

# **TEWV Quality Account 2020/21 and 2021/22**

**Tees Valley Health OSC  
19<sup>th</sup> March 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 21/22 (to be included in the Quality Account 20/21 document)
- To set out the probable dates for formal consultation and discuss how this committee can best respond
- Please note that “Teesside” data in this presentation does not include Darlington. “Trust” data includes Teesside, Darlington, County Durham, North Yorkshire and York.

# Progress on 20/21 QA Actions

| <u>Priority</u>  |   |   |   | <u>Comment</u>   |
|--|---|---|---|--|
| <b>Further Improve the clinical effectiveness and patient experience at times of transition from CYP to AMH services</b> | 2 | 0 | 4 | The work of the Transitions Project has been superseded by the Trust-wide work requested by the Trust's Senior Leadership Group on 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees,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. |
| <b>Improve the personalisation of Care Planning</b>  | 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>   |
|---|---|----|---|--|
| <b>Reduce the number of Preventable Deaths (with a focus on learning from deaths)</b> | 5 | 8  | 0 | The Family Conference held in March 2019 was to be followed on 28 <sup>th</sup> 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 |
| <b>Increasing the proportion of inpatients who report feeling safe on our wards</b>   | 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

|   | Quarter 3 20/21 |        |               | Trend | Comments  | 19/20         |
|---|-----------------|--------|---------------|-------|---|---------------|
|   | Teesside Actual | Target | Trust Actual  |       |   |               |
| <b>1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</b>     | <b>65.52%</b>   | 88.00% | <b>64.66%</b> | ↑     | 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.                               | <b>62.39%</b> |
| <b>2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</b> | 0.16            | 0.35   | <b>0.13</b>   | ↓     |   | 0.15          |
| <b>3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</b>                   | <b>31.62</b>    | 19.25  | <b>20.90</b>  | ↓     | 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. | <b>30.45</b>  |

# Quality Metrics

|   | Quarter 3 20/21 |        |               |   | Comments  | 19/20       |
|---|-----------------|--------|---------------|---|---|-------------|
|   | Teesside Actual | Target | Actual        |   |   |             |
| <b>4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</b> | 97.51%          | >95%   | <b>96.22%</b> | ↓ | In 20/21 Q1 we achieved 95.76% and in Quarter 2 96.22%  | 97.13%      |
| <b>5: Percentage of Quality Account audits completed</b>  | NA              |        | N/A           | → | No Quality Account audits were scheduled for completion during Q3 2019/20   | <b>100%</b> |
| <b>6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</b>  | 26.43           | <30.2  | <b>22.08</b>  | ↑ | 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       |

|   | Quarter 3 20/21 |        |               |   | Comments  |               |
|---|-----------------|--------|---------------|---|---|---------------|
|   | Teesside Actual | Target | Trust Actual  |   |   | 19/20         |
| <b>6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards (days)</b> | 51.55           | <52    | <b>58.94</b>  | ↓ | 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 | <b>66.84</b>  |
| <b>7: Percentage of patients who reported their overall experience as excellent or good</b>                                     | 95.69%          | 94.00% | <b>93.21%</b> | ↑ | 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.                                  | <b>91.65%</b> |

|  | Quarter 3 20/21 |        |              | Trend | Comments  | 19/20  |
|--|-----------------|--------|--------------|-------|---|--------|
|  | Teesside Actual | Target | Trust Actual |       |   |        |
| <b>8: Percentage of patients that report that staff treated them with dignity and respect</b>                                    | 90.86           | 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% |
| <b>9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</b> | 94.30%          | 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% |



# Actions we've taken in Teesside in response to the quality metrics

- Safe Wards initiative (mutual aid meetings, “calm down” boxes, bad news mitigation plans)
- Patient meetings during February focussed on ideas for improving feelings of safety
- Improving “ward orientation” process for people on admission to wards
- Review of ward staffing levels, with Trust commitment to invest in additional staff and improved skill mix / 7 day admin cover for Adult wards to release time to care
- Sexual Safety initiative at our Psychiatric Intensive Care ward at Roseberry Park
- De-escalation training for all Learning Disability Ward staff underway

# Next Year - Priorities for improvement 21/22

- 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 20/21 still need to be done

# Priorities during 2021/22

- 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 currently being drafted

# Quality Metrics for 21/22

- 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?

- NHS England has removed Quality Accounts from Foundation Trust Annual Reports, and from external audit review this year
- Department of Health hasn't (yet) pushed back the Quality Account publication date from 30<sup>th</sup> June
- We are likely to circulate of our draft Quality Account to you in early May for comment, with a closing date in early June for these to be received
- 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 21/22 to this committee