

## Our SLAM Quality Priