

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

Meeting Date: 22 March 2017

Title and Author of Paper: Annual Quality Account 2016-17 / Quality Priorities 2017-18  
Lisa Quinn Executive Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- An update of the refreshed Quality Goals and the planned approach to preparing the 2016-17 Quality Account was presented to the Board of Directors in January 2017.
- Three proposed new Quality Priorities were presented to the Board of Directors in February 2017.
- This papers presents the results of recent engagement to seek views on the appropriateness of the proposed new Quality Priorities.
- This paper also sets out the proposed full list of 2017-18 Quality Priorities, including those proposed to be carried forward from 2016-17, and associated quarterly milestones.
- The Board of Directors are asked to approve the proposed full list of 2017-18 Quality Priorities and associated quarterly milestones.
- The approved 2017-18 Quality Priorities will be included within the 2016-17 Quality Account.

Risks Highlighted to Board : none

Does this affect any Board Assurance Framework/Corporate Risks?  
Please state Yes or No

Equal Opportunities, Legal and Other Implications: none

Outcome Required: The Trust Board are asked to approve the proposed quality priorities for 2017-18.

Link to Policies and Strategies: Quality Priorities Quarterly Updates & Quality Account guidance, Board of Directors Quality Priorities paper February 2017

## **BOARD OF DIRECTORS**

**22 March 2017**

### **Quality Priorities 2017-18**

#### **PURPOSE**

To share the results of the recent engagement exercise seeking stakeholder views on the appropriateness of the proposed new 2017-18 Quality Priorities, and to seek the Board's approval of the full list of proposed Quality Priorities for 2017-18.

#### **BACKGROUND**

Each NHS provider is required to produce an annual Quality Account, and agree new quality improvement priorities at the end of each financial year. The Quality Account demonstrates to staff, service users, carers, stakeholders and the public the organisation's commitment to continuous, evidence-based quality improvement.

Quality priorities are set on an annual basis to support the achievement of the quality goals. The Quality Account reports progress against the previous year's quality priorities, and sets out the agreed quality priorities for the forthcoming year. The expectation remains that quality priorities not achieved in a financial year will be automatically carried forward into the next year, along with any new quality priorities identified.

#### **DETERMINING NEW QUALITY PRIORITIES FOR 2017-18**

Three proposed new quality priorities for the coming year have been identified, one for each dimension of quality, ie safety, experience and effectiveness. These are:

Safety: Embedding the Positive & Safe Strategy

Service User & Carer Experience: Co-production and personalisation of care plans

Clinical Effectiveness: Use of the Mental Health Act – Reading of Rights

These proposals were developed based upon themes that emerged from:

1. engaging with service users & carers, staff and other stakeholders, via a workshop and online survey in December 2016
2. reviewing themes arising from complaints and incidents, and

3. reviewing the areas for improvement identified by the CQC both from their 2016 comprehensive inspection of the Trust and also from their ongoing programme of Mental Health Act Review visits to inpatient wards.

During February & early March 2017, stakeholder views have been sought on the appropriateness of these proposals, via discussion at various forums (incl Council of Governors, Trust Board, etc) and via the use of an online survey.

This engagement suggests a positive response to the proposals, with nearly 60 surveys completed and the results are as follows:

100% agree or strongly agree with the question 'Do you agree with the proposed quality priority "Embedding the Positive and Safe Strategy?"'

87% agree or strongly agree with the question 'Do you agree with the proposed quality priority "Co-production and personalisation of care plans?"'

86% agree or strongly agree with the question 'Do you agree with the proposed quality priority "Use of the Mental Health Act - Reading of Rights?"'

## **AGREEING THE FULL LIST OF QUALITY PRIORITIES FOR 2017-18**

The Trust is committed to full achievement of any quality priority, therefore, if not fully achieved with the year, a Quality Priority will continue into the next financial year. Similarly, if a Quality Priority is fully achieved, yet the organisation still considers the issue of sufficient priority/importance, this will also continue into the new financial year.

In addition to the three proposed new Quality Priorities, there are also four Quality Priorities from 2016-17 that are proposed to be carried forward into 2017-18 due to underperformance or to reflect the organisational value placed upon these programmes of work.

