

Tees Valley Joint Health Overview and Scrutiny Committee

TEWV Quality Account update

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16 December 2022

Quality Account – the basics...

- Statutory document
- Covers the whole Trust area (Durham, Tees Valley, North Yorkshire, York)
- Covers all services (Adult mental health, Adult learning disability, older people's services, forensic services, Children and Young People's services – also both inpatient and community)
- In the NHS “quality” has 3 parts
 - 1) Patient safety
 - 2) Patient experience
 - 3) Clinical Effectiveness (patient outcomes)

Quality Improvement Actions

- This year's Quality Account has 3 Improvement Actions:
 1. Personalising care planning
 2. Improving safety on wards
 3. Implementing the new National Patient Safety Incident Framework
- These are underpinned by 17 actions
- 9 of the 16 actions (56%) are on track (**GREEN**) of which 4 are already fully complete
- 4 actions (25%) are off track but can be completed by the end of the financial year (**AMBER**)
- 3 actions (19%) are **RED** and cannot be completed in this financial year

Red Actions

- a) Ensure all clinical staff are trained in our new DIALOG care planning system
- b) Record all care plans on our new cito patient record system
- c) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework)

- These all relate to Care Planning
- This is because the new electronic patient record system that this requires has been subject to delay in implementation
- We have continued to train staff about how we will be doing care planning (the Dialog system) and rolling this out in paper form
- Multi-agency workshop being planned for Jan, Feb or March to work out how care planning will work within the new community mental health “hub” system that is being rolled out across TEWV’s area

Amber Actions (behind schedule but we can recover to finish by end March)

- a) Update all service user and carer information resources about care planning
- b) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in service users' care plans
- c) Focus on reducing patient-on-patient violence through exploring use of body cameras (pilot in 10 areas) and Oxevision (11 clinical areas)
- d) Further embedding of the roll out of the two-part incident approval process across all areas of the Trust

On track, but not yet complete

- a) Introduce improvements to care planning in Secure Inpatient Services
- b) Continue to embed the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)
- c) Continue to improve our Serious Incident Review process so that it is robust and utilises evidence-based tools and involves families to the level of their satisfaction
- d) Provide updates for staff on the duty of candour to ensure all have a full understanding
- e) Improve the quality and oversight of action plans

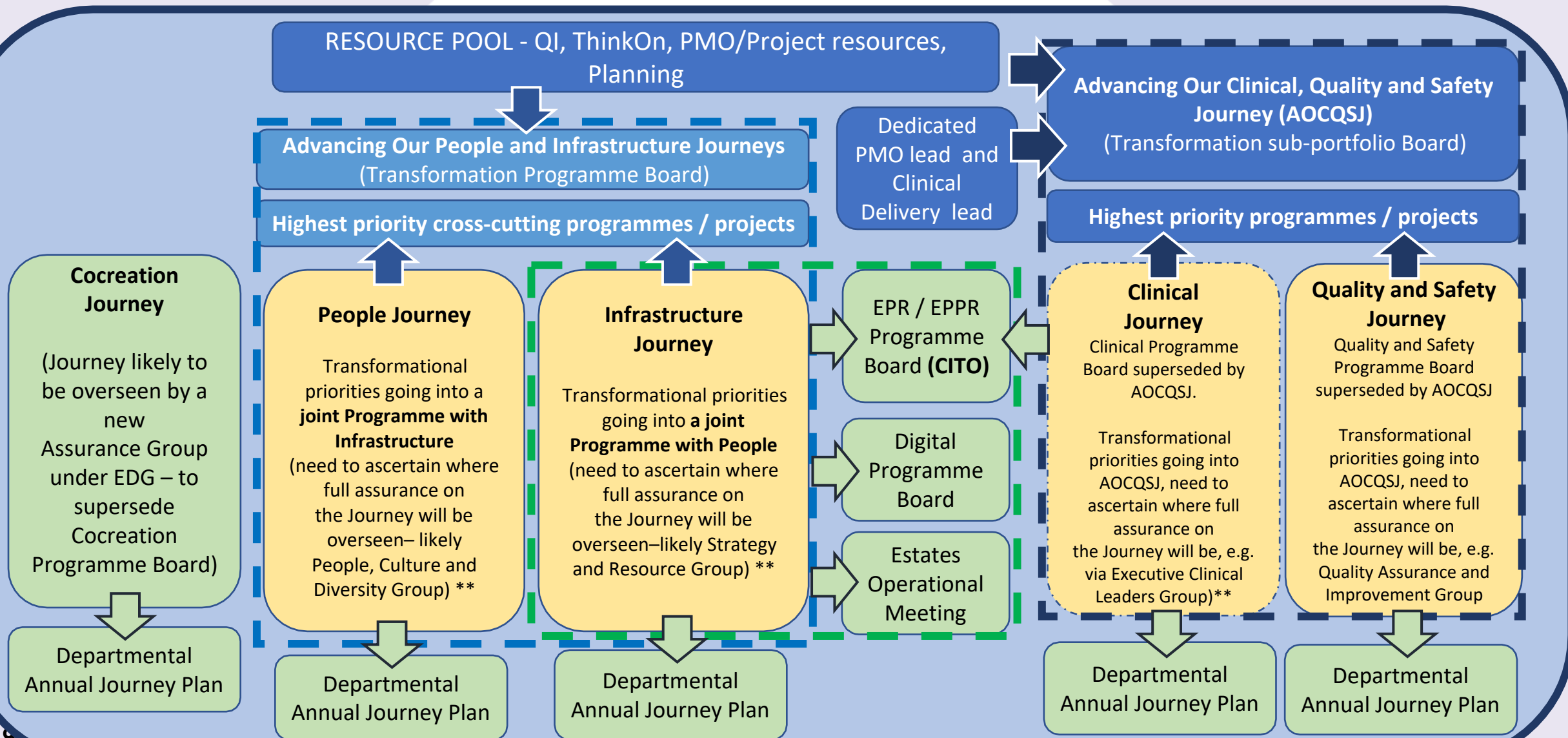
Complete

- a) 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
- b) Introduce a triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review
- c) 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)
- d) Refresh the Terms of Reference for the Serious Incident Director Assurance Panels

