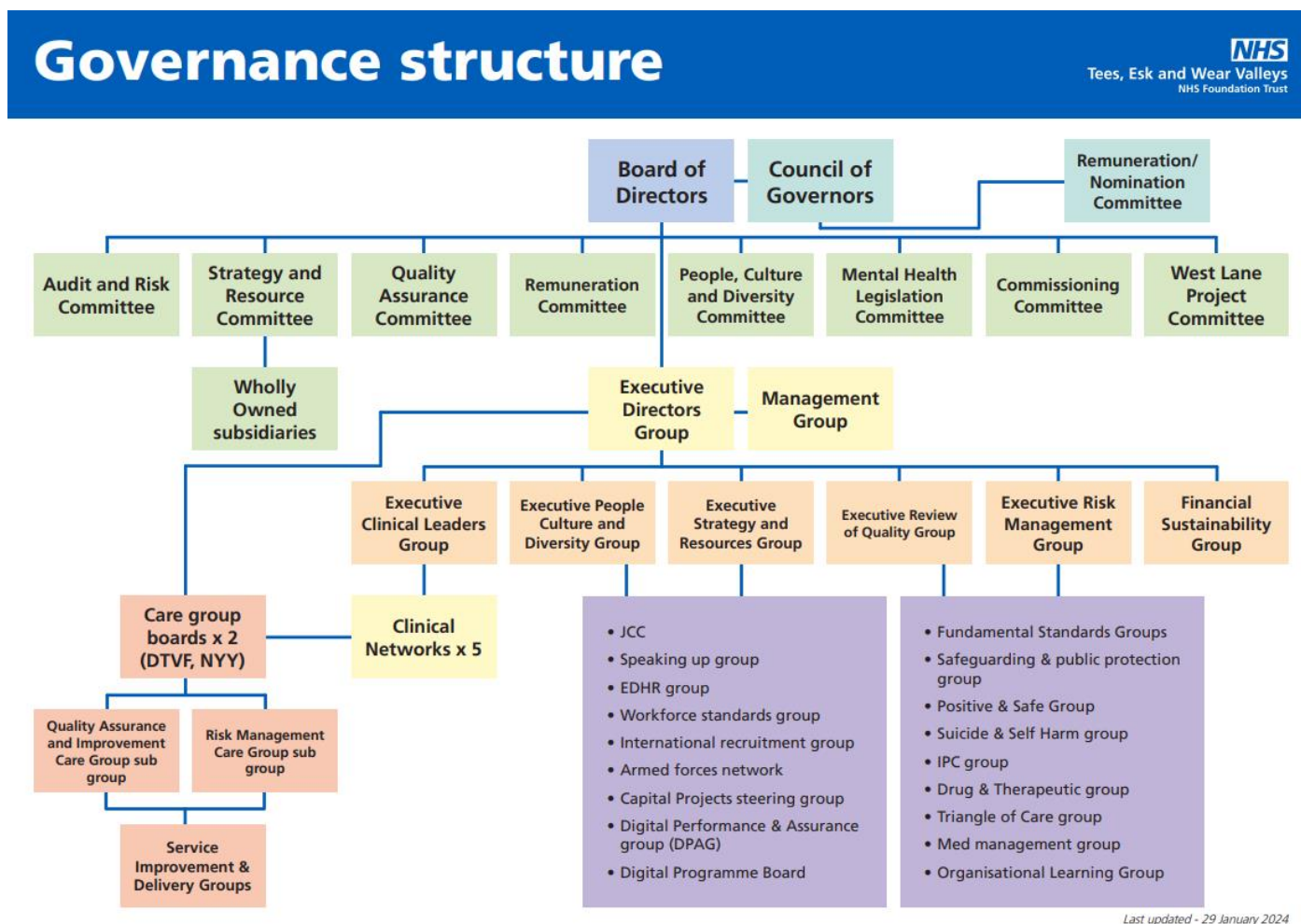
During 2024 our Trust will be reviewing Our Journey to Change.

During 2023 our Trust's governance structure was reviewed. The process and the report have helped us to reflect on the progress we have made since the Good Governance Institute (GGI) review in 2021 and to enable us to further embed and improve our governance arrangements.

The GGI review shared key themes and specific recommendations. We are currently in the process of preparing a formal response to the key themes and recommendations and developing an action plan to address the key areas. The main themes which we will focus on are:

- Reviewing Our Journey to Change and related priorities and delivery plan
- Reviewing our business planning approach
- Reviewing the governance model within care groups
- Reviewing and streamlining our executive level meeting structure
- Further developing and embedding our accountability framework
- Refining committee terms of reference, agendas and reporting
- Developing our approach to the use of data and its role in reporting
- Implementing our leadership development programme
- Reviewing executive portfolios
- Embedding PSIRF, completing the complaints review and embedding the approach to mortality and morbidity reviews
- Developing our Council of Governors further
- Reviewing and advancing our co-creation work
- Accelerating our developments in learning, innovation and quality improvement.

The governance structure in place during 2023/24 is shown in the figure below:

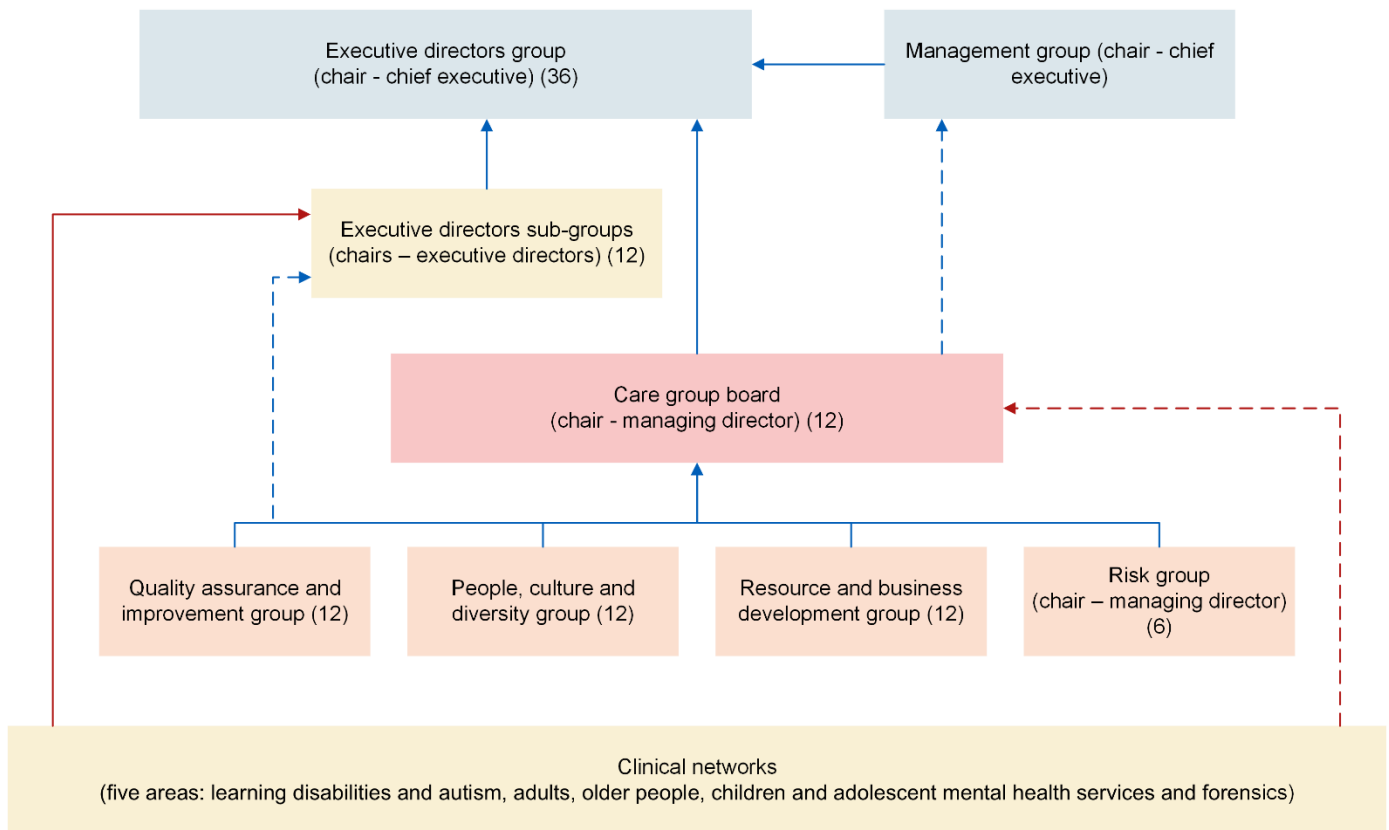


Our Trust Board ensures robust quality governance through the quality assurance committee, a committee of the Board.

The quality assurance committee is chaired by a non-executive director. Its strategic purpose is to provide assurance to the Board on the quality, safety and effectiveness of clinical and operational services through effective systems, structures and processes.

Each care group has quality governance arrangements to address the key elements of quality and safety. These are outlined in the figure below. Each care group reports directly to the executive quality assurance and improvement group monthly, and to the executive directors group weekly on quality performance issues that require executive oversight and/or escalation. Each care group is also required to provide assurance to the quality assurance committee against its quality improvement plans.

## Care Group (x2)



### Quality assurance and improvement

Our quality assurance and improvement programme was first introduced in April 2021. This is well established and helps us to focus on key quality and safety issues. It has supported us to make improvements including to patient care documents, recognising that high quality documentation is an enabler of high-quality patient care. As part of the programme, there is also observation of practice and discussions with service users, carers and teams within clinical areas. This also helps us to address learning from incidents and support quality assurance and improvement.

The programme comprises of a range of quality assurance tools that are used to gain a holistic assessment of the quality of patient care. These tools have been reviewed during 2023 to ensure that they are informed by current areas of risk, where further assurance is required. Tools currently used are:

- Inpatient quality review
- Community quality review
- HMP 3 part plan
- Peer quality review
- Directors visits

The quality assurance and improvement programme is an effective method of monitoring compliance against key standards of care related to patient safety, clinical effectiveness and patient experience. It has facilitated significant sustained practice improvements and provides the organisation with both quantitative and qualitative assurance evidence. Our practice development practitioners continue to provide coaching, mentoring, training and education to clinical teams to facilitate any required practice improvements.

Key learning from incidents, patient feedback and other forms of intelligence helps to shape our Trust's quality improvement priorities. They also continue to be monitored using the quality assurance and improvement programme.

Key quality improvement work that our Trust has undertaken during 2023/24 includes:

- Continued implementation of our Trust's positive and safe plan (including reducing restrictive interventions)
- Worked with the HOPE(S) team and employed a HOPE(S) practitioner. HOPE(S) is a human rights-based approach to working with people in long term segregation developed from research and clinical practice.
- Increasing the number of wards using Oxevision (a technology that helps us to improve patient safety in inpatient areas)
- Implementation of the new national patient safety incident response framework (PSIRF)
- Agreed a new approach to intermediate life support (ILS) training
- Strengthened processes for organisational learning through the work of our organisational learning group and fundamental standards groups.

Co-creation is central to our overall approach. We work closely with patients, families and carers to identify and deliver our priorities. As part of our ongoing commitment to co-creation, from 2024/25, our directors of lived experience and co-creation boards will lead on development of our Trust's quality priorities on an annual basis.



## 2.3 Our progress on implementing our 2023/2024 quality improvement priorities

In this first section of part 2, we reflect on the progress we made in implementing our quality priorities during 2023/24 and the impact this had for patients and their families/carers. Following this, we set out our quality improvement priorities for 2024/25.

### Priority 1 – improving care planning



#### Why it is important:

In any health and social care organisation, care planning is a vital component of safe and effective patient care and treatment. In July 2021, NHS England published a formal statement advising all mental health trusts to move away from the Care Programme Approach (CPA) in favour of a community mental health framework. DIALOG+ as part of a wider piece of work, is the tool to enable the move away from CPA, while providing a clear, co-created care plan for patients.

The DIALOG+ process approach allows healthcare professionals to have supportive and meaningful conversations with patients about the aspects of their lives that are most important to them. This includes family, relationships, leisure activities and accommodation, in addition to their mental and physical health. It uses a person centred and patient rated scale that measures patient reported outcomes as well as a measure of patient experience. The output of the DIALOG+ assessment will be a care plan that the patient and health professional create together that is specific, co-created and clear. The care plan will be digital, easy to change and updated regularly as agreed with the service user.

