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Tees, Esk and Wear Valleys
NHS Foundation Trust

TEWV Quality Account 2021/22 including Quality Improvement priorities planned for 2022/23

Tees Valley Joint Health Overview and Scrutiny Committee

8th June 2022

journey to change

Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities in 21/22
- To outline proposed quality improvement priorities for 22/23 (to be included in the Quality Account 21/22 document)
- To remind the Committee about the deadline for responding to the formal consultation and explain the next steps

journey to change

Quality Metrics Slides

- The next few slides show our performance against the metrics that we use to assess our overall quality levels
- Red = target not achieved
- Green = target achieved
- We deliberately set stretching targets
- The way TEWV was structured in 21/22 means that our data covers the following geographies:
  - D&D = Darlington and County Durham
  - Tees = Hartlepool, Stockton, Middlesbrough, Redcar & Cleveland (not including specialist regional services such as the Secure Inpatient Services wards at Roseberry Park)
  - Trust = above + North Yorkshire and York + specialist regional services such as Secure Inpatient Services or prison-based services

Quality Metrics (1)

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	Quarter 4 21/22				Trend	Comments	Whole Trust 20/21
	D&D Actual	Tees Actual	Target	Whole Trust Actual			
1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	**72.48%**	**65.96%**	88.00%	**64.37%**	↑	This is the best position over the last five 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 during 2022/23	64.66%
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	**0.06**	**0.21**	0.35	**0.07**	↓		0.13
3: Number of incidents of physical intervention/ restraint per 1000 occupied bed days	**36.34**	**75.62**	19.25	**37.66**		Although this metric is a long way from the target, these incidents relate largely to a small number of patients who. are acutely unwell and have very complex needs	20.90

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Quality Metrics (2)

	Quarter 4 21/22						
	D&D Actual	**Tees Actual**	**Target**	**Whole Trust Actual**	**Trend**	**Comments**	**Whole Trust 20/21**
4: Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care	86.46%	**93.91%**	>80%	**88.51%**	**N/A**	This is a revised metric for 2021/22, where follow-up was previously within 7 days. The reasons why this target is not being achieved are largely due to difficulties in engaging with the patient after discharge or breakdown in internal processes	N/A
5: Percentage of Quality Account audits completed	**N/A**	**N/A**	**N/A**	**N/A**	→	No Quality Account audits were scheduled for completion during Q4 2021/22	**100%**
6: Patients occupying a bed over 90 days	**N/A**	**N/A**	<61	**60**	**N/A**	This is a new metric for 2021/22	N/A

Quality Metrics (3)

	Quarter 4 21/22						
	D&D Actual	Tees Actual	Target	Whole Trust Actual	Trend	Comments	Whole Trust 20/21
7: Percentage of patients who reported their overall experience as excellent or good	**93.88%**	**92.42%**	94.00%	**94.34%**	↑	This is the first time that the Trust has achieved this target; the Durham and Tees Localities are also very close to achieving the target. Patient Experience is one of the three goals of Our Journey to Change	93.21%
8:Percentage of patients that report that staff treated them with dignity and respect	**89.53%**	**91.73%**	94.00%	**89.14%**	↑	The results against this metric have remained essentially static over the past few years. Work on this is underway throughout our service delivery linked to the Trust values of respect, compassion and responsibility	86.77%
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	**93.00%**	**94.34%**	94.00%	**91.08%**	↑	There has been a consistent improvement in performance against this metric throughout the year	91.60%

Actions we've taken in response to our performance on Quality Metrics

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- Developed a business case for the further roll-out of body cameras on wards
- Undertaken a robust exploration of the data and intelligence influencing the Friends and Family Test; the Patient Experience Team have worked with operations to implement more robust governance and to set up Patient Experience Groups
- Shared key successes and learning from a review of patient safety and promoted the role of the Trust Patient Safety Specialist
- Gathered views of families and involved them in improving the Serious Incident Process
- Implemented a process to capture informal concerns and complaints that enabled us to identify any key themes where patients have raised issues

Quality Metrics for 2022/23

- We are going to review the suite of metrics to align them more closely with our new *quality journey to change*
- We also want to align them more closely to our improvement priorities
- Some of the metrics may 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

Quality Account Improvement Priorities during 2021/22

Our 3 improvement priorities were:

- Improve the personalisation of Care Planning
- Safer Care
- Compassionate Care

- 46 actions sat under these headlines
- **30** of those **46** were achieved or on track at the end of 2021/22

Reasons for delays in implementation

- Covid
  - Some public events, such as conference with bereaved families to help us learn from their experiences could not be held
  - Staff diverted to infection prevention control work
  - Staff diverted to the vaccination programme
  - Restrictions on entering wards slowed down some key “feeling safe” initiatives such as installation of vital signs sensor technology (Oxehealth)
- Non-Covid
  - National policy changes on Care Programme Approach have meant some of our proposed actions are not relevant now, so we did not complete them.

