

Adult Social Care and Health Select Committee

EXTRACT from the meeting of the Adult Social Care and Health Select Committee held on Tuesday 15th February 2022.

5	<p>Tees, Esk & Wear Valleys NHS Foundation Trust - Response to recent CQC inspection</p> <p>Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to address the Committee following recent concerns raised by the Care Quality Commission (CQC) (published on the 10th December 2021), specifically in relation to the Trust's forensic inpatient or secure wards and specialist community mental health services for children and young people.</p> <p>The Committee was reminded that this was the second time in the current municipal year that TEWV had been invited to respond to concerns identified by the CQC (the previous occasion in June 2021 related to the Trust's adult inpatient wards), a situation which had, in part, prompted a motion being considered and agreed (with an amendment) at the last full Council meeting in January 2022 that:</p> <p><i>'Subject to detailed consideration and determination by our Adult Social Care and Health Select Committee and / or the Tees Valley Health Scrutiny Committee, Council will write to the Secretary for Health and the Chief Executive of NHS England to call for a public enquiry into the continued failings and lack of notable improvement of Tees Esk and Wear Valley NHS Trust (TEWV).'</i></p> <p>Led by the TEWV Chief Executive, and supported by the TEWV Chair and the TEWV Interim Director of Operations (Teesside), a presentation was given which outlined the following:</p> <p><u>Secure Inpatient Service – Inspection Progress</u></p> <ul style="list-style-type: none"> • <i>Key issues identified:</i> staffing, safeguarding, governance systems for quality and safety. • <i>Action taken (by 30th November 2021):</i> reviewed use of restrictive practices, embedding use of safety summaries and safety plans, improved compliance with safeguarding training (level 3) and Safeguarding Lead based on-site, electronic system (SafeCare) implemented to support the management of safe staffing, improving flow of patient safety information and (when necessary) delivery of psychological therapies / activities / leave, continuation of cultural work within service, governance processes examined, senior clinical capacity increased. • <i>Further actions due (by 1st March 2022):</i> recruitment and retention (acknowledged as a challenging area across health / social care and the wider economy), work to support e-rostering in the service, development of Workforce Councils, progress of leadership issues (Matron level).
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Community Child & Adolescent Mental Health Services – Inspection Progress

- *Key issues identified:* staffing levels (11% vacancies within team), systems for review of young people waiting for treatment (including specialist assessments), mandatory training compliance.
- *Action taken (by 1st November 2021):* review of all young people waiting for treatment, new system in place for 'Keeping in Touch' processes and ongoing review of potential risks.
- *Further actions due (by 1st March 2022):* caseload analysis to 'level load' between teams or clinicians and identify additional resource that may be required, focus on mandatory training (making good progress), ongoing recruitment to all vacant posts (around 9% in CAMHS (11% nationally)) with some agency support in the short-term. Additional actions identified in relation to 'Keeping in Touch' (evaluation of new process with young people / families / carers, and the design and pilot of an electronic version).

Crisis and Health Based Places of Safety – Inspection Feedback

- Several areas of good practice highlighted in the CQC report – service received an overall rating of 'Good'.
- Areas for improvement include systems for the storage of medication in one crisis team. There were also issues around waiting times due to demand being at very high levels.

Community Adult Mental Health – Inspection Feedback

- Several areas of good practice highlighted in the CQC report – service received an overall rating of 'Requires Improvement'.
- Areas for development identified included timely access to services and consistency of approach to caseload management.

AMH and PICU – Follow-Up Inspection Progress

- *Key issues identified:* complex systems for risk assessment and risk management.
- *Action taken:* Quality Assurance Programme implemented to provide quality oversight of clinical risk assessment and risk management, system re-design for recording of risk assessment and risk management, embedding systems for new risk assessment and risk management processes in all other specialties.
- *Follow-up inspection (undertaken in May 2022):* CQC assured by the progress and the service was subsequently re-rated as 'Requires Improvement'.

Well-Led – Inspection Progress

- *Key issues identified (drawn from a review commissioned by TEWV itself):* governance systems and structures, develop the work to progress 'Our Journey to Change' programme' (too early to see the impact of this in the latest CQC report), response to allegations of discriminatory and / or inappropriate behaviours, learning from incidents and complaints, corporate risk register.
- *Action taken:* Board Development Programme, Board Assurance Framework, restructure, external support and oversight (from NHS England and CCGs, good engagement with the CQC, and reporting into, and held to account by,

regional Boards).

Our Journey To Change

- Strategic direction for the Trust that incorporates the clinical approach. COVID had made the last two years very challenging, and this had impacted upon the completion of Action Plans and the consolidation of improvements – the programme remains in its relatively early stages.

The Committee began discussions by reflecting on the length of time the current Chief Executive had been in post (19 months) and the fact that, even before this period, the Trust had been going through some well-publicised problems. TEWV's Chief Executive acknowledged the previous (and indeed tragic) events that had taken place prior to him taking on the role, and confirmed that he was fully aware of the various concerns and was confident that the senior team was able to work through the identified issues. Governance developments were seen as key, and whilst the Trust had a big job ahead, and COVID had impeded traction on progressing change, assurance was given that the current approach was the right one.

Turning attention to the role of TEWV's Governors, Members queried whether more robust oversight could have prevented some of the issues which had been raised by the CQC. It was confirmed that the Council of Governors had been kept fully apprised and briefed of the situation and had provided a good level of challenge (this was supported by the TEWV Lead Governor). In further response, the TEWV Chair commented that the Board of Directors of the Trust welcomed wider scrutiny of their role by Governors, and it was confirmed that the Board of Directors were now demonstrating more challenge. There were also a number of new directors in place, and the Chair had renewed confidence in this team and the senior management moving forward.