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

- Personal circumstances, and what is most important to the person and those closest to them, are viewed as a priority when planning care and treatment.
- Accessible, understandable and personalised care plan (including a crisis plan) containing contact details of those people and services that are best placed to help when the need arises.
- Discussions that lead to shared decision-making and co-creation of meaningful care plans.
- Agreed plans recorded in a way that can be understood by the patients and everybody else that needs to have this information.
- Information about support from people who have experience of the same mental health needs.

#### What we said we would do and what we did:

##### Record all care plans on our new electronic patient record (EPR) system which is called Cito

Cito went live in Feb 2024 and this has enabled us to meet our ambition of recording all patient care plans in this system.

##### Ensure all clinical staff are trained in our new DIALOG+ care planning system

Now that Cito is live, DIALOG+ is available for all patients. DIALOG+ training has taken place and further training is also planned. A training workstream has been formed to ensure that all relevant staff understand and can use the 3 patient reported outcome measures (which are DIALOG+, goal based outcomes and ReQoL-10) meaningfully in their work and to align with the evolving landscape of mental health care. Cito introduces critical tools like DIALOG and other patient recorded outcome measures (PROMs), enabling a more nuanced approach to understanding and responding to individual patient needs. The shift is guided by a comprehensive policy framework that draws upon the principles set forth in the NHS long term plan and the community mental health framework, emphasising integrated, person-centred care.

Our Trust, in moving from CPA towards a new universal standard of personalised care, has recognised that it relies on an integrated approach across partner organisations (primary care, VCSE, local authority) depending on:

- Joint working across partner organisations

- Interoperability
- Shared policies and agreements on responsibility and accountability for care and safety management
- Retirement of care coordinator roles and the development of new key worker roles
- Universal access to high quality intervention based (and evidence based) care and support
- Workforce development.
- Co-production at every level.
- A new approach to care planning including the use of DIALOG to guide this.
- A focus on recovery focused outcomes.

Personalised care represents a programme of work focusing on key areas:

- Policy development (TEWV and system-wide)
- Covering roles, responsibilities and accountability for care and safety of patients (TEWV, partner organisations)
- Co-produced care planning - implementing DIALOG to support this (TEWV)
- Increasing access to evidence based psychological therapies and psychosocial interventions (TEWV)
- Workforce development: identifying and addressing skills deficits & training needs. (TEWV)
- Implementation of the key worker role (Integrated care systems (ICS) and all partner organisations including TEWV)
- Interoperability (Integrated Care Boards (ICB)).

Next Steps:

- Ratify our Trust's interim policy on personalised care planning
- Roll out of DIALOG to enhance co-produced care planning enabled by Cito.
- Develop and implement strategy to increase access to evidence based psychological therapies
- Establish workforce development group to support delivery of transformation.
- Liaise with and learn from services that are further ahead with delivery of personalized care
- Work with Integrated Care Board (ICBs) and partner organisations to establish the role and responsibilities of the key worker
- Work with ICBs to establish effective interoperability between systems
- Ensure there is a comprehensive communications plan to ensure all stakeholders are aware of developments and the related implications.

The implementation of the interim personalising care policy will mark a significant milestone in the journey toward redefining mental healthcare. This policy, rooted in the principles of personalisation and patient-centred care, sets the stage for a transformative shift in how mental health services are delivered and experienced. The policy underscores the importance of placing patients at the centre of their care journeys, empowering them to actively participate in decision-making, and tailoring interventions to meet their unique needs. The implementation of the policy is not the culmination of a process; rather, it is the continuation of a transformative journey. It is an ongoing commitment to delivering a universal high standard of care, improving patient outcomes, and ensuring that mental health services are inclusive, accessible, and responsive to the needs of all individuals.

### Priority 2 – Feeling safe



#### Why it was important:

Patient safety continues to be our key priority. Our quality journey (the quality strategy) identifies a number of patient safety priorities that we will continue to focus on going forward.

Patients feeling safe on our inpatient wards is a key area for improvement for us. It is acknowledged nationally that some patients report not feeling safe while in the care of mental health services. A survey, undertaken in 2020 by the Parliamentary and Health Ombudsman, examined people's experiences of NHS mental health care in England, reporting that one in five patients reported feeling unsafe.

On a monthly basis patients on our wards are asked: do you feel safe on the ward? The data from our survey is telling us that on average 78.63% of patients feel safe within our inpatient areas against a target of 75%. There is a lack of consistency in how this data is asked, gathered, and reported on nationally to allow any benchmarking comparisons to be made.

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

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

#### **What we said we would do and what we did:**

- a) Performance improvement plan (PIP) from services in each care board to provide better oversight and gain momentum on service improvement work.
- b) Continue to progress our body worn camera pilot work and evaluate its impact.
- c) Continue to implement the Safewards initiative.
- d) Expansion of peer support workers and activity coordinators.
- e) Co-create information leaflets for people newly admitted to include suggestions for what could help them feel safe.
- f) Shared learning from the 'feeling safe' focus groups through the co-creation board.

We reviewed information from patient surveys, incidents, and complaints from all inpatient services to identify any new emerging themes that may help inform our programme of improvement work in this area.

From the review undertaken we were able to identify the following themes:

- The need for environmental improvements – for example, to ensure that patients are familiar with their surroundings while on the ward and that the ward is homely.
- Staffing – for example, ensuring that staff are always visible for patients and that there are enough staff available to meet patient's needs when required.
- The need to increase ward based activities available for patients – this includes ensuring that there are variety of meaningful activities available with good use of outdoor courtyards and access to leave.
- Patient safety – for example, improving personalised care planning, timely interventions and support, and helping patient's to feel safe when there are patients displaying aggression.
- Discharge – for example, ensuring that high quality discharge and crisis plans are in place and that patients are well prepared for discharge.
- Communication – for example, ensuring that telephone calls are answered in a timely way, that appointments are not cancelled at short notice and that patients feel listened to.
- Some concerns being raised by MPs or via CQC rather than being reported directly to the Trust, with repeated contacts from some individual patients.

These themes have informed our quality journey and further development of our quality assurance and improvement programme. In addition, the patient and carer experience team has undertaken a series of focus groups between September 2023 and December 2023 across all inpatient wards. This was to understand what feeling safe means to our patients and staff and ask them what they feel would improve safety.

#### **Some of the things we have done in response to what our patients and staff have said:**

##### **Safe and visible staffing**

- Continuous recruitment programme for qualified and non-registered nursing staff, including international colleagues.
- Embedding the SafeCare system (a nurse rostering system). This enables efficient allocation of staff and has inbuilt patient safety triggers to support patient safety.
- Recruitment of peer support workers, activity co-ordinators and volunteers.

- Reinforced zonal observations on the wards.
- Support from partners, for example introduction of a learning disability nurse on a mental health ward to provide bespoke skills when required.

**Patient leave**

- Introduced a dedicated leave team to support patients to access leave.
- Patient access to leave is consistently discussed in the daily ward huddles.

**Patient activities**

- Activity coordinators who work on wards across seven days a week.
- Introduced pet therapy animals within some wards.
- Co-created environmental displays and artwork.

**Patient environment**

- Autism team support with autism environmental checklist to identify any reasonable adjustments.
- Introduction of a new platform to enhance wi-fi capability.

Each care group has developed a patient experience improvement plan that incorporates actions related to a range of patient feedback and includes those actions related to patients feeling safe on our wards. The plans are reported and monitored through the patient and carer experience group and reported for assurance to the care board executive review of quality meetings. This area of patient safety will continue as a priority over the coming year.

**What was the outcome / impact?**

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

*Priority 3 - Embed the new patient safety incident response framework*



**Why it was important**

The patient safety incident response framework (PSIRF) sets out the NHS’s approach to developing and maintaining effective systems and processes for proportionately responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF is a contractual requirement under the NHS standard contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services.

**What we said we would do and what we did**

**Be compliant with the national requirements regarding PSIRF.**

PSIRF was implemented on 29<sup>th</sup> January 2024 in line with the key quality priorities within the quality journey and quality strategy. Our Trust’s incident policy has been re-written and consulted on. PSIRF actively supports the use of a greater range of evidence-based tools supporting learning from incidents of all severities. Oversight of serious incidents (under the 2015 framework), patient safety incident investigations (under PSIRF) and early learning processes have been reviewed to ensure appropriate rigour.

It was identified that to ensure compliance with the new national learning from patient safety events (LFPSE) standards, our Trust required a new incident reporting system and has therefore changed to a new system. This gives greater visibility and when optimised and will give the ability to triangulate learning from other parts of the reporting systems e.g., complaints. Importantly this system further supports monitoring and timely review and response to patient safety incidents.

The patient safety huddle is now embedded as routine practice and is operating effectively. The daily huddle reviews all incidents of moderate and above severity and in line with the national PSIR framework, a proportionate response is identified. This supports multi-disciplinary engagement, service user, family engagement and early learning.

The standard action plan is now embedded and is applied to both serious incidents, patient safety incident investigations and early learning processes (now referred to as after-action reviews). Action plans are divided into two-parts, local learning and recognising some learning is organisational, the second part will feed into an organisational learning plan. This will have oversight from the quality assurance and clinical effectiveness team. All previous serious incident action plans from 2021 have been reviewed to ensure the evidence of action completion is robust.

### **Increase the number of staff completing level 1 and 2 training within the national patient safety syllabus training.**

Level 1 and Level 2 training is within the ESR system and monitored. As of March 2024, Level 1 is at 95% and Level 2 is at 79%. Additional training is being delivered to our Trust's patient safety team and members of care groups specific to PSIRF tool and processes. A train the trainer programme is planned for quarter 1 of 2024/25.

### **Introduce an annual patient safety summit.**

A patient safety summit, focused on the impact of inequalities on patient safety, took place in March 2024 and was attended by service users, carers, partners, trust staff and other stakeholders.

### **Introduce the role of patient safety partners.**

Our Trust has an identified non-executive director lead supporting work to develop the new patient safety partner role as part of PSIRF. Work is underway with lived experience directors to identify lived experience workers to participate at various points within the patient safety processes. Lived experience directors are currently invited to and attending directors assurance panels. A monthly patient safety partner oversight group has been commenced. There are now two family liaison officers to support engagement with families and carers offering support and signposting.

### **Complete the focused work we have initiated on the duty of candour through the delivery of an improvement plan**

An internal audit of the duty of candour policy identified some areas for improvement and an improvement plan was developed. As part of the improvement work, a new policy was implemented, and internal training developed and delivered as part of the rollout of the new incident system. Bespoke training has been commissioned from NHS Professionals and is being delivered Trust-wide. Duty of candour has been incorporated into new staff induction and preceptorship induction. Duty of candour compliance is part of the early learning process and is to be re-audited in quarter 1 of 2024/25



## 2.4 Our quality journey

We continue to focus on five areas to support Our Journey to Change strategy. We have worked with patients, carers, partners and colleagues to create our strategy made up of five journeys:

The five journeys are:

- **Clinical** – how we will provide high quality, safe, kind, effective and personalised clinical care to the people we support.
- **Quality** – how we will make our services safer and improve patient experience through evidence-based care.
- **Co-creation** – how we will seek out and act upon the voices of the people we work with to improve care.
- **Infrastructure** – how the places we work, such as our hospitals and offices, the equipment we use, the information we gather and the systems and processes we put in place will support excellent patient care.
- **People** – how we will ensure everyone who works and volunteers with us has a great experience, whether they're permanent employees, people working as bank staff or through an agency, students or volunteers.

The journeys set out specific ambitions and principles that support the mission, values and goals of Our Journey to Change and drives both incremental and large-scale improvement initiatives. The journeys are delivered through a series of programmes and workplans that make up our 2024/25 delivery plan.

The journeys create a strong framework and strategic vision that allow our Trust to prioritise key work. They have introduced rigour and support through a programme management approach and allow the Trust Board to receive assurance that we are making sufficient progress and achieving the outcomes and impact required.

Our quality journey sets out our quality ambitions for the next two years showing where we want our journey to take us. It sets out key principles and explains how our objectives connect to the national NHS patient safety strategy. It also outlines our key strategic quality objectives.

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in our quality journey, through continuous learning and improvement using a range of tools and enablers. This journey has been shaped by our other journeys; clinical, co-creation, people and infrastructure.

We will continue to have an unrelenting focus on patient safety and are committed to:

- Driving improvements in patient safety across our Trust, together with patients, carers and families, colleagues, and partners, and supported by a positive culture.
- Providing a great experience for patients in our care and for patients, carers and families who want to work with us for better mental health in our region.
- Providing safe and kind care that's based on evidence and has outcomes that matter to people.

It is often important to make quick changes to tackle quality issues, and our governance system will promote a culture and processes where data is analysed holistically, and changes implemented swiftly. This means that not everything we need to improve will have a detailed, long-term plan around it.