There are two Quality Priorities from 16-17 that will not be fully delivered in the year::

- waiting times - to reflect continuing challenges in meeting the 100% 18 week standard and challenges in specific community teams such as Children and Young Peoples Services, the Adult Gender Dysphoria service and Adult ADHD/ASD services. Full details of waiting times for these services will be included in the Quality Account when finalised in May 2017, and
- Risk of Harm to Others training – the quarter 4 milestone of having delivered this training to 85% of applicable staff by 31<sup>st</sup> March 2017 will not be achieved. Further information will be included within the final Quality Account.

There are also two Quality Priorities that, while on track to deliver their 2016-17 milestones, due to their organisational importance it is proposed that they continue as Quality Priorities into 2017-18. These are:

- Embedding the principles of the Triangle of Care
- Improving the recording and use of Outcome Measures

Therefore, it is proposed that the organisation adopts a total of seven Quality Priorities in 2017-18, comprising three new and four existing programmes of work. These are shown below.

### 2017-18 Proposed Quality Priorities:

<b>Patient Safety - Keeping You Safe</b>		
1	Embedding the Positive & Safe Strategy in 2017-18	NEW
<b>Service User &amp; Carer Experience - Working with you, your carers and your family to support your journey</b>		
2	Waiting times for referrals to multidisciplinary teams	Continues from 16-17
3	Embedding the principles of the Triangle of Care	Continues from 16-17
4	Co-production & Personalisation of care plans – learning from actions undertaken in Older Peoples’ Inpatient Services and embedding good practice across the organisation.	NEW
<b>Clinical Effectiveness - Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs</b>		
5	Improving the recording and use of Outcome Measures	Continues from 16-17
6	Developing staff and their skills to prevent and respond to violence and aggression through the delivery of Risk of Harm to Others Training	Continues from 16-17
7	Mental Health Act – reading of patients’ rights.	NEW

Nb proposed quarterly milestones to measure progress towards each Quality Priority are set out in Appendix 1.

## **RETIRED 2016-17 QUALITY PRIORITIES**

There are two Quality Priorities from 2016-17 that will be retired due to full delivery of their milestones. These are:

- Improve transitions between young people's services and adulthood
- Improve transitions between inpatient and community mainstream services

Note that both of these areas of work are continuing into 2017-18 via national CQUIN targets.

## **RECOMMENDATIONS**

The Trust Board is asked to consider and approve the proposed 2017-18 Quality Priorities and their associated milestones as set out in Appendix 1.

**Lisa Quinn**

**Executive Director of Commissioning & Quality Assurance**

**March 2017**

## Proposed 2017-18 Quality Priorities and quarterly milestones

Patient Safety - Keeping You Safe	
<b>1</b>	Embedding the <b>Positive &amp; Safe Strategy</b> in 2017-18
Rationale	<p>NTW's Positive &amp; Safe Strategy aims to:</p> <ul style="list-style-type: none"> <li>• reduce violence across the organisation</li> <li>• minimise the use of all restrictive interventions</li> <li>• promote collaborative working</li> </ul> <p>The strategy continues to be embedded across the organisation, to ensure our service users are cared for in environments that are safe, where service users and staff work together to develop solutions in order to promote positive change, underpinned by best evidence, incident reporting, meaningful debrief and clinical risk review.</p>
Quarter 1	<ul style="list-style-type: none"> <li>• Deep dive into increased levels of self harm reported in 2016-17</li> <li>• Measure responses to the PoY question re feeling safe.</li> <li>• All wards to be signed up to the talk1st programme by 30.6.2017</li> <li>• Update reporting systems to report uptake of new PMVA training</li> <li>• Embed routine assurance reporting into Safer Care reports</li> </ul>
Quarter 2	<ul style="list-style-type: none"> <li>• Report on deep dive into increased levels of self harm reported in 2016-17</li> <li>• Development of analytical and trust level reporting functionality in Talk1st dashboard.</li> <li>• Measure proportion of wards who have undertaken quarterly talk1st evaluations.</li> <li>• Report uptake of new PMVA training</li> </ul>
Quarter 3	<ul style="list-style-type: none"> <li>• Measure responses to the PoY question re feeling safe &amp; compare to analysis completed in quarter one.</li> <li>• Undertake exercise to quantify the organisational costs of violence &amp; aggression</li> <li>• Report uptake of new PMVA training</li> <li>• Develop reporting format for sharing relevant information on Trust website</li> </ul>
Quarter 4	<ul style="list-style-type: none"> <li>• Every patient to have access to post incident support</li> <li>• All wards should be able to demonstrate effective implementation of their identified safe wards modules.</li> <li>• All clinical groups to demonstrate Positive &amp; Safe groups have taken place regularly throughout the year</li> <li>• Report uptake of new PMVA training</li> <li>• Measure proportion of wards who have undertaken quarterly talk1st evaluations.</li> </ul>

