

Quality Governance Team



Tees, Esk and Wear Valleys
NHS Foundation Trust

Adults Wellbeing and Health OSC

TEWV Quality Account Quality Priorities 2023/24

Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data
Dominic Gardner, Care Group Director AMH/ALD

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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 Patient Reported Outcome Measures (DIALOG+, Goal Based Outcomes and ReQoL-10) meaningfully in their work.
- The proposed new Co-ordination of Care Policy has been developed and has been received by the Co-production Group for feedback and review. This will then go through formal consultation and approval processes.
- There have been 2 Regional planning and delivery events 12/09/23 - NENC ICB and 13/09/23 - HNY ICB to progress the personalised care planning agenda including a focus on the Keyworker role and Care Act compliance. Events included representation from people with lived experience, TEWV/ CNTW, Voluntary Sector Providers, and Local Authorities.
- The Personalising Care Planning Oversight Group will meet monthly to provide oversight and assurance to other workstreams and groups.
- Care Planning Co-production Group meetings have taken place to share work undertaken to date and to gather feedback on the new draft Co-ordination of Care TEWV Policy. Going forward, the Care Planning Co-production Group will inform TEWV from a lived experience perspective.

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.
- a) Continue to progress our body worn camera pilot work and evaluate its impact.
- a) 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
Percentage of inpatients who report feeling safe on our wards	64%	56%	75%	54%	53%
Percentage of inpatients who report that they were supported by staff to feel safe	69%	85%	75%	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’ is being reviewed by the Trust’s Lived Experience Directors with support from members of the Involvement Team.
- The questions and responses within the survey are currently being reviewed with the view to cocreating a refreshed survey.

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 reducing restrictive interventions. Progress is being monitored via relevant quality governance forums and through the Fundamental Standards Groups.
- It was recognised that several key quality improvement priorities and work programmes have the potential to impact on patients feeling safe and therefore there is to be a mapping exercise undertaken to capture all of the work streams that can make a positive impact in better understanding patients feeling safe and subsequent improvements. This will inform the development of an overarching rationalised strategic workplan and reporting framework that encompasses all of the various strands of work.
- A Steering Group is being established to develop the Strategic Workplan. Group membership will include Lived Experience colleagues, Care Group representatives, representatives from key workstreams and Specialty Development Managers.

Priority 2 – Feeling Safe



Improvement actions across the Care Group – DTV&F

- **A focus on reducing restrictive interventions and self-harm** - DTV&F Positive and Safe Group and the introduction of the Reducing Restrictive Intervention (RRI) Panel to identify patients 'at risk' and ensuring that robust plans are in place for those patients. **Review and re-establishment of Safewards** and Pilot of body worn cameras on some of our inpatient wards. New roles to support the reduction of restrictive intervention - SIS have appointed an Associate Nurse Consultant for 'behaviours that challenge' who has provided awareness training for all teams (including estates teams) supporting them to understand their role and how to challenge restrictions in their area. This also includes work to reduce the use of seclusion. Training is also open to patients as part of the United Voices Groups. Self-harm review and pilot work which included peer reviews and assurance processes being developed has taken place across **14** AMH wards, including PICUs.
- **Feeling secure in a safe and pleasant environment** - A pilot is currently underway to trial the use of 'silent alarms' to support the reduction of noise levels on the ward. Initial feedback is that this has led to a better experience for patients. Improving sexual safety work on PICUs. Reasonable adjustments work and sensory differences for people with autism through the development of the 'Autism project' action plan. Implementation of Oxevision on AMH, SIS and MHSOP inpatient wards. Making our environments safer, such as the introduction of sensor doors and anti-ligature works on inpatient wards.
- **Support by staff that are available** introduction of activity co-ordinators and peer support workers on our wards – recruitment of newly registered nurses and international recruitment.
- **Being honest respectful and polite** Ensuring culture, observation of staff patient interactions and patients and carers views are incorporated within our peer review tool. Trustwide 'professional boundaries' training has been provided by ADNs across the Care Group.
- **Understanding our data:** Deep dive work is being piloted with Practice Development Practitioners (PDPs) and the patient experience team to understand feeling safe data alongside other key quality and safety metrics and ward narrative.

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:

- 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 Reporting 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 serious incidents.

The Quality Assurance Committee received and endorsed the PSIRF Implementation Plan September 2023, and will be presented to Board for approval 08 November 2023.

A full update on the progress with the PSIRF implementation was presented to the Executive Directors Group 04 October 2023 and this will be reviewed by the ICB on 15 November 2023 for sign off.



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

Summary of the implementation of PSIRF:

- Implementation of the Patient Safety Incident Response Framework is progressing in line with national requirements.
- Feedback on the Early Learning Review form was that it was repetitious and difficult to complete. It has been reviewed with Care Group representatives, revised and implemented and a new form that is compliant with the PSIRF framework implemented.
- Following a time out event held in June 2023, process flowcharts to support service understanding have been developed and this will support further work planned as part of the Patient Safety Incident Management Programme.
- 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.
- InPhase will run monthly reports on low harm incidents to ensure these align with appropriate workstreams.
- 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.
- A Non-executive Director will be nominated as a Patient Safety Lead to give objective oversight to the PSIRF Implementation.

Patient Safety Training:

- Training modules are available, and an extensive training programme roll out has commenced. This includes level 1 and level 2 national patient safety training and also training to support staff in the use of the new InPhase system.
- The Patient Safety Team are undertaking engagement events with Care Groups and will also be facilitating webinars.



Delivery of our Duty of Candour Improvement Plan:

- The Duty of Candour Improvement Plan is progressing well including consultation and approval of the new Duty of Candour Policy which has been revised in line with the recommendations from the Niche Governance Review and Independent Investigation
19 recommendations. This was also informed by the National Guidance and recommendations from Internal Audit.



Thank you

