



# Tees Valley Joint Health Scrutiny Committee

23 September 2022

**Respect**

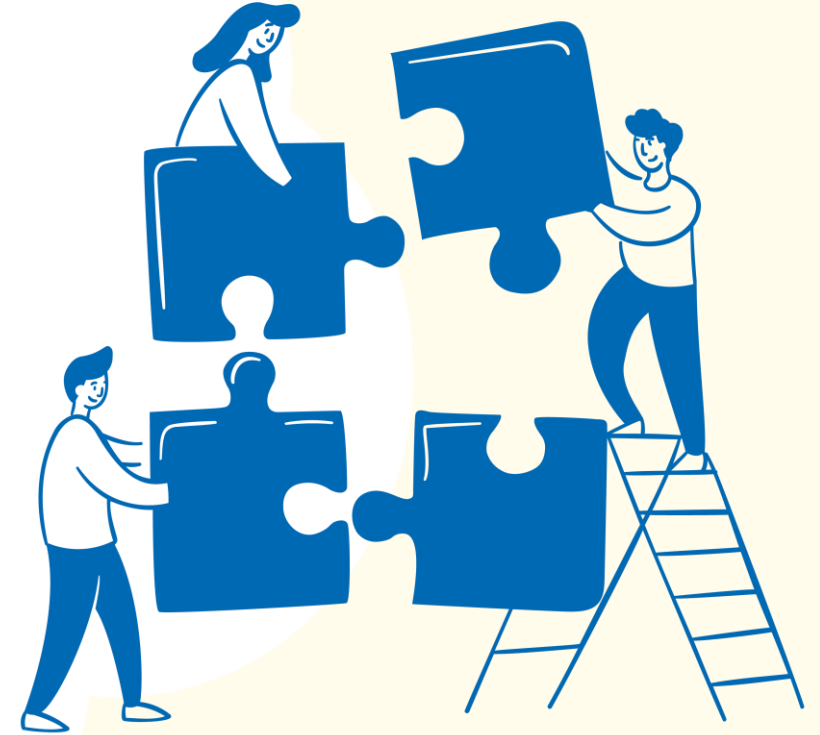
**Compassion**

**Responsibility**



# What we'll cover today

- Key achievements and progress made.
- The challenges and how we're responding.
- Our Journey to Change – where we're up to.
- Clinical and Quality Journey updates.
- Lived Experience roles.



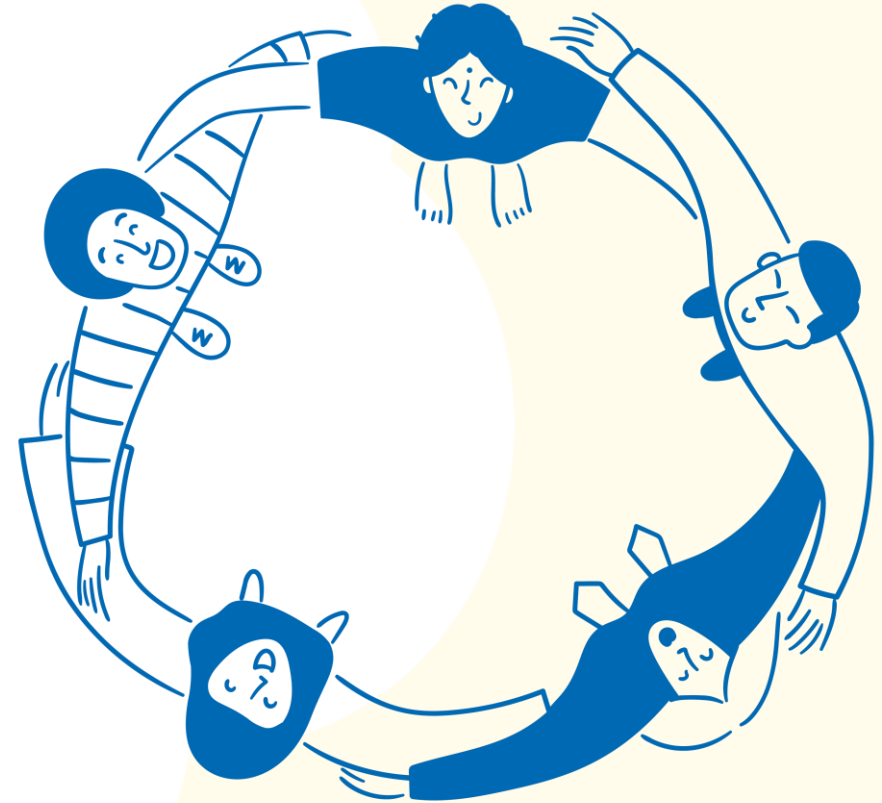
# Key achievements and progress (1)