However, there will be some potential changes which will require lengthy development and implementation periods. These will be governed as projects, grouped into programmes, and be backed by clear business cases which set out the benefits (improvements) that should be seen and when they should be expected to occur.

During 2024/25 the initial set of quality related programmes will be:

- Personalised care planning
- Physical health
- Improve patient safety

## 2.5 Our priorities for 2024/25

Implementation of quality priorities supports our Trust in ensuring that safe, high quality care is at the heart of service delivery and is in line with Our Journey to Change and the quality strategy.

### Developing our priorities

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

To support the development of the quality priorities, a service user and carer focus group was held in March 2024. Members of the group were recruited through the involvement team and included those with personal lived experience and also those currently working with involvement networks and other community organisations. The focus group was facilitated by the care group director of lived experience for the Durham, Tees Valley and Forensic care group and the associate director of quality governance and compliance. Key quality issues from national and local sources (including learning from co-creation boards, lived experience directors, involvement networks, serious incidents and other governance intelligence) were shared with the group.

The following quality priorities for 2024/25 were agreed by the group and endorsed by our quality assurance committee:

#### Priority 1:

##### ❖ **Patient experience: promoting education using lived experience**

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

#### Priority 2:

##### ❖ **Patient safety: relapse prevention**

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

#### Priority 3:

##### ❖ **Clinical effectiveness: improving personalisation in urgent care**

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

## 2.6 Statement of assurances from the Trust

In this section of the Quality Account, our Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Review of services provided by or contracted our Trust
- Our 2023 Community Mental Health Survey results
- Our 2023 National NHS Staff Survey results
- Clinical Audit: participation in clinical audits and national confidential inquiries
- Clinical research
- Use of the Commissioning for Quality and Innovation (CQUIN) payment framework
- What the Care Quality Commission (CQC) says about us
- Information governance
- Freedom to Speak Up
- Learning from deaths
- PALS and complaints
- Data quality
- Mandatory quality indicators

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## 2.7 Review of services provided by or contracted by our Trust

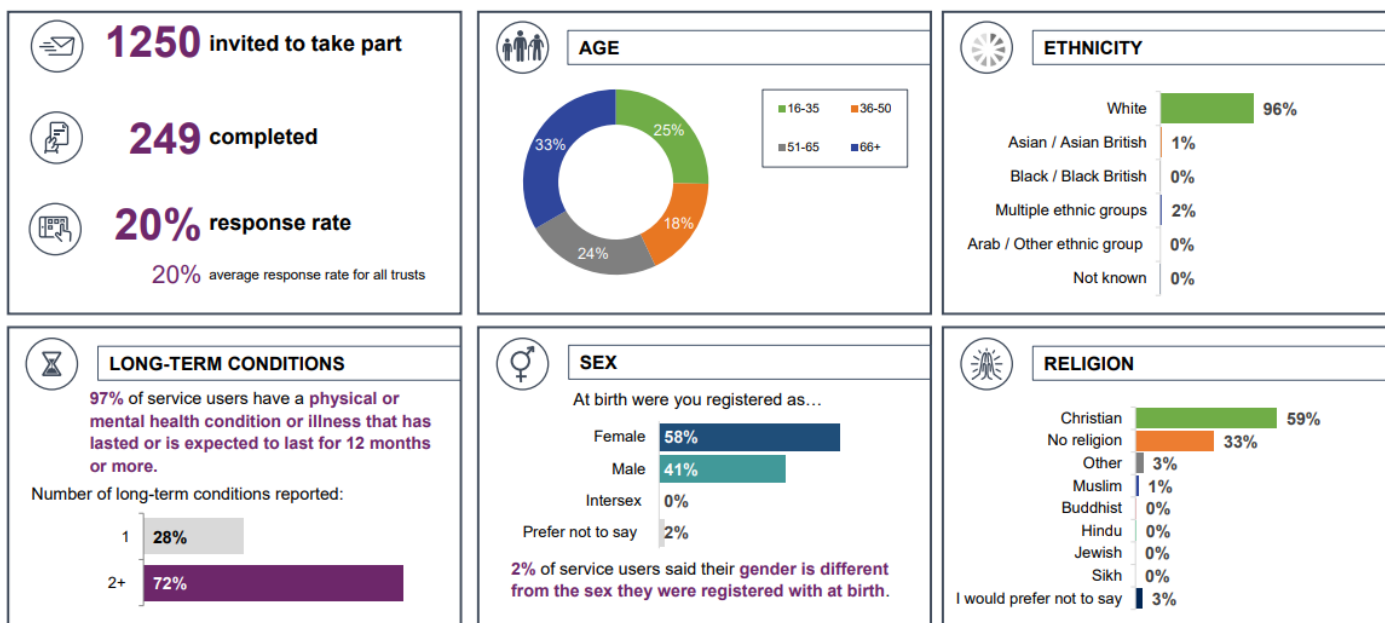
During 2023/24 our Trust provided and/or subcontracted 20 relevant health services. Our Trust reviewed all the data available to us on the quality of care in 20 of these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by our Trust for 2023/24.

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## 2.8 Our 2023 Community Mental Health Survey results

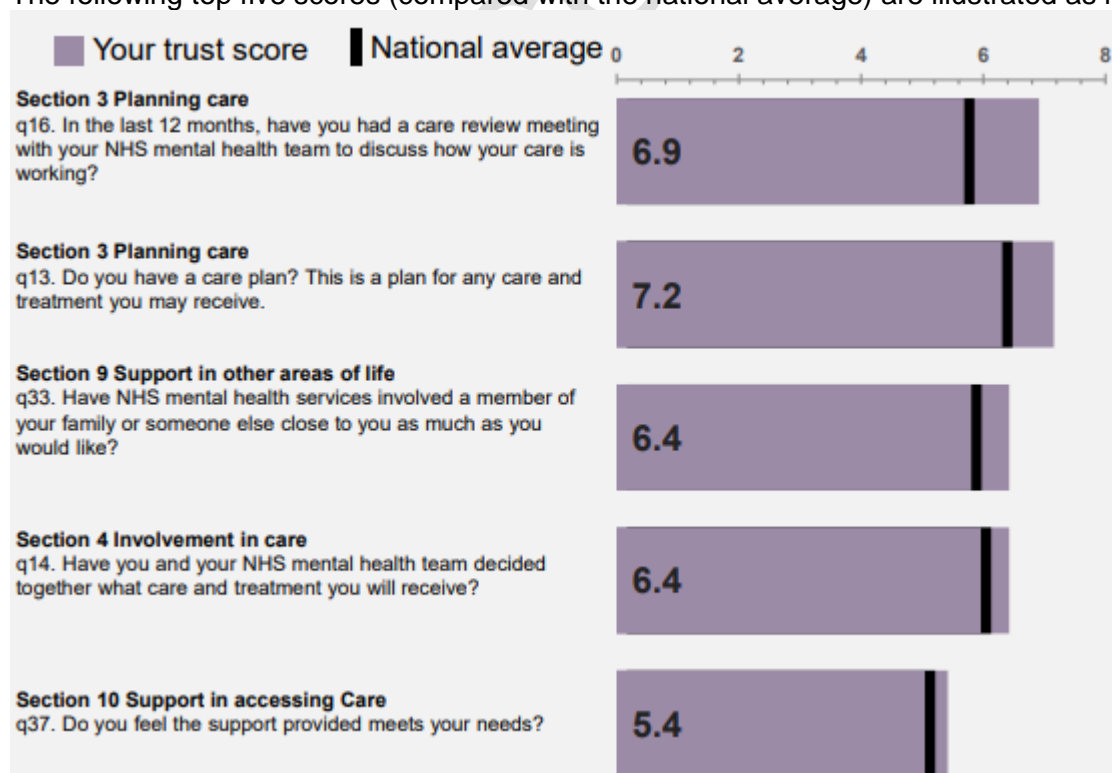
There were 249 completed surveys returned within our Trust for the 2023 Community Mental Health Survey, a response rate of 20%. This is the same as the national response rate and compares with a rate of 20.9% in 2022. The following image illustrates the population of our patients who took part in the survey.



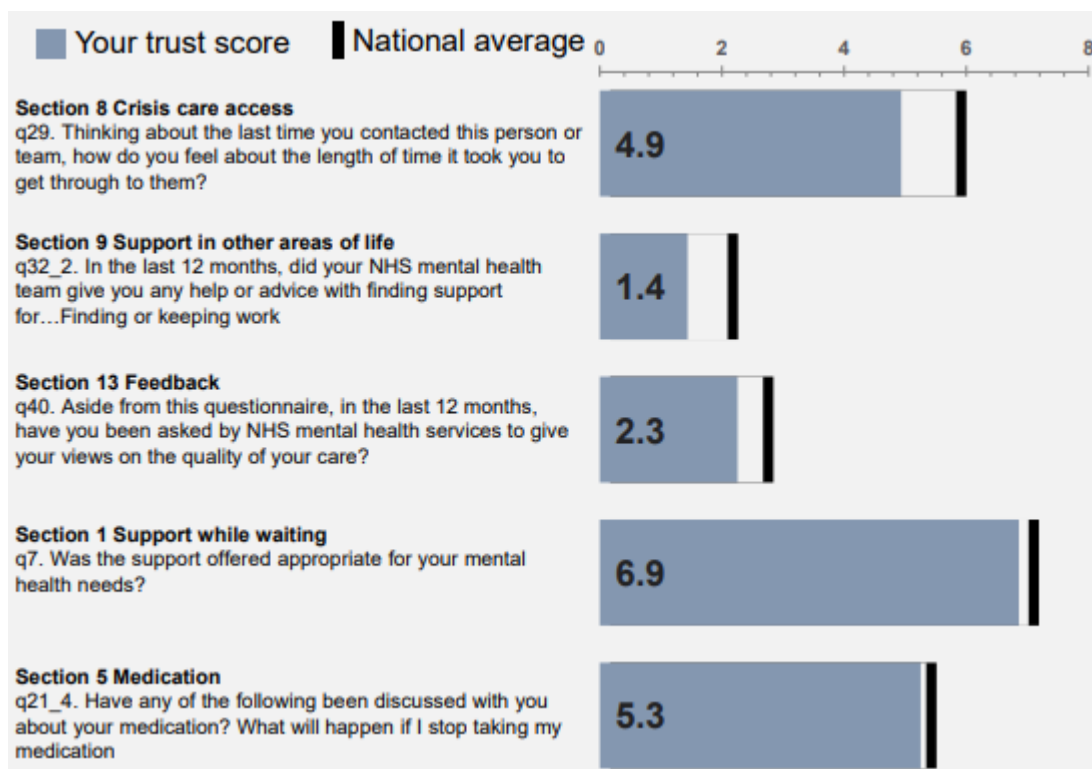
### Benchmarking

The 2023 National Community Mental Health Survey was provided by a new supplier. Due to changes made in the sampling period, eligibility of service users included and the mode in which the survey was carried out, there is no comparability with previous years. The initial findings report does not include the lowest and highest national scores. The national results were published on 18<sup>th</sup> April 2024.

The following top five scores (compared with the national average) are illustrated as follows:



The following Bottom five scores (compared with the national average) are illustrated as follows:



Full results of the survey for our Trust can be found at:  
<https://www.cqc.org.uk/search/site?fulltext=Mental%20Health%20Survey>

## 2.9 Our 2023 National NHS Staff Survey results

Our response rate increased by 4% to 48% which reflected a good return rate nationally. Ongoing progress is noted in the experience of staff in relation to harassment and discrimination, work hours/ time pressures, and experience after a near miss/ incident.

In relation to the people promise elements / themes we improved significantly on: we are recognised and rewarded; we are always learning; staff engagement, and morale. We did not deteriorate on the remaining four (one was unreportable nationally for all organisations).

Due to the way the meetings fell, the staff survey was discussed in detail in the January 2024 people, culture and diversity time out in order to set the priorities for 2024/25 and evaluate impact against the people journey. The group concluded that, to date, the people journey had made good impact and that the plan of work for the next six months was appropriate.

It is proposed that, overall, the staff survey results give good assurance of continued progress. The scores have remained the same or increased in 100 of 113 areas following the significant improvement last year when the trust was the most improved mental health/ learning disability and autism trust in the country.

Work needs to continue on the feedback to teams after an incident and what changes have been made to clinical practice as a result.

The committee also pulled out the theme of staff experience of their team/ team manager. The training and development of immediate line managers will be prioritised this year. We have invested a lot of resource into supporting leaders from service management level and up as a planned stage of implementing the new Trust-wide structure, and continued to run new managers courses and managers' bitesize programmes. We will begin to oversee the uptake of these programmes for all new leaders are team level (operational, clinical and corporate) and integrate the new national resources 'expectations of people managers'.

