



2019/20 Quality Account

2020/2021 Quality Priorities

Lisa Quinn

**Executive Director of Commissioning
& Quality Assurance**



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1. Launch draft 2019/20 quality account

2. Reflect on progress made in 2019/20
 - Improving the inpatient experience
 - Waiting times

3. Share agreed 2020/21 quality priorities
 - Improving the patient experience
 - Waiting times
 - Equality, Diversity, Inclusion and Human Rights



How to provide a statement on our Quality Account:

The draft will be available and updated at:

<https://www.ntw.nhs.uk/about/progress/goals/>



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**Please provide Quality Account
statements to:**

qualityassurance@ntw.nhs.uk

Or contact

Julie Robson

**Corporate and Quality Governance Manager, St.
Nicholas Hospital, Gosforth, NE3 3XT**

By Friday 30th October 2020



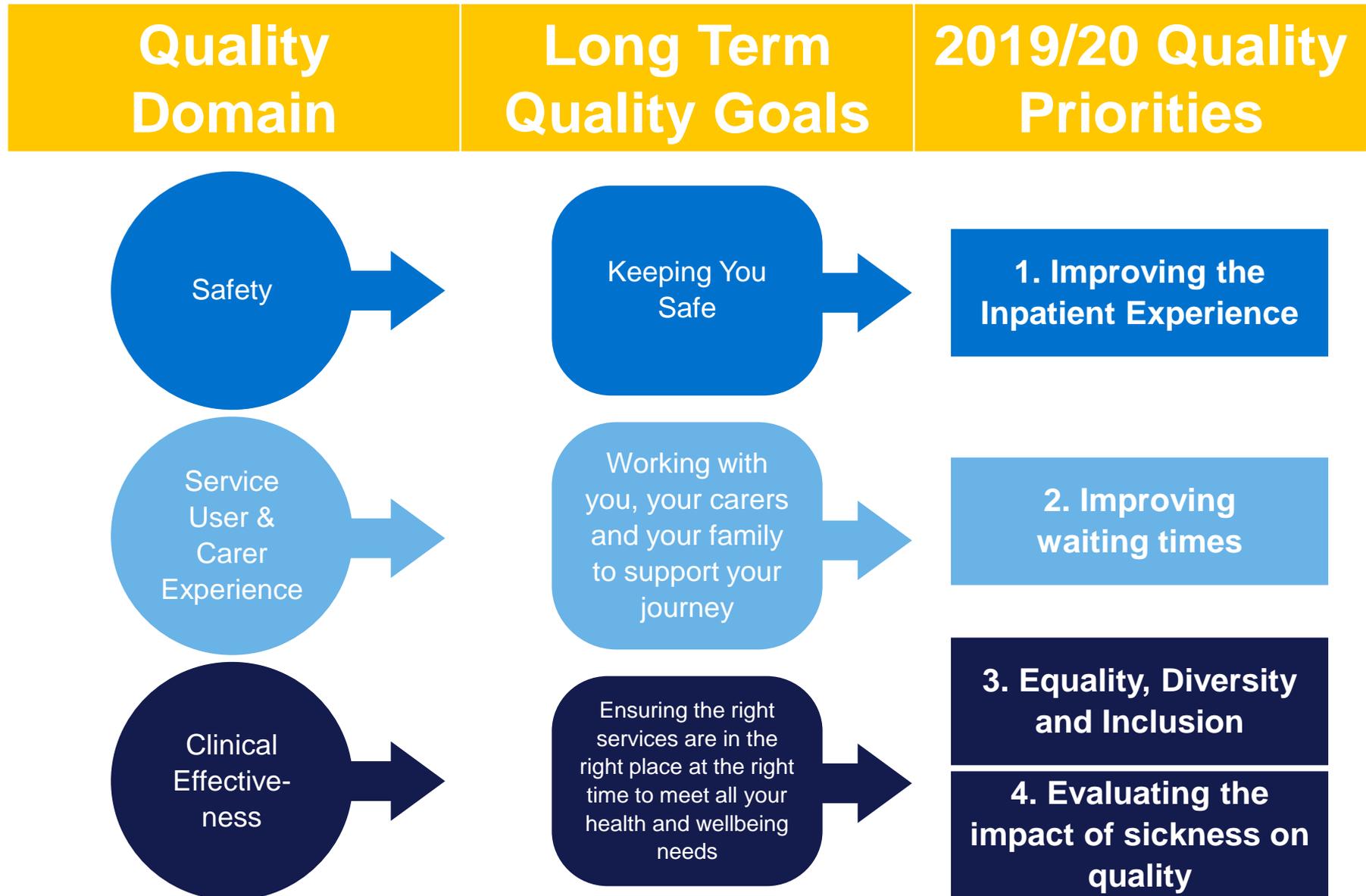
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	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Outstanding	Good	Good	Outstanding	Outstanding
Community mental health services for people with learning disabilities or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community-based mental health services for adults of working age	Good	Outstanding	Outstanding	Good	Good	Outstanding
Community-based mental health services for older people	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding	Outstanding	Outstanding
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