- **Embedding new governance structures across two care groups including some key appointments:**
  - New Chair: David Jennings
  - Medical Director: Kedar Kale
  - Assistant Chief Executive: Mike Brierley
  - Durham, Tees Valley Care Group - Secure Inpatient Services Care Group Director: Naomi Lonergan
- **Improved operational oversight and grip - e.g. SIS and CAMHS**
  - CQC report into CAMHS community service published – demonstrates we've improved in the safe category - still work to do.
  - CQC Secure Inpatient Services (Forensics) report expected imminently – high level feedback been positive in terms of improvements being made, and the right direction of travel.
- **Revised and strengthened risk management arrangements.**
- **Over 55,000+ safety plans revised to a better format.**
- **Safer inpatient environments.**
- **Quality Assurance Programmes utilising qualitative and quantitative data.**



# Key achievements and progress (2)

- Significant increase in compliance with statutory and mandatory training.
- Improved sickness rate at 5-6%.
- More streamlined recruitment processes & workforce grown 10+%.
- Big focus on staff wellbeing and experience, and culture.



# However, there are some challenges

- **Quality and safety concerns**

- SI's
- Restrictive Interventions
- Crisis / demand

- **Workforce and staffing**

- Community expansion
- Resilience
- Pipeline

- **System developments**

- Changing landscape

- **Regulatory scrutiny**

- **Activity**

- Sustained demand increases
- Waiting lists

- **Confidence in us and our services**

- Reputation management

- **COVID-19**

- Sustainability
- Disruption
- Backlogs
- Recovery
- Demand

- **Cyber threats**



# Our response to the challenges

- We're doing everything we can to maintain high standards and good performance.
- We have listened to feedback and engaged with people.
- We are making good progress in strengthening governance and assurance, simplifying layers, recruiting and retaining people, managing activity pressures and rebuilding confidence in our services.
- Our *Journey to Change* is our opportunity to reset and reshape in our current and future context – building the future.
- Backed by a clear set of priorities and strategic activities to ensure delivery.
- Focus on our making significant progress on our Clinical, and Quality & Safety Journeys.





**1 Why we do what we do**

We want people to lead their best possible lives.

**2 What people have told us about the sort of organisation we were in 2020**

We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families.

**The most important way we will get there is by living our values, all of the time**

- Respect**
- Listening
  - Inclusive
  - Working in partnership

- Compassion**
- Kind
  - Supportive
  - Recognising and celebrating

- Responsibility**
- Honest
  - Learning
  - Ambitious

**4** We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

**3 The kind of organisation we want to be**

**5 We are committed to three big goals for the next five years**

**Goal 1** To co-create a great experience for our patients, carers and families, so you will experience:

- **Outstanding** and compassionate care, all of the time

**Goal 2** To co-create a great experience for our colleagues, so you will be:

- **Proud**, because your work is meaningful.