Communications have begun with local services to support them to explore their own local data and work with their teams to develop local plans.

Key Trust-wide areas of focus are the continuation of the central reasonable adjustments team, flexible working and sharing changes to clinical practice and the outcome/ experience data from people accessing our services.

The most improved results compared to 2022 are illustrated as follows:



Further detail of the most improved scores:

Most improved scores	Org 2023	Org 2022	Org 2021
Q4c. Satisfied with level of pay	<b>38%</b>	31%	38%
Q14d. Last experience of harassment/bullying/abuse reported	<b>63%</b>	58%	57%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours.	<b>44%</b>	40%	42%
Q19c. Staff involved in an error/near miss/incident treated fairly	<b>55%</b>	50%	No results *
Q5a. Have realistic time pressures	<b>29%</b>	25%	25%

There are, however, a few areas from the NHS National Staff Survey where we're performing below the national average illustrated as follows:



Further detail of the most declined scores:

Most declined scores	Org 2023	Org 2022
Q19d. Feedback given on changes made following errors/near misses/accidents	<b>63%</b>	65%
Q20b. Would feel confident that organisation would address concerns about unsafe clinical practice.	<b>59%</b>	61%
Q31b. Disability: Organisation made reasonable adjustments(s) to enable me to carry out work.	<b>74%</b>	76%
Q19c. Organisation ensure errors/near misses/incidents do not repeat	<b>68%</b>	70%
Q7i. Feel a strong personal attachment to my team	<b>65%</b>	66%

Areas where our Trust scored higher than the national average:

Top 5 scores vs Organisation Average	Org	Picker Avg
q15. Organisation acts fairly: career progression	64%	58%
q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	82%	77%
q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	95%	91%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	44%	41%
q16b. Not experienced discrimination from manager/team leader or other colleagues	95%	92%

Areas where our Trust scored lower when compared to the national average:

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	55%	62%
q25c. Would recommend organisation as place to work	57%	64%
q6b. Organisation is committed to helping balance work and home life	52%	58%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	74%	80%
q4d. Satisfied with opportunities for flexible working patterns	63%	68%



## 2.10 Clinical Audit: Participation in clinical audits and national confidential inquiries

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

- During 2023/24, five national clinical audits and two national confidential enquiry covered NHS services that Tees, Esk and Wear Valleys NHS Foundation Trust provides.
- During that period, Tees, Esk and Wear Valleys NHS Foundation Trust participated in 100% of national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.
- The national clinical audits and national confidential enquiries that Tees, Esk and Wear Valleys NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:
  - National Audit of Inpatient Falls (NAIF) – continuous audit
  - National Clinical Audit of Psychosis (NCAP) EIP re-audit in EIP Services
  - National Audit of Dementia (NAD): Spotlight Audit for Community-based Memory Services
  - POMH Topic 23a: Sharing Best Practice Initiatives
  - POMH Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old mental health services
  - National Confidential Enquiry into Patient Outcome and Death (NCEPOD): End of Life Care Study
  - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
- The national clinical audits and national confidential enquires that Tees, Esk and Wear Valleys NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit Title	Cases Submitted	% of number of registered cases required
National Audit of Inpatient Falls (NAIF) – Continuous audit	2	100%
National Clinical Audit of Psychosis (NCAP) EIP re-audit	475 (and a further 7 contextual team level questionnaires)	100%
National Audit of Dementia (NAD): Spotlight Audit for Community-based Memory Services	Sample provided: 50	100%
POMH Topic 23a: Sharing Best Practice Initiatives	Sample provided: 1	100%
POMH Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old mental health services	Sample provided: 303	100%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): End of Life Care Study	Sample provided: 5 Clinician Questionnaires	100%

Audit Title	Cases Submitted	% of number of registered cases required
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	62 questionnaires sent to the Trust with 42 returned	68%

- The reports of six national clinical audits were reviewed by the provider in 2023/24 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
  - The criteria for monitoring plasma levels was updated as part of our Trust’s psychotropic monitoring guidelines.
  - The Trust has implemented a new patient electronic record system (Cito) and prompts have been built in to ensure that staff ensure that patients prescribed melatonin have a review of side effects within the first three months.
  - The Trust psychotropic monitoring guidelines has been updated to include baseline monitoring requirements for valproate.
  - The Trust pharmacy lithium registers team has implemented a process of searching WebICE for relevant blood tests, and within the patient’s electronic care record for a recorded weight/BMI, in the two months prior to the patient starting treatment.
  - Additional carer support workers were recruited to support Carer-focused education and support programme provision for our North Tees, South Tees and North Durham early intervention teams.
  - There has been additional Family Intervention investment provided for our Scarborough, Whitby, Ryedale early intervention teams.
  
- The reports of 125 local clinical audits were reviewed by the provider in 2023/24 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
  - A Mental Capacity Act conference was held for non-medical clinical staff to increase awareness and understanding of Section 17 Leave processes.
  - Key amendments have been made to the quality assurance and improvement programme ensuring the quality and risk areas assessed remains relevant to changing systems and processes within the Trust supporting continuous improvements.
  - Communication across all teams has been provided by our safeguarding public protection team to ensure that there is a system in place to easily identify patients who are parents of children and / or patients who have requested a visit from a child.
  - The Trust safeguarding lead social worker has collaborated with the secure inpatient services to increase awareness of the Trust’s Forensic child visiting procedure, alongside the child visiting policy thereby ensuring the person with parental responsibility must be contacted in all cases to consult on the visit.
  - All infection, prevention and control (IPC) audits are continuously monitored by the IPC team and any required actions are rectified collaboratively by the IPC Team and ward staff. Assurance of implementation of actions is monitored by the clinical audit and effectiveness team via the clinical audit action monitoring database. A total of 60IPC clinical audits were conducted during 2023/24 across inpatient areas, prison teams, and applicable community teams where there are clinic facilities. **65% (39/60)** of clinical areas achieved standards between 90-100% compliance. Local clinical audit action plans were implemented in collaboration with the IPC team and the clinical team members to mitigate any areas of non-compliance.

In addition to those local clinical audits reviewed (i.e., those that were reviewed by our quality assurance committee and quality assurance and improvement group), we undertook a further 58 clinical audits in 2023/24 including clinical effectiveness projects by trainee doctors, consultants and other professionals, in addition to those by directorates/specialty groups. These clinical audits were led by the services and



individual members of staff to support service improvement and professional development and were reviewed by specialties.

The Trust has procured an electronic clinical audit application and over the next year will be using this system to make clinical audits more efficient and easier for teams. Teams will be able to review their clinical quality information in a live format and to make any changes needed to improve practice and ultimately the quality of care and the experience of our patients and their families.

We continued to implement an extensive quality assurance and improvement programme during 2023/24. This provides ongoing assurance that key quality and risk issues identified are addressed. Significant improvements in practice and patient safety continue to be facilitated through this programme.

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## 2.11 Participation in clinical research

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

The number of patients receiving relevant health service provided or sub-contracted by our Trust in 2023/2024 that were recruited during that period to participate in research approved by a research ethics committee was 939. Of the 939 participants, 901 were recruited to 29 National Institute for Health Research (NIHR) portfolio studies. This compares with 827 patients involved as participants in 36 NIHR research studies during 2022/23. As well as acting as a research site and participant identification centre, our Trust sponsors research including six NIHR grant-funded studies. As part of this role our research and development team are actively engaged in governance activities such as site set-up and performance tracking. As sponsor, during 2023/2024, our Trust oversaw the completion of the BASIL+ trial, an urgent public health study. It shows that depression and loneliness can be prevented using structured telephone-based psychological care, delivered over 8 sessions ([Behavioural activation to mitigate the psychological impacts of COVID-19 restrictions on older people in England and Wales \(BASIL+\): a pragmatic randomised controlled trial - ScienceDirect](#)). Another of our sponsored studies explored food insecurity in adults with severe mental illness living in Northern England. The study was co-produced with four peer researchers with lived experience of severe mental illness from its conception to dissemination and found a 50.4% prevalence of food insecurity in the reported sample ([Food insecurity in adults with severe mental illness living in Northern England: A co-produced cross-sectional study - Smith - Nutrition & Dietetics - Wiley Online Library](#)).

Other examples of how we have continued our participation in clinical research include: We continue to work closely with the NIHR Clinical Research Network North East and North Cumbria to support large scale national portfolio research studies, and to measure patient research experience when taking part in studies with feedback and any actions reported to our research governance group. 27 different staff members took on the role of principal investigator for NIHR supported studies. We continue to collaborate with a wide range of universities and other NHS providers to deliver large multi-site research studies for the benefit of our service users, carers, and staff.

## 2.12 Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of Tees, Esk & Wear Valleys Foundation Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between Tees, Esk and Wear Valleys NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2023/24 are available on request from Ashleigh Lyons, Head of Performance. Email [Ashleigh.lyons@nhs.net](mailto:Ashleigh.lyons@nhs.net)

There will be no 2024/25 CQUIN requirements.

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## 2.13 What the Care Quality Commission (CQC) says about us

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

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

The CQC has not taken enforcement action against Tees, Esk and Wear Valleys NHS Foundation Trust during 2023/24.

Tees, Esk and Wear Valleys NHS Foundation Trust is subject to periodic reviews by the CQC and the last review was on 29 March 2023 to 02 June 2023. The CQC's assessment of the Tees, Esk and Wear Valleys NHS Foundation Trust following that review was an overall rating of requires improvement.

Our Trust's CQC inspection took place 29 March 2023 to 02 June 2023. As part of the inspection, the CQC visited 59 of our wards/teams. This comprised of inspections of wards/teams from a range of Core Services including Adult Learning Disability Community and Inpatient services, Secure Inpatient Services and Community and Inpatient MHSOP services. The CQC published the [results of the Trust's latest trustwide inspection](#) on its website on 25 October 2023.

The CQC report demonstrates our continuous improvement and the positive impact that this has had on people's experience of the services that we provide. It also acknowledges that we still have more to do.

Importantly, the report recognises the hard work and commitment of Trust colleagues in making improvements. A running theme throughout the report is that our staff are kind and caring and demonstrate our values in the care that they provide. This is something that is seen every day, not just during CQC inspections. We know there is more to do but we're proud that we're moving forward together.

The CQC inspections took place from March to June 2023 and while the Trust's overall rating has stayed at requires improvement, there are no longer any areas that are rated as inadequate and the majority of our services are rated as good. Overall, the CQC recognises that we're making good progress. This has been a real team TEWV effort. It is of particular note, that Ridgeway (our secure inpatient services), wards for people with a learning disability or autism and wards for older people had all improved since their last inspection.

Inspectors found that our Trust had a clear vision and strategic direction, which is understood by all staff. They could also see a positive culture change. This was demonstrated by colleagues who felt supported and valued and had confidence in our freedom to speak up process. Most importantly by patients who told inspectors that staff were 'kind and considerate', 'friendly', 'kind and supportive' and that they were 'actively involved in their care planning'.

We all agree that further improvements are needed, however, we have come a long way in a relatively short space of time and in difficult circumstances. The areas for improvement are already in our sights and are being worked on every day. As with other trusts throughout the NHS, successful staff recruitment and retention and development of the excellent staff we have, remains a pressing priority and is key to us achieving all our goals.

### Key facts and figures:

- Seven out of 11 of our services are rated 'good'. Four areas are rated as 'requires improvement'. This is an improvement since our last inspection in 2021.
- All services were rated as 'good' for caring.
- Nine out of 11 services were rated as 'good' or 'outstanding' for effective.

- No warning notices were served as a result of the inspection.
- No services were rated as 'inadequate'.

As expected, the areas for improvement include issues seen nationally such as staffing and waiting times. We've also got some more work to do around mandatory training and recording supervision, physical health monitoring and responding to complaints. The backlog of serious incidents is highlighted as a 'must do', and we are committed to completing these in a timely way, with significant progress now made in reducing this. There is a clear plan in place to reduce delays and are making good progress.

We know that there is further work to do however, the fact that the CQC has told us we're making improvements, and that these positive changes have impacted on the quality of our care, is a really important step on Our Journey to Change.

Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following action to address the points made in the CQC's assessment:

- The quality governance team has co-created the CQC improvement plan in collaboration with care group colleagues and specialty/directorate leads, in response to the CQC must and should do recommendations made within the inspection report. Two improvement planning events were held 31 October 2023 and 01 November 2023 to develop the improvement actions. The events were well-attended and the framework used was well received by those involved.
- Improvement actions have been developed taking into account the significant work which has already been completed, avoiding duplication where actions are already being addressed by established workstreams or ongoing improvement plans are being delivered. This includes how we check that there is ongoing assurance of actions being embedded and sustained.
- The Trust CQC improvement plan against the must do recommendations was formally submitted to the CQC on 27 November 2023 after approval by the quality assurance committee 22 November 2023.
- The quality governance team will continue to maintain the evidence repository to provide assurance of completion and implementation of improvement actions. Delivery progress for the CQC improvement plan (must and should do actions) will continue to be formally reported to the Quality Assurance Committee, noting where actions are implemented and embedded.
- Learning themes from the CQC improvement plan informed the Trust-wide learning event held on 3 November 2023, where these were triangulated with broader quality governance intelligence, including learning from serious incidents, quality assurance programme data and complaints feedback.

Tees, Esk and Wear Valleys NHS Foundation Trust has made the following progress by 31st March 2024 in taking such action:

- A revised schedule / work plan for the quality assurance committee includes learning from audits, incidents, CQC visits and complaints. Learning from executive visits is reported into the management group and informs the quarterly learning events (alongside the review of serious incidents, incidents and CQC visit themes).
- A procedure setting standards for responding to requirements and recommendations from external and internal reviews has been implemented.
- All external and internal reviews that result in recommendations will continue to have an associated improvement plan with a clear governance route to ensure delivery through to conclusion (including tracking of recommendations and actions).
- The duty of candour policy has been revised in line with national standards and there is weekly reporting of duty of candour to the executive directors group and the quality assurance committee to confirm compliance with the policy standards.
- Incident reporting on InPhase prompts clinicians to record the rationale where prone restraint is used. The use of prone restraint is reviewed within each care group positive and safe group and the Trust-wide positive and safe group. Performance against the standards is reported up through care groups and the Trust-wide positive and safe group to the quality assurance committee and the mental health legislation committee.
- We have reviewed, updated and implemented the Section 17 Leave Policy. The mental health legislation team has undertaken formal monitoring and checks in relation to completion of Section 17 leave documentation, ensuring that it is fully completed, and that staff are using the correct form. Feedback from these reviews has demonstrated improvements and has been reported to the Trust's

Mental Health Legislation Committee. We have also included monitoring of leave documentation within our quality assurance schedule to continue to quality assure until we are confident of embedded improvements.

- We have a forward plan for the mental health legislation committee to identify regular reporting requirements from the positive and safe group, including data on the use of restraint and Use of Force Act compliance.
- All governors have been informed of what support is available and from whom within the Trust. Contact details of non-executive directors and their biographies have been shared with all governors, and non-executive directors have been advised to make themselves available to governors wherever possible through normal Trust business, including Council of Governors meetings.
- We have agreed a plan on a page for the use of Speak Up Guardian data and intelligence, how it will be shared and how it will be triangulated with other information / data to lessen the risk of closed cultures.
- We have agreed process for the people, culture and diversity committee regarding how we manage and report Freedom to Speak Up outcomes (without breaking individual confidentiality).
- We have developed a workforce plan for pharmacy professionals and non-registered pharmacy staff.
- We have reviewed all blanket restrictions on Kestrel/ Kite ward to ensure that these are now individually assessed. These have been presented to the reducing restrictive interventions group.
- We have reviewed all wards within the service to ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms.
- We have developed a system in collaboration with occupational therapy to ensure that when patients need are assessed and a change of environment is required, that a monitoring and escalation process is in place.
- We have reviewed the contract for the provision of patient food and a new provider is now well established. We have held focus groups with patients to support the development of new ward menus and we have incorporated fridge checks by ward housekeepers into the daily workplan.
- Ward managers have co-produced a system with service users for dissemination and storage of community meeting minutes which will document the outcomes of actions taken.
- We have decommissioned the seclusion facility where an issue was observed in relation to use as a cut through by staff.
- Lockable safes have been checked on admission of new patients and at discharge to ensure that they are in good working order.
- We have developed and undertaken an oxygen assessment against the policy assurance statements for the storage of oxygen. This was reported to the care group quality assurance and improvement group and the executive review of quality group. We have developed and implemented fridge temperature assessments, which covered a 30-day period and assessed practice against the policy assurance statements. Where improvements were required, action plans were agreed and followed up to provide assurance of completion with oversight via the care group governance forums. We are continuing to quality assure until we are confident of embedded improvements.
- We have reviewed site maintenance (including the cleaning schedules) and have regular meetings between the service and the estates and facilities management team to ensure that the unit is well maintained.
- We continue to work in collaboration with the HOPE(S) model for all patients in long term segregation and seclusion. All people will have a plan that has a long-term goal of leaving long term segregation.
- We have reviewed the adult learning disabilities inpatient estates and took actions to ensure that people's living spaces are conducive to recovery and feel welcoming. We continue to work with service users and their loved ones to understand individual preferences.
- Care groups have developed a plan for site visits (peer quality reviews) across 7 days a week and the 24-hour period to ensure that balanced feedback is gathered.

Tees, Esk and Wear Valleys NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

## 2.14 Information governance

The reporting deadline for the toolkit is now 30 June 2024, therefore our position remains the same as for our 2022/23 position which is 'approaching standards'.

We are currently at **90%** completion of our information governance mandatory and statutory training. Our Trust currently has a sickness rate in the region of **5%** so our ability to achieve the **95%** target has been impacted.

However, the current iteration of the toolkit (2023/24) allows organisations to develop their own information governance mandatory and statutory training and set their own key performance indicator (KPI). The Trust is currently in the governance process of bringing this KPI in line with all other mandatory training which is **85%** and which the Trust is already exceeding. This will be mitigated by the introduction of refreshed induction training for new starters which will include information governance training on their first day with the Trust.

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## 2.15 Freedom to Speak Up

There are a number of routes through which staff can raise concerns:

- Through their own management or professional structures.
- Through the Freedom to Speak Up team. This is as confidential as the person asks for it to be. Concerns are addressed in agreement with the person who spoke up. We have recently started directing the request for review to the senior leadership team. This has enhanced the process and increased the sense of service ownership and satisfaction from those who spoke up. However, we still offer an independent review for those who feel speaking outside their service is preferable or want to ensure a level of confidentiality. We also signpost to other services such as employee support services or human resources. Feedback is given to the person on a regular basis, in line with our revised process. As much feedback is given as appropriate although, by the nature of some concerns and investigations, full feedback is not always possible. We have a monthly speaking up forum where we share soft intelligence, agree proactive work and agree what information is to be shared with the people and culture committee, the board, and each care board so that we can triangulate feedback from reviews, service action plans, and share outcomes.
- The online raising concerns form where people could previously complete anonymously has been discontinued.
- Through our safeguarding team or directly to the CQC.
- Through our formal HR processes, the timescales of which vary and are laid out in the relevant policy.
- Through the employee support service who will signpost and provide guidance on how to make best use of the options available.
- Through any trade union of which they are a member.

We have a process for addressing any concerns of detriment or demeaning treatment, in line with national guidance. We have recently agreed that concerns will be passed to our associate director for operations and resourcing, who will quarterly share themes with our non-executive director for speaking up.

With regard to the medical workforce, the role of Guardian of Safe Working for postgraduate doctors within our Trust sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours. The work of the Guardian is subject to external scrutiny of doctors' working hours by the CQC and by the continued scrutiny of the quality of training by Health Education England.

The Guardian is required to levy a fine against a department(s) if a postgraduate doctor:

- Works on average over 48 hours/week
- Works over 72 hours in seven days
- Misses more than 25% of required rest breaks
- On non-residential on call (NROC) does not have a minimum of continuous rest for five hours between 10pm and 7am
- Does not have the minimum eight hours total rest per 24-hour non-resident on-call (NROC) shift
- Has more than the maximum 13-hour residential shift length
- Does not have the minimum 11 hours rest between resident shifts

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

The Board received the Guardian's annual report for 2023/24. During the year, the most common reasons for needing short-term/locum cover was due to vacancies on the rotas and staff sickness (short/long term).

Exception reports received related mostly to claiming additional hours whilst on NROC, having to stay later than normal working hours or shift end time or missing teaching/training due to staff shortages. Discussions on these issues have taken place at the relevant forums and additional staffing put in place where possible.

## 2.16 Community transformation

The aims of the Community Mental Health Transformation Framework were to redesign and reorganise core community mental health teams which are place based and to create a core mental health service which is aligned with Primary Care Networks, local authority and voluntary care sector organisations.

Key achievements made as part of the ongoing community mental health transformation work in line with the NHS England five year programme and provides a breakdown of next steps and key areas of delivery for the next 12 months.

### **Durham Tees Valley care group:**

Key achievements of note include; County Durham

- An average increase of 26% in monthly referrals into the Durham mental well-being alliance with contact remaining within 48 hours.
- The number of people signposted to system services rather than referred to secondary care increased 8 fold.
- GP Aligned services received a total of 5,737 referrals in 2022/23 with only 14.8% of those being stepped up into secondary care.
- In the past six months, 22,560 people have been seen by first contact practitioners with majority (90+%) having needs met in primary care or through signposting to community offers.
- Community Navigation met 72.5% of people's needs when referred to them, with 94% receiving support within 1 week.
- Access "waiting" caseload (excluding neurodevelopmental) has halved and waiting times for assessment reduced from approximately six weeks to approximately two weeks on average.
- Tees Valley Lived Experience involvement has helped to drive the work forward at all levels with members involved in key decision making.
- Establishment of the primary care workforce has resulted in only 3% of individuals now being stepped up into secondary care services.
- Introduction of the South Tees dual diagnosis team has allowed a completely new way of working which fits individual needs.
- The introduction of a new skill mix, care navigators, have enabled individuals to find support at the right place.
- Restructure of adult mental health community teams has been completed seeing a reduction of three teams into one team that now has two functions.

### **North Yorkshire, York and Selby care group:**

Key achievements of note include:

- Lived experience voices are at the heart of transformation and have driven forward the work of the programme at all levels as key decision makers. The passion and enthusiasm seen from our members has ensured the programme's progress to date and enabled the true meaning of this work to be delivered. Within our Trust, the establishment of lived experience forums will keep the transformation accountable and has created a partnership between service and communities to deliver new and improved services. Work is underway to broaden this approach and support across the whole system. The Roundhouse will provide a central point to seek advice, guidance and support to engage from people with a lived experience.
- The establishment of the new first contact mental health practitioners in the primary care workforce has enabled an individual's needs to be met at the earliest opportunity. Currently less than 5% of individuals being seen in primary care are stepped up into secondary care, this indicates that the right individual care is being met at the right time, in the right place. Relationships and understanding of services have improved and led to closer multi-discipline team working (across primary care, secondary care and the voluntary care sector), improving decision making, problem solving and integrating primary and secondary care. Work is under way to develop trusted assessor status for these practitioners which will increase integration further and reduce waiting times. We have held workshops and question and answer sessions across the whole system to look at development and refining pathways to make the system more user friendly. This is already having a positive impact on referral practices.

- The introduction of a new skill mix, new 'system' roles across complex and emotional needs services, adult eating disorders, peer support, social prescribers, early intervention in psychosis and trauma informed care, have enabled individuals to find support at the right place. Their knowledge of the system and support within offered, as well as their relationships with key delivery partners, has ensured our local communities can navigate the correct support for their needs. These system roles work across the whole system, delivering specialist interventions, advice, guidance, training and co-working in several locations across the communities.
- Place based delivery workstreams with voluntary care sector leads from across the system have been able to act at pace. Capacity has been enhanced across the voluntary care sector and joined up, wrap around and supportive care delivered alongside statutory services, increasing access and interventions available across communities.
- Development of new community mental health hubs in the city of York and across North Yorkshire. We have successfully prototyped a new community mental health hub in the city of York where individuals can access the care they need from the whole system to meet their mental health needs. The model has been co-produced with stakeholders and people with lived experience. The prototype has now moved to implementation and is currently recruiting its full team ready for formal launch in March. Two further hubs are planned for the City of York, whilst other hubs are developing or already partially operational in Selby, Harrogate, Ryedale and Hambleton.
- Community grants have been provided at place to fund small and grass-root voluntary care sector organisations to bolster the resilience, provide the necessary support and wrap-around services to underpin the development of the new community hubs.

## Recruitment

In the year 2023/2024, we booked 1,781 start dates with 781 of them being external to the Trust. We have continued with our international recruitment drive to fill nursing posts and expanding our workforce. We remain driven to improve our service, always looking at ways we can streamline and enhance the service we provide.

We have recruited over 150 newly qualified nurses into our workforce, supporting them in the start of their nursing careers.

The apprenticeship and talent team has attended numerous careers events at local schools and colleges – as a direct result of this, we have recruited four young people into permanent posts.

