

**Darlington Borough Council Health and Partnerships Overview and Scrutiny  
Committee**

<b>DATE:</b>	11 <sup>th</sup> January 2018
<b>TITLE:</b>	Quality Account 2017/18 Quarter 2 Performance Report
<b>REPORT OF:</b>	Sharon Pickering, Director of Planning, Performance & Communications Elizabeth Moody, Director of Nursing & Governance
<b>REPORT FOR:</b>	Assurance

<b>This report supports the achievement of the following Strategic Goals:</b>	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	✓

**Executive Summary:**

This is the second progress report for the TEWV Quality Account during 2017/18 covering the period July to September 2017 (quarter 2).

The TEWV Quality Account applies to all of the areas served by TEWV, and therefore the data in this report is an aggregate of data from the Trust's Darlington and Durham; Teesside; North Yorkshire and York & Selby Locality services. It also includes data from our adult secure (Forensic) services.

A powerpoint presentation has been prepared for Committee members which gives the Durham and Darlington Locality position where possible.

This report presents updates against each of the five key quality priorities for 2017/18 identified in the Quality Account as well as performance against the agreed quality metrics.

The delivery of all five quality improvement priorities for 2017/18 is on-track.

In terms of quality metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 metrics (67%). All three patient experience domain metrics are currently below target and two of these, along with patient reported perceptions of safety would need significant improvement if the full-year target is to be achieved.

<b>MEETING OF:</b>	<b>Darlington Health and Partnerships Overview and Scrutiny Committee</b>
<b>DATE:</b>	<b>11<sup>th</sup> January 2017</b>
<b>TITLE:</b>	<b>Quality Account 2017/18 Quarter 2 Performance Report</b>

## 1. INTRODUCTION & PURPOSE:

- 1.1 This is the second progress report for the Quality Account during 2017/18 covering the period July to September 2017 (quarter 2).
- 1.2 This report presents an update against on the five key quality priorities for 2017/18 identified in the current Quality Account as well as performance against the agreed quality metrics.

## 2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Trust is required each year to produce a Quality Account - a report about the quality of services provided by the Trust during the previous year and what quality priorities the Trust has committed to for the forthcoming year. The aim of the Quality Account is to enhance accountability to the public and engage the leaders of the Trust and its stakeholders in the quality improvement agenda.
- 2.2 This report has been presented to the Trust's Quality Assurance Committee and to the Durham, Darlington and Tees CCG's Clinical Quality Review Group. A powerpoint presentation has been additionally prepared to draw out the Durham and Darlington data positions to assist the Committee's discussion.

## 3. KEY ISSUES:

- 3.1 The quality metrics for 2017/18 have been updated to reflect those within the Quality Strategy.

### **Progress on the five Quality Priorities for 2017/18**

- 3.2 Within the 2016/17 Quality Account the Trust agreed the following five quality priorities for completion in 2017/18:
  - Implement phase 2 of our Recovery Strategy;
  - Ensure we have Safe Staffing in all our services;
  - Improve the clinical effectiveness and patient experience in times of transition from Child to Adult services;
  - Reduce the number of preventable deaths;
  - Reduce the occurrences of serious harm resulting from inpatient falls.
- 3.3 **37 of the 37 (100%)** quality improvement actions related to these priorities were **Green** at 30/09/17.

## Performance against Quality Metrics at quarter 2

3.4 There are 6 out of 9 quality metrics reporting RED at quarter 2 2017/18 (this is an improvement on the quarter 1 position where 7 out of 9 quality metrics reported RED). These are:

- **Metric 1: Percentage of patients reported ‘yes ‘always’ to the question, ‘do you feel safe on the ward?’:** The Trust position for quarter 2 2017/18 is 62.37% which is 25.63% below the target of 88%. This relates to 552 positive out of 885 responses.

All localities are below the target with Durham and Darlington performing highest with 74.46% (172 out of 231 responses) and Forensic Services lowest with 48.77% (79 out of 162 responses).

In quarter 2 the most common reason for people not feeling safe on the ward was ‘other patients’ with the exception of York & Selby where the most common reason was ‘own illness’. This is explored in detail each month by EMT during the Patient Experience performance report and is taken back for wider discussion and action within locality management teams.

- **Metric 3: Number of incidents of physical intervention / restraint per 1000 occupied bed days:** The Trust position for quarter 2 2017/18 is 34.17 which is 14.92 above the target of 19.25, and is a deterioration on the position reported for Q1. This relates to 2,440 restraints out of 71,415 occupied bed days.