**Goal 3** To be a great partner, so we will:

- Have a **shared understanding** of the needs and the strengths of our communities

Your opinions are important to achieve our goals. **Get Involved**

# Our Journey to Change: 5 themes

1. **Clinical** – how we will provide high quality, safe, kind, effective and personalised clinical care to the people we support.
2. **Quality** – how we will make our services safer and improve patient experience through evidence-based care.
3. **Cocreation** – how we will seek out and act upon the voices of the people we work with to improve care.
4. **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.
5. **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.



# Clinical Journey – our ambition

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability, autism in our region by:

- Providing high quality, safe, timely effective clinical care.
- Co-creating holistic and integrated models of care.
- Offering a responsive approach to manage fluctuating needs.
- Empowering service-users and carers as equal partners.
- Ensuring kind, person-centred care.
- Enabling individuals to be active members in their local communities.
- Working with partners to address barriers in care.



# Clinical Journey - our principles



# Clinical Journey – delivering on our ambitions

We will achieve our ambition by:

- Meeting the goals of national programmes and local initiatives.
- Setting standards overseen by our Strategic Clinical Networks.
- Developing Community Mental Health hubs.
- Driving Inpatient Improvement work.
- Improving crisis management.
- Personalising care plans.
- Offering evidence-based interventions and outcome measures.
- Enabling digital transformation (Electronic patient records & digital access).