Continuing the governance theme, the Committee asked if there had been any changes in operational management as part of the structural reviews. TEWV confirmed that the ongoing, and significant, restructure had seen a turnover of senior posts, with new directors brought in, and an increase in clinical leadership roles supported by operational leaders. In response, Members sought assurance that the changes implemented in light of the CQC's findings had given staff the motivation to drive forward improvements, and were informed that there was indeed a desire to put things right. Staff do care, and had found it difficult to read the CQC reports – however, it was encouraging that they are able and willing to speak about the challenges they face. The Trust reinforces the notion of fundamental standards – not just working in a way that satisfies the CQC, but because it is the right thing to do.

Reference was made to the previous appearance by TEWV representatives at the Committee meeting in June 2021, which some felt was unsatisfactory in terms of addressing the concerns of Members. Back then, issues around TEWV's culture raised alarm, and things did not seem much different now. A lot of people were upset and had felt let down by TEWV, and there had been reports of some staff expressing concern around rapid inductions and being left isolated. The TEWV

Chief Executive offered apologies to the Committee if it was felt that the June 2021 update fell short of expectations, and also apologised to anyone who had had a bad experience of TEWV provision. The Trust acknowledged that there were pockets within the organisation which had deep-rooted issues, but that progress was being made and significant steps were being taken. Engagement with staff was ongoing, and it was vital to understand how their experiences fed through to patient care. The golden thread throughout the improvement plans was 'culture' – however, this vital element was not a quick-fix, and time was needed to achieve required change.

Noting that previous assurances had been provided by TEWV following the publication of past concerning CQC reports, the Committee questioned the extent to which statements around the progression of improvements could be believed. The apparent deterioration in the Friends and Family survey, ongoing problems with recruitment and retention, and previously identified issues failing to be addressed (then further highlighted by the CQC) suggested that the management team had created an unsafe service with significant cultural and staffing concerns. Despite this, there appeared to be no consequence for those in senior positions, and the latest managerial restructure could be perceived as merely moving leaders around rather than holding people of authority to account. TEWV representatives disputed that little had changed and reiterated the journey which it was now on, one in which there had been a significant turnover in leadership positions. In addition, there was now an emphasis on increasing clinical leadership to shape the required organisational change, there was lots of new blood coming into the Trust (almost a complete turnover at Board level), and the Trust were currently advertising for a new Medical Director. Events at West Lane Hospital had shaken everyone at TEWV, and there was an air of humility about the organisation which recognised that provision had, in some cases, fallen short, and that the Trust needed to actively listen. In response to continuing Member concerns around ultimate accountability for the ongoing problems, TEWV highlighted the fact that it was regularly held to account by the CQC and NHS England, and that the Trust had engaged with Deloitte in relation to Board development and improving governance.

An example of a TEWV staff member expressing concerns around practice to a Councillor rather than the Trust was relayed to those present. The TEWV Chief Executive regretted that the staff member felt unable to raise their issues in-house, and informed Members that the organisation wanted to create an environment where its workforce could highlight any problems or concerns without fear of repercussions. The TEWV Chair emphasised that the Trust was determined to put right the previous wrongs, and repeated his confidence in the proactive and visible leadership of the TEWV Chief Executive.

The Council's Cabinet Member for Adult Social Care (also the TEWV Lead Governor) notified the Committee that she had called two special Governor meetings regarding identified concerns. During these, the Board had been open to all Governor questions, and at no time had there been a necessity to report mismanagement to NHS Improvement (as is the statutory duty of the Lead Governor), though it was pointed-out that the court of public opinion may hold a different view. The SBC Director of Adults and Health also added that TEWVs

engagement with the Local Authority had been very positive, and noted personal involvement in recent Trust senior management appointments.

Closing this debate, the Committee Chair referenced the description by staff of a 'toxic culture' within Forensic Inpatient Services (page 13 of the latest CQC report published on the 10th December 2021), and cautioned against apportioning blame to specific individuals when it was the organisation as a whole which had failed in certain areas. Confirmation was then sought around current staffing levels, and it was stated that the vacancy rate across TEWV was around 6% (17% within the Forensic service), with additional cases of sickness absence presenting further challenges. Data on the present and previous use of agency and bank staff would be provided to the Committee after the meeting.

Council Motion

A Committee discussion ensued regarding the recent Council motion. Members recognised that TEWV appeared to be actively addressing the concerns raised by the CQC, but were also wary of their ability to achieve the required change (it was not altogether clear what 'change' looked like either). There had also been no mention of any interaction with Trade Unions or professional bodies when it came to staffing matters, though it was subsequently stated that the TEWV Chief Executive had regular meetings with the former.

Reflecting on the information provided at this meeting, the Committee unanimously agreed that, whilst it was positive that SBC was proactively scrutinising TEWV, the Trust's significant footprint outside the Borough meant any decision on whether to agree to a letter being sent to the Secretary of State for Health and the Chief Executive of NHS England calling for a public enquiry into TEWV should be deferred until after the Trust addresses the Tees Valley Joint Health Scrutiny Committee in March 2022. Once this takes place, the Committee would convene again to hear feedback from that meeting, and a final decision could then be taken with regards the Council motion.

AGREED that:

- 1) the information be noted;
- 2) TEWV provide the requested information on its present and previous use of agency and bank staff to the Committee;
- 3) the Committee's decision in relation to the recent Council motion be deferred until after TEWV address the Tees Valley Joint Health Scrutiny Committee in March 2022.