Between April 2023 and March 2024, we had 221 staff start an apprenticeship and during the same period 120 successfully achieved their apprenticeship. We are now working with partner organisations of the Leadership Academy to deliver apprenticeships which incorporate leadership programmes such as Edward Jenner and Mary Seacole.

We are in the process of looking at ways of bringing under 18's into TEWV either as students on placement; as volunteers and as apprentices.

## 2.17 Learning from deaths

During 2023-24, 1322 deaths were reported to Tees, Esk and Wear Valleys NHS Foundation Trust's incident reporting system, with the majority of these considered to be from natural causes.

This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- Q1 - 534
- Q2 - 330
- Q3 - 273
- Q4 - 185

Of the 1322 deaths, in line with the national guidance on learning from deaths, 259 deaths fit the criteria for further review and 143 mortality reviews were carried out.

In mental health and learning disability services we have a number of older people who are cared for in the community and their needs are such they only require minimal contact with us. Many of these people, who die, do so through natural causes as happens in the wider population. This explains the difference between the total number of deaths (from all causes including natural causes) and the numbers we go on to investigate further. To support staff in their decision making regarding the investigation of deaths, staff have clear policy guidance, setting out criteria for categories and types of review.

Of the 1322 of the patient deaths during the reporting period 0.007% are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been based on the information contained within Structured Judgement Reviews carried out under the learning from deaths policy.

It is noted that from 1<sup>st</sup> April 2023 – 29<sup>th</sup> January 2024 case record reviews have been defined as those cases falling under the Trust's mortality review process and investigations as cases that have been reported on the Strategic Executive Information System (StEIS) and investigated under the Serious Incident Investigation Framework. From 29<sup>th</sup> January 2024 we moved from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF). This advocates a proportionate approach to investigation offering further tools for review of incidents. From 29<sup>th</sup> January 2024 case record reviews continue to be those falling under the trust mortality review process and investigations are those investigated using either an after-action review process or a patient safety incident investigation.

The Trust does not record information in the format previously detailed by the national guidance for this mandated statement. In line with the national guidance, the Trust no longer categorises learning into contributory and incidental findings.

All learning from serious incidents and patient safety incident investigations is themed and informs key workstreams to address any identified quality and safety issues.

- During 2023/2024 PSIRF was implemented. This is in keeping with Our Journey to Change and a focus on just culture and learning. During each quarter the number of learning points identified from case record reviews and investigations were as follows: 120 in the first quarter, 180 in the second quarter, 288 in the third quarter, and 220 in the fourth quarter. This reflects the significant increase in case record reviews and investigations undertaken compared to the previous year.

In 2023/2024 a 12-month thematic multi-disciplinary review was undertaken which built on existing theming work undertaken during 2022/2023. This thematic review extended the original seven learning themes identified from serious incidents investigations.

The original seven themes from serious incidents were identified as:

- Risk assessment and management (safety summary/plan/contingency planning)

- Care planning
- Safeguarding (including use of PAMIC tool)
- Family involvement
- Record keeping
- Multi-agency working
- Records management

From the 2023/24 review an additional five, themes were identified where it was felt that there needed to be a specific focus. These five additional themes are:

- Physical healthcare
- Personalised care
- Staffing
- Positive and safe care / reducing restrictive interventions
- Environment

Themes from case record reviews were identified as:

- Care planning
  - Multi-agency working
  - Family involvement
  - Physical health monitoring
  - Medication monitoring
  - Record keeping
  - Risk assessment/risk management
- All learning in the Trust is referred to as actionable learning and supports our approach towards a just and learning culture in line with Our Journey to Change and a systems-based approach to learning as advocated by PSIRF.

Actionable learning continues to be monitored against the themes identified. Our quality assurance programme is regularly updated to reflect learning from patient safety incidents. It provides assurance that improvements are being made in relation to risk assessment, risk management, and contingency planning, care plans and carer involvement and that these improvements are being sustained in both inpatient and community settings. Ongoing quality assurance processes have highlighted specific learning themes. These have been presented through a monthly system wide quality meeting. Since January 2024 themes explored in this forum are care planning/CPA/intervention plans, risk assessment, management and safety summaries, physical health, record keeping and staffing.

Our Trust continues to strengthen arrangements for organisational learning via the organisational learning group which has had a full review of its membership and terms of reference, resulting in multi-disciplinary and executive level membership. The group's role is:

- Develop and maintain processes to learn and improve after patient safety incidents, complaints, safeguarding, leadership visits, investigations etc.
- To alert the Trust of systemic areas for improvement and / or safety issues.
- To ensure the group escalates or delegates concerns or issues to the appropriate forums / workstreams.
- To ensure the organisation has a structure that supports learning and improvement with strong triangulation and governance through:
  - clear collation of information
  - transparent processes to explore and investigate issues based in the PSIRF principles of Just Culture.
  - Work with care groups and clinical networks to identify and theme learning opportunities.
  - Ensure governance structure that will implement and monitor any identified changes.
  - Disseminate learning and developments through a variety of identified solutions.
  - Proactively seek out best practice and provide guidance to fundamental standards, clinical networks and care groups to ensure that safe high-quality care remains at the forefront of service delivery.



- To invite identified work streams to feedback areas of development and positive practice to update and share progress.
- Review and raise awareness of wider system learning from across a range of organisations or publications for discussion.

Learning from case record reviews can be discussed within the organisational learning group, and will be disseminated via clinical networks, fundamental standards, briefings where appropriate, to ensure that learning feeds into existing improvement work. Learning for individuals is also shared with operational teams where appropriate and addressed via supervision and other local governance processes.

Twenty-one patient safety briefings have been circulated trust wide during 2023/24 as a result of learning.

Examples of these briefings include:

- Awareness raising related to spare Emergency Automated External Defibrillator (AED) Pads
- Recording of allergy information in the clinical record
- Information related to the operation of anti-barricade door systems
- Communication with families
- Liaison with the police
- Oxehealth functionality
- Safety planning whilst awaiting admission
- Reviewing of laboratory results
- A number of public health issues in partnership with other agencies linked to increased risks of suicide and potential harmful substances within communities.

The briefings circulated are specific about any assurance required from services. On receipt of completed actions these are documented in the local safety alert and learning database.

The environmental risk group receives monthly incident reports involving ligatures and other risks where environmental factors may have contributed to harm as well as progression of initiatives to reduce harm. Any urgent learning from this group is disseminated Trust-wide via patient safety briefings. Environmental surveys with multi-professional input from estates, health and safety and clinical services continue to be undertaken.

Connecting for people, suicide awareness training, continues, and our mandatory harm minimisation training was updated to include relevant areas of actionable learning. The training considers completion of documentation/record keeping, patient/carer involvement and the importance of multi-agency working. Bespoke training sessions in hot spot areas are available on request.

The learning from deaths policy is currently under review to align it to PSIRF. It is aligned to Our Journey to Change and will ensure carers and families receive compassionate care following the loss of a loved one.

We continue to work collaboratively as part of the Better Tomorrow Programme to facilitate shared learning/good practice and valid comparisons with other trusts.

A new risk management system has been implemented bringing additional benefits in terms of triangulation of learning and oversight of organisational action plans with oversight from the organisational learning group.

Deaths of people with a dual diagnosis are increasing. Community transformation work has facilitated collaborative pathways across the system it operates within. It aims to create a core mental health service which is aligned with primary care networks and voluntary sector organisations to ensure that services are accessible to the community it serves and inclusive of population need.

- 96 case record reviews and 103 investigations completed after 31/03/2023 which related to deaths which took place before the start of the reporting period. This represents a significant increase and reflects our commitment to resolving any backlog of reviews

- As stated during 2023/2024, in keeping with Our Journey to Change and in line with our transition to PSIRF, both of which focus on just culture and learning, all learning from case reviews and investigations is considered actionable learning. Within 2023/2024 we completed 199 case record reviews and investigations from deaths occurring in previous years and undertook 402 case record reviews and investigations from deaths in the reporting period. This meant we undertook a total of 601 case record reviews and investigations. This is a significant increase on the 276 case record reviews and investigations completed in the 2022/2023 period. 808 learning points were identified over 2023/2024 and this included the cases in point 6 above.

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## 2.18 PALS and complaints

All complaints are managed in line with national guidance, and we are committed to providing opportunities for our patients, their carer, or their families to seek advice or information, raise concerns or make a complaint about the services that the trust provides. Our complaints policy outlines how they can do this and to feel confident that they will be listened to, and their issues taken seriously.

In 2023, we carried out a full end to end review of our PALS and complaints function. The review had a very clear aim of ensuring a quicker, simpler, and more streamlined complaint handling service with a strong focus on early resolution and learning.

We implemented our new approach to complaints handling on the 11 December 2023 following a robust cycle of quality improvement whilst ensuring that everything was co-created. The new approach fulfils the expectations set out by the Parliamentary and Health Service Ombudsman (PHSO) for NHS Complaint Standards (2022).

We are encouraging people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint. We have simplified and streamlined our approach and we no longer differentiate between PALS and complaints, instead we are calling everything a 'complaint'. We are working on the principle of 'investigate once and investigate well' with each complainant receiving an open and honest written response that outlines any learning to demonstrate how we have listened and taken seriously their complaint.

We recognise that all complaints give a vital and direct insight into the quality of services that we provide. As part of the review, we also implemented a new electronic system to give greater visibility and when optimised the ability to triangulate learning from across the trust e.g., patient safety incidents etc. In time this will feed through to the Trust's organisational learning group.

In 2023/24 we received the following concerns:

Financial year	Local issue resolution	PALS	Complaints	Total
2023/24	206	1,773	498	2,477
2022/23	N/A	2,446	338	2,784

## 2.19 Data quality

The latest published Data Quality Maturity Index (DQMI) score is **97%**. This is for December 2023.

Our Trust did not submit records during 2023/24 to the secondary uses service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

Our Trust was not subject to the payment by results clinical coding audit during 2023/24 by the Audit Commission.

We have had our annual external clinical coding audit for the data security and protection toolkit. The results were 96% correct for primary diagnosis and 83.1% correct for secondary diagnosis.

We stopped making commissioning data sets submissions that go to secondary uses service and HES approximately five years ago as the data was duplicated with the Mental Health Services Data Set. The Mental Health Services Data Set data quality for NHS number and GP practice from the Data Quality Maturity Index publication for December 2023 were both 100%.

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## 2.20 Mandatory quality indicators

Since 2012/13, all NHS foundation trusts have been required to report performance against a core set of indicators:

### Inpatients that are discharged are followed up within 72 hours.

531 people were not followed up within 72 hours between April 2023 and March 2024.

The 72 hour measure is the percentage of people discharged from a CCG-commissioned adult mental health inpatient setting, that were followed up within 72 hours. This includes all people over the age of 18 years.

Of our commissioned services, 2938 patients were discharged between 1 April 2023 and 31 March 2024, of those:

- 2407 were followed up
- 531 were not

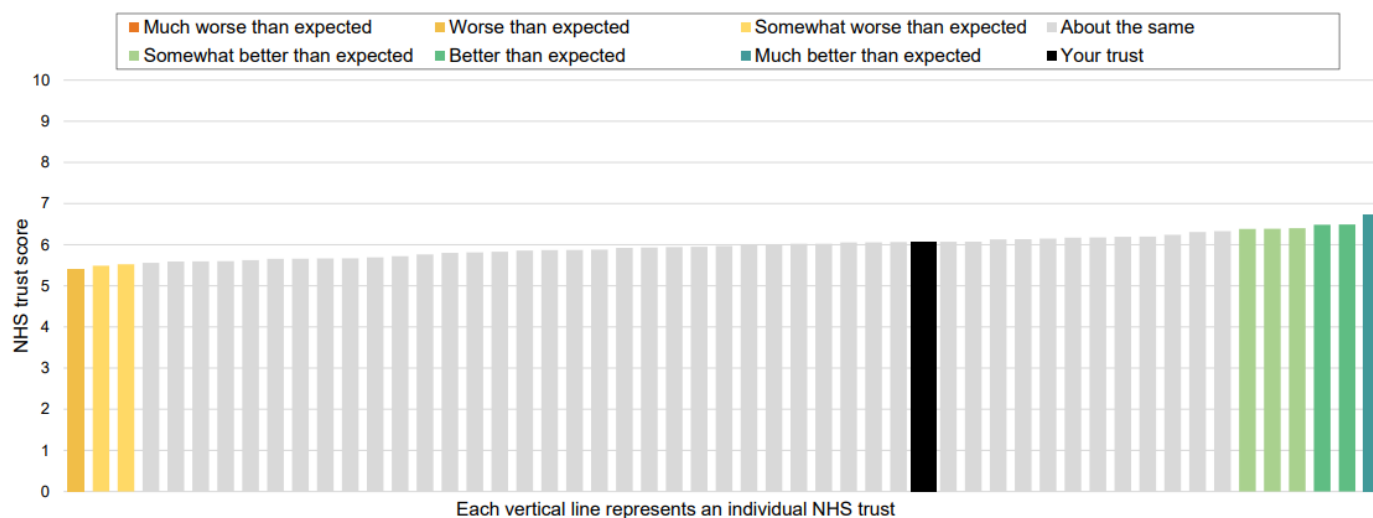
This measure has been impacted following the implementation of Cito and a comprehensive validation of the data for Quarter 4 is currently being undertaken.