**Service User & Carer Experience - Working with you, your carers and your family to support your journey**

<p><b>2</b></p>	<p>Improving <b>waiting times</b> for referrals to multidisciplinary teams - to ensure Trust services are responsive and accessible, and that no service user waits more than 18 weeks for their first contact with clinical services.          Nb Waiting times for the following services are to be measured and reported separately as they are subject to agreed action plans with commissioners:</p> <ul style="list-style-type: none"> <li>• Community CYPS</li> <li>• Gender Dysphoria</li> <li>• Adult ADHD</li> <li>• Adult ASD</li> </ul>
<p>Quarter 1</p>	<p>100% of patients waiting as at 30.06.2017 to have waited less than 18 weeks as at that date.</p>
<p>Quarter 2</p>	<p>100% of patients waiting as at 30.06.2017 to have waited less than 18 weeks as at that date.</p>
<p>Quarter 3</p>	<p>100% of patients waiting as at 30.06.2017 to have waited less than 18 weeks as at that date.</p>
<p>Quarter 4</p>	<p>100% of patients waiting as at 30.06.2017 to have waited less than 18 weeks as at that date.</p>
<p><b>3</b></p>	<p>Implement principles of the <b>Triangle of Care</b> - the Triangle of Care guide was developed by the Carers Trust and the National Mental Health Development Unit, emphasising the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health. Progress will be measured by monitoring carer feedback for an increase in quantity and quality of feedback due to increased engagement.</p>
<p>Quarter 1</p>	<ul style="list-style-type: none"> <li>• To formalise quarterly TOC steering group, membership to include:             <ul style="list-style-type: none"> <li>• Chair: Head of Patient and Carer Engagement</li> <li>• Co-chair : North/South Chair of Carer Liaison Group</li> <li>• Group Nurse Directors x 3</li> <li>• Carer Leads in-patient and community</li> <li>• Carer Centre Leads</li> </ul> </li> <li>• Review carer lead role description</li> <li>• Update carer lead data base</li> <li>• <b>Inpatient:</b> <ul style="list-style-type: none"> <li>• Review TOC action plans</li> <li>• Submit 6 monthly update to National TOC Programme</li> </ul> </li> <li>• <b>Community:</b> <ul style="list-style-type: none"> <li>• Trust Board to approve Community Services TOC Report, May 2017</li> <li>• Submit TOC Self -assessments and Report to National Programme May 2017</li> </ul> </li> </ul>

**Service User & Carer Experience - Working with you, your carers and your family to support your journey**

		<ul style="list-style-type: none"> <li>• Develop robust reporting and monitoring mechanisms for In-patient and Community Services</li> <li>• Review data base of trainers to undergo train the trainers.</li> <li>• Deliver Carers train the trainer to 100% of all identified carer leads.</li> <li>• Plan RPIW – Getting to know you.</li> </ul>
	Quarter 2	<ul style="list-style-type: none"> <li>• Review and refresh Carer Champion Forums</li> <li>• Continuous review of action plans through carer champion forums</li> <li>• Continuous roll out of carer awareness training</li> <li>• Monitor data base of carer leads</li> <li>• Monitor number of staff attending carer awareness training.</li> <li>• Deliver a minimum of 10 carer awareness sessions</li> <li>• Implement the principles and recommendations of Getting to Know You as identified by the RPIW in Q1</li> </ul>
	Quarter 3	<ul style="list-style-type: none"> <li>• Submit 6 monthly update and progress of action plans, in-patient and community – November 2017</li> <li>• National accreditation via regional/national steering groups re TOC stage 2 submission</li> <li>• In-patient to re-visit self- assessments and update</li> <li>• Monitor data base of carer leads</li> <li>• Monitor number of staff attending carer awareness training.</li> <li>• Deliver a minimum of 10 carer awareness sessions</li> </ul>
	Quarter 4	<ul style="list-style-type: none"> <li>• Continuous review and monitor of action plans through carer champion forums, North and South carer liaison groups</li> <li>• Review and refresh carer awareness training</li> <li>• Monitor data base of care leads</li> <li>• Monitor number of staff attending carer awareness training</li> <li>• Deliver a minimum of 10 carer awareness sessions.</li> <li>• Complete an evaluation of training.</li> </ul>
<b>4</b>	<b>Co-production &amp; personalisation of care plans</b> – learning from actions undertaken in Older Peoples’ Inpatient Services and embedding good practice across the organisation.	
	Quarter 1	<p>Reflect on the work done in older people’s services to understand what needs to be taken forward.</p> <p>Build on the audit tool developed for older people’s to create a useable tool for adult services, and undertake a baseline audit.</p>
	Quarter 2	Deliver care plan training to all qualified nurses working on inpatient wards using the training material developed in older people’ services (co-facilitated by senior nurse and clinical nurse manager).
	Quarter 3	Continue to deliver care plan training to all qualified nurses working on inpatient wards using the training material developed in older people’ services (co-facilitated by senior nurse and clinical nurse manager).
	Quarter 4	Re-audit to assess any improvements and take any remedial action.