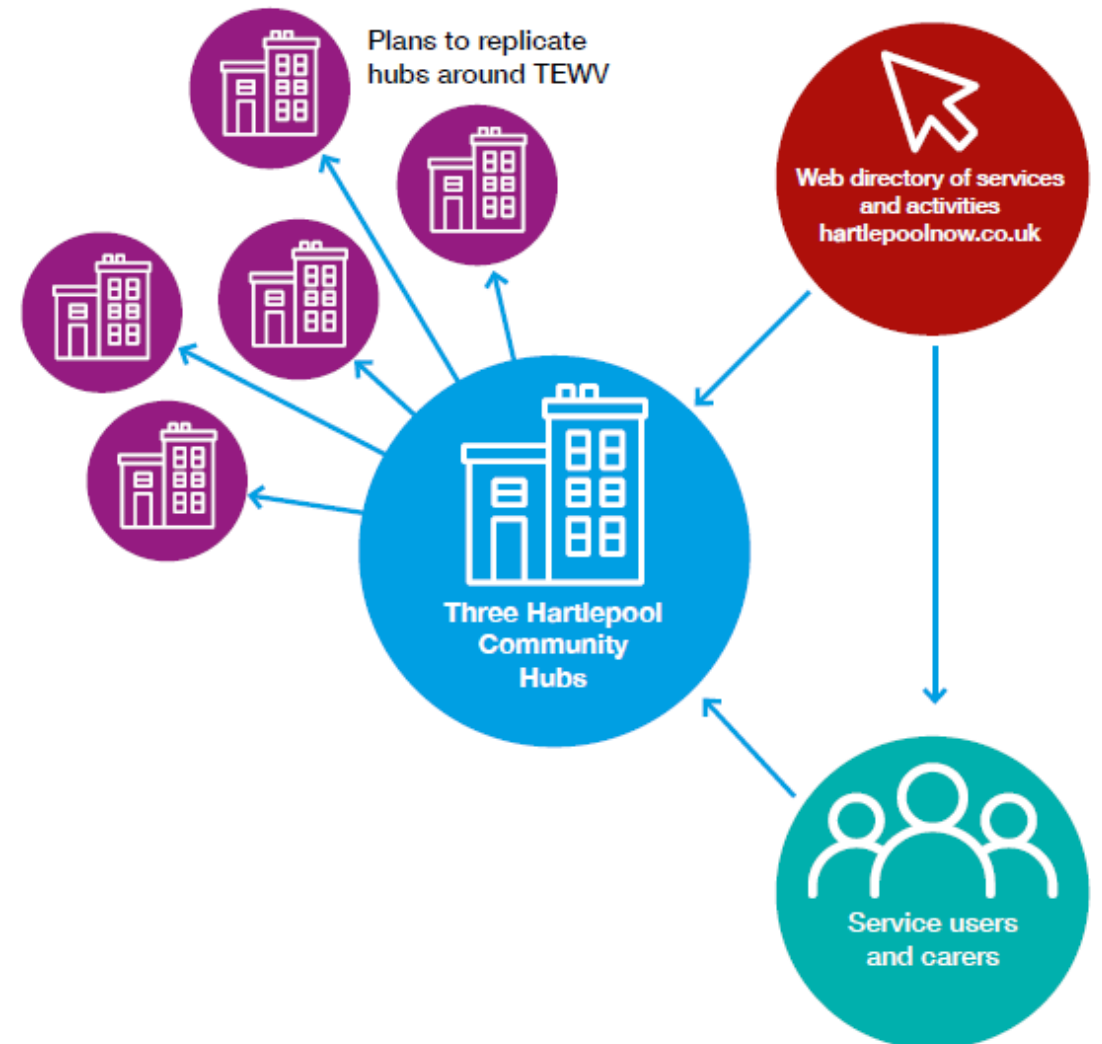


# Clinical Journey – in action

## Utilising community assets to drive change from the ground-up

**“Build it and they will come.”**

- The brief: helping any person who is seeking support through the wide collection of services delivered through the community hubs. These services are brought together in a directory on the [Hartlepool NOW website](http://Hartlepool NOW website)
- Ingredients for success include:
  - Public buildings provided freely serving as a hub and focal point to attract a wide range of organisations and services.
  - Key individuals in Hartlepool who bring a culture of energy, enthusiasm and the communication skills to act as catalysts – inspiring and motivating others with their transformation vision.
  - The creation of a large number of pilot initiatives demonstrate success and produce learning that provides others with the confidence to come on board and launch their own initiatives.



# Stockton CAMHS – case study

- Stockton CAMHS undertook a program of work to ‘deep dive’ into their caseload and review their assessment and allocation processes.
- Over a period of 10 months, caseload size reduced by more than 50%, facilitated through appropriate and planned discharge or referral to alternative services.
- This position is now sustained through improved initial assessment and caseload allocation processes, as well as close ties and system transformation with partners to provide viable and quality alternatives to CAMHS, for families with mild to moderate mental health needs.
- These significant improvements to overall capacity and demand within the team have resulted in low waits for assessment (27 days) and treatment (86 days)\*.
- The learning from Stockton has been shared and similar actions and subsequent improvements are being seen service-wide.