Transfer of North Cumbria Mental Health and Learning Disability Services
 On the 1st October 2019 Mental Health and Learning Disability services transferred from Cumbria Partnership NHS FT to CNTW. On transfer there were 38 outstanding 'Must Do' actions from the CQC. Trust Board agreed to accept these actions and these along with the three existing actions from the 2018 inspection are being managed and monitored through our governance structures.

2019/20 quality priorities:



Improving the Inpatient Experience

As a Quality Priority for the three years 2018/19, 2019/20 & 2020/21:

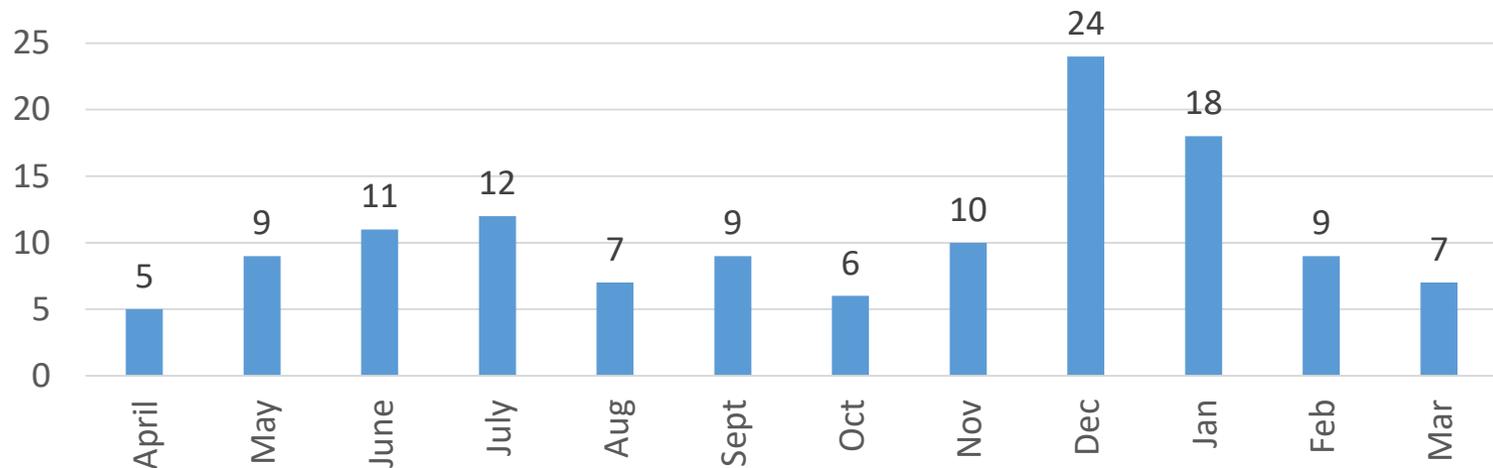
We said we would:

