



Tees Valley Joint Health Scrutiny Committee

Date: Friday 17 January 2020

Time: 10.00 am

Venue: Council Chamber, Hartlepool Civic Centre, Victoria Road,
Hartlepool TS24 8AY

Membership:-

Darlington BC: Councillors W Newall, I Bell and J Clarke.

Hartlepool BC: Councillors G Hall, B Harrison and B Loynes.

Middlesbrough BC: Councillors A Hellaoui, J McTigue and E Polano.

Redcar and Cleveland BC: Councillors D Reese, N Cooney and S Smith.

Stockton-on-Tees BC: Councillors E Cunningham, C Gamble and L Hall.

Agenda

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the meeting of 2 September 2019
4. Presentation: Performance Update – *Director of Operations and Deputy Director of Operations, North East Ambulance Service*
5. Presentation: Repeat Prescription Ordering Service – *Medicines Optimisation Pharmacist, North of England Commissioning Support*
6. Half-yearly Quality Account Progress – *Director of Operations – Tees, Head of Planning and Business Development and a representative of*

*Director of Quality Governance – Tees Esk and Wear Valley NHS
Foundation Trust*

7. Roseberry Park – Update on Ongoing Remedial Works – *Director of Operations – Tees and Director of Estates, Capital Planning and Facilities Management – Tees Esk and Wear Valley NHS Foundation Trust*
8. Presentation: Right Care Right Place Programme – *Director of Operations – Tees, Tees Esk and Wear Valley NHS Foundation Trust*
9. Any urgent items which in the opinion of the Chair can be considered.

For information: Next meeting on 13 March 2020 at the Civic Centre, Hartlepool.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

2 SEPTEMBER 2019

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Councillor G Hall (Hartlepool BC), in the Chair.

Darlington Borough Council: Councillor E. Heslop.

Hartlepool Borough Council: Councillors B Harrison and B Loynes.

Middlesbrough Borough Council: Councillors A Hellaoui and E Polano.

Redcar and Cleveland Borough Council: Councillors D Rees, N Cooney (Vice-Chair) and S Smith.

Stockton-On-Tees Borough Council: Councillors E Cunningham, C Gamble and L Hall.

Also Present: Siobhan McArdle and Gill Hunt, South Tees Hospitals NHS Foundation Trust

Clare Cuthbertson, Elspeth Devanney, Dominic Gardner,
Dr Ahmed Khoja, Dr Raj Kumar, Tees, Esk and Wear Valley NHS
Foundation Trust

Daniel Maddison and Katie McLeod, NHS Hartlepool and Stockton
Clinical Commissioning Group

Donna Owens and Sarah Gill, NHS North of England Commissioning
Unit.

Officers: Joan Stevens, HBC Statutory Scrutiny Manager
David Cosgrove, HBC Democratic Services Team
Judy Trainer and Peter Mennear, Stockton Borough Council
Alison Pearson, Redcar and Cleveland Borough Council

9. Apologies for Absence

Councillors:

J Clarke and W Newall (Darlington BC).

J McTigue (Middlesbrough BC).

10. Declarations of Interest

None.

11. Minutes of the meeting held on 17th June 2019

Confirmed.

12. South Tees Hospitals NHS Foundation Trust – CQC Inspection Report Update (*South Tees Hospitals NHS Foundation Trust and Hartlepool and Stockton on Tees Clinical Commissioning Group*)

The representatives from South Tees Hospitals NHS Foundation Trust (STHFT) gave a presentation to the Joint Committee setting out the results of the Care Quality Commission (CQC) inspection in January/February 2019 and the improvement and action plans put in place as a consequence of the overall rating of 'requires improvement'. The presentation showed the specific results for the assessed areas for both James Cook University Hospital, Middlesbrough (JCUH) and Friarage Hospital, Northallerton (FHN).

The Trust representative highlighted the 'good' areas highlighted in the inspections and commented that some of the issues that had resulted in a 'requires improvement' rating. Critical Care had been an area that had been rated as 'requiring improvement' and critical care had been moved from FHN to JCUH but some of the rating for JCUH had reflected the CQC's consideration that there were insufficient side wards available; an issue that without sizeable capital input would be difficult to address. Issues around diagnostic imaging, for example, were matters that the Trust had raised with the CQC before the inspection.

