

TEWV Quality Account 2020/21 and 2021/22

**Darlington OSC
14th April 2021**

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities this year
- To outline proposed quality improvement priorities for 2021/22 (to be included in the Quality Account 2020/21 document)
- This will help you to respond to our draft Quality Account document when it comes to you later in April
- Please note that your 'local' data includes Darlington as well as County Durham. 'Trustwide' data also includes Teesside, North Yorkshire and York and our Forensics Directorate

Progress on 2020/21 QA Actions

<u>Priority</u>				<u>Comment</u>
Further Improve the clinical effectiveness and patient experience at times of transition from CYP to AMH services	2	0	4	The work of the Transitions Project has been superseded by the Trust-wide work requested by the Trust's Senior Leadership Group on 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust'. Therefore 4 of the planned actions are no longer required.
Improve the personalisation of Care Planning	0	8	0	The Lead for this Quality priority was redeployed to undertake actions relating to the Covid-19 pandemic. We intend to restart this work in 21/22

QA action progress (continued)

<u>Priority</u>				<u>Comment</u>
Reduce the number of Preventable Deaths (with a focus on learning from deaths)	5	8	0	The Family Conference held in March 2019 was to be followed on 28 th March 2020 with the second event. However the Covid-19 lockdown prevented this from going ahead. Due to the sensitive nature of this event it is not appropriate to hold this remotely via technology. It is still planned to hold this event during 2021, as soon as social distancing restrictions allow. Therefore the actions connected to the evaluation and development / implementation of the action plan for this event will be carried over to 2021/22
Increasing the proportion of inpatients who report feeling safe on our wards	3	10	0	Some of the specific actions relating to this priority were put on hold due or delayed to the ongoing Covid-19 pandemic; they will be carried over into 2021/22 as part of the 'Feeling Safe' quality improvement priority

Quality Metrics (at 31/12/2020)

	Quarter 3 20/21			Trend	Comments	19/20
	Durham & D'ton Actual	Target	Trust Actual			
1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	64.89%	88.00%	64.66%	↑	This is the best position over the last four years but we still remain a long way from target. We are committed to improving patient safety and will keep this as a Quality Account priority. Anti-ligature work and improvements in the production and recording of safety summaries are taking place.	62.39%
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.13	0.35	0.13	↓		0.15
3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	17.84	19.25	20.90	↓	Although this metric is still not achieving the target, it has been steadily improving over the past year. In Teesside the high level mainly relates to the learning disability and autism services provided at Bankfields Court which have treated a number of patients with complex needs / high acuity during the past few months.	30.45

Quality Metrics (at 31/12/2020)

	Quarter 3 20/21				Comments	19/20
	Durham and D'ton	Target	Actual			
4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care	96.36%	>95%	96.22%	↓	In 20/21 Q1 we achieved 95.76% and in Quarter 2 96.22%	97.13%
5: Percentage of Quality Account audits completed	NA		N/A	→	No Quality Account audits were scheduled for completion during Q3 2019/20	100%
6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards	19.29	<30.2	22.08	↑	The average length of stay for Adults has decreased over the last three consecutive quarters (Q1 23.50; Q2 22.92) and remains better than the standard, with the Q3 20/21 position being the lowest reported since Q2 2018/19	25.55

Quality Metrics (at 31/12/2020)

	Quarter 3 20/21				Comments	19/20
	Durham and D'ton	Target	Trust Actual			
6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards (days)	55.91	<52	58.94	↓	Average lengths of stay during the year has been significantly less than in previous years. in Q1 it was 70.28 days but only 50.40 days in Q2. This is potentially attributable to the Covid-19 pandemic and the impact of the lockdown and restrictions that were in place throughout the year	66.84
7: Percentage of patients who reported their overall experience as excellent or good	88.76%	94.00%	93.21%	↑	These figures show no significant changes despite the imposition of social distancing on wards (including restrictions to visiting). Patients tell us that they are unhappy with, for example, waiting times, access to services, activities and feeling safe.	91.65%