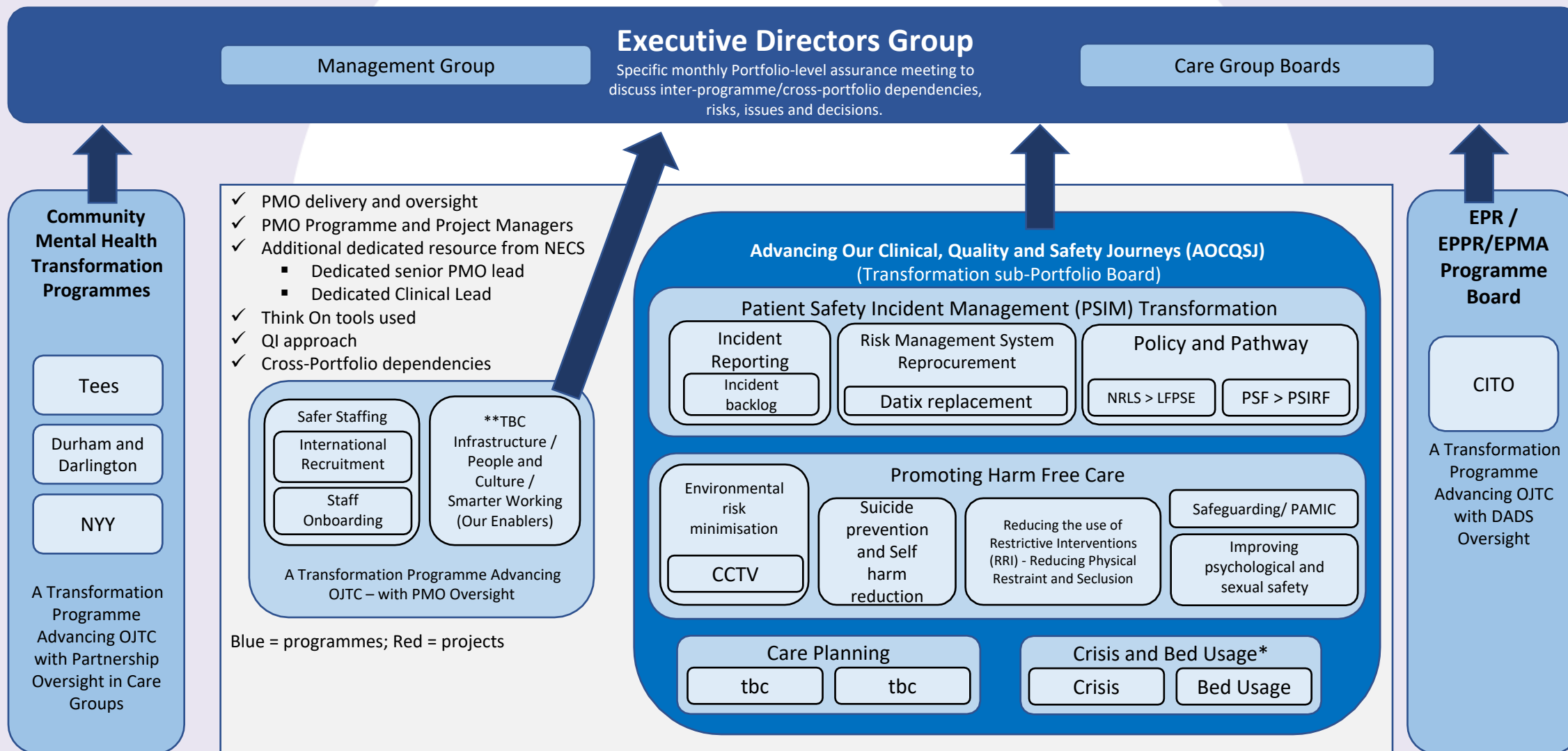
Quality Metrics

Quality Metrics	Target	Whole Trust 20/21	Whole Trust Actual Q4 21/22	Whole Trust Actual 22/23 Q1	Whole Trust Actual 22/23 Q2
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	64.66%	64.37%	59.8%	58.4%
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.13	0.07	0.23	0.23
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days	19.25	20.90	37.66	34.01%	33.84
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)		91.69%	88.60%
5) Percentage of patients who reported their overall experience as very good or good	94.00%	93.21%	94.34%	91.8%	91.8%
6) Percentage of patients that report that staff treated them with dignity and respect	94.00%	86.77%	89.14%	87.3%	87.3%
7) The number of Medication Errors with a severity of moderate harm and above	2.5	-	-	1	4
8) Number of serious incidents reported on STEIS	-	-	-	34	32
9) Number of Complaints raised	-	-	-	779	668

Our Quality and Safety Journey



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Thank you

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