- 1. Continue to monitor inappropriate out of area treatment days.**
- 2. Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit).**
- 3. Implement reporting average patient days receiving out of area treatment within CNTW.**
- 4. Continue to monitor service user and carer experience.**



Improving the Inpatient Experience

1. Reducing inappropriate out of area placements – number of service users by month 2019/20



The Trust experienced an increase in inappropriate out of area beds during December 19 and January 20. During this time there were national pressures for access to adult acute mental health beds



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Improving the Inpatient Experience

2. Reducing bed occupancy rates:

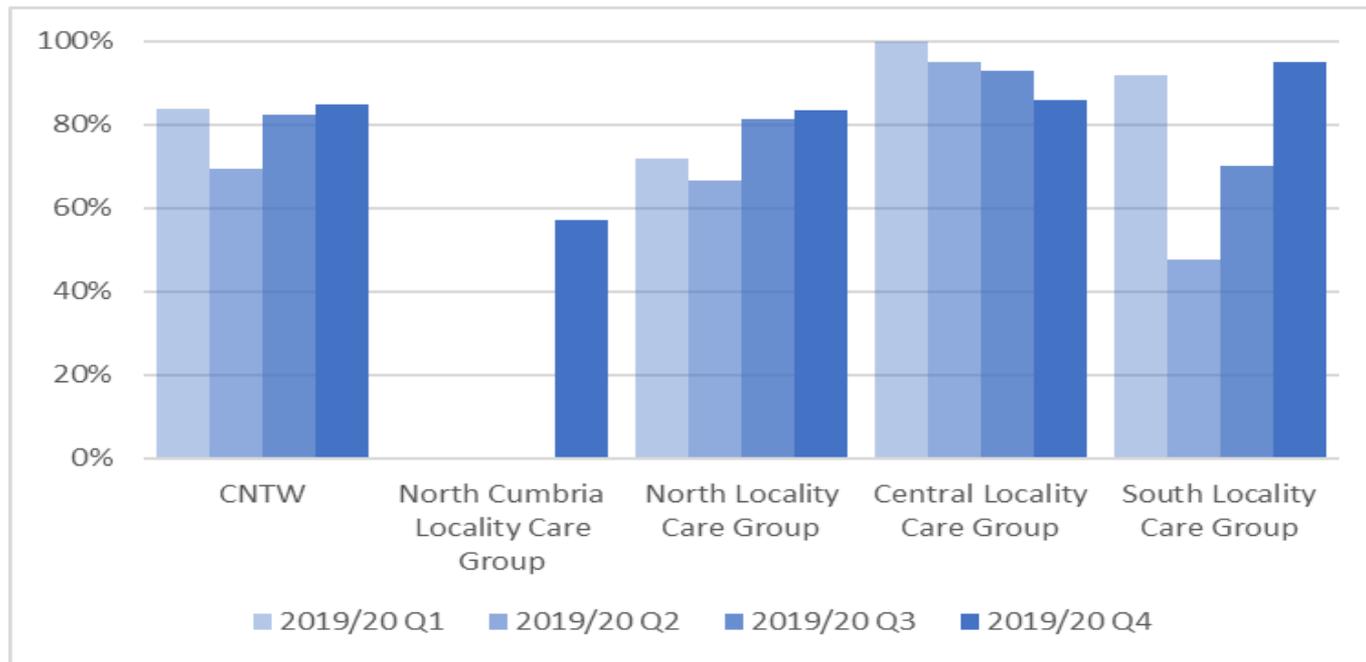
Occupied Bed Days Including Leave	Adult mental health wards including PICU				Older People's mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide (excluding North Cumbria)	19,438	18,316	17,693	17,508	7,217	8,334	7,996	7,081
Average occupied beds per day	214	199	192	192	79	91	87	78
Trustwide (including North Cumbria)	19,438	18,316	21,908	21,772	7,217	8,334	10,410	9,417
Average occupied beds per day	214	199	238	239	79	91	113	103