Quality Metrics (at 31/12/2020)

	Quarter 3 20/21			Trend	Comments	19/20
	Durham and D'ton	Target	Trust Actual			
8: Percentage of patients that report that staff treated them with dignity and respect	85.99%	94.00%	86.77%	↑	The results against this metric have remained essentially static over the past few years. There will be actions in the Trust's Quality Account for 2021/22 on compassionate care and improving care planning.	85.80%
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	90.14%	94.00%	91.60%	↑	This metric has been steadily increasing over the past few years; it is anticipated that the planned care planning, feeling safe and compassionate care actions to take place next year will help us to improve this percentage further	86.70%

Next Year - Priorities for improvement 2021/2022

- We were unable to hold our usual stakeholder engagement events, but we:
 - Have a very clear sense of where our service users, carers, staff and partners think our quality weaknesses are through 'Our Big Conversation'
 - Have modernised the way we report to our Quality Assurance Committee which has made it easier to triangulate data and intelligence so that we can see where we might need to prioritise, for example more of a focus on compassionate care
 - Know that many of the delayed actions due in 2020/21 still need to be done

Priorities during 2021/2022

TEWV's Quality Assurance Committee has therefore agreed to work up detailed actions for 3 priorities for the new Quality Account:

1. Care Planning
2. Feeling Safe
3. Compassionate Care

Detailed plans are set out on next few slides

Key Care Planning Actions

- Ensure finalised, working version of DIALOG is embedded within CITO (our new electronic patient care record)
- Identify how many patients/agreed others receive a care plan,
- Establish Steering Group oversee development and implementation of high quality, collaborative care planning

Key Care Planning Actions (cont'd)

- Review and revise local CPA policy in line with system changes and national guidance
- Review and update care planning training
- Ensure sufficient capacity is built into clinic scheduling to properly co-create and develop care plans

Key Safer Care Actions

- Hold second Family Conference, produce report and implement recommendations
- Establish a Regional Patient Experience Network
- Use data and talk to people with lived experience to identify priority wards in relation to Patient Experience, produce report and deliver recommendations
- Seek ideas as part of the ‘mutual help’ meetings that take place on the wards

Key Safer Care Actions (cont'd)

- Review current 'ward orientation' process for patients and incorporate into personal safety plans
- Continue existing pilot of body cameras and develop business case for further roll-out
- Share key successes and learning from review of patient safety

Key Compassionate Care Actions

- Hold engagement events with staff at all levels to develop our new ways of working together and share outputs
- Commission and deliver a range of educational approaches with a focus on Empathy and Compassion
- Design, develop and deliver a new Trust leadership programme to all staff in formal leadership positions
- Seek views of staff about organisational processes and systems which do not live the values, or which get in the way of them living the values, and present findings to Lead Directors
- Review People & Culture processes and policies in relation to Trust values
- Ensure people have access to meaningful breaks and thinking time

Key Compassionate Care Actions (cont'd)

- Model and promote the values in how we communicate, how we hold meetings and share information
- Produce a prioritised plan for the future to tackle stigma related issues and/or their consequences
- Implement process to capture informal concerns and complaints
- Work with patients and families to develop the Serious Incident review process
- Develop tools to support team and individual conversations about our values

Quality Metrics for 2021/2022

- We are currently reviewing the suite of Quality Metrics
- We want to align them more closely to our improvement priorities
- Some of the metrics will still be the same
- We will analyse our data in a more sophisticated way, so that we can see where things are really improving or getting worse

What next?

- We are aiming to send you the draft Quality Account document on 27th April
- There is a 30-day period to return your comments, which we print verbatim in an appendix
- TEWV Board of Directors will approve the document in June
- Publication of the final document at end of June
- This will be a slimmed down and more user-friendly document than previously (though we still have to include all the mandatory content)
- We will be happy to bring an update on progress during 2021/2022 to this committee