

Tees Valley Joint Health Scrutiny Committee (TVJHSC)

TEWV Quality Account Quality Priorities 2023/24
Quarter 3 Update



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Quality Account Quality Priorities 2023/24

- The Quality Assurance Committee formally agreed the Trust's Quality Account Quality Priorities 2023/24 30 May 2023.
- The Priorities had been developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers.
- Delivery of our Quality Priorities support our Trust as we continue with our mission to ensure that safe, quality care is at the heart of all we do in line with **Our Journey to Change** and our **Quality Strategy**.



Priority 1: Care Planning



By **31 March 2024** we will:

- 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 using DIALOG+.
- c) Have measurable goals in all patient care plans.
- d) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework).
- e) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in patient care plans.

How will we know we have made a difference / made an impact:

Indicator	Target 2021/22	Actual 2021/22	Actual 2022/23
Patients know who to contact outside of office hours in times of crisis	84%	80%	78%
Patients were involved as much as they wanted to be in what treatments or therapies, they received	85%	85%	75%
Patients were involved as much as they wanted to be in terms of what care they received	85%	73%	73%
Percentage of patients who were involved as much as they wanted to be in the planning of their care	70%	75.53%	83%

The above metrics are reported as a component of the annual mental health patient survey results and will be reported upon receipt of this national report.

Priority 1: Care Planning



Key progress noted includes:

- A training workstream has been formed to ensure that all relevant staff understand and can use the 3 PROMs-Patient Reported Outcome Measures (DIALOG+, Goal Based Outcomes and ReQoL-10) meaningfully in their work. The workstream has developed a training package, which is currently being finalised.
- This *further* training on using DIALOG/DIALOG+ for care planning purposes will be available after CITO 'goes live' to all staff in February 2024. By then staff should be familiar with DIALOG as they'll be seeing it in CITO and this should support them to use it meaningfully.
- The proposed new Coordination of Care Policy has been developed and has been received by the Co-production Group for feedback and review. The policy has been further developed based on feedback received from various stakeholders. The Senior Information Compliance Manager has reviewed the policy and has advised on accessibility issues. The Head of EPR is supporting to ensure that all the Trust's different care pathways are represented. Further work is required to understand how the policy within TEWV can be monitored.
- Work continues with the Care Planning Co-production Group which will inform TEWV from a lived experience perspective.
- Region wide work continues with relevant stakeholders moving from CPA. The first meeting is scheduled for Tuesday January 23rd 2024.
- The Personalising Care Planning Oversight Group now meets fortnightly to provide oversight and assurance to other workstreams and groups.
- The Service Development Managers are also supporting the transition within services as part of the transformation work.

Priority 1: Care Planning

The position statement sets out five principles to signal how systems should start to move away from the CPA



A shift from generic care co-ordination to **meaningful intervention-based care** – with **documentation and processes that are proportionate** and enable the delivery of high-quality care.



A named **Key Worker** for all service users with a **clearer multidisciplinary team (MDT) approach** to both assess and meet the needs of service users.



High-quality co-produced, holistic, personalised and Care Act-compliant care and support planning for people with severe mental health problems living in the community.



Better **support for and involvement of carers** as a means to provide safer and more effective care .



A much more **accessible, responsive and flexible system** in which approaches are **tailored to the health, care and life needs, and circumstances** of an individual, their carer(s) and family members.

Priority 1: Care Planning

Six Priorities for Personalised Care



1. Workforce – job descriptions

- Workforce
- People (Workforce)
- Lived Exp Roles

2. Workforce – what is our offer?

- Clinical Outcomes
- Safety
- Inequalities
- Cocreation

3. Data (e.g. waiting time metrics)

- Digital
- Clinical Outcomes
- Inequalities
- Safety

4. Interoperability (ICBs)

- Cocreation / Experience
- Digital

5. Managing risk and accountability

- Safety
- Clinical Outcomes
- Inequalities
- Workforce
- People (Workforce)

6. Working with partner organisations – communication/transparency

- Cocreation/Experience
- Lived Experience Roles

Priority 1: Care Planning

NENC ICB Identified Priorities

1. Clearly articulate to system partners, wider stakeholders and people with lived experience what these changes will mean in practise.
2. Gain clarity and agreement across NENC on the definition of what/who a keyworker, what their role and responsibilities are, who can be a keyworker and how is this reported and governed.
3. To work with system partners to address accountability and agreed approaches to risk and risk sharing.



