

TEWV Quality Account – progress and future development

**Darlington Health Overview & Scrutiny
Committee
19th January 2022**

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities this year
- To outline proposed quality improvement priorities for 2022/23 (to be included in the Quality Account 2021/22 document)
- This will help you to respond to our draft Quality Account document when it comes to you later in the year
- Please note that your 'local' data includes County Durham as well as Darlington. 'Trust' data also includes Teesside, North Yorkshire and York, and our Forensic Directorate

Progress on 2021/2022 QA Actions

<u>Priority</u>	Actions achieved	Actions not achieved
Improve the personalisation of Care Planning	10	5
Safer Care	18	4
Compassionate Care	8	5

Care Planning

- Many of the actions under this priority have been extended to Quarter 4 2021/22 due to key staff being deployed throughout the year to perform tasks relating to the Covid-19 pandemic
- A Communications Plan has been developed and is being delivered via the team in charge of delivering our new patient record system (“cito”)
- All training materials to go live on training platform by mid-January 2022
- Baseline data may need to be refreshed before Cito ‘go live’ date in autumn 2022

Safer Care

- Unable to hold Family Conference due to Covid and Business Continuity Pressures pressures; mitigated by work focusing on Serious Incident process with patients and carers – action plan produced
- Patient Experience Network attended by TEWV staff; benchmarking on safety undertaken – some difficulties with comparison of data with other Trusts
- Process still to be established to feedback ‘feeling safe’ issues into ward plans
- Robust exploration of Friends and Family Test (FFT) data has taken place; Patient Experience Groups established within localities and action plans started

Safer Care

- Patient Safety Briefings have been implemented
- ‘Learning lessons from Serious Incidents’ accessible to all via newly implemented learning library
- Patient Safety Campaign on track to be delivered in Q4
- Serious Incident Review project plan produced
- Improvement plan relating to complaints presented to Quality Improvement Group

Compassionate Care

- There is a Trust Carer's Group working with the Organisational Learning Group to support patient safety campaigns
- Revised policy to set out new process for dealing with informal concerns and complaints which is being tested and will 'go live' in Q4

Quality Metrics (at 31/12/2021)

	Quarter 3 21/22			Trend	D&D Comments	20/21
	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?'	71.17%	88.00%	61.52%	↑	This compares favourable to previous months; however due to bed pressures leave beds are often being used for new admissions when patients on leave are due to return to the ward imminently which could have an impact on patients feeling safe	62.39%
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.23	0.35	0.10	↑	There was one Level 3 fall in the D&D Locality during this period; a pilot will shortly begin in MHSOP services of Circadian Lighting which is designed to reduce stress and falls. The Oxehealth pilot also continues, and post-fall prompts have been developed for nursing staff	0.15
3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	21.90	19.25	25.00	↑	ALD Services in D&D are showing special cause variation for restraint; this is due to one patient who requires a level of restraint to prevent from frequent self-harming behaviours. Other Services are reporting levels of restraint within a normal variation	30.45

Quality Metrics (at 31/12/2021)

	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 72 hours after discharge from psychiatric inpatient care	N/A*	80%	90.17%	↑	This target used to be to see patients within 7 days of discharge but has been reduced to 72 hours because of the importance of follow up for discharged from inpatients within the first 3 days. The new target is being achieved.	N/A**
5: Percentage of Quality Account audits completed	N/A*	N/A	100%	→	These are nationally prescribed audits which are undertaken by the Trust as a whole	100%

***Data not collected at Locality Level**

****New metric for 2020/21**

Quality Metrics (at 31/12/2021)

	Quarter 3 20/21				D&D Comments	19/20
	Durham and D'ton	Target	Actual			
6: Patients occupying a bed over 90 days***	N/A*	<61	69	↑	Small number of patients in beds for over 90 days; analysis has been undertaken to understand impact of community pressures and demand forecasting analysis has been completed. Weekly review meetings are in place to discuss and related flow charts and templates have been developed. Work is underway with MHSOP Services and Local Authorities to facilitate discharges following new legislative guidance,	N/A**

****Data not collected at Locality Level***

*****New metric for 2020/21***

******Position at 30/11/2021 due to key staff being deployed into clinical services***

Quality Metrics (at 31/12/2021)

	Quarter 3 20/21				D&D Comments	19/20
	Durham and D'ton	Target	Trust Actual			
7: Percentage of patients who reported their overall experience as excellent or good	93.27%	94.00%	94.44%	↑	<p>Work has been undertaken with the Patient Experience Team to implement Patient Experience Group meetings, including carers</p> <p>The Locality continues to work with the Patient Experience Team to refine the Local Improvement plan; monthly updates have been well received</p> <p>All 3 of these metrics are currently improving.</p>	91.65%
8: Percentage of patients that report that staff treated them with dignity and respect	89.50%	94.00%	87.17%	↑		84.59%
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	90.88%	94.00%	91.11%	↑		89.94%

Next Year - Priorities for Improvement 2022/23

- We have a Quality Programme Group which includes service users and carers, who are developing ideas for 22/23
- We are discussing how to hold a Covid safe engagement event in February or March to agree our priorities for next year with a wider set of stakeholders including Healthwatch, OSC chairs and Trust governors

What next?

- We are aiming to send you the draft Quality Account document towards the end of April 2022 (subject to Guidance)
- There will be 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 2022
- Publication of the final document at end of June 2022
- 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 2022/23 to this committee