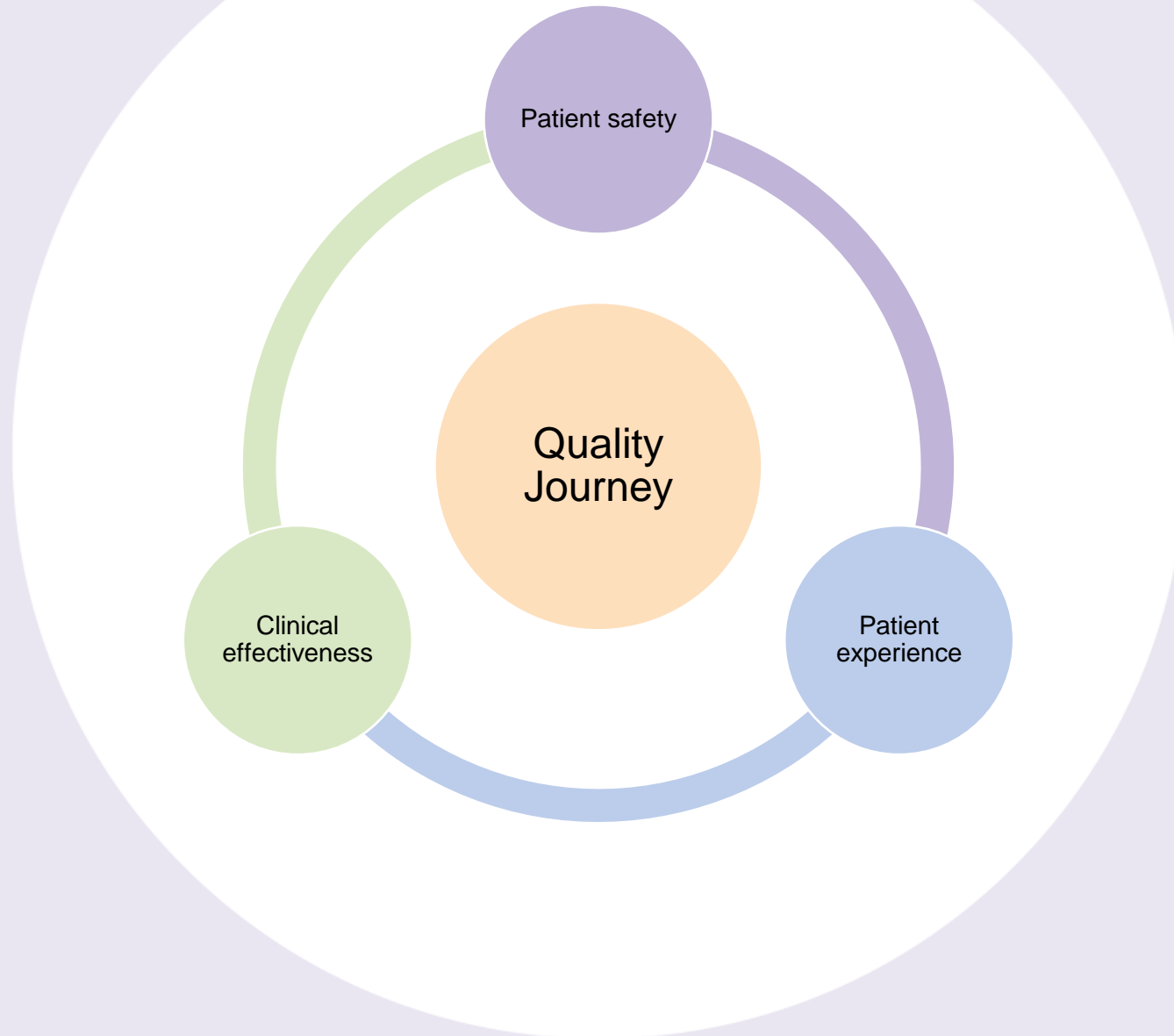


# Clinical Journey – next steps

- Wider engagement and consider feedback.
- Reflect and update following feedback analysis.
- Clinical Journey projects and areas of focus agreed.
- Update governance structure to link to the Quality and Safety Journey.
- Underpinned by cocreating with our staff, our partners, and our patients, families and carers.



# Quality Journey – our focus



# Quality Journey – our commitment

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights.
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit
- **A Positive Experience: responsive and personalised** - shaped by what matters to people
- **Well led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance
- **Sustainably resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

Underlying these 3 domains of quality is the importance of **Caring**.