4. Engage with Health Regulator (CQC) and Coroners regarding risk sharing and accountability to gain an agreed position that is supported and understood.
5. Address system interoperability, and access to shared care plans and risk information for all organisations employing keyworkers. (Primary care, Social Care, VCSE), including the information governance surrounding this (inc Great North Care Record).
6. Support NHS Commissioned VCSE organisations delivering community MH interventions to a: flow Data to MHSDS and b: to implement required PROMS.
7. Working with MH provider trusts MHA – statutory requirements and defining this.

Priority 2 – Feeling Safe



Our patient experience data tells us that our inpatient services report around 50% of our service users said they feel safe “all of the time”.

We wanted to better understand the reasons why some patients don’t feel safe on our wards, what helps them and what we need to do to improve.

We thought that the best way to do this was to go out and ask people, to have conversations and understand things from the perspective of people that are staying on our wards.



Priority 2 – Feeling Safe



What people told us helps them to feel safe on the ward:



Plenty of staff around especially in communal areas



Feeling involved, accessing peer support



1:1 Support when feeling unwell or if there is an incident on the ward



Providing meaningful activities on the ward



Being able to go to your room where it is quiet



Being able to access the community and access leave

Priority 2 – Feeling Safe



➤ Why people don't feel safe on our wards:

- Lack of staff visibility.
- Not feeling like I am part of my care.
- Not feeling involved in decisions and communicated to.
- Other patients being loud
- When I see Violence and aggression on the ward.

- Environment such as doors banging, alarms going off, keys jangling in the night.
- Not being able to access 1:1 support from staff especially when something happens on the ward.
- Bored on the ward, there is not enough to do.
- Because of my own illness.

- This was reiterated by staff that reported that patient presentation, violence and the ward environment can make patients feel unsafe. Staff reported that they didn't always feel safe on shift in some areas due to low staffing numbers and the presentation of complex patients.
- **Reassurance from staff and staff support** is a key protective factor in ensuring that patients feel safe on the ward, patients told us that they value their relationships with staff.

Priority 2 – Feeling Safe



- Feeling safe is not a mandated measure nationally – different Trusts have different measures, and it is not therefore possible to undertake benchmarking.
- A survey published in 2020 by the Parliamentary and Health Service Ombudsman found that one in five people did not feel safe while in the care of the NHS mental health service that treated them.
- Not feeling safe may be an inherent feature of an individual's mental health condition, however, there are many other elements that can impact upon how safe patients feel on our inpatient wards.
- We aim to create a positive relationship in which patients feel safe.
- There is a need to create an open and rehabilitative environment that promotes patient recovery, patient safety and a good working environment for staff. Therefore, it is important to create a safe environment through preventative interventions so that both patients and staff can feel safe.

Priority 2 – Feeling Safe



By **2023/24 Q4** we will:

- a) Implement the range of actions identified from the Feeling Safe Focus Groups with patients and staff.
- b) Continue to progress our body worn camera pilot work and evaluate its impact.
- c) Continue to implement the Safewards initiative.

How will we know we are making things better?

To demonstrate that we are making progress against this priority we will measure and report on the following metrics:

Indicator	Actual 2021/22	Actual 2022/23	Target for end 2023/24	Position as at end Q1 2023/24	Position as at end Q2 2023/24	Position at end of Q3 2023/24
Percentage of inpatients who report feeling safe on our wards	64%	56%	75%	54%	53%	56%
Percentage of inpatients who report that they were supported by staff to feel safe	69%	85%	75%	60%	60%	60%

Priority 2 – Feeling Safe



- We have received feedback that the wording of the response options to the question “During your stay, did you feel safe?” may be having a negative impact on how patients respond.
- The option of ‘Yes, all of time’ has been reviewed by the Trust’s Lived Experience Directors with support from members of the Involvement Team.
- Following this review, the way we analyse the feeling safe question has been revised. Historically the question has been analysed by calculating the number of patients that respond “Yes, always” to the question “during your stay on the ward, did you feel safe”. It has been agreed that analysis will now reflect a 2-answer configuration and include “yes, always” and “most of the time”. This change has been made following gathering significant intelligence through focus groups that, would indicate that there are genuine reasons why people may not feel safe on an acute admissions ward.
- Using the agreed metric, the percentage of patients reporting that they feel safe on the ward increased from 82.07% in December to 82.56% in January 2024. With increases in compliance noted for both DTV&F and NYY&S.