Improving the Inpatient Experience

4. Monitoring satisfaction

Friends and Family Test scores for adult (acute and PICU) and older people's MH wards by quarter 2019/20



Improving Waiting Times - adults

We aim to provide services that are responsive and accessible for all patients who require advice, intervention and treatment

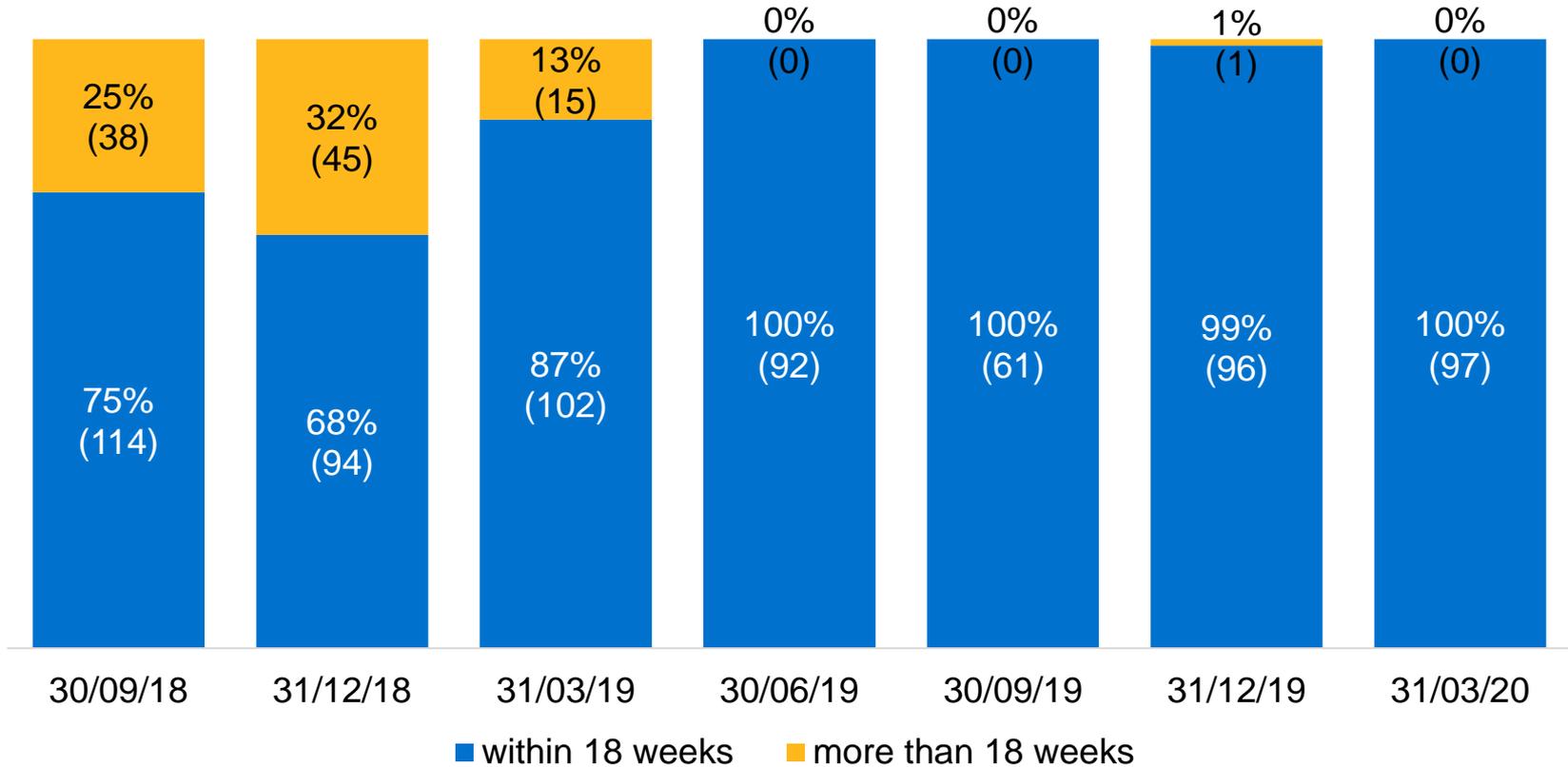
This year we have seen waiting times remaining stable within community services for adults and older people* with 61 people waiting more than 18 weeks for their first contact with a service at 31st March 2020, which is a slight increase of 5% when compared with the same date last year, when 57 people were waiting.