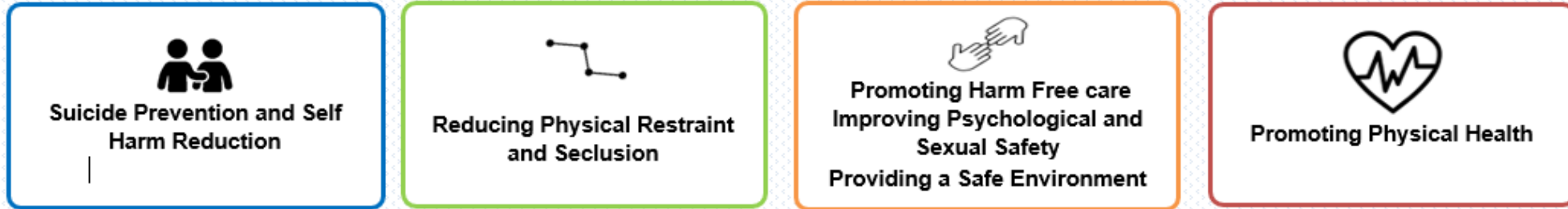




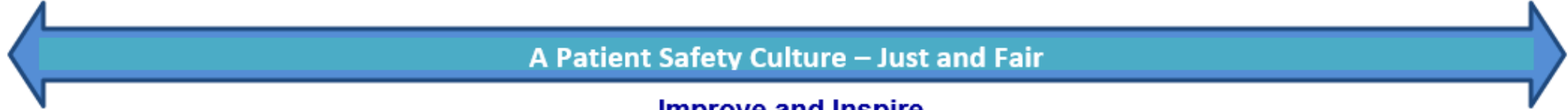
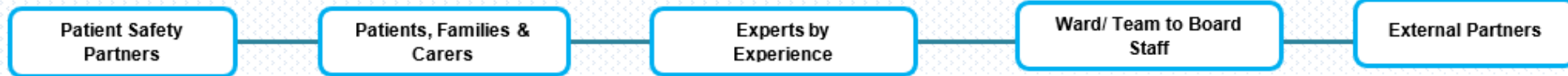
# Our Journey to Safer Care

## Insight

### Our Patient Safety Priorities



## Involve



## Improve and Inspire How we will achieve our goals

**Academy of Caring**

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system  
Empathy Training

**Patient Safety Faculty**

Improve our understanding of safety  
Build capability for safety improvement through a Patient Safety Syllabus:

- Human Factors & Safety Management
- Creating Safe Systems

Patient Safety Specialists  
Patient Safety Partners

**Continuously Improving Patient Safety**

Measuring what matters  
Team Safety Plans – local ownership  
Improvement programmes enable effective and sustainable change  
Intelligence for Action:

- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts

**Maximising Technology**

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System  
Maximising Datix System  
New National Patient Safety Incident Response Framework

**A Learning Organisation**

Opportunities for learning

- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes  
Research and Innovation  
Innovative and effective ways to share and embed learning  
Learning Library

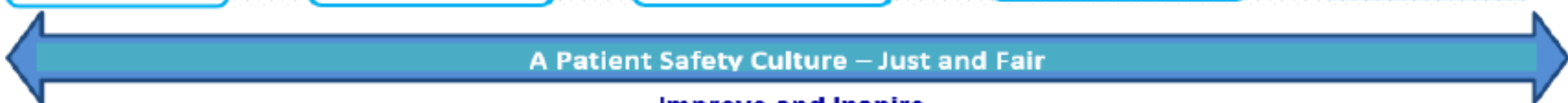
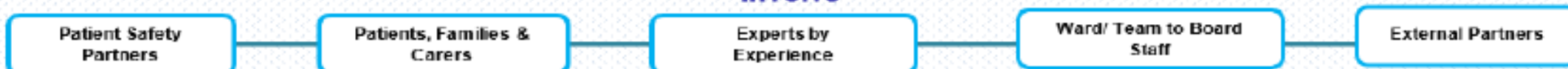


# Our Journey to Excellence in Patient Experience and Involvement

## Insight



## Involve



## Improve and Inspire How we will achieve our goals



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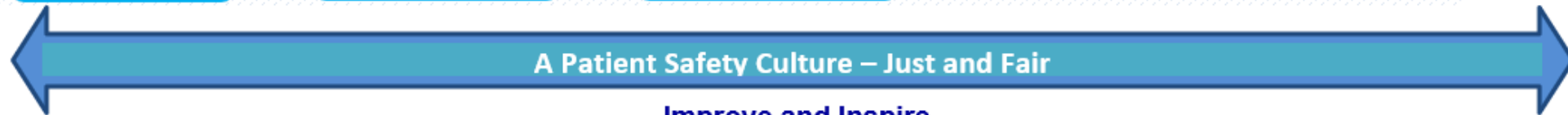