### Crisis resolution home treatment acted as a gatekeeping

This is no longer an indicator required to be reported.

### Patients' experience of mental health teams

For 2023, we have reported the mental health section score of the NHS Community Mental Health Survey Benchmark (this has been replaced from previously indicated as a health and social care workers section). The Trust has reported a score of 6.1 which is indicated below as 'about the same' compared to all other trusts.



The section score is compiled from the results of the three survey questions below.

Question	TEWV mean score 2023	National average 2023	TEWV mean score 2022	TEWV mean score 2021
Were you given enough time to discuss your needs and treatment?	6.9	6.8	7.7	7.5
Did you get the help you needed?	6.0	6.0	Question updated from 2023	Question updated from 2023
Did your NHS mental health team consider how areas of your life impact your mental health?	6.7	6.4	Question updated from 2023	Question updated from 2023

Did you have to repeat your mental health history to your NHS mental health team?	4.7	4.6	Question updated from 2023	Question updated from 2023
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### National patient safety incident reports

NHS England provided an update in September 2023 on the six monthly reports due in 2023/2024. They confirmed that they have paused the annual publishing of this data while we consider future publications in line with the current introduction of the [Learn from Patient Safety Events \(LFPSE\)](#) service to replace the NRLS.

Please refer to the narrative in section 2.17 related to the implementation of the patient safety incident response framework.

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# PART 3: Further information on how we have performed in 2023/24

## 3.1 Introduction to part 3

Part 3 of this document contains further information which the legal guidance requires us to include. This includes statutory statements. As with Part 2, this helps to develop an overall picture of quality at our Trust.

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## 3.2 Our performance against our quality metrics

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

### Quality metrics:

Patient safety indicators	Target	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National benchmark (where available)	Further comments
Percentage of patients who report ‘yes, always’ or ‘yes quite a lot’ to the question ‘do you feel safe on the ward?’	75.00%	<b>78.63%</b>	55.57%	65.30%	64.66%	Not measured nationally	The end of 2023/24 position was 78.63% which relates to 1453 out of 1847 surveyed. This is 3.63% above our target of 75.00%. It is noted that the metric for scoring has changed this year, previous years have only reported on people who answered ‘yes always’ to the question, this year ‘yes quite a lot’ is also included in the rating.
Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	<b>0.10</b>	0.28	0.17	0.13	The Royal College of Physicians discourage any benchmarking or comparisons due to the high number variables that exist that makes comparison unreliable.	Analysis of information suggests the slight increase in the rate of falls is associated with the increase in the acuity of patients accessing our services.
The number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	<b>29.2</b>	33.27	28.84	20.9		
The number of medication errors with a severity of moderate harm and above	2.5	<b>11</b>	13	12	7		
The number of serious incidents reported on STEIS	-	<b>126</b>	144	141	142	The Patient Safety Incident Response Framework (PSIRF) was implemented on the 29 <sup>th</sup> January 2024. In addition to changing the way the NHS responds to patient safety incidents, the term ‘serious incident’ and the rules applying to them are no longer applicable. Trusts now monitor patient safety	



Patient safety indicators	Target	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National benchmark (where available)	Further comments
							incident investigations and to support this we have implemented InPhase as our risk and quality management system. Transfer to the new recording system has highlighted areas where data quality can be improved, and several actions to support improvement in the quality of the incident data have been implemented.

Clinical Effectiveness Indicators	Target	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	Whole Trust 20/21	National Benchmark
Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	<b>81.93%</b>	88%	<i>Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)</i>		-
Adults with a long length of stay over 60 for adult admissions	N/A	<b>12.47%</b>	N/A	12%	N/A	According to the NHS Oversight Framework System Benchmarking as at January 2024, national rank 7 out of 52 mental health providers and are performing within the highest performing quartile.
Older adults with a long length of stay over 90 days for older adult admissions	N/A	<b>58.04%</b>	35%	N/A	N/A	According to the NHS Oversight Framework System Benchmarking as at January 2024, national rank 18 out of 52 mental health providers and are performing within the interquartile range.

Patient experience indicators	Target	Whole Trust 23/24	Whole Trust 22/23	Whole Trust 21/22	National benchmark
Percentage of patients who reported their overall experience as very good or good	92%*	<b>92.17%</b>	92.16%	94.34%	87%
Percentage of patients that report that staff treated them with dignity and respect	94%	<b>88.00%</b>	86.69%	84.72%	-
Number of complaints raised	-	<b>498</b>	338	257	-

\* Previous target was 94% changed December 2023 to 92%

## Further comments on areas for improvement

### Number of incidents of physical intervention/ restraint per 1000 occupied bed days (OBDs) – for inpatients

The end of 2023/24 position was 28.5 which relates to 6560 incidents and 230,269 OBDs. This is 9.25 above our target of 19.25

Our North Yorkshire York and Selby care group achieved the target with a rate of **18.4**. Within Durham, Tees Valley and Forensics care group the actual rate was **31.0**.

The high rate of incidents reported in the Durham Tees Valley and Forensic Care Group is linked to a small group of wards supporting specific patients with a range of complex needs often waiting on discharge from hospital.

We have made significant improvements in reducing restrictive interventions across our learning disability inpatients areas over the last 12 months, and have presented this work at a range of regional and national events.

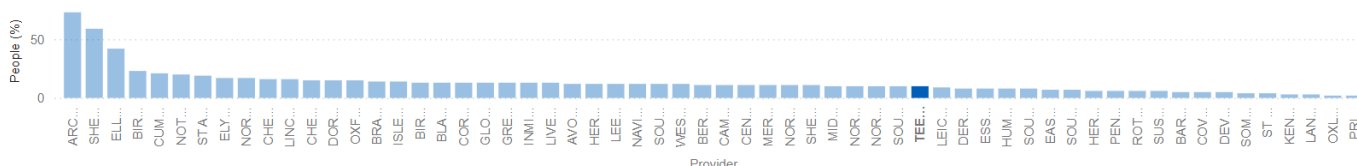
To support our ongoing work to reduce the use of restrictive practice across the organisation we have recently appointed 2 new Specialist practitioners to support each of our care groups.

In order to build on our previous work, we are currently cocreating a new 3 year Positive and Safe strategy to support our ongoing journey to reduce the use of restrictive practices.

The graph below taken from the NHS national data illustrates the Trusts positive position against other mental health Trusts nationally.

The graph below taken from the NHS National data illustrates the Trusts positive position against other mental health trusts nationally. We continue to work towards the long-term reduction of all forms of restrictive intervention. A range of actions are in progress via our Restrictive Intervention Reduction Plan.

Percentage of people in hospital who were subject to a restrictive intervention, January 2024



### Percentage of patients that report that staff treated them with dignity and respect

The end of **2023/24** position was **95.47%** which relates to **12,672** out of **13,274** surveyed. This is **1.47%** above our target of **94.00%**.

Broken down by care groups, we are pleased that the majority of our patients are treated with dignity and respect. North Yorkshire, York, and Selby with **96.08%** and Durham, Tees Valley, and Forensics **95.16%**.

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

**The number of medication errors with a severity of moderate harm and above**

The end of **2023/24** position was **12** which is **9.5** above our target of **2.5**.

These 12 were split across the care groups. North Yorkshire, York and Selby had three and Durham, Tees Valley and Forensics had nine medication errors with a severity of moderate harm and above

In 23/24 the key focus was to implement electronic prescribing and medicines administration (EPMA) across all our in-patient units (excluding respite). In total, 52 wards have EPMA, starting with a pilot ward in June 2023 and then all other wards between 05/09/23 and 16/01/24. The focus of 24/25 will be to implement EPMA in community services.

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### 3.3 Our Performance against the system oversight framework targets and indicators

The NHS Oversight Framework is built around five national themes:

- Quality of care, access and outcomes
- Leadership and capability
- People
- Preventing ill health and reducing inequalities
- Finance and use of resources

A sixth theme focusses on local strategic priorities.

The five themes are underpinned by 31 key performance measures and sub-measures and Trust and Integrated Care Board (ICB) performance is monitored via an allocation to a top, inter or bottom quartile. Typically, those within the top quartile indicate the higher performing Trusts.

To provide an overview of the level and nature of support and the oversight arrangements required across systems, ICBs and Trusts are allocated to one of four segments, determined by the scale and nature of their support needs, ranging from no specific support needs (segment 1) to intensive support needs (segment 4).

Our Trust is currently placed within segment 3; bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required.

There are a number of measures where we are placed in the lowest performing quartile which indicates a position of concern or where we are not achieving the oversight standard.

These are:

- Women accessing specialist community perinatal mental health services (North East & North Cumbria and Humber & North Yorkshire Integrated Care Boards)
- NHS Staff Survey compassionate culture people promise element sub score
- Proportion of staff in a senior leadership role who are from a black and minority ethnic (BME) background
- Staff survey engagement theme score
- Sickness absence rate
- CQC well led rating

Further details on our performance are below:

#### 1) Quality, access and outcomes: mental health

There are five mental health measures monitored as part of the 2023/24 framework; one is monitored at Trust level and four are monitored at ICB level. Our achievement against these has been provided in the tables below.

TEWV	Oversight standard	Q1	Q2	Q3	Q4	Latest national position
Number of inappropriate out of areas placement (OAP) bed days for adults by quarter that are either internal or external to the sending provider	0	1608	494	671	516	Interquartile range as at December 2023 (670) 30 out of 56 Trusts

North East and North Cumbria ICB	Oversight standard	Q1	Q2	Q3	Q4	Latest national position
Access rate for IAPT services	100%	87.54%	95.24%	91.24%	106.53%	Interquartile range as at January 2024 (67%) 31 out of 42 ICBs
Number of children and young people accessing mental health services as a % of population	100%	113.66%	114.72%	115.34%	111.53%	Interquartile range as at January 2024 (95%) 13 out of 42 ICBs
Access rates to community mental health services for adult and older adults with severe mental illness	100%	115.05%	118.13%	123.27%	122.14%	Interquartile range as at January 2024 (93%) 24 out of 42 ICBs
Women accessing specialist community perinatal mental health services	100%	194.25%	129.87%	107.83%	105.76%	Lowest performing quartile (a position of concern) as at December 2023 (75.4%) 34 out of 42 ICBs

Humber and North Yorkshire ICB	Oversight standard	Q1	Q2	Q3	Q4	Latest national position
Access rate for improving access to psychological therapies (IAPT) services	100%	87.30%	83.67%	91.57%	91.75%	Interquartile range as at January 2024 (69%) 28 out of 42 ICBs
Number of children and young people accessing mental health services as a % of population	100%	122.25%	118.98%	118.19%	111.85%	Interquartile range as at January 2024 (88%) 21 out of 42 ICBs
Access rates to community mental health services for adult and older adults with severe mental illness	100%	103.76%	101.34%	99.29%	96.03%	Interquartile range as at January 2024 (95%) 21 out of 42 ICBs
Women accessing specialist community perinatal mental health services	100%	87.02%	61.83%	60.05%	60.31%	Lowest performing quartile (a position of concern) as at December 2023 (51.5%) 28 out of 42 ICBs

Quality of care, access and outcomes: safe, high-quality care

Quality of care, access and outcomes: safe, high-quality care	Oversight standard		Q1	Q2	Q3	Q4	Latest national position
National patient safety alerts not completed by deadline	0		0	0	0	0	Latest position as published at April 2024
Consistency of reporting patient safety incidents	100.00%		100.00%	Not available	Not available	Not available	National reporting paused pending the introduction of the new Learn from Patient Safety Events (LFPSE) service.
Overall CQC rating	N/A		Requires improvement			Interquartile range as at February 2024. 52 out of 69 Trusts. Latest inspection June 2023	
NHS Staff Survey compassionate culture people promise element sub-score	As per staff survey benchmarking group results	6.86	6.99			Lowest performing quartile (a position of concern) as at 2022 survey (6.85) 65 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey	
NHS Staff Survey raising concerns people promise element sub-score	As per staff survey benchmarking group results	6.71	6.68			Interquartile range as at 2022 survey (6.71) 43 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey	
Adult acute length of stay over 60 days	0%		13.59%	13.30%	14.26%	12.47%	Highest performing quartile (a positive position) as of January 2024 (13%) 7 out of 52 Trusts
Older adult acute length of stay over 60 days	0%		25.81%	33.58%	42.74%	58.04%	Interquartile Range as of January 2024 (33%) 18 out of 52 Trusts

Quality of care, access and outcomes: Compassionate and inclusive culture

Quality of care, access and outcomes: Compassionate and inclusive culture	Oversight standard	2023/24	Latest national position
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.00	1.83	Interquartile range as at 2023 (1.8) 48 out of 69 Trusts. Latest submission July 2023.
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.00	1.12	Interquartile range as at 2023 (1.1) 50 out of 69 Trusts Latest submission July 2023.

