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## **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Quality Account 2022-2023 – Third-Party Statement**

The Committee once again welcomes its annual opportunity to comment on key elements of the latest Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Quality Account. Members are thankful to the Trust's Director of Quality Governance for the presentation given to the Committee in March 2023 which outlined TEWV's quality journey, performance during 2022-2023, and its quality improvement priorities for 2023-2024.

TEWV reported that the National Quality Board had refreshed the definition of 'quality', a shared single view of quality where people working in systems deliver care that is safe, effective, a positive experience (responsive and personalised), well led, sustainably resourced, and equitable. Reference was made to the NHS Patient Safety Strategy which had been published in 2021 and was underpinned by Insight, Involvement and Improvement; and the three goals for the Trust's journey to change were outlined.

In relation to the Trust's quality journey to safer care, it was reported that the four key areas of focus were suicide prevention and self-harm reduction, reducing physical restraint and seclusion, promoting harm-free care / improving psychological and sexual safety / providing a safe environment, and promoting physical health; the key actions to achieve the Trust's goals for each area were subsequently outlined. Particular reference was made to the implementation of the national patient safety incident reporting which had a mandated deadline of September 2023.

The presentation outlined the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to effective care. Members noted that each service would have a suite of clinical outcome measures and patient reported outcomes in place, and a key priority was the digital systems and solutions, with CITO going live in the summer. The key actions being undertaken to deliver on the Trust's key areas of focus for their journey to excellence in patient experience and involvement were also outlined.

Details were provided of the quality and learning dashboard. Members were informed of the positive response in relation to the Friends and Family Test, with 91% of people rating the Trust's services as 'good' or 'very good'. A Positive and Safe Dashboard had also been developed showing various metrics for each Trust directorate, speciality and ward / team.

The presentation outlined the key quality markers and details of performance against the quality metrics for Quarters 1 to 3 2022-2023. In relation to the quality number of incidents of physical intervention / restraint per 1,000 bed days, Members were advised that whilst this remained above target, it had started to reduce and 75% of the incidents related to Learning Disability services, mostly relating to one patient. Members were assured that the Trust were

working with Mersey Care to reduce restrictive interventions and promote the least restrictive practices, and that levels had decreased by 50% in the last three months for that individual.

Reference was also made to the percentage of patients who report 'yes, always' to the question, 'do you feel safe on the ward?' which was not achieving its target. Details were provided of the work being undertaken to improve performance, including focus groups, and the range of key factors identified to help patients to feel safe were outlined. Members also noted that a programme of work had commenced which included block-booking agency staff, enhanced recruitment and additional peer support workers, activity co-ordinators and gym instructors.

In relation to the percentage of patients who reported their overall experience as 'very good' or 'good', Members were informed that patient experience had been impacted by increased length of stay as a result of challenges in securing accommodation for patients. The Trust worked closely with Local Authorities in trying to address this issue.

The key quality risks, the key actions from the three published Niche reports, and learnings about patient safety from West Lane Hospital were outlined. Details were also provided of the Quality Account improvement priorities.

Discussion ensued regarding the Trust's ability to deliver on all of the actions identified to achieve the priority for safer care. Members were assured that these were long-term actions and that continuous improvements were being made. Members were also advised that positive developments had been made in the community, and that a video demonstrating engagement of the voluntary sector could be shared with Members.

Members raised concern regarding the Trust's performance against the quality metrics and were disappointed to note that the electronic system had not yet gone live. Discussion also ensued regarding the actions undertaken following the focus groups. Members requested benchmarking information in relation to other Trusts and, following a question, Members were informed that personalised care plans were recognised as best practice, and that there was a key focus on lived experience.

The Committee note that it has been another difficult year for the Trust following a host of concerns raised by the Care Quality Commission (CQC) in relation to several aspects of its provision. Members have requested, and received, continuous updates on the Trust's response to the regulators findings, and are grateful for the ongoing visibility of senior staff and their willingness to be accountable for these ongoing challenges. The importance of TEWV valuing the views of service-users, families and carers, as well as those of its own workforce, in order to successfully develop services will go a long way to determining performance in the coming year.

**Tees Valley Joint Health Scrutiny Committee**

June 2023