**Clinical Effectiveness - Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs**

5	<p><b>Outcome Measures</b> - to further embed a culture of using clinician and patient outcome tools into clinical practice. The focus is upon developing clinical outcomes leadership, evaluating current approaches and attitudes, increase awareness, improve feedback of outcomes information to wards and explore presentation methods for use both in teams and with service users, demonstrate learning from both internal and external sources. To review the process, raise awareness of changes and monitor improvement of suppression rates of specific patient rated outcomes measurement (PROMS).</p>
Quarter 1	<ul style="list-style-type: none"> <li>• Identify changes to SWMWBS process</li> <li>• Measure SWMWBS suppression and response rates</li> <li>• Develop SWMWBS paired score analysis</li> <li>• Identify reporting mechanism and format for sharing CROMS and PROMS data with clinicians and service users.</li> </ul>
Quarter 2	<ul style="list-style-type: none"> <li>• Develop training materials &amp; communications programme to raise awareness of changes to SWEMWBS process</li> <li>• Measure SWMWBS suppression and response rates</li> <li>• Commence reporting of paired score SWMWBS analysis</li> <li>• Develop reporting mechanism and format for sharing CROMS and PROMS data with clinicians and service users, plus training materials.</li> </ul>
Quarter 3	<ul style="list-style-type: none"> <li>• Implement training and communication programme re changes to SWEMWBS process</li> <li>• Measure SWMWBS suppression and response rates</li> <li>• Commence reporting of paired score SWMWBS analysis</li> <li>• Implement reporting mechanism and format for sharing CROMS and PROMS data with clinicians and service users, ensuring training materials are widely used.</li> </ul>
Quarter 4	<ul style="list-style-type: none"> <li>• Continue training and communication programme re changes to SWEMWBS process</li> <li>• Measure SWMWBS suppression and response rates</li> <li>• Commence reporting of paired score SWMWBS analysis</li> <li>• Measure staff and service user attitudes towards outcomes.</li> </ul>
6	<p><b>Risk of Harm to Others training</b> - to up skill staff, providing them with enhanced tools and techniques to prevent and respond to violence and aggression through delivering Risk of Harm to Others training</p>
Quarter 1	Agree trajectory to achieve training for 85% of applicable qualified staff.
Quarter 2	
Quarter 3	
Quarter 4	
7	<p><b>MHA – reading of patients’ rights.</b> Staff must remind service users of their rights and the effects of the MHA from time to time. Ensure that staff explain patient’s rights to them on admission and routinely thereafter as outlined in the MHA Code of Practice. Ensure that patients subject to CTO’s are read their rights at regular intervals as outlined in the Mental Health Act Code of Practice</p>
Quarter 1	<ul style="list-style-type: none"> <li>• To review current practice and undertake any changes required to</li> </ul>
Quarter 2	RiO.

**Clinical Effectiveness - Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs**

Quarter 3	<ul style="list-style-type: none"> <li>• Develop and Implement updated guidance and any additional training.</li> </ul>
Quarter 4	<ul style="list-style-type: none"> <li>• Develop and implement a robust Trust-wide Communications Plan to share updated guidance with staff.</li> <li>• Deliver a strategy for embedding in practice the provision and associated recording of rights in accordance with the MHA 1983 and the MHA Code of Practice.</li> <li>• Set quarterly trajectories for improvement.</li> <li>• Evaluate process and identify action plans for any areas not showing an improvement.</li> </ul> <p>(NB quarters TBC pending review and discussion at MH Steering Group))</p>