

TEWV Quality Account 2021/22 and 2022/23

**Durham Health OSC
9th May 2022**

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities this year
- To outline proposed quality improvement priorities for 2022/23 (to be included in the Quality Account 2021/22 document)
- To set out the probable dates for formal consultation and discuss how this Committee can best respond
- Please note that Durham data in this presentation also includes Darlington. Trust data includes County Durham, Darlington, Teesside, North Yorkshire and York

Quality Metrics (1)

| | Quarter 4 21/22 | | | Trend | Comments | 20/21 |
|---|-----------------|--------|---------------|-------|---|---------------|
| | Durham Actual | Target | Trust Actual | | | |
| 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?' | 72.48% | 88.00% | 65.30% | ↑ | This is the best position over the last five 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 during 2022/23 | 64.66% |
| 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients | 0.06 | 0.35 | 0.07 | ↓ | | 0.13 |
| 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days | 36.34 | 19.25 | 37.66 | | Although this metric is a long way from the target, these incidents relate largely to a small number of patients in our Learning Disability Unit at Lanchester Road Hospital. These patients are acutely unwell and have very complex needs | 20.90 |

Quality Metrics (2)

| | Quarter 4 21/22 | | | | Comments | 20/21 |
|---|-----------------|------------|---------------|------------|---|-------------|
| | Durham Actual | Target | Actual | | | |
| 4: Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care | 86.46% | >95% | 88.51% | N/A | This is a revised metric for 2021/22, where follow-up was previously within 7 days. The reasons why this target is not being achieved are largely due to difficulties in engaging with the patient after discharge or breakdown in internal processes | N/A |
| 5: Percentage of Quality Account audits completed | N/A | N/A | N/A | → | No Quality Account audits were scheduled for completion during Q4 2021/22 | 100% |
| 6: Patients occupying a bed over 90 days | N/A | <61 | 60 | N/A | This is a new metric for 2021/22 | N/A |

Quality Metrics (3)

| | Quarter 4 21/22 | | | | Comments | 20/21 |
|--|-----------------|--------|---------------|---|---|---------------|
| | Durham Actual | Target | Trust Actual | | | |
| 7: Percentage of patients who reported their overall experience as excellent or good | 93.88% | 94.00% | 94.34% | ↑ | This is the first time that the Trust has achieved this target; the Durham Locality is also very close to achieving the target. Patient Experience is one of the three goals of Our Journey to Change | 93.21% |
| 8: Percentage of patients that report that staff treated them with dignity and respect | 89.53% | 94.00% | 89.14% | ↑ | The results against this metric have remained essentially static over the past few years. Work on this is underway throughout our service delivery linked to the Trust values of respect, compassion and responsibility | 86.77% |
| 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment | 93.00% | 94.00% | 91.08% | ↑ | There has been a consistent improvement in performance against this metric throughout the year, the Locality is almost achieving this target and has performed better than other areas within the Trust | 91.60% |

Actions we've taken in Durham in response to the Quality Metrics

- Developed a business case for the further roll-out of body cameras on wards
- Undertaken a robust exploration of the data and intelligence influencing the Friends and Family Test; the Patient Experience Team have worked with the locality to implement more robust governance and to set up Patient Experience Groups
- Shared key successes and learning from a review of patient safety and promoted the role of the Trust Patient Safety Specialist
- Gathered views of families and involved them in improving the Serious Incident Process
- Implemented a process to capture informal concerns and complaints that enabled us to identify any key themes where patients have raised issues

Quality Metrics for 2022/23

- We are going to review the suite of metrics to align them more closely with our new quality journey
- We also 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

Quality Account Improvement Priorities during 2021/22

- Improve the personalisation of Care Planning
- Safer Care
- Compassionate Care

- 46 actions under these headlines
- **30** of the **46** were achieved or on track at the end of 2021/22

Reasons for delays in implementation

● Covid

- Some public events, such as conference with bereaved families to help us learn from their experiences could not be held
- Staff diverted to infection prevention control work
- Staff diverted to the vaccination programme
- Restrictions on entering wards slowed down some key “feeling safe” initiatives such as installation of sensing technology (Oxehealth)

● Non-Covid

- National policy changes on Care Programme Approach have meant some of our proposed actions are not relevant now

Priorities during 2022/23

- The Trust has identified the following **three** priorities for the new Quality Account:
 - Care Planning
 - Implementation of the new Patient Safety Incident Reporting Framework
 - Feeling Safe

Detailed plans are currently being drafted

What next?

- We are likely to circulate of our draft Quality Account to you on Friday 6th or Monday 9th May, with a closing date for comments of Tuesday 14th June
- The document will go to the TEWV Board of Directors on Thursday 16th June
- Publication of the final document on 30th June
- We will be happy to bring six-monthly update on progress during 2022/23 to this Committee