Priority 2 – Feeling Safe



Implementing the Actions Identified from the Feeling Safe Focus Groups:

- Overall, the Focus Group work has produced rich information from which, the Care Groups have developed Improvement Plans. The main themes of focus currently are ward environment, patient activities, safe staffing, and restrictive interventions. Progress is being monitored via relevant quality governance forums.
- Where particular concerns have been identified for example AMH urgent care, dedicated action plans have been produced and are being monitored by service leads.
- There is a need to better understand how the national transformation work for inpatient services will align with this workstream to prevent duplication of effort and resources.
- A feeling safe mapping meeting has been scheduled for the 4th of March with patient experience leads as it was recognised that several key quality improvement priorities and work programmes have the potential to impact on patients feeling safe. This meeting aims to capture all the work streams that can make a positive impact in better understanding patients feeling safe and subsequent improvements and, will inform the development of an overarching rationalised strategic workplan and reporting framework that encompasses all the various strands of work.
- A Steering Group is being established to develop the Strategic Workplan and group membership will include lived experience colleagues, Care Group representatives, representatives from key workstreams and Specialty Development Managers.

Priority 2 – Feeling Safe



- Within DTV&F there has been significant work undertaken following the care group being given a performance improvement notice around the feeling safe metric which includes, the mapping exercise and work to introduce peer worker monthly interviews to create a better understanding of feelings of safety within the ward environment and co-creating patient leaflets and introducing suggestion boxes onto the wards to improve an overall holistic feeling of safety on the ward.
- The most recent focus groups were undertaken in MHSOP and Learning Disability inpatient services. Findings are in the process of being shared with services and actions identified and monitored through individual IDGs.

Priority 2 – Feeling Safe

Body Worn Cameras (BWC):



- Ten wards have been testing the use of body worn cameras. As the pilot has progressed there has been a range of emerging challenges. These include IT issues and the need for additional training to further progress the pilot.
- To date, positive consistent progress has been observed in Adult Learning Disability Services where there are local processes established to review BWC footage (with sound) and the ability to use this to review incidents and learn lessons. There has also been a positive impact for individual patients where the use of camera footage has informed care planning and observed improvements in clinical outcomes.
- Within other services, the benefits realisation to date has been more limited due to the technical challenges experienced. Calla, the Trust's camera provider have offered the Trust an alternative hardware product that will provide a solution to these challenges. The technical suitability assessment/ testing to be undertaken for the new hardware has been requested and will be taken forward following the implementation of CITO.
- The Body Worn Cameras pilot is now part of the Trust's Reducing Restrictive Interventions Plan, and an in-depth review of the pilot is also a component of the Trust's Positive and Safe Plan which was approved by the Quality Assurance Committee in August 2023.

Priority 2 – Feeling Safe



Continued Implementation of the Safewards initiative:

- Safewards is a model being used by inpatient wards to support and enable patients to feel safe. There is a clear evidence base for the use of Safewards and implementation has been supported by the Trust Positive and Safe Team.
- There are a total of 10 interventions that can be used by clinical teams to support patients to feel safe on the ward, these include: Clear Mutual Expectations, Soft Words, Talk Down, Positive Words, Bad News Mitigation, Know Each Other, Mutual Help Meetings, Calm Down Methods, Reassurance, and Discharge Messages.
- An example of how implementation of Safewards standards on the wards can be beneficial to patients is the use of mutual help meetings. We know from the findings of feeling safe focus groups that patients find these useful as they can talk about reasons why they don't feel safe on the ward, escalate their concerns to staff and get support from the ward community.
- Another example is how Safewards interventions support staff to reduce restrictive intervention use on the ward, by utilising different techniques to support patients, improve staff-patient relationships and reduce the impact of violence and aggression on the ward.
- It was agreed that there is a need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for the Safewards standards. This will be reviewed through Care Group Fundamental Standards Group and reported to the Strategic Fundamental Standards Group.

Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

By **2023/24 Q4** we will:

- a) Be compliant with the national requirements regarding PSIRF.
- b) Increase the number of staff completing level 1 and 2 training within the national Patient Safety Syllabus training.
- c) Introduce an annual patient safety summit.
- d) Introduce the role of patient safety partners.
- e) Complete the focused work we have initiated on the Duty of Candour through the delivery of an improvement plan

How will we know we are making things better?

To demonstrate that we are making progress against this priority we will measure and report on the following indicators:

- Full implementation of PSIRF.
- Compliance with level 1 and 2 national patient safety training.
- Delivery of our Duty of Candour Improvement Plan.

