

The Leeds Mental Health Flow

Rapid Improvement 90 day review event

Tuesday 24 January 2017

Briefing for staff and stakeholders

From Alison Kenyon, Associate Director for the Leeds Care Group at Leeds and York Partnership NHS Foundation Trust



Headlines

- People in Leeds are now spending one week less in mental health acute hospital wards
- We've reduced bed occupancy from 98% to 87%
- We've reduced our out of area placements to a three year low

Background

Leeds and York Partnership NHS Foundation Trust (LYPFT) is leading a piece of work to improve patient experience, reduce out of area treatments and save £1.5 million for the Leeds health system.

Until recently, around 10 mental health patients per month were being treated away from their local area due to a lack of capacity in the Leeds health and social care system. These people effectively get stuck in the system (i.e. waiting to be discharged, transferred or to access another service) and because they have an urgent mental health need, they are being transferred out of West Yorkshire area – sometimes as far as the south coast of England. These patients are receiving a poorer patient experience which can affect their recovery and this must stop.

The Leeds Mental Health Flow aimed to deliver radical, system-wide, sustainable change to improve quality of care for patients, improve patient experience and improve the system that supports this.

We started this improvement journey in September 2016 with a four day rapid improvement event with around 40 clinicians, health workers and managers from across the Leeds

health and social care system. The following work streams were established following the first rapid improvement event:

1. Community Mental Health Team criteria
2. Safety Culture
3. Purposeful interventions
4. Variation of Length of Stay

We've since held review events at 30 days and 60 days, and, on 24 January, we reached our 90 day review – which marks the end of the official rapid improvement process but it's certainly not the end of the road for the work we've started.

Has this process made a difference?

The simple answer is - yes it has! The 90 day review group were shown performance data looking at adult acute patients over the last few years, with particular focus on when we started the rapid improvement process in September, and we've got some great news to share.

[Click here to see the full data pack](#) but in summary:

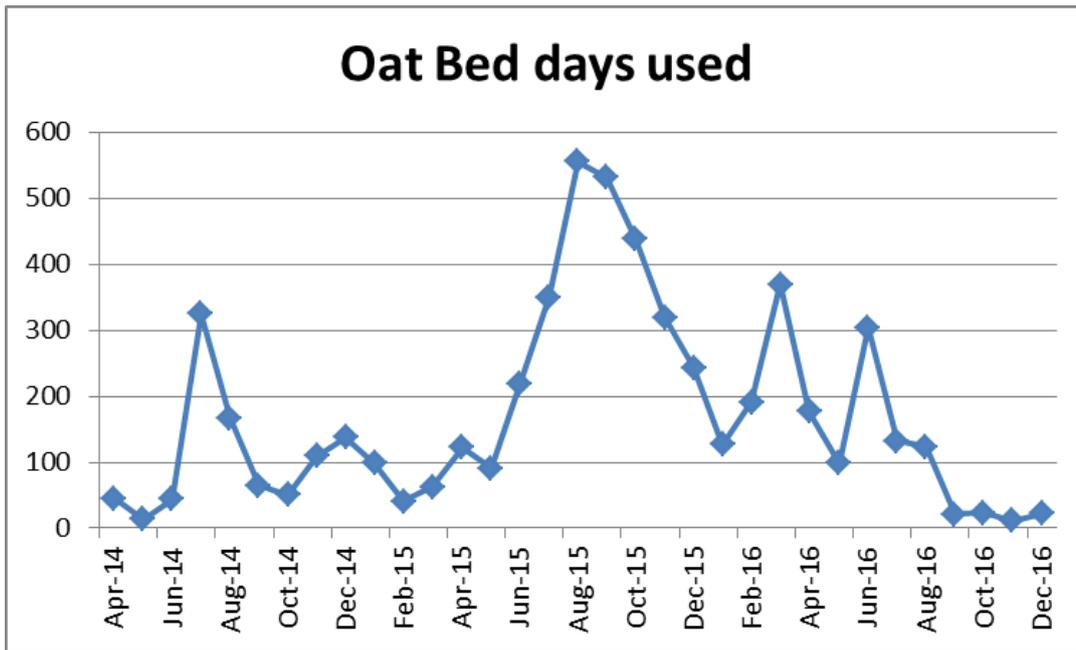
Admissions – there's nothing out of the ordinary to report apart from a slight increase in the average number of admissions – perhaps due to the increase in capacity we've created but that's not verified.