Leadership and capability: leadership

Leadership and capability: leadership	Oversight standard	2023/24	Latest national position
CQC well-led rating	N/A	Requires improvement	Lowest performing quartile (a position of concern) as at February 2024. 54 out of 69 Trusts

Leadership and capability: leadership	Oversight standard	2023/24	Latest national position
			Latest inspection report published 25 October 2023

### People: Looking after our people

People: Looking after our people	Oversight Standard		Q1	Q2	Q3	Q4	Latest national position
Staff survey engagement theme score	As per staff survey benchmarking group results	6.85		6.94			Lowest performing quartile (a position of concern) as at 2022 survey (6.85) 65 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	As per staff survey benchmarking group results	7.30%		7.21%			Interquartile range as at 2022 survey (7.32%) 24 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	As per staff survey benchmarking group results	13.64%		13.98%			Interquartile range as at 2022 survey (13.7%) 34 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	As per staff survey benchmarking group results	22.48%		22.31%			Highest performing quartile (a positive position) as at 2022 survey (22.7%) 17 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey
Staff Survey – We Are Compassionate and Inclusive People Promise element score	As per staff survey benchmarking group results			7.40		7.49	Interquartile range as at 2022 survey (7.44) 53 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey
NHS staff leaver rate	None		10.90%	11.12%	11.13%	11.25%	Highest performing quartile (a positive position) as at December 2023 (6.52%) 10 out of 71 Trusts
Sickness absence rate (working days lost to sickness)	None		5.65%	6.12%	6.38%	6.71%	Lowest performing quartile (a position of concern) as at October 2023 (6.33%) 50 out of 71 Trusts



## People: Belonging in the NHS

People: Belonging in the NHS	Oversight Standard	Q1	Q2	Q3	Q4	Latest national position
<b>Proportion of staff in senior leadership roles who a) are from a BME background b) are women c) disabled staff</b>						
<b>BME background</b>	12%	1.37%	1.72%	5.88%	5.24%	Lowest performing quartile (a position of concern) as at 2022 calendar year (1.28%) 67 out of 69 Trusts
<b>Women</b>	62%	65.75%	64.22%	63.73%	65.71%	Interquartile range as at December 2023 (65%) 25 out of 45 Trusts
<b>Disabled staff</b>	3.20%	10.96%	11.64%	8.33%	9.05%	Interquartile range as at 2023 (6.02%) 19 out of 69 Trusts
<b>Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age</b>	As per staff survey benchmarking	62.38%	63.83%			Interquartile range as at 2022 survey (62.4%) 20 out of 71 Trusts Note: Q3 and Q4 Trust data as at 2023 Staff Survey

## Finance and use of resources

There are four measures and sub measures monitored as part of finance and use of resources.

Finance and use of resources	Oversight Standard	Q1	Q2	Q3	Q4	Latest national position
<b>Financial efficiency - variance from efficiency plan - Recurrent</b>	N/A	£1,178,000	£3,858,000	£6,269,000	£12,209,000	Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.
<b>Financial efficiency - variance from efficiency plan - non-recurrent</b>	N/A	£363,000	£2,645,000	£5,349,151	£8,638,000	
<b>Financial stability - variance from break-even</b>	N/A	£3,881,456	£4,424,811	£4,700,532	£0	
<b>Agency spending: Agency spend compared to the agency ceiling</b>	100%	86.26%	99.96%	91.08%	86.39%	
<b>Agency spending: Price cap compliance</b>	100%	67.00%	63.40%	61.61%	63.34%	

Improved performance relative to control totals set in year have supported financial recovery that has allowed the Trust to deliver our 2023/24 breakeven plan, based on a mid-case scenario.

## 3.4 Other external reviews/ publications:

### ICB commissioner and Provider Collaborative safety reviews

Commissioner safety review visits were undertaken in June 2023 which focused on key lines of enquiry derived from a range of performance metrics, soft intelligence and information from partners and stakeholders. Commissioners visited five inpatient wards where there were reported serious incidents involving the unexpected death of patients receiving inpatient care between November 2022 and March 2023:

- Maple Ward, West Park Hospital
- Bilsdale, Roseberry Park Hospital
- Roseberry Ward, Lanchester Road Hospital
- Bedale Ward, Roseberry Park Hospital
- Moorcroft Ward, Foss Park Hospital

During each visit the visiting team assessed the environment, observed staff and patients, and conducted informal interviews with a number of staff members and patients.

The report received by the Trust in September 2023 showed that overall, the outcome of the visits was good with some improved areas of practice identified. The assessment team agreed that based on their findings, patients are being safely cared for and that ward staff and senior management have the care and safety of patients at the forefront of their work.

In addition, the North East and North Cumbria Provider Collaborative (NENC PC) were asked by the Trust quality board if they were assured on the safety of patients within commissioned services. Working with NHS England and the NENC Integrated Care Board (ICB) key lines of enquiry (KLOEs) were agreed, and a reporting template and methodology were developed to ensure consistency. All secure inpatient services were visited during July and August 2023. The NENC PC found no immediate patient safety concerns during their visits. The report received by the Trust in November 2023 reported overall outcomes of the visits were good with some areas that could benefit from improvement. Staff on the units and the Ridgeway leadership team demonstrated that they have the care and safety of patients throughout their work and within their environment.

### Letby report

On 18<sup>th</sup> August 2023, Lucy Letby was convicted of murdering seven babies and attempting to kill six others at the Countess of Chester Hospital. She committed these crimes while working as a neonatal nurse at the Countess of Chester Hospital between June 2015 and June 2016. An inquiry will follow the conviction of Lucy Letby and in parallel, we expect policy changes to be considered by the National Bodies.

The Trust has considered the learning and implications from this event and how we can build the culture of openness that we know is crucial to delivering consistently safe care.

Key implications from this event included:

- A failure of systems around safety incident reporting and risk
- Leadership and governance – process and priorities and skills and competence
- Culture – speaking up, problem sensing, openness – a duty to speak up, and a duty to listen to concerns, far beyond formal Freedom to Speak Up.
- Understanding what a failure to listen to concerns means
- A lack of curiosity from the wider multi-disciplinary team (MDT) and management
- A breakdown of inter professional working – including between managers and clinicians
- Patient safety as the singular priority – within trusts and across the system
- How the partnership of clinicians, managers and patients / families works

We reviewed the learning from this with our Board and key sessions with care group Boards, corporate deputies and executives were facilitated. We adapted the foundations of leadership and management training that all leaders and managers from service management level up (clinical, operational and

corporate) are required to undertake. Although this event was an extreme case, learning has been taken forward relating to patient safety and governance.

Our response strengthened the oversight of accountability of, and support to, our leaders and managers including:

- Establishing a quarterly meeting led by the chief executive and reporting to the executive directors
- A three year leadership and management core programme is underway
- Reviewing additional portfolio of training offered through each leadership and management structure
- Focus on strengthening of diversity of leadership and management
- Professional reference groups have been established for all professions including new groups for operational colleagues, corporate and administrative roles.
- Bitesize manager training is underway.

Further information regarding the Letby verdict, see: [Lucy Letby verdict, a future inquiry and patient safety - Patient Safety Learning](#)

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### 3.6 External audit

Under guidance from NHS England, the Quality Account 2023/24 is not subject to review by external audit.

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### 3.7 Our stakeholders' views

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

How we involve and listen to what our partners say about us is critical to this process. We continue to listen and learn from the people we support, their carers and families, our colleagues and our partners.

In line with national guidance, we circulated our draft Quality Account for 2023/24 to the following stakeholders:

- NHS England
- North East and North Cumbria Integrated Care Board
- Humber and North Yorkshire Integrated Care Board
- Local Authority Overview and Scrutiny Committees
- Local Authority Health & Wellbeing Boards
- Local Healthwatch organisations

All the comments we have received from our stakeholders are included verbatim in Appendix 3.

*Insert comments for any feedback received and how these will feed into our future learning for next annual Quality Account*

# Appendix 1: 2023/24 Statement of directors' responsibilities in respect of the Quality Account

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

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

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

- The content of the Quality Account/Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2023 to March 2024
  - Papers relating to quality reported to the Board over the period April 2023 to March 2024
  - Feedback from the Commissioners dated (*insert date*)
  - Feedback from Healthwatch dated (*insert date*)
  - Feedback from Overview and Scrutiny Committees dated (*insert date*)
  - Feedback from Health and Wellbeing Boards dated (*insert date*)
  - The Trust's complaints information reported to its Quality Assurance Committee of the Board of Directors, which will be published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - The latest community mental health survey published 18 April 2024
  - The latest national staff survey published 07 March 2024.
  - CQC inspection report dated 25 October 2023.
- The Quality Account/Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Account/Report is reliable and accurate. There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account/Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board.



David Jennings  
Chair

30 June 2024



Brent Kilmurray  
Chief Executive  
30 June 2024

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## Appendix 2: Glossary

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

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

**Autism:** This describes a range of conditions typically characterised by social deficits, communication difficulties, stereotyped or repetitive behaviours and interests, and in some cases cognitive delays. People with autism are sometimes known as neuro-diverse. Autism cannot be cured, but the mental illnesses which are more common for people with autism can be treated.

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

- Ensure effective dialogue between our Trust and the communities we serve
- Monitors and ensures high quality services
- Is responsible for our financial viability
- Appoints and appraises our executive management team

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

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

**Care Planning:** See Care Programme Approach (CPA).

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

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

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

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

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

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

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

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

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

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

**Co-production/Co-creation:** This is an approach where a policy or other initiative/action is designed jointly between our staff and patients, carers, and families.

**Council of Governors:** Made up of elected public and staff members and includes non-elected members such as the prison service, voluntary sector, acute trusts, universities and local authorities. The Council has an advisory, guardianship and strategic role including developing our Trust's membership, appointments and remuneration of the non-executive directors including Chairman and Deputy Chairman, responding to matters of consultation from the Trust Board, and appointing the Trust's auditors.

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

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

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

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

**Department of Health:** The government department responsible for health policy.

**DIALOG+:** A clinical tool that allows for assessment, planning, intervention, and evaluation in one procedure and allows more personalised care planning.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Learning Disability Services:** Services for people with a learning disability and/or mental health needs. We have an Adult Learning Disability (ALD) service in each Care Group and also specific wards for Forensic LD patients. We provide child LD services in Durham, Darlington, Teesside, and York but not in North Yorkshire.

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

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

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

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

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

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

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

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

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

**NHS England (NHSE):** leads the National Health Service in England.

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

**NHS Staff Survey:** Annual survey of staff experience of working within NHS trusts.

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

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

**PARIS:** Our electronic care record, designed with mental health professionals to ensure that the right information is available to those who need it at all times.

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

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

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

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

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

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

**Quality Account:** A report about the quality of services provided by an NHS healthcare provider, the report is published annually by each provider.

**Quality Assurance Committee (QuAC):** Sub-committee of the Trust Board responsible for quality and assurance.

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

**Quarter one/quarter two/quarter three/quarter four:** Specific time points within the financial year (1 April to 31 March). Quarter one is from April to June, quarter two is from July to September, quarter three is October to December and quarter four is January to March.

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

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

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

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

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

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

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



**Single Oversight Framework:** sets out how NHS trusts and NHS foundation trusts are overseen.

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

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

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

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

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

**TEVV:** Tees, Esk and Wear Valleys NHS Foundation Trust.

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

**The Trust:** Tees, Esk and Wear Valleys NHS Foundation Trust.

**Trust Board:** See Board/Board of Directors above

**Trustwide:** The whole geographical area served by our Trust.

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

**Urgent Care Services:** Crisis, Acute Liaison and Street Triage services across our Trust.

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

**Year (e.g., 2023/24):** These are financial years, which start on the 1 April in the first year and end on the 31 March in the second year.

## Appendix 3: Stakeholders' views

This Appendix contains letters received from our stakeholders in response to the draft Quality Account circulated to them in May 2024.

*To be inserted following consultation*

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