The Trust management were obviously very concerned at the overall CQC rating but had instigated significant work in preparing the action plans that had been submitted in response to the inspection on 24 July.

Members expressed their concern at some of the areas highlighted as requiring improvement. The Trust representatives indicated that the report had been very difficult for their hard-working staff but commented that some of the issues were simple 'own goals' that could be easily and quickly addressed but others could not be so easily remedied. The Trust representatives stated that they had conflicting demands between to balance between the quality regulator and the financial regulator. The Trust had cut over £40m from its budget and considered that any staff morale issues were probably more reflective of the national situation than a local one.

The Trust had some very specific problems that the CQC seemed not to have accounted for. The bed occupancy rate was running at 94% when the national figure was some 9% lower. The Trust worked with other Critical Care sites across the northeast and their outcomes were good when compared across the other sites. It was difficult to balance financial

efficiency and patient safety and perhaps the Trust had been wrong to think the CQC would have been more understanding of this.

Reducing bed occupancy rates to the national average did have consequences and could have particular effects on cancer services for example. The Trust also had £225m of long term debt and one of the worst PFI schemes in the country that took £17m out of the budget each year. The Trust had ambitions that would have addressed some of the issues raised in other areas. The CQC's comments in relation to paediatric A&E had led to some changes in the A&E area and additional security. The Trust had been campaigning for a specialist paediatric A&E unit but this would require a £70m investment it did not have the capital for.

Members discussed some of the issues around the high bed occupancy rate and questioned if this was due to hospital and bed closures. The Trust representatives did not feel this was the case. The whole of the hospital provision across the Tees Valley needed to be seen as a single system delivering across the whole area. One major issue being seen at JCUH, probably amplified as the regional major trauma centre, was the numbers of people coming to A&E with complex medical needs.

The meeting discussed the arrangements the Trust was putting in place to respond to the CQC ratings and the engagement of staff in the process. The issues around critical care were focussed upon in Members debate and the Trust representatives indicated that there were some issues that could only be resolved through capital investment and there had been funding bids turned down. Staffing was also a concern for Members and the Trust indicated that the vacancy level was currently 5.5% (around 90 fte). Numbers of trainees were good with the Trust retaining around 90% of all student nurses when they qualified; the problem was that at the other end of the age spectrum a lot of experienced nurses were retiring.

Decision

That the South Tees Hospitals NHS Foundation Trust be thanked for their informative presentation.

13. Teesside Rehabilitation Services Developments (*Tees, Esk and Wear Valley NHS Foundation Trust*)

Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust outlined proposals for a reconfiguration of the rehabilitation services currently operating out of Lustrum Vale in Stockton and Kirkdale at Roseberry Park. Engagement with patients and families' had driven the proposed changes together with the CQC wish to see a move away from 'locked units' such as Kirkdale. Services would be centred at Lustrum Vale with an extended Community Team operating longer hours – 8.00 am to 8.00 pm, 7 days a week. This would be backed with additional training for staff who were now meeting the needs of patients with more complex needs

than in the past. The new remodelled pathways would ensure that patients would be assessed and into care models much quicker.

The Chair commented that there was significant debate locally and nationally around the availability of beds for patients with complex mental health needs and the numbers outlined here seemed to be quite low when the service covered the whole Tees Valley area. The representatives stated that based on the national figures, there should be 19 in-care beds for every 100,000 population. Across the services there would be 64 acute beds and 10 psychiatric beds. The changes here would ensure a better transition for patients from acute services. The expanded Community Team would carry out assessments in the community providing greater flexibility for patients.

Decision

That the Tees, Esk and Wear Valleys NHS Foundation Trust representatives be thanked for their presentation and that a further update be provided in 6 months' time to the Joint Committee.

14. Care Quality Commission Inspection Results – West Lane Hospital (*Tees, Esk and Wear Valley NHS Foundation Trust*)

Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust provided the Joint Committee with an update on the situation at West Lane Hospital following the CQC Notice of Decision to close the hospital in August 2019. Dr Ahmed Khoja opened the update by issuing an apology for the failures of care at West Lane which had proved to be a very distressing time for patients and their families in particular.