North Yorkshire is the only locality achieving the target. Of the underperforming localities Durham and Darlington are performing highest with 23.07 (389 restraints out of 16,860 OBD) and Teesside are performing lowest with 56.36 (1,127 restraints out of 19,995 ODB).

Teesside’s high number of physical interventions can partly be attributed to the position in Tier 4 CYP service where 2 patients (one in Newberry and one in Evergreen) accounted for 324 of the 1,127 incidents in Teesside. Although the actual number of restraint incidents increased in quarter 2 the number of prone restraints has reduced. Work is on-going across the Trust to ensure appropriate staff are trained and report incidents of restraint correctly on Datix.

- **Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment & Treatment Wards:** The Trust position for older people has been worse than target since 2013/14, however the position for quarter 2 is reporting 59.38, which compares to a median length of stay of 45 days. This position is a significant improvement on the 70.69 days which was reported in quarter 1 2017/18.

55% of lengths of stay were between 1-50 days with 33% between 51 – 100 days. Six patients had a length of stay greater than 200 days (an improvement

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on the eleven patients at quarter 1), all patients have been investigated and the lengths of stay were appropriate due to patient need.

The median length of stay in older people was 45 days, which is better than the target of 52 days, and demonstrates that a small number of patients that had very long lengths of stay have a significant impact on the mean figures reported.

- **Metric 7: Percentage of patients who reported their overall experience as excellent or good:** The Trust position for quarter 2 2017/18 is 91.01% which is 2.99% below the target of 94%. This relates to 1,660 positive out of 1,824 responses.

Teesside are the only locality achieving the target. Of the underperforming localities North Yorkshire are performing highest with 93.62% (323 out of 345 responses) and Forensic Services lowest with 74.68% (115 out of 154 responses).

Wards and teams with low scores for this question are advised to review their other survey questions scores alongside the narrative comments to see where improvements can be made. By improving these scores, the score for patients reporting their overall experience as excellent or good is more likely to be higher if they have answered the other questions positively.

- **Metric 8: Percentage of patients that report that staff treated them with dignity and respect:** The Trust position for quarter 2 2017/18 is 85.48% which is 8.25% below the target of 94%. This relates to 2,472 positive out of 2,892 responses.

All localities are underperforming with North Yorkshire performing highest with 88.82% (596 out of 671 responses) and Forensic Services the lowest with 66.52% (147 out of 221 responses). This is a decrease on quarter 1 and will be highlighted via the Patient Experience Group as an area for improvement across the organisation.

- **Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment:** The Trust position for quarter 2 2017/18 is 87.71% which is 6.29% below the target of 94%. This relates to 2,684 positive out of 3,060 responses.

All localities are not achieving the target with Teesside performing highest with 91.05% (946 out of 1,039 responses) and Forensic Services the lowest with 75.22% (170 out of 226 responses).

Work continues to promote the completion of the patient FFT by the Patient and Carer Experience Team and clinical services. There is a direct correlation between the responses to this question and the responses received to Metric 1 - Percentage of patients reported 'yes 'always' to the question, 'do you feel safe on the ward?' which suggests that some patients would not recommend our

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services if they do not feel safe. Forensics services are undertaking targeted work to explore the issues that particularly lead to their service users not feeling safe.

## 4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** The information in this report highlights where we are not achieving the targets we agreed in our 2016/17 Quality Account and where improvements are needed to ensure our services deliver high quality care and therefore meet the CQC fundamental standards.
- 4.2 **Financial/Value for Money:** There are no direct financial implications associated with this report, however, there may be some financial implications associated with improving performance where necessary. These will be identified as part of the action plans as appropriate.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** There are no direct legal and constitutional implications associated with this paper, although the Trust is required each year to produce a Quality Account and this paper contributes to the development of this.
- 4.4 **Equality and Diversity:** All the action and project plans will be impact assessed for the equality and diversity implications associated with the Quality Account.

## 5. RISKS:

- 5.1 There are no specific risks associated with this progress report.

## 6. CONCLUSIONS:

- 6.1 The delivery of all quality priorities for 2017/18 is on-track.
- 6.2 In terms of quality metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 metrics (67%). All three patient experience domain metrics are currently below target and two of these, along with patient reported perceptions of safety would need significant improvement if the full-year target is to be achieved.

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<b>Background Papers:</b> 2016/17 Quality Account
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