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Tees Valley Joint Health OSC
TEWV Quality Account

Current QA progress
Proposals for next Quality Account

11th March 2019

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TEWV

- The Trust provides a range of mental health, learning disability and autism services for around two million people living in County Durham, Darlington, Teesside, North Yorkshire (with the exception of Craven District) and York.
- The Quality Account has to be applicable to the whole area served by the Trust, and so members will not find Locally-specific improvements within it

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Performance against Quality Metrics

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Quality Metrics		QUARTER 1 2018/19		QUARTER 2 2018/19		QUARTER 3 2018/19	
		Target	Actual	Target	Actual	Target	Actual
Patient Safety Measures							
1	Percentage of patients reported 'yes 'always' to the question, 'do you feel safe on the ward' ?	88%	62.40%	88%	59.67%	88%	60.44%
2	Number of incidents of falls (level 3 and above) per 1000 occupied bed days (for in patients)	0.35	0.17	0.35	0.19	0.35	0.16
3	Number of incidents of physical intervention / restraint per 1000 occupied bed days	19.25	34.23	19.25	34.43	19.25	31.75
Clinical Effectiveness Measures							
4	Existing Percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric in-patient care	> 95.00%	98.07%	> 95.00%	97.03%	> 95.00%	96.49%
5	Percentage of clinical audits of NICE Guidance completed	100%	0%	100%	100%	100%	100%
6a	Average length of stay (in days) for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards	AMH <30.2	24.76	AMH <30.2	21.73	AMH <30.2	23.58
6b		MHSOP <52	65.89	MHSOP <52	65.50	MHSOP <52	68.34
Patient Experience Measures							
7	Percentage of patients who reported their overall experience as excellent or good	94%	90.82%	94%	91.34%	94%	91.74%
8	Percentage of patients that report that staff treated them with dignity and respect	94%	84.60%	94%	86.08%	94%	85.70%
9	Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94%	85.81%	94%	87.76%	94%	86.82%

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Our Improvement Proposals for the new Quality Account

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Development Process

- July 2018 Stakeholder Workshop
- TEWV Quality Committee discussion
- TEWV Business Plan workshop discussion
- Development of detailed actions and milestones
- Feb 2019 Stakeholder Workshop

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Quality Improvement Priorities

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Improve the clinical effectiveness and patient experience at times of Transition

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Benefits of this priority

- An improvement in their experience during their transition from Children and Young People's to Adult services
- Greater involvement in decisions about the care received when they transfer into Adult services
- To receive care informed by NICE's evidence-based guidelines, which will result in better clinical outcomes

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18/19 progress

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- Registered CAMHS and AMH staff to undertake further specific training on the transitions process“ – **achieved**
- Complete audit and thematic review of patient stories then produce plan – **not achieved because we were able to collect very few transitions stories from service users**
- Review transition panels already in place, gain additional Service User perspective and set relevant targets and metrics **– now aiming for end March**
- Produce engagement plan to involve family and carers in the process **– now aiming for end March**

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Plans for 19/20

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- Review workings of transitions panels, and develop improvement actions (Q1)
- Review the Healthcare Safety Investigation Branch report ‘Transition from child and adolescent mental health services to adult mental health services’ and identify any action or learning for the Trust (Q1)
- Hold a joint C&YPS and Adult Mental Health Engagement Event (Q2)
- Evaluate the workings of transitions panels (Q4)

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Improve the Personalisation of Care Planning

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Benefits

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- Plans better reflect the individual service users needs and circumstances, and help with what is important to them
- Plans become co-produced
- The plan content can be understood by the service user and anyone else who needs to understand it
- Service users will know how to get support from people who have experience of the same mental health needs

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Care Planning – update on progress

- Complete and report on an in-depth quality focused audit of the Care Programme Approach - this took longer than anticipated and was completed and reported on in Q2 18/19
- A co-produced action plan has been produced based on the findings
- Simple guidance, along with examples of best practice care plans, were circulated as planned
- New “shared decision making” training now being rolled out across the organisation
- TEWV has committed to introducing the “Dialouge+” system which is successfully used in East London

Plans for 19/20

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- Review new training package and produce options appraisal regarding how to proceed (including non face to face resources) Q1
- Continue with training package roll out as per agreement following options Q2 and Q3
- Testing of DIALOG within existing IT systems Q2
- Re-audit care planning practice / standards in the organisation Q3
- Compare and contrast review of Patient Experience Q4

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Develop a Trust-wide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services

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Dual Diagnosis

- *Dual Diagnosis* refers to a pattern of psychoactive substance use (including illegal drugs, alcohol, smoking and misuse of prescription drugs) that is causing damage to mental health or has adverse social consequences. Substances can be misused on a regular or intermittent basis (e.g. binge drinking).

