



TEWV Quality Account

Draft 2019/20 Quality Account and progress on developing 20/21 Quality Account

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Purpose of this presentation

- To take members through the Quality Account document
- To comment on the 19/20 quality data and outline progress on implementing quality improvement priorities
- To explain 20/21 quality improvement plans (which we have reprofiled due to the impact of Covid-19)
- To share our thinking on selecting quality improvement priorities for 21/22 (as part of the process for developing the 20/21 Quality Account)

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- 
- The Trust provides a range of Mental Health, Learning Disability and Autism Services for around two million people living in County Durham, Darlington, Teesside, North Yorkshire and York
 - The Quality Account has to be applicable to the whole area served by the Trust, and so members will not find Locally-specific improvements within it

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Impact of Covid-19

- 
- Deadline for Quality Account extended to December 2020 to allow a focus on tackling the pandemic
 - TEWV agreed an internal deadline of the beginning October 2020
 - Draft version circulated to Stakeholders for comment 17th August; deadline for comments is 19th September 2020
 - Probable extension of current improvement priorities into 2021/22
 - Stakeholder Event cancelled July 2020; planned event in February 2021 to be reviewed once Covid-19 situation clearer

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The Quality Account



- A Profile of the Trust
- Achievements in 2019/20: Quality Account priorities and more widely across the organisation
- Quality Account improvement priority plans for the current year
- Compliance with regulatory requirements
- Information on Quality Performance

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Performance against Quality Metrics

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics		QUARTER 1 2019/20		QUARTER 2 2019/20		QUARTER 3 2019/20		QUARTER 4 2019/20	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual
Patient Safety Measures									
1	Percentage of patients reported 'yes 'always' to the question, 'do you feel safe on the ward' ?	88%	65.59%	88%	79.17%	88%	66.48%	88%	62.39%
2	Number of incidents of falls (level 3 and above) per 1000 occupied bed days (for in patients)	0.35	0.10	0.35	0.21	0.35	0.19	0.35	0.15
3	Number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	38.18	19.25	31.03	19.25	24.25	19.25	30.45

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Performance against Quality Metrics

Quality Metrics		QUARTER 1 2019/20		QUARTER 2 2019/20		QUARTER 3 2019/20		QUARTER 4 2019/20	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual
Clinical Effectiveness Measures									
4	Existing Percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric in-patient care	>95.00%	95.5%	>95.00%	98.23%	>95.00%	97.43%	>95.00%	98.35%
5	Percentage of clinical audits of NICE Guidance completed	100%	100%	100%	100%	100%	N/A	100%	100%
6a	Average length of stay (in days) for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards	<30.2	23.25	<30.2	25.47	<30.2	25.64	<30.2	25.55
6b		<52	69.89	<52	64.69	<52	68.42	<52	66.84

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Performance against Quality Metrics

Tees, Esk and Wear Valleys



NHS Foundation Trust

Quality Metrics		QUARTER 1 2019/20		QUARTER 2 2019/20		QUARTER 3 2019/20		QUARTER 4 2019/20	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual
Patient Experience Measures									
7	Percentage of patients who reported their overall experience as excellent or good	94%	92.12%	94%	90.76%	94%	93.90%	94%	91.65%
8	Percentage of patients that report that staff treated them with dignity and respect	94%	88.07%	94%	89.16%	94%	85.70%	94%	85.80%
9	Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94%	86.60%	94%	86.56%	94%	86.78%	94%	86.70%

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Our Quality Improvement Plans for delivery in 20/21 (within the 19/20 Quality Account document)

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Quality Account Priorities

- Improve the clinical effectiveness and patient experience at times of Transition from CYPS to AMH
- Improve the personalisation of Care Planning
- Reduce the number of Preventable Deaths
- Improve the proportion of inpatients who feel safe on our wards **New for 2020/21**

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Improve the Clinical Effectiveness and Patient Experience at times of Transition from CYPS to AMH

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Progress so far...



● We have:


- Reported progress against actions set by the NHS England Collaborative
- Developed an action plan to implement key learning from patient stories
- Reviewed the Healthcare Safety Investigation Branch report 'Transition from child and adolescent mental health services to adult mental health services' and identified actions and learning for the Trust
- Set improvement trajectories for all three localities based on the analyses carried out in 2018/19 and carried out regular monitoring of these trajectories via the Transitions Steering Group

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Progress so far...

