

Healthwatch South Tyneside Response to: Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2018/17

Healthwatch South Tyneside (HWST) will comment on each part of the Quality Account in turn but will concentrate this year, as it did last, on the Quality Priority for Improving Waiting Times, services for children and young people (CYP), in particular pages 27 to 33, because services for CYP is an objective in our Operational Plan this year.

To start, however, it is very good to see that, once again, the Trust was rated Outstanding for its 2018 CQC; one of only 4 in the country. Even better, it was reassuring to read that clear actions have been included in the Quality Account for matters that need improvement.

It was good to read about all that is going on with respect to data quality, however, there is no mention in this section about cyber-attack, pp 59 & 60. Health services were badly affected in 2017 and the risk is getting greater.

Part 1

HWST likes the explanation boxes: a small good idea. We also like the initiative to champion mental health and disability awareness by engaging with local business leaders. We all know how important having a job is to self-esteem.

The first point is well made under Caring and Compassion in the Trust's values because this is a well know pillar of effective leadership. The success of which is reflected in the CQC report. It was noted, however, with concern, as last year, that the Quality Priority of Improving Waiting Times was not met and has been carried forward for another year. Looking at the data shown in Part 2b a fresh approach may be required. The local CCG has used the Rapid Process Improvement Workshop to produce a positive impact with respect to similar issues.

Also, the Quality Priorities of Embedding the Triangle of Care and Trust Values have only been partially met, yet unlike Improving Waiting Times they have not been carried forward and reasons are implied but not clearly stated why the Priority has been changed, however, in the case of Embedding the Trusts values a clear reason is given on page 45 why this priority will no longer be classified as a quality priority. It could be concluded that there is a lack of consistency of approach to retaining or changing the Quality Priorities.

Part 2a

It was a good and enjoyable experience to join with others at an across the piece workshop to try and answer the questions posed about understanding communities and meeting their needs, however, where the priorities have changed it is not explained fully enough why the new priorities were chosen. On page 17 it states that the: "Quality Priorities should reflect the greatest pressures that the organisation is currently facing". Although it is clear, on the same page, how the new priorities were selected, the rationale for selecting the new priorities is not explained in terms of evidence or need. One may be able to pick this up by reading pp16 and pp73-75 respectively but presenting the evidence objectively would have been helpful.

For the first new objective is there a sense that there is a gap between expected and actual need that is not being met or are there conditions the Trust feels are not being seen and treated. For the second new Priority is there an upper parameter of sickness such that patient care starts to be affected and pressure on the remaining staff leads to even more staff going sick.

Healthwatch South Tyneside Response to: Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2018/17

Part 2b

Improving the Patient Experience

HWST is not clear what the lay reader will understand from the graphs and tables on pp 20 to 22. Not much but some of the expression used would be difficult for the lay reader to understand e.g. pp 20 - “adult mainstream beds”.

Table 5 on page 24 would benefit from some age stratification and per 1000 population comparison. The raw figures show points of interest but are not very helpful for making judgements about outliers. Although not our direct concern the figures in columns 3, 4 and 5 for Sunderland and Newcastle could warrant further explanation.

Improving Waiting Times

HWST notes figure 8 on page 27 and given the shape of the graph it may be that the Trust will have to accept it needs to change its Quality Priority, for adult and older people, to something less than achieving an 18-week waiting time for all patients.

By far the greatest concern for HWST is the same as that for last year: achieving the 18-week treatment standard for children and young people. We acknowledge the reduction from 56% to 31% for CYP waiting for more than 18 weeks at the 31st March, 2019 but the Trust needs to do better.

This is coming into greater focus for South Tyneside if you drill down into the waiting list reduction by CCG and respective funding. South Tyneside, according to the Royal College of Psychiatrists for 2016/17, spends, at £136 per capita on average, 60% more than any other CCG served by the Trust. But, has only achieved a 22% waiting list reduction for the year compared to Northumberland where the reduction is 64%, however, their funding, for the same period, is £73 per capita. We need much better value for money.

HWST knows that the local Health and Well-Being Board has this service as a priority and is working on it using a joint commissioning approach with the Local Authority which is led by the CCG's Clinical Director but we still need to make greater progress.

There is an opportunity for HWST, through Young Healthwatch South Tyneside to help improve waiting times. With and through our Young Volunteers Coordinator, on the 15th May, we staged and South Tyneside College hosted; **Question Time – Your Mental Health**. The event was organised by our young volunteers and for the benefit of the panel, they set 30 challenging questions; three were about waiting times and, one in particular, was about CAMHS. The event was a great success and the questions were answered with clarity and enthusiasm but this not like any other questions and answers event because the answers need turning into action, so if there is a role Young Healthwatch can play, HWST would be pleased to hear from you and see if we can build it into our plan.

Healthwatch South Tyneside Response to: Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2018/17

HWST cannot leave this section without commenting on the exponential increase in people waiting more than 18 weeks for the Adult Gender Dysphoria Service. It is noted that it is a regional service but we do not accept this is a good reason for not showing the waiting list by CCG, this needs to happen. We acknowledge that there is a procurement exercise due to take place to address the issue but this needs to be given the feeling that it is being addressed with appropriate urgency and local input.

Service User and Carers Experience Quality Goal

There seems to be a general acceptance that around 7/10 is the best that can be achieved; does there need to be renewed vigour here. Most things in life seem to follow the maxim of the 80:20 so why not aim for 8; you do achieve that in 3 areas.

HWST does not see any outlier issues for the section on complaints. One contrast with the Acute Sector is that there is a lot of attention given to speed of resolution but there appears to be no data or commentary on this in the Account.

We are pleased to see the robust result for the Friends and Family Test which compares well with other Trusts in England. The “Points of You” also gives a very good result for the quality of services. There is one area where the results are less favourable but the results are probably affected by the nature of the service and the small number, 18, of respondents.

HWST looks forward to a wider and better “traffic light” profile for the NICE Guidance Assessments next year.

Part 2c

It would have been useful to have seen the CQUIN Indicator summary and actions. HWST was pleased to see the comparatively good performance with respect to Peers for the National Quality Account Indicators and it was also good to see the same level of result across the mandatory core indicators.

Part 3

The performance against CCG contracts also show a consistently high performance.

HWST was concerned to see that training for the Mental Capacity Act, Mental Health Act and DOLS had not been achieved for two consecutive years. A result that stands out in an otherwise very good training profile.

Looking at the recent trend in staff sickness which, we acknowledge mirrors the national picture, it makes sense to add it as a Quality Priority for 2019/20. HWST looks forward to the impact that is made by the Quality Group drawing this issue into focus.

Finally, HWST noted the reference made to clinical research and were impressed by the list of clinical audits, both of which, underpin quality; perhaps more could be made of the Trusts participation in research in future Accounts.

Healthwatch South Tyneside Response to: Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2018/17

None Specific Issues

The text in the report is easy to read but on a number of occasions the size of the print associated with the figures makes them difficult to understand.

HWST, having commented on quality reports across the sectors, leads to the conclusion that, although some of the metrics are similar if not the same there is no observable attempt for the staff across sectors to compare and contrast achievement so that they can learn from one another. For example, it could be interesting to compare results for staff who would recommend the Trust services to their friends and family.

P E Bower
May 2019