

**Agenda Item No. 5**

**Health Scrutiny Committee – 16<sup>th</sup> February, 2015**

**DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST**

**QUALITY ACCOUNT SUMMARY FOR 2014/15**

**Report from the Head of Nursing, Quality and Innovation**

**1. Introduction**

This paper describes the quality priorities and associated targets that the Trust set at the beginning of the year which were included in the published Quality Account for 2013/14. It gives an indication of current progress in respect of these. As this is not a 'year-end' position, it has to be appreciated that a final and complete analysis can only be done at the end of the year, which is 31st March 2015. It also indicates how the Trust has been developing its priorities for quality improvement for the coming year. At the time of writing, the priority topics have not yet been formally decided by the Trust.

The draft 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 2014/15**

Following a process of service review and consultation with staff, service users and carers and other partners, the Trust identified seven quality goals to be priority areas for 2014/15. These formed the basis of the Trust's Quality Account.

The Trust believes 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 sections show progress against the priorities stated in the Quality Account. The position at the end of the year will be available and reported within the Trust's 2014/15 Quality Account in June 2015.

## Delivering high quality safe services

### Quality Goal 1: Providing meaningful and effective inpatient activities

#### Rationale for Inclusion

The Trust identified this as a priority following feedback from a number of sources including, Experts by Experience Reports and Care Quality Commission feedback. Furthermore acute inpatient services and older adult services are undergoing service transformation and it is timely to revisit inpatient activities to ensure they are meaningful and effective.

**Figure 1:** Progress against Priority 1

Progress
The Trust is undertaking the development of a therapeutic hub; the hub will enable improved access to psychological therapies and ensure a range of diversion and therapeutic activities across inpatient services.
Education for inpatient nurses of the value of therapeutic activities will be provided through the nurse development programme.
A revised programme for therapeutic/diversion activities has been developed for inpatient services, alongside an activity recording tool in order to monitor interventions and activity.

### Quality Goal 2: Embedding the 'Think Family' model across Child and Adolescent Services and Adult Mental Health services.

#### Rationale for Inclusion

Following the Trust's involvement in a thematic CQC / Ofsted inspection and the subsequent publication of a national report 'What about the Children,' the Trust has emphasised the importance of a 'think family' approach within services. The Trust has also received feedback from Serious Case Reviews and Domestic Homicide Reviews which have highlighted the need for further integration of think family processes between adult and child mental health services, including addressing domestic violence.

**Figure 2:** Progress against Priority 2

<b>Progress</b>
Roles and responsibilities training has been delivered to clinical managers/leads across all clinical services.
A joint working protocol between Adult Mental Health Services and Child and Adolescent Mental Health services has been developed, enabling more integrated service delivery.
A policy for dealing with Domestic Abuse has been developed with “think family” principles embedded throughout.

### **Quality Goal 3: Management of Disruptive and Aggressive Behaviour**

#### **Rationale for Inclusion**

Disruptive and aggressive behaviour is one of the Trust’s highest reported categories of incidents and therefore the Trust needs to ensure it is maintaining best practice guidelines and taking on board learning from national reports such as Winterbourne View 2012. This includes the Trust approach to restraint reduction planning.

**Figure 3:** Progress against Priority 3

<b>Progress</b>
Management of Violence and Aggression policy developed and ratified.
A new model to assist in developing behaviour support plans for patients is under development.
A revised model for debriefing both staff and patients following an incident is being developed.
Standards for reporting physical holding and clinical holding agreed and developed for Trusts incident reporting system.
An audit of 12 months incident data is currently underway to inform a restraint reduction plan.

## Quality Goal 4: Focussing on dementia care

### Rationale for Inclusion

The Trust identified dementia care as a quality improvement priority through internal clinical governance processes and feedback from the Care Quality Commission Review. It is also timely as older adult services are part of the Trust's current plans for service transformation programme. This will be informed by the national dementia care strategy.

**Figure 4:** Progress against Priority 4

Progress
Analysis of staff competency and training needs completed.
Basic skilled-based training has now been delivered to <b>All</b> inpatient nursing staff
Dementia Care Awareness E-Learning package rolled out 2014 - <b>All</b> relevant staff have now completed.
A review of the dementia ward environment has been undertaken by a specialist architect and a programme of refurbish work is to commence February 2015.
A dementia care workbook for staff has been developed by Learning and Development, Occupational Therapy and Psychology.

## Quality Goal 5: Health Care Assistant development programme – Fundamentals of Care.

### Rationale for Inclusion

One of the themes of the Francis Report was the importance of the role of untrained care staff in the delivery of high quality services. On this basis, the Trust has developed bespoke Health Care Assistant (HCA) development programme. This was piloted in 2013/14 and was successful in terms of increasing knowledge, confidence, and engagement and in changing behaviours. This programme is currently being rolled out Trust wide.

**Figure 5:** Progress against Priority 5

<b>Progress</b>
A total of eight cohorts of HCAs and support staff have been agreed by the Trust and planned for a rolling programme. Cohort one completed with two and three underway and nominations for cohorts four, five and six on going.
Health Care Assistants mentorship books have been developed along with guidance for line managers.
A post course line manager and delegate evaluations form has been developed to measure the impact of training and will commence February 2015.

### **Quality Goal 6: My Care Plan**

#### **Rationale for Inclusion**

During 2013/14, the Trust focussed on ensuring that service users were actively involved in the development of care plans and received copies. The Trust has decided to maintain care plans as a quality priority for 2014/215 with emphasis this year on ensuring that the quality of the care plan is recovery and outcome-focussed.

**Figure 6:** Progress against Priority 6

<b>Progress</b>
The Care Co- Ordination Association has published national best practice standards for care planning, which the Trust has now adopted and will provide clinicians with a Care Programme Approach best practice handbook to support practice and supervision.
My Care Plan now forms part of the nurse development programme in delivering recovery focused care planning.
Awareness training for clinicians is being developed to deliver Trust standards in line with best practice.

## Quality Goal 7: Ensuring and enabling effective engagement with family and carer involvement

### Rationale for Inclusion

Over the previous year, the Trust focussed on implementing the Triangle of Care model across inpatient and community services. To ensure this is fully embedded and monitored the Trust has maintained this as a priority for 2014/15 with emphasis on community services.

**Figure 7:** Progress against Priority 7

Progress
The Trust achieved accreditation from the Carers' Trust for its commitment and progress made in relation to the implementation of Triangle Of Care within the inpatient settings.
The focus is now on community services to include unannounced visits facilitated by the Experts By Experience and awareness sessions for community staff on Triangle of Care.
Pan-Trust carer awareness training has been developed and has commenced January 2015.

### 3. Quality Improvement Priorities for 2015/16

The Trust is currently in the process of developing its quality improvement priorities and is currently undergoing consultation with key stakeholders. Once agreed, they will be articulated in the Quality Account for the coming year which will be distributed for consultation and published in June 2015.

### 4. How do we review and monitor these priorities?

Each quality improvement priority identified for 2014/15 will be delivered through the framework identified in the Trust's Quality Improvement Strategy. Progress will be monitored through the quality governance framework and overseen by the Governance and Quality Committee. The Governance and Quality Committee and Trust Board will receive quarterly updates on progress and also any required exception reports.