Discharges – we've reduced the variance of the number of people we are discharging. One of the reasons for this we feel is the implementation of our Purposeful Inpatient Admission (PIPA) process, which aims to reduce variation in clinical practice across our services.

Length of stay – great news here! Our average length of stay has reduced from 48 to 41 days – meaning people are now spending a week less in hospital than they were compared to a year ago. Variation has decreased significantly as well.

Occupied bed days – more great news. Over the last year, we've gone from using 103 of our 105 adult acute beds on average, to averaging 98 since October last year. This means we are nearly at the nationally-recognised optimum rate of 85% bed occupancy.

Out of area placements have seen a massive reduction. We are now consistently below an average of five service users placed out of area since October 2016 – the best we've seen for two years if not longer. I've included the slide showing our Out of Area bed days below to show the improvement we've seen.



Our performance experts are holding out for one more months' worth of data before formally validating this as a trend and ruling out variation – but this was too good not to share.

Updates from the work streams

The group then received updates from the four work streams.

1. Community Mental Health Team criteria

Community Services Manager Eddie Devine (pictured) gave the update.

Highlights included:

The [new criteria](#) are now in place across all three community mental health teams and have also been uploaded into the new [Mindwell website](#).

There have been initial discussions with the GP IT lead to see if the [Threshold Assessment Grid \(TAG\) tool](#) can be made available via SystemOne.



Now that the CMHT criteria is embedded, we now have the opportunity to agree criteria for primary care mental health and the intensive community service to provide clarity across the whole pathway.

Future plans include a workshop with the forensic outreach team involving the locality team clinical leads and care co-ordinators to clarify and resolve the interface with them.

2. Safety and Risk Culture

Clinical Psychiatrist Dr Jamie Pick presented the update.

Jamie's team are planning a Culture Day event on 1 March 2017 for staff across the Leeds mental health care group to come together to discuss moving from a risk-based culture to a safety planning culture, looking at things like policies and training. Places are still available.

He said the Leeds IAPT team were keen to engage with the Trust to share ideas and hopefully harmonise approaches.

3. Purposeful Interventions and Caseload Management

East North East Community Service Manager Josef Faulkner presented a lengthy update on a number of projects that fall under this work stream. These included:

- A case management tool pilot
- Care cluster specification, purposeful intervention and caseload management
- A depot drug administration pilot
- CMHT access to Step 2 IAPT groups
- A patient tracking system, and
- Learning visits to other trusts

4. Reducing Clinical Variation in Inpatients

This was presented by Inpatient Services Manager Maureen Cushley, split into two sub projects.

1. Adult social care

There are now three social workers based in our Older People's inpatient services at The Mount. Age UK are now also participating in the project and meetings are taking place weekly. Next steps include holding an away day between the discharge team, Age UK, adult social care and the Community Team Matrons and recruiting a discharge co-ordinator to be based at The Mount.

2. Escalation policy

There was an update on a project to embed an escalation policy across wards 3 and 4 at Becklin Centre. This included some interesting stats from the PIPA dashboard for the two wards and some feedback from staff who were involved in the PIPA reports on the pilot wards, which included:

- *The delayed transfers of care framework is useful in day to day practice and helps support decision making.*
- *The format of the procedure was easy to follow and they liked the visual aspects of it.*
- *The 'trigger' points were clear as were the roles and responsibilities.*

[Click here to access the full slide deck with the presentations.](#)

What next?

We've achieved some great results and completed a lot of the work we set out to achieve but there is still a lot to do and a lot to sustain if we are to go on getting these results.

We have agreed to continue the work of each of the work streams to their conclusion and to consider developing new projects that will impact on reducing the bed occupancy. Therefore we will be meeting again at 120 days to review progress, however we do anticipate meeting for some time yet to achieve the maximum benefit from the Rapid Improvement Process.

Interested? Want to know more?

Visit our Leeds Mental Health Flow page
[www.leedsandyorkpft.nhs.uk/professionals/Leeds Mental Health Flow](http://www.leedsandyorkpft.nhs.uk/professionals/Leeds_Mental_Health_Flow)

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