Please note North Cumbria services data was included from 1st October 2019 following the merger of the organisations.



Improving Waiting Times – Children & Young People

Northumberland CYPS % and number waiting more than and within 18 weeks



Impact of Sickness on Quality

**We said
we
would:**

- 1. Determine a methodology for conducting a comparative analysis of staff sickness absence rates**
- 2. Establish a measure of 'continuity of care' for community services**
- 3. Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.**
- 4. Highlight the impact of staff sickness on quality to relevant clinical areas.**



Impact of Sickness on Quality - Potential Indicators of Quality

Average sickness absence rate:

11.3%

2.2%

Short term sickness:

3.4%

1.4%

Long term sickness:

7.9%

0.8%

Qualified nursing %:

5.9%

2.5%

Unqualified nursing %:

17.3%

1.7%

Readmission rate:

13%

5%

Service user/carer Friends
and Family Test Score

65%

91%

Impact of Sickness on Quality

Findings

While the two wards have many similarities, Shoredrift ward experienced:

- a higher number of vacancies,
- a lower average length of stay, leading to higher admissions/throughput,
- a higher number of incidents than Springrise ward.

Despite this, the ward had:

- a very high service user and carer Friends and Family test score,
- a lower rate of readmissions,
- a low sickness absence rate.

The data could suggest that the positive feedback and low readmissions on Shoredrift ward resulted from the low levels of sickness absence on the ward, however, it is not possible to directly attribute one to the other.

Equality, Diversity and Inclusion

We said we would:

- 1. To implement a trustwide approach working across Locality Groups, the Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications**
- 2. We will work with the staff networks for BAME, Disability, LGBT+ and the Mental Health Staff Network.**



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Equality, Diversity and Inclusion

This quality priority was partially met and work will continue during 2020-21, key highlights:-