The presentation outlined the timeline of events leading up to the closure notice and the steps being undertaken to move the remaining patients out to alternative provision. There were currently seven patients remaining with the funding for an alternative venue for two of the young people with particularly complex needs. Work was ongoing to enhance the community support teams and the development of new plans for the future were underway; there was a need for these services in the Tees Valley.

The Trust accepted that there was a long way to go, particularly with regaining the trust of patients and their families.

Members questioned the timescales for reopening the hospital. Members were concerned that some of the young people previously placed in the hospital could now be moved to units some distance away putting even further strain on their families. The Trust representatives stated that much would depend on the reopening date and the assessment of the young people at that time but there would be the option for them to return. As for reopening the hospital it was not anticipated that it would reopen within the next six months. Members stated their belief that there needed to be a

promotion of openness by the Trust ensuring that patients, their families and the community know the truth of what happened.

Decision

That the Tees, Esk and Wear Valleys NHS Foundation Trust representatives be thanked for their presentation and that a further update be provided in 6 months' time to the Joint Committee.

15. Respite and Short Breaks Update/Monitoring *(North of England Commissioning Support Unit/Tees, Esk and Wear Valley NHS Foundation Trust)*

The representatives from the North of England Commissioning Support Unit and Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation updating the Joint Committee on the progress of the review of the respite and short breaks service in Teesside.

Members referred to the previous issues around the review of the respite and short breaks service and sought assurance that the two venues, Bankfields Court in Middlesbrough and Aysgarth in Stockton, would continue to be available for families to utilise for short breaks and respite care. It was indicated that they would continue to operate but there was to be a review of the buildings being fit for purpose. Bed based respite care would continue for those families that chose it.

The presentation had referred to a Panel being implemented to consider referrals and assessments to provide some consistency. Members' questioned who would be represented on the Panel and commented that they would welcome representation from users of the service (and/or their family members). Members commented that the care these families provided was saving the NHS very significant sums of money each year and the provision of a respite and short breaks service was the least that could be done to help ensure they could continue to provide care for their loved ones. The needs of the carers also needed to be taken into account as part of this service, not just the individuals that received the service directly. The Chair questioned if Personal Independence Payments (PIP) could be used by these patients. The representatives commented that this was outside that system.

Decision

That the North of England Commissioning Support Unit and Tees, Esk and Wear Valley NHS Foundation Trust representatives be thanked for their presentation and that a further update be provided in 6 months' time to the Joint Committee.

16. Recommissioning of Improving Access to Psychological Therapies (IAPT) Services – Contract Award *(County Durham and the Tees Valley Commissioning Groups)*

The representative from NHS Hartlepool and Stockton Clinical Commissioning Group updated the Joint Committee on the recommissioning of IAPT services. Following discussions between the CCGs it had been agreed that there would be two contract areas; one covering the Durham CCG area and one for the whole of Teesside and these would adopt the existing Durham model of one single provider. This had only been approved recently and therefore the contract had not yet gone out to the market but would shortly.

The aim behind the single provider model was to put in place a service that was more dynamic and responsive and simpler for people to access. The model would also look at the wider needs of patients in supporting their mental health through assisting access to additional support mechanisms such as housing advice etc.

Members questioned when the new service would be in place and was there sufficient time for this in light of the wider area being covered. The representative stated that the contract was due to commence in April 2020 and the specification was very robust and had become a reference point for others. The funding was based on the current and predicted rises in patient numbers. The services was a 16+ service; there was a separate review underway of similar services to school aged children and young people.

Decision

That the representative from NHS Hartlepool and Stockton Clinical Commissioning Group be thanked for his update report.

17. Direct Access to Hearing Services – Contract Award – NHS Hartlepool and Stockton on Tees CCG and NHS Darlington CCG *(Hartlepool and Stockton on Tees NHS CCG and Darlington NHS CCG)*

The Hartlepool BC Statutory Scrutiny Manager reported that an updated timetable for the contract award had not yet been received and would be circulated to Members and officers once received. A further update had been scheduled for the March 202 meeting.

Decision

That the report be noted.

18. Local and Regional Health Scrutiny Work Programmes *(Statutory Scrutiny Manager)*

A number of the work programmes for the member authorities had been circulated. The representatives from Redcar and Cleveland BC commented that in light of the presentation earlier in the meeting, they would share the results of their investigation into South Tees Hospitals NHS Foundation Trust.

Decision

That the work programmes be noted.

