SUMMARY – QUALITY INITIATIVES 2017/18

This summary describes what we achieved during 2017/18 against a range of quality targets in three priority areas which reflect the Trust's overall strategy. Our Board approved the Quality Strategic Plan which now needs to be brought to life across the organisation.

Improving the quality of our services is everyone's responsibility, so we have set up a new quality exchange forum which meets two to three times a year. This gives all Trust services an opportunity to hear and share their quality improvement ideas and plan across the wider organisation.

We had three priority areas to work on:

Priority 1 - clinical effectiveness: how we support people to reach their agreed goals for improving their health and life
Priority 2 - patient safety: making sure our services are safe.
Priority 3 - patient experience: people feel that they were well cared for and supported

Our main achievements are summarised under each heading:

Priority 1 - clinical effectiveness

We were able to register and benchmark our services with several nationally recognised bodies. An internal audit of how we note and use NICE guidance led to a completely new procedure which now helps to support our clinicians to deliver evidence-based, safe, quality care across the Trust and creates a proper audit trail of how decisions to accept or reject new guidance are taken.

An annual clinical audit programme is agreed at the start of every financial year. It focuses on the 'must do' activity covering national and local priorities; this includes guidelines from Royal Colleges, Care Quality Commission regulations, looking at complaints and patient feedback and cost-effectiveness.

The Trust consistently maintained high levels of compulsory training compliance - above the target of 85% by offering a variety of learning methods, including e-learning and face-to-face sessions delivered locally to teams. We also reviewed our appraisal system and provided online recording for the first time. Our co-created values and behaviours framework was embedded.

18 healthcare support worker apprentices and a small group of associate nurse apprentices started placements across the Trust and a variety of skills based training has been delivered to our clinical and non-clinical support staff. We have successfully developed and delivered a local version of the NHS Leadership Academy's Mary Seacole Programme aimed at first-time or middle leaders.

We have introduced a new streamlined Clinician Rated Outcome Measure (CROM) called the Clinical Global Impression Scale (CGI). This has been welcomed by our clinicians as a simpler way of reporting service users' outcomes and we are now able to build outcome reports for clinicians to review their entire caseloads collectively.

We recognised we have further work to do to develop, embed and harmonise outcome measures across the Trust and this will be overseen by a newly established Outcome Measures Steering Group.

Our clinicians are working together to harmonise use of the system so the data can be used to improve clinical practice at individual and team level.

Priority 2 - patient safety

We reviewed the last three years' Serious Incidents to identify the key themes, get a more detailed understanding of the demographic information and identify any gaps in the action plans linked to a serious incident. We have also changed the process of incident investigation to provide a supportive, compassionate approach to staff. New Learning Reviews encourage teams to highlight good practice, establish any root cause or contributory factor for an incident and work together on solutions.

Using the Mental Health Safety Thermometer – the national tool for measuring the most common harms in people in mental health services - we were able to show that 4 out of 30 wards/services were 100% harm free, and 17 were more than 80% harm free. Harm includes self-harm, psychological safety, violence and aggression and omissions of medication and restraint (inpatients only).

We have adopted new, consistent ways of recording and reviewing service user deaths working alongside eight other mental health and learning disability trusts across the north. All deaths are reviewed on a weekly basis and formally recorded through an agreed coding system. The code will suggest when a review and follow up actions may be needed.

During 2017/18 a total of 452 Trust service users died. Following reviews, only eight deaths (representing 1.77%) were judged to be more likely than not to have been due to problems in the care provided.

Several reviews highlighted learning at the point a service user moved from one service to another or at the time of discharge from hospital to community teams. Because of this learning, work has started on remodelling the community services to provide an increased support period at the point of this transition.

Priority 3 - patient experience

We have gained the Stage 1 award for Triangle of Care for our community services. This is for our work to engage and value carers. We aim to reach Stage 2 by 2020 and plan to review and strengthen the Patient Experience Team during the next 12 months.

We took part in national community and inpatient surveys to gain insight into service user experience. This also helps us to compare ourselves with other Mental Health Trusts. In the 2017 surveys, the Trust demonstrated that in almost every area of our work we've maintained our service levels or improved slightly.

We have appointed a Physical Health Care lead as part of our plan to tackle the recognised link between mental and physical ill health and have agreed five
physical health priorities for the Trust.

We have continued the roll out 'Work Place Leeds' to support service users with housing and to find work or retain employment. We have seen a 13% increase in the number of service users who have accessed the service, and a 22% increase in the number of service users who have secured paid employment, based on mid- year figures.

We evaluated our recently redesigned Community Learning Disability service and found that overall, the new model has provided a seamless continuation for service users. Work with day services will be completed ahead of the agreed 12 month timescale and this will have a further positive impact for service users.