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Progress

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- Dual Diagnosis Clinical Link Pathway circulated and considered by all specialties
- New policy 'Management of coexisting mental illness and substance misuse (Dual Diagnosis)' agreed (Nov 18)
- Extraordinary Drug Related Incident Directors Panel (Nov 18) → to meet bi-annually
- Protocol 'Management of Substance Misuse in Inpatient Settings' (Nov 18)

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Plans for 19/20

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- Review how current Dual Diagnosis networks across the Trust work to ensure that they are effective, sustainable and fit for purpose (Q2) and develop improvement plan (Q3)

- Implement new reporting procedures so that incidents that are drug/alcohol related are flagged up (Q1)

- Qualitative evaluation undertaken into how the new reporting procedure is working and whether these incidents are being picked up and recorded correctly (Q4)

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Plans for 19/20

- Explore how peer workers can be better involved with Dual Diagnosis work across the Trust area; including consideration of how a Peer Leadership Network could be established (Q4)
- Complete a further survey of staff dual diagnosis capabilities and skills and produce report (Q1), and check that progress has been made as expected (Q4)

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Reduce the number of Preventable Deaths

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Benefits

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- Our processes will reflect national guidance and best practice
- A reduction in the number of preventable harm incidents (those incidents which we find a root cause or contributory finding after investigation)
- Family members will feel listened to during investigations of death and consistently treated with kindness, openness and honesty
- Improved investigation quality
- The Trust learns from deaths quickly so that actions can be taken to prevent future harm

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18/19 Progress

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- To develop a co-produced family/carer version of the learning from deaths policy **- complete**
- Produce /implement engagement plan to involve family, carers and non-Executive Director within the review process **completed, but out for comment to Service Development Groups. Some implementation has started**
- Hold family conference in conjunction with Leeds and York Partnership FT **Taking place 8th March**
- To evaluate the level and effectiveness of engagement with families, carers and Non-Executive Directors **on track to finish by end March**

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19/20 Actions

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- Produce action plan from forthcoming Family Conference Q1 19/20, and implement this plan by Q4 19/20
- Commence circulation of new guidance booklet to families who have lost a loved one (Q1 19/20) and review and evaluate the impact of this booklet by Q4 19/20
- Review the Trust-wide policy in relation to Preventable Deaths and make necessary amendments Q1 19/20
- Participate in all of the regional Mental Health Learning from Deaths Forum meetings Q4 19/20
- Implement any new national guidance once released Q4 19/20

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Review our Urgent Care services and identify a future model for delivery

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What benefits/improved outcomes should come from this work?

- Access:
  - Service users receive the right care at the right time by the right person
  - Fewer service users reach a “crisis” state because of improved access to “pre-crisis” services
  - Nobody should find mental health urgent care services uncontactable
- Quality
  - Improved experience, outcomes, safety
  - Improved consistency across time and geography
  - Complex needs and trauma taken into account
  - Reduced inpatient admissions, readmissions and lengths of stay on inpatient wards
  - Reduced number of complaints
  - Reduced number of Serious Incidents

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What benefits/improved outcomes should come from this work?

- Culture and Ethos:
  - Patient-centred
  - Co-produced care / care-plans
  - Caring and compassionate staff (with the time and support to be caring and compassionate)
  - Recovery focussed, purposeful care
  - Service user and family feedback being used to continuously improve services
  - Role of TEWV urgent care teams clear and agreed by all stakeholders / understood by service users and their families
- Efficiency
  - No unnecessary / duplicated processes for patients and staff
  - Improved recording of information, and access for relevant other agencies (e.g. Ambulance, A&E, GP, families)

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Work undertaken recently

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Although this hasn't been a Quality Account priority there has been work going on to improve urgent care services, such as:

- Improvement Event - October 2017.
- Revised Crisis Operational Policy – March 2018
- Guidance and standards re- alcohol and substances
- First Trust wide Urgent Care Conference – May 2018
- Review of patient and carer information, 'Your stay in hospital', 'What to do in a crisis', 'Crisis Teams'.
- Trust wide Crisis Network and Acute Care Group established

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19/20 Actions (1)

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- Review the current Crisis Operational Policy (Q2)
- Host Trust wide Urgent Care Conference 2019 (Q3)
- Undertake internal Trust wide mock CQC peer reviews in line with HTAS / TEWV standards (Q4)
- Ensure ambulance services can check whether any person they are called to see has a MH crisis plan in place (Q1)
- Agree CITO [electronic patient record] pathway/journey for crisis services (Q4)

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19/20 Actions (2)

- Implement a new Crisis Operational model for Durham and Darlington Crisis Teams (19/20 Q1)
- Implement the agreed actions arising from the Teesside urgent care review (19/20 Q4)
- Develop key principles and future vision for future urgent care model (19/20 Q3)

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Next Steps

Step	Timescales
Quality Account issued to Stakeholders	12th April 2019
Deadline for comments from Stakeholders	12th May 2019
Quality Account approved by TEWV Board	21st May 2019
Quality Account Published	end of May
Quality Account included in Annual Report	July 2019

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