19. Any Other Items which the Chairman Considers are Urgent

Members referred to the recent changes made to the repeat prescription services in the region and suggested that an update at the next meeting would be useful so Members could share their experiences of the changes in their areas and receive an update from the North of England Commissioning Support Unit.

The meeting concluded at 12.35 pm.

CHAIR

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

17 January 2020

Report of: Scrutiny Manager

Subject: TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST – HALF-YEARLY UPDATE AND QUALITY ACCOUNT

1. PURPOSE OF REPORT

- 1.1 To inform the Committee that representatives from Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) will be in attendance at today's meeting to provide the Committee with a half-yearly update on their Quality Account, see **Appendix 1**.

2. Background

- 2.1 Representatives of TEWV will be in attendance at today's meeting to outline performance against the Trust's quality priorities for 2019-20. Quality Accounts were introduced following the NHS Next Stage Review in 2008 in order to inform stakeholders and the wider public about the quality of the services provided by NHS Trusts. They set out:

- what an organisation is doing well;
- where improvements in service quality are required;
- what the priorities for improvement are for the coming year;
- how the organisation has involved service users, staff and others with an interest in your organisation in determining those priorities for improvement.

- 2.3 Quality in the NHS consists of three 'domains': patient safety, effectiveness of care, and patient experience. Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust Quality Account process and related information is being considered by the Committee, as the Joint Committee covers a large proportion of the population served by the Trust.

3. RECOMMENDATIONS

- 3.1 It is recommended that:

- (a) The Committee consider the information presented at this meeting and seek clarification on any relevant issues where required;
- (b) The Committee consider and comment on the update on performance in 2019-20.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

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Quality Account Update (Quarter 2)

Headlines

Progress on the quality improvement actions has been good, with 49/56 (88%) either completed or on track. The most significant delays are around personalising care planning and the transitions priorities.

In terms of the Quality Metrics, **4 of 10 (40%)** are reporting green and **6 of 10 metrics (60%)** are red. However 3 of those red metrics saw significant improvement from Q1 to Q2 (% treated with respect, rates of physical restraint / intervention and MHSOP average length of stay). The other 3 metrics remain in a static position with small quarter to quarter fluctuations.

Key Issue: Quality Improvement Actions

The 7 actions that are behind schedule should be completed by Christmas (see Appendix 1). The delays are relatively minor, and progress is being made across the priorities of CYP-AMH transition, Personalising Care Plans; Dual Diagnosis; Urgent Care and Reducing Premature Deaths.

These minor delays include the opening of the new Durham and Darlington crisis team hub in Bishop Auckland, which should take place before Christmas now that estate issues have been resolved

Key Issue: Quality Improvement Metrics

There has been a significant improvement from Q1 to Q2 in the % of patients who report that they feel safe on our wards. It continues the trend noted during 18/19 of a decline over time in negative comments about this issue. This may reflect the focus put in this in recent months as operational services have reacted to the data,

including an improvement in practice in dealing with dual diagnosis.

The physical intervention rate fell significantly from Q1 to Q2. All three geographic Localities saw significant reductions in intervention and restraint.

The average length of stay for older people has been worse than target since quarter 3 2013/14. In quarter 2 it was 64.69 days which was 5 days better than in quarter 1. In this quarter there were 11 patients discharged who had a length of stay greater than 200 days. Most had complex needs, including physical health problems (3) and finding suitable placements for patients subsequent to discharge (6). In all cases, services worked with patients and family to provide appropriate care and support.

The patient experience related metrics remain in a static position with small quarter to quarter fluctuations. There are developments within TEWV's business plan which might lead to sustained future improvements in these two issues for example the Right Staffing programme continues to focus on establishment reviews, increasing the numbers of people training to be mental health professionals, and reducing agency staff usage.

Key Issue: Priorities for 20/21

The Board of Directors have agreed the following improvement priorities for the next Quality Account:

- Personalising care planning (existing)
- Reducing preventable deaths (existing)
- Improving Child to Adult service transitions (existing)
- Increasing the proportion of inpatients who feel safe on our wards (new)

Detailed planning for these priorities has commenced. Governors will be able to take part in the Quality Account task and finish group in Spring 2020.