Improvement priorities during 2022/23

- The Trust has identified the following **three** priorities for the new Quality Account:

  - Care Planning
  - Implementation of the new Patient Safety Incident Reporting Framework
  - Feeling Safe

  In addition to these, the Trust also has a Business Plan with many other improvement actions.

Care Planning

Q1 22/23

- Establish working groups linked to outputs from the Care Planning event in March 2022, all of which link to Cito implementation (Cito is our new patient record interface)
- Care planning patient and carer information: review existing patient and carer information that refers to/is about care planning
- Care planning training and guidance: develop and approve package around goal setting and solution-focused approaches
- Care planning monitoring and embedding: agree metrics around care planning – to link into caseload management work
- Care planning in Secure Inpatient Services: to agree piloting of the use of DIALOG and DIALOG+ as a replacement for 'my shared pathway'
- Review everything that refers to CPA and agree how to change language and processes in line with community transformation and iThrive (in light of national guidance on replacement of CPA)
- Establish Care Planning Steering Group to report into Quality and Safe and Clinical Journey Boards
- Develop goal setting training and resources to complement move to DIALOG
- Introduce DIALOG and DIALOG+ to all inpatient services to further embed individualised goal based-plans

Care Planning (2)

Q2 22/23

- Develop, approve and publish new patient and carer information in line with new approaches to care planning
- Deliver training on goal setting and solution-focused approaches that will further strengthen and support Cito training and guidance
- Gather data for baseline position using agreed metrics that will be transferable to Cito
- Test use of DIALOG and DIALOG+ in agreed wards within SIS
- Develop new policies and procedures in relation to CPA winding down
- Continue with inpatient work around understanding, implementation and embedding of DIALOG and DIALOG+

Care Planning (3)

Q3 22/23

- Go live date for Cito: it is envisaged that much of Quarter 3 will be the supporting of staff in the use of DIALOG, DIALOG+ and individualised care planning elements of Cito (including training and guidance refining and development)
- Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework)
- Embed processes for gathering key care planning metrics
- Review Secure Inpatient Services testing of DIALOG and DIALOG+ and agree next steps/roll out

Q4 22/23

- Continue with Cito support
- Next steps/roll out of DIALOG and DIALOG+ in Secure Inpatient Services
- Continue measurement of metrics

Care Planning (3)

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Q3 22/23

- Go live of Cito: it is envisaged that much of Quarter 3 will be the supporting of staff in the use of DIALOG, DIALOG+ and individualised care planning elements of Cito (including training and guidance refining and development)
- Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework)
- Embed processes for gathering key care planning metrics
- Review SIS testing of DIALOG and DIALOG+ and agree next steps/roll out

Q4 22/23

- Continue with Cito support
- Next steps/roll out of DIALOG and DIALOG+ in SIS
- Continue measurement of metrics

Feeling Safe

In 2022/2023 we will:

- Review the information we have available from patient surveys, incidents and complaints from adult inpatient services to identify any new emerging themes that may help inform our programme of improvement work in this area
- Increase the visibility of staff within adult inpatient areas
- Focus on reducing patient-on-patient violence through exploring further use of Information Technology solutions
- Continue to implement the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)

Implementation of the new Patient Safety Incident Reporting Framework

In 2022/2023 we will:

- Roll out the two-part incident approval process across all areas of the Trust. This involves operational staff taking responsibility for reviewing and approving incidents that have occurred within their service before submitting centrally
- A triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review
- Develop the daily patient safety huddle to include service staff and subject matter experts to ensure we can effectively review reported incidents in a timely way and where rapid reviews can be undertaken where appropriate that lead to immediate actions and improve safety
- A Serious Incident Review process that is robust and utilises evidence-based tools and that involve families to the level of their satisfaction
- Provide updates for staff on the duty of candour to ensure all have a full understanding
- Improve the quality and oversight of action plans
- Refresh the Terms of Reference for the Director Assurance Panels

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What next?

- The closing date for comments on our Quality Account document is noon on Monday 13th June
- The document will go to the TEWV Board of Directors on Thursday 16th June
- Publication of the final document on 30th June
- We will be happy to bring six-monthly update on progress during 2022/23 to this Committee