

# Quality Account Update (Quarter 2)

## Headlines

Progress on the quality improvement actions has been good, with 49/56 (88%) either completed or on track. The most significant delays are around personalising care planning and the transitions priorities.

In terms of the Quality Metrics, **4 of 10 (40%)** are reporting green and **6 of 10 metrics (60%)** are red. However 3 of those red metrics saw significant improvement from Q1 to Q2 (% treated with respect, rates of physical restraint / intervention and MHSOP average length of stay). The other 3 metrics remain in a static position with small quarter to quarter fluctuations.

## Key Issue: Quality Improvement Actions

The 7 actions that are behind schedule should be completed by Christmas (see Appendix 1). The delays are relatively minor, and progress is being made across the priorities of CYP-AMH transition, Personalising Care Plans; Dual Diagnosis; Urgent Care and Reducing Premature Deaths.

These minor delays include the opening of the new Durham and Darlington crisis team hub in Bishop Auckland, which should take place before Christmas now that estate issues have been resolved

## Key Issue: Quality Improvement Metrics

There has been a significant improvement from Q1 to Q2 in the % of patients who report that they feel safe on our wards. It continues the trend noted during 18/19 of a decline over time in negative comments about this issue. This may reflect the focus put in this in recent months as operational services have reacted to the data,

including an improvement in practice in dealing with dual diagnosis.

The physical intervention rate fell significantly from Q1 to Q2. All three geographic Localities saw significant reductions in intervention and restraint.

The average length of stay for older people has been worse than target since quarter 3 2013/14. In quarter 2 it was 64.69 days which was 5 days better than in quarter 1. In this quarter there were 11 patients discharged who had a length of stay greater than 200 days. Most had complex needs, including physical health problems (3) and finding suitable placements for patients subsequent to discharge (6). In all cases, services worked with patients and family to provide appropriate care and support.

The patient experience related metrics remain in a static position with small quarter to quarter fluctuations. There are developments within TEWV's business plan which might lead to sustained future improvements in these two issues for example the Right Staffing programme continues to focus on establishment reviews, increasing the numbers of people training to be mental health professionals, and reducing agency staff usage.

## Key Issue: Priorities for 20/21

The Board of Directors have agreed the following improvement priorities for the next Quality Account:

- Personalising care planning (existing)
- Reducing preventable deaths (existing)
- Improving Child to Adult service transitions (existing)
- Increasing the proportion of inpatients who feel safe on our wards (new)

Detailed planning for these priorities has commenced. Governors will be able to take part in the Quality Account task and finish group in Spring 2020.

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## Appendix 1 – Review of Progress on Actions in the current Quality Account 30/09/2019

**Green:** Action is on track

**Red:** Action is not on track and has either been extended or wording amended

**Grey:** Action is not on track but is due to circumstances outside of the Trust's control

<u>Priority</u>	<u>Green Actions</u>	<u>Red Actions</u>	<u>Grey Actions</u>	<u>Comment</u>
Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services	10	2	0	<ul style="list-style-type: none"> <li>Due to competing priorities, the engagement event due to be held on 24<sup>th</sup> September 2019 has been postponed to Q3 19/20</li> <li>It has not been possible as yet to produce the report on the improvement trajectories that were agreed during Q1 19/20; however a meeting in relation to this was held on 9<sup>th</sup> October 2019, and the report will be produced during Q3 19/20</li> </ul>
Make Care Plans more Personal	9	2	1	<ul style="list-style-type: none"> <li>As at 30<sup>th</sup> September 2019, 180 members of staff have received training on the CPA process. This training will continue throughout 2019, so it is anticipated that the target of 500 will be achieved during Quarter 3 19/20</li> <li>The work on DIALOG testing in a simulated live environment has been delayed due to Trust-wide issues with the implementation of DIALOG. It is anticipated that this will be completed during Quarter 3 2019/20</li> <li>There was a delay in the release of the new Trust-wide Change Implementation Workbooks and so this will be completed during Quarter 3 2019/20</li> </ul>
Reduce the number of Preventable Deaths	7	0	0	<ul style="list-style-type: none"> <li>Actions on track</li> </ul>
Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	15	1	0	<ul style="list-style-type: none"> <li>The review of Dual Diagnosis networks is in progress; however as there were changes to staffing this is not yet complete. It is anticipated that this work will be completed in Quarter 3 19/20</li> </ul>
Review our urgent care services and identify a future model for delivery	8	1	0	<ul style="list-style-type: none"> <li>There have been delays to the implementation of a new operational model for the Durham &amp; Darlington Crisis Teams due to issues relating to the team base and car parking. The new model will commence in Quarter 3 19/20</li> </ul>

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## Appendix 2: Performance against Quality Metrics at Quarter 2

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Safety Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	88.00%	65.59%	88.00%	79.17%	88.00%		61.50%	62.30%	N/A
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</i>	0.35	0.10	0.35	0.21	0.35		0.18	0.12	0.37
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	19.25	38.18	19.25	31.03	19.25		33.81	30.65	20.26

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Clinical Effectiveness Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</i>	>95%	95.5%	>95%	98.23%	>95%		96.49%	94.78%	98.35%
<i>Metric 5: Percentage of clinical audits of NICE Guidance completed</i>	100%	100%	100%	100%	100%		100%	100%	100%
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</i>	<30.2	23.25	<30.2	25.47	<30.2		24.70	27.64	30.08
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</i>	<52	69.89	<52	64.69	<52		66.53	67.00	78.08
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Experience Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 7: Percentage of patients who reported their overall experience as excellent or good</i>	94.00%	92.12%	94.00%	90.76%	94.00%		91.41%	90.50%	90.53%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	94.00%	88.07%	94.00%	89.16%	94.00%		85.70%	85.90%	N/A

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<b>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</b>	94.00%	86.60%	94.00%	86.56%	94.00%		86.9%	87.20%	86.58%
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## Appendix 3: Performance against Quality Metrics at Quarter 2- Locality Breakdown

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire & York	Forensic Services
<b>Patient Safety Measures</b>					
<b>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</b>	79.17%	85.59%	64.52%	77.27%	25.00%
<b>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients</b>	0.21	0.12	0.12	0.64	0.06
<b>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</b>	31.03	11.15	79.87 <sup>1</sup>	16.79	15.56
<b>Clinical Effectiveness Measures</b>					
<b>Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:</b>	98.23%	N/A	N/A	N/A	N/A
<b>Metric 5: Percentage of Clinical Audits of NICE Guidance completed:</b>	100.00%	N/A	N/A	N/A	N/A
<b>Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards: 30.2</b>	25.47	N/A	N/A	N/A	N/A
<b>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:</b>	64.69	N/A	N/A	N/A	N/A
<b>Patient Experience Measures</b>					
<b>Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'</b>	90.76%	89.96%	91.67%	91.32%	88.43%
<b>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</b>	89.16%	91.21%	89.96%	89.02%	82.48%

<sup>1</sup> Please note that the Teesside figure includes the regional Children and Young People's wards at West Lane. These wards closed during Quarter 2.

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**Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment**

86.56%

88.11%

85.76%

86.49%

85.99%