Quality Account Update (Quarter 2)

Appendix 1 – Review of Progress on Actions in the current Quality Account 30/09/2019

Green: Action is on track

Red: Action is not on track and has either been extended or wording amended

Grey: Action is not on track but is due to circumstances outside of the Trust's control

<u>Priority</u>	<u>Green Actions</u>	<u>Red Actions</u>	<u>Grey Actions</u>	<u>Comment</u>
Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services	10	2	0	<ul style="list-style-type: none"> Due to competing priorities, the engagement event due to be held on 24th September 2019 has been postponed to Q3 19/20 It has not been possible as yet to produce the report on the improvement trajectories that were agreed during Q1 19/20; however a meeting in relation to this was held on 9th October 2019, and the report will be produced during Q3 19/20
Make Care Plans more Personal	9	2	1	<ul style="list-style-type: none"> As at 30th September 2019, 180 members of staff have received training on the CPA process. This training will continue throughout 2019, so it is anticipated that the target of 500 will be achieved during Quarter 3 19/20 The work on DIALOG testing in a simulated live environment has been delayed due to Trust-wide issues with the implementation of DIALOG. It is anticipated that this will be completed during Quarter 3 2019/20 There was a delay in the release of the new Trust-wide Change Implementation Workbooks and so this will be completed during Quarter 3 2019/20
Reduce the number of Preventable Deaths	7	0	0	<ul style="list-style-type: none"> Actions on track
Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	15	1	0	<ul style="list-style-type: none"> The review of Dual Diagnosis networks is in progress; however as there were changes to staffing this is not yet complete. It is anticipated that this work will be completed in Quarter 3 19/20
Review our urgent care services and identify a future model for delivery	8	1	0	<ul style="list-style-type: none"> There have been delays to the implementation of a new operational model for the Durham & Darlington Crisis Teams due to issues relating to the team base and car parking. The new model will commence in Quarter 3 19/20

Quality Account Update (Quarter 2)

Appendix 2: Performance against Quality Metrics at Quarter 2

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Safety Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	88.00%	65.59%	88.00%	79.17%	88.00%		61.50%	62.30%	N/A
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</i>	0.35	0.10	0.35	0.21	0.35		0.18	0.12	0.37
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	19.25	38.18	19.25	31.03	19.25		33.81	30.65	20.26

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Clinical Effectiveness Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</i>	>95%	95.5%	>95%	98.23%	>95%		96.49%	94.78%	98.35%
<i>Metric 5: Percentage of clinical audits of NICE Guidance completed</i>	100%	100%	100%	100%	100%		100%	100%	100%
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</i>	<30.2	23.25	<30.2	25.47	<30.2		24.70	27.64	30.08
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</i>	<52	69.89	<52	64.69	<52		66.53	67.00	78.08
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Experience Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 7: Percentage of patients who reported their overall experience as excellent or good</i>	94.00%	92.12%	94.00%	90.76%	94.00%		91.41%	90.50%	90.53%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	94.00%	88.07%	94.00%	89.16%	94.00%		85.70%	85.90%	N/A

Quality Account Update (Quarter 2)

Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94.00%	86.60%	94.00%	86.56%	94.00%		86.9%	87.20%	86.58%
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Appendix 3: Performance against Quality Metrics at Quarter 2- Locality Breakdown

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire & York	Forensic Services
Patient Safety Measures					
Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	79.17%	85.59%	64.52%	77.27%	25.00%
Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients	0.21	0.12	0.12	0.64	0.06
Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	31.03	11.15	79.87 ¹	16.79	15.56
Clinical Effectiveness Measures					
Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:	98.23%	N/A	N/A	N/A	N/A
Metric 5: Percentage of Clinical Audits of NICE Guidance completed:	100.00%	N/A	N/A	N/A	N/A
Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards: 30.2	25.47	N/A	N/A	N/A	N/A
Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:	64.69	N/A	N/A	N/A	N/A
Patient Experience Measures					
Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'	90.76%	89.96%	91.67%	91.32%	88.43%
Metric 8: Percentage of patients that report that staff treated them with dignity and respect	89.16%	91.21%	89.96%	89.02%	82.48%

¹ Please note that the Teesside figure includes the regional Children and Young People's wards at West Lane. These wards closed during Quarter 2.

Quality Account Update (Quarter 2)

Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment

86.56%

88.11%

85.76%

86.49%

85.99%