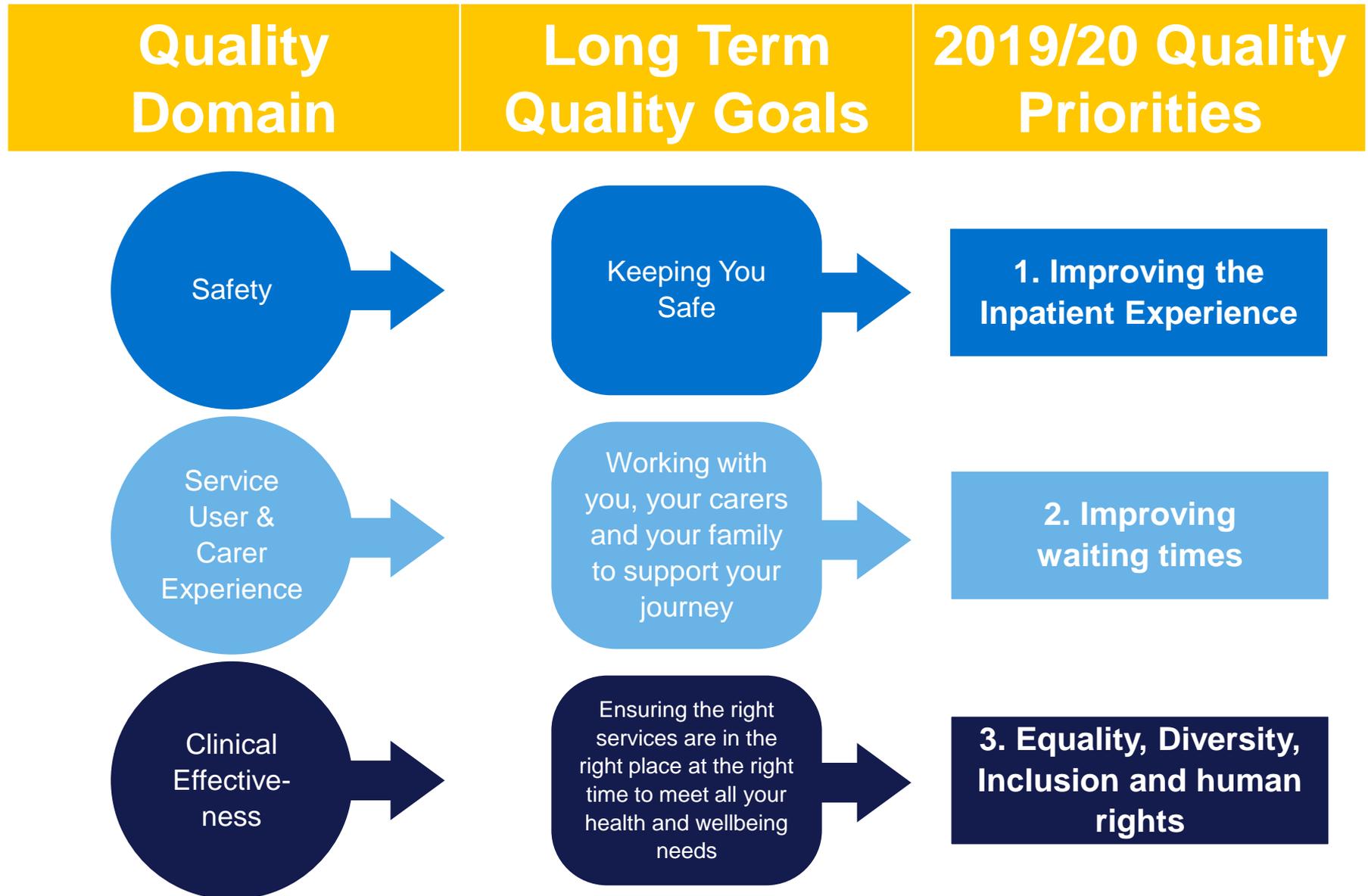
1. Local E&D plans began to emerge during the year and will continue to be developed in 2020/21, using the nationally recognised EDS2 to help plan those actions.
2. We trained members of staff in the RCN cultural ambassador initiative. The ambassadors work in the Trust was launched at the March 2020 Nursing Conference.
3. During the year we have launched masterclasses to raise awareness about LGBT+ issues and have also developed an allies' programme to help promote equality for staff who identify as LGBT+
4. We have audited RiO as part of our work on ensuring that we are meeting the Accessible Information Standard. In response to the audit we have made further changes to RiO to better capture the requirements of service users that identify as requiring more accessible information.

2020/21 Agreed Quality Priorities



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Next year's quality priorities:



We engaged with staff, service users, carers and stakeholders about your thoughts on the addition of human rights to Equality, Diversity & Inclusion. They said:

LISTEN & COMMUNICATE

OPENNESS, HONESTY,
NON-JUDGEMENTAL

BE ACCESSIBLE

HOLD EVENTS



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2020/21 new quality priority:

Equality, Diversity, Inclusion and Human Rights

- To raise awareness of human rights principles with staff
- To develop a clear vision of what a human rights based approach would look like
- Ensure prompts for staff with regard to human rights principles are considered as part of routine reviews of policies.
- To identify human rights advocates.
- To increase awareness of service user and carer experience feedback available via dashboards
- Identification of an appropriate unconscious bias training tool for use within teams for self-assessment and reflection
- Ensure that health literacy awareness increases



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