- 
- Completed a gap analysis of the numbers of transitions occurring and the numbers of transition panels occurring per locality
 - Established the potential barriers to successful transitions and considered how these can be overcome, for example:
 - Established an agreed model for transition panels
 - Experts by Experience have shared their experiences of the CYPS to AMHS transition
 - Included presentation of case studies of difficult to manage transitions and shared the learning regarding how to overcome any issues
 - Involved Partners from other organisations
 - Evaluated the effectiveness of Transition panels across the Trust

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Plans for 2020/21



- We will:

- Extend the work of the NHS Improvement Transitions Collaborative project into an internal three-year project
- Develop an action plan to implement key learning and establish strategies and targets for transitions
- Sustain and maintain improvements through the collaborative work and ‘plan, do, study, act’ cycle via the Steering Group and clinical audit activities
- Instigate Quality Improvement plans for the effectiveness of the panel process following the evaluations of transition panels which took place in 2019/20



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Improve the Personalisation of Care Planning

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Progress so far...



- We have:

- Involved Experts by Experience (service user and carers) in the development and delivery of the personalised care planning training - evaluation of this training led to a pause in delivery to allow alignment to the new products and processes
- Continued to develop knowledge and skills in care planning. This is currently focussed on inpatient services in response to learning from West Lane and also starts the preparatory work for the transition to the new ways of working using CITO and the One Plan vision
- Re-audited practice



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Plans for 2020/21



● We will:


- Develop and implement a communications and engagement plan to ensure all relevant stakeholders are aware of changes to the CPA and introduction of DIALOG. This plan will be reviewed with key stakeholders
- Continue User Acceptance Testing (UAT) of DIALOG and wider CITO developments
- Work with TEWV Information Technology Team to ensure a finalised, working version of DIALOG is embedded within CITO
- Review and revise the local CPA Policy in line with national guidance

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Plans for 2020/21

- 
- Develop guidance to support the implementation of revised CPA processes including DIALOG
 - Develop training and supporting materials in relation to the implementation of revised CPA processes including CITO pilot
 - Pilot training to support staff to implement the revised CPA processes
 - Evaluate the pilot CPA training, making revisions where necessary
 - Roll out the revised CPA training across the Trust
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- **NB: Intelligence suggests that CPA is to be replaced or disbanded shortly, so plans will be revised if necessary**

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Reducing the Number of Preventable Deaths

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Progress so far...



● We have:

- Produced an action plan from the Family Conference held in 2019 and implemented the actions from the plan
- Commenced circulation of two new guidance booklets for patients, families and carers in relation to Preventable Deaths, and reviewed and evaluated the impact of this guidance
- Reviewed the Trust-wide policy in relation to Preventable Deaths and made necessary amendments
- Participated in all of the regional Mental Health Learning from Deaths Forum meetings during 2019/20
- Implemented new national guidance based on new national legislation

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2020/21 Actions



- We will:
 - Hold a Family Involvement Event and produce an evaluation report with recommendations and an action plan following the event
 - Produce an evaluation report and recommendations from the Safety Summit that was held in February 2020
 - Review the Trust Zero Suicide Plan in view of the Family Involvement Event and Safety Summit; a Task and Finish Group will be set up to be an umbrella Steering Group around preventing harm and deaths. This will be chaired by the Trust Medical Director

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2020/21 Actions



- Produce a 'Safer Care' action/improvement plan and implement the actions in this plan
- Implement actions from the external review of unexpected deaths of adult, forensic and older persons services inpatients
- Fully introduce 48-hour follow-up for all AMH patients after discharge from inpatient wards
- Involve a lived experience Service User/Carer Representative in the Environmental Risk Group

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Increase the Proportion of Inpatient Service users who Report Feeling 'Safe on the Ward'

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Progress so far...

- 
- Although not a Quality Account priority during 2019/20, we have:
 - Analysed Friends and Family Test results through the Executive Management Team
 - Agreed technical solutions to support the delivery of care, such as the Oxehealth Digital Health Care Assistant, which is a digital monitoring system to assist with remote patient observations such as pulse and respiration rates. A pilot of the use of staff body cameras has also been introduced.

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2020/21 Actions

● We will:

- Use existing data to identify priority wards and actions; collate existing Friends and Family test and other data
- People with lived experience to talk to people currently on the TEWV inpatient wards with the highest and lowest current FFT scores and produce a 'lessons learned' report
- Develop a plan for each ward identified as a priority and deliver actions from this plan
- Complete training of two new drug detection dogs and introduce them into Trust service
- Undertake work to improve liaison with the Police
- Continue monitoring Key Performance Indicators (KPIs) during the pilot phase of body camera testing and develop a Business Case for further roll-out of these cameras
- Install the technology required for sensor technology in five wards and develop the required governance in relation to this pilot work; a benefits realisation of the pilot will be undertaken

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Next Steps



Step

Quality Account issued to Stakeholders

Deadline for comments from Stakeholders

Quality Account approved by TEWV Board

Quality Account Published

Timescale

17th August 2020

19th September 2020

29th September 2020

October 2020

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Quality Account 2020/21

- Normal timescales remain the same
- Stakeholder event (if possible) Feb 2021
- Consultation on the draft will take place during April/May 2021
- Publication will be by the end of June 2021
- Due to Covid-19, it is likely that the current improvement priorities will be extended for another year (with updated milestones)

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