

DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST

QUALITY ACCOUNT SUMMARY FOR 2012/13

Report from the Head of Nursing, Quality and Innovation, Dudley and Walsall Mental Health Partnership NHS Trust

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2012 and which were included in the published Quality Account for 2011/12. It gives an indication of where the Trust is at with these priorities at the time of writing this report (February 2013) and so it has to be appreciated that a final complete analysis and conclusion can only be done at the end of the year, which is 31st March 2013. It also indicates how the Trust has been identifying its priorities for quality improvement for 2013/14. At the time of writing, the priority topics have not yet been formally decided by the Trust for 2013/14.

The full Quality Account will be circulated to the committee when available. This will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators.

2. Quality priorities for 2012/13

Following a process of service review and consultation with staff, service users and carers and other partners, the Trust identified three quality goals to be priority areas for 2012/13. These formed the basis of the Trusts' 2011/12 Quality Account.

The Trust believe that these goals were especially pertinent as 'barometers' for service quality as they reflect the current priorities of the organisation, are distributed across the three domains of quality, represent both local and national agenda and will be applicable to new services being developed as part of the Trust's Service Transformation work.

The following shows progress against the priorities stated in the 2011/12 Quality Account. The position at the end of the year will be available and reported within the Trust's Quality Account in June.

Priority 1: Patient Safety

Quality Goal: To maintain and improve the cleanliness of the Trust hospitals and community facilities

Rationale for Inclusion:

The Trust has maintained full compliance with the CQC Hygiene Code. As the Trust moves through Service Transformation , which includes a series of estates moves, the trust is keen to ensure high quality standards are maintained and wherever possible improved.

Figure 1: Progress against Priority 1

Measure	Progress
Maintenance of Compliance with Hygiene Code	The Trust has remained compliant with the Hygiene Code.
Maintenance of compliance with contract monitoring	The Trust has introduced a process of over monitoring to assure maintenance and improvement throughout service transformation and changes in contracts. Monitoring against has demonstrated Q1 97%, Q2 97%, Q3 97% demonstrating maintenance of cleanliness standards through a period of transition.

Priority 2: Clinical Effectiveness

Quality Goal: To embed physical healthcare monitoring consistently into clinical processes

Rational for Inclusion

National evidence suggests people with complex mental health needs are at greater risk in terms of developing long term health conditions and furthermore, that their access to physical health services is relatively poor.

As the Trust moves through Service Transformation, there is a further opportunity to ensure that physical healthcare monitoring is embedded into clinical processes.

Figure 2: Progress against Priority 2

Measure	Progress
CQUIN – Safety Thermometer	The Trust has successfully implemented the safety thermometer as required by the CQUIN and is utilizing the information gathered to inform quality improvement e.g. falls prevention, skin integrity.
Clinical Audits	<p>The Trust has undertaken local audits in relation to physical healthcare, in particular in relation to inpatient care. The Trust has also participated in national audits. In February the Trust led a Clinical Audit conference with a focus on improving physical healthcare pathways for service users.</p> <p>Lessons learnt from clinical audits are being utilized to inform changes to the Trust Physical Healthcare Protocols and ensure consistent standards for physical health care and well being across the organization based on best practice.</p>

Priority 3: Clinical Effectiveness

Quality Goal: Improve treatment and outcomes for service users who deliberately self harm

Rationale for Inclusion

In 2011/12, the Trust has focused on improving care for service users who display consistent levels of self harm within inpatient acute services. Through this process, it has been identified that there is a requirement to expand this work to develop clearer clinical pathways and local standards spanning across community and inpatient services.

Figure 3: Progress against Priority 3

Measure	Progress
Compliance with Clinical pathway and Local standards	<p>The Trust has undertaken a considerable amount of work in relation to improving care for service users who deliberately self harm. This year the Trust has focused on up-skilling clinical teams through targeted training which commenced in June 2012. The training is led by local experts and aims to challenge attitudes towards personality disorders and deliberate self harm and present current research on effective interventions.</p> <p>The Trust is continuing to redefine clinical pathways based on best evidence.</p> <p>Targeted work has also been undertaken to improve outcomes for people who display high levels of self harm and are admitted to inpatient services. This has included mapping service user journeys to improve patient pathways.</p>

Priority 4: Clinical Effectiveness

Quality Goal: Increase the number of care plans that have clear outcomes and are recovery focused

Rational for Inclusion

The Trust's vision is one of a recovery orientated service. During 2011/12, the Trust has continued to improve care planning for service users and develop a culture that supports the planning and delivery of recovery based care and support. This includes the re-modeling of clinical processes to support the delivery of outcomes based care planning. The Trust has therefore given priority to deliver further training to all clinical staff on outcomes based care planning and the further embedding of the recovery culture across the organisation.

Figure 4: Progress against Priority 4

Measure	Progress
Number of staff trained in outcomes based care planning	<p>Training was successfully delivered to community teams in Q1 – the evaluation of the training demonstrated that staff had increased understanding and skills to produce outcomes based care plans to support recovery. End of year figure will be available for number of staff trained.</p> <p>Further work is being undertaken to align outcomes based care planning, the Care programme approach and PBR to support service user recovery. This work links into regional and national initiatives.</p>
Level of Compliance with care plan audit	Work still in progress

Priority 5: Patient Experience

Quality Goal: Improve engagement with families and carers in care and treatment

Rational for inclusion

The national strategy for mental health – “No Health Without Mental Health” (DoH 2011) – describes the importance of involving families and carers in care and treatment.

In 2011/12, the Trust identified from incident and complaints investigations a number of recommendations for improving engagement with families and carers which the Trust believes will help to embed lessons learnt into service delivery.

Alongside this, the Trust has a Service User and Engagement Strategy which includes an objective to develop a range of mechanisms to record and report service user and carer experience.

The Trust has therefore given priority to undertaking a focused quality improvement initiative to effectively engage with families and carers in care and treatment. This initiative is an integral part of the Trust's Service Transformation journey.

Figure 5: Progress against Priority 5

Measure	Progress
Care planning and treatment process demonstrate that family and carer engagement is fully embedded.	<p>During the year, the Trust has undertaken work to ensure family and carer engagement is embedded within care and treatment.</p> <p>The Trust is in the process of signing up to the Triangle of Care membership scheme which is a national best practice model and supported by the Carers Trust. The scheme includes Trusts to carry out a self assessment against best practice standards for carer and family engagement which the Trust is currently undertaking. Results from the self assessment will be available by the end of April 2013. This will enable the Trust to identify gaps in best practice and inform future quality improvements.</p>
Number of complaints and compliments related to family and carer engagement	Awaiting end of year results. Ongoing monitoring through Service Experience Desk report

3. Quality Improvement Priorities for 2012/13

The Trust is currently in the process of developing its quality improvement priorities and is currently undergoing consultation with key stakeholders. Once agreed there will be articulated in the 2012/13 quality account which will be distributed for consultation and published in June 2013