There has been significant preparatory work undertaken over the past 2 years in relation to implementation of the PSIRF. This includes patient and family involvement, a move from root cause analysis to a proportionate approach to review and identification of key learning. The PSIRF reporting template has also been adapted and the **InPhase** risk management system has gone live (this is a key enabler to meeting some of the PSIRF standards).

Transition to this new national approach needs to continue and to include changes to the process, training and culture in relation to responding to incidents. A full update on the progress with the PSIRF implementation was presented to the Executive Directors Group 04 October 2023 The Quality Assurance Committee received and endorsed the PSIRF Implementation Plan in September 2023, Board approval was given on 08 November 2023 and was reviewed and signed off by the ICB on 15th November 2023.

Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

Summary of the implementation of PSIRF:

- The Trust PSIRF process went 'live' on the 29th January 2024. The patient Safety Team have undertaken webinars and have offered further training dates if required. The Patient Safety Team also offer weekly drop-in sessions.
- Services are using the new reporting template already and as of 29th January, use of the other associated PSIRF tools will commence. Updated documents, processes and the tools are all on the Trust PSIRF page.
- The Trust policy consultation closed on Friday 26th January 2024; comments will be reviewed and then the policy updated, ratified, and approved. The Patient Safety Team have engaged with other organisations, the ICB and NHSE regarding PSIRF implementation and in line with others expect there to be tweaks required as it becomes embedded in new processes.
- Implementation of the new InPhase System is progressing with successful go live of the Risk Module which took place in September 2023 and the Incident Reporting Module in October 2023. A PSIM Board is running and the PSIRF implementation plan continues to progress all milestones.
- An MDT Thematic review of Serious Incidents was undertaken 04 November 2023 and future quarterly reviews will be scheduled in collaboration with key specialty/directorate colleagues to review quarterly themes and to ensure learning is identified and embedded in workstreams and/or monitored.



Priority 3 – Embed the New Patient Safety Incident Response Framework (PSIRF)

- Once PSIRF is live and embedded, the annual Patient Safety Summit will be held, supported by members of the Organisational Learning Group.
- The overall training position for staff, undertaking level 1 and level 2 National Patient Safety Syllabus is progressing well and currently stands at 79% compliance Trust wide. 89% compliance has been achieved at Level 1 and 66% at level 2.
- A Non-executive Director has been nominated as the Patient Safety Partner Lead to give objective oversight to the PSIRF Implementation.
- The Trust has secured monies to fund 2 Part Time Patient Safety Partner (PSP) posts. The Patient Safety Team have met with other PSPs from another Trust to support the development of the Job Description and are also working with one of the Lived Experience Directors to confirm the function of these new roles. Once agreed the posts will be advertised and recruited to.
- Delivery of the Duty of Candour improvement plan remains ongoing. Further training is being sought for Trust wide delivery from NHS Professionals.
- All moderate and above physical harm severity incidents go through the patient safety huddle and have an After Action review. As part of the After Action review consideration of the duty of candour requirements are required as part of the form completion.

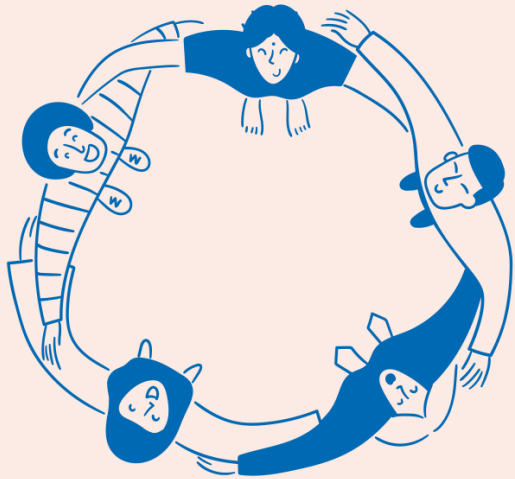


Setting the 2024/25 Quality Priorities

- Consultation remains ongoing to agree next year Quality Priorities.
- The 2024/25 Quality Priorities are being co-created with service users and carers, led by our Lived Experience Care Group Directors and the Involvement Team.
- Quality Priorities agreed will focus on the following quality domains:
 - **Patient Safety**
 - **Patient Experience**
 - **Clinical Effectiveness**

Timeline

- Service user and Carer Focus Group (approximately 25) to be scheduled March 2024.
- Stakeholder consultation period May 2024
- Published by end of June 2024





Thank you