# Our Journey to Effective Care

## Insight



## Involve



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# Quality Journey – progress so far

- Self harm deep dive: therapeutic approaches, harm minimisation reviews, balancing autonomy and safety, training needs.
- Restrictive interventions: Merseycare HOPES model, Challenging Behaviour Foundation, reducing restrictive practices.
- Improving sexual safety: Single gender PICU proposal, National Collaborative.
- Promoting physical health: Identification of physical health KPI's/workplan to deliver a Trust wide physical health programme.
- Environmental and assistive technology to improve safety on wards.
- Implementation of new Patient Safety Incident Response Framework.
- Thematic closure of historic Serious Incidents.
- Improved oversight and learning from incidents.
- Working in partnership with families.



# Lived Experience - background

- Long history of service user and carer involvement in TEWV, strengthened by the Expert By Experience programme (2014-2020) and the emergence of various peer support and lived experience roles.
- These initiatives have reflected the organisations' commitment to put patient and families experience and voice at the heart of everything we do.
- Trying to embed coproduction is difficult work and we have experienced challenges to ensure the centrality of experiential knowledge, challenges to how service user and carer involvement is meaningful and creates change.
- In 2020 we carried out a review of coproduction and service user and carer involvement looking at both lessons learned internally but also good practise across the country.
- One key recommendation was that to coproduce/cocreate our services, we needed patient leadership, people with lived experience at every level- from this the Lived Experience Director roles and Head of Cocreation, were created.
- **Lived Experience roles report directly into the Care Group leadership structure.**
- **These roles represent a power shift in Cocreation within our trust and are rare within NHS Trusts.**



# Lived Experience roles – responsibilities

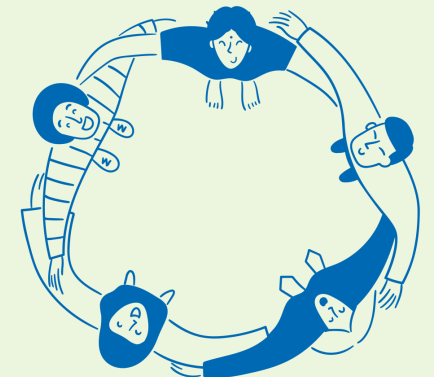
## Bring lived experience perspective into key decision making

In the same way as with other leadership roles (nursing, medical etc) at care group board, to bring the lived experience perspective to the leadership of the care group.

This lived experience perspective is informed by:

- personal lived experience of mental distress
- awareness and understanding of wider national and international lived experience
- survivor movements, research and perspectives
- being grounded in the experiences of TEWV patients and families.

The roles facilitate a lived experience perspective into the day-to-day operational management of the care group that historically would be impossible to have a service user or carer perspective in to.



# Lived Experience roles - responsibilities

**Ensure the Care Group fulfils its obligations to ensure cocreation at every level of decision making**

This includes advocating the need for getting and valuing patient experience data, creating voluntary involvement opportunities through to creating and supporting paid lived experience roles.

They also have a responsibility to hold services to account on this ambition.





# Lived Experience Directors

- **Chris Morton** - Durham, Tees Valley and Forensics Care Group Board
- **Charles Nosiri** - North Yorkshire, York and Selby Care Group Board

Main focus so far has been:

- Understanding the organisation and the services within their care groups.
- Working with care groups on big ticket issues: serious incidents, patient safety, complaints / PALS, crisis team review.
- Building relationships with patients, families and existing groups.
- Mapping out the existing involvement and cocreation happening.
- Developing cocreation networks where service users and carers come together, and can strengthen TEWVs existing governance structures by providing a lived experience check and challenge.





# Any questions?

**Respect**

**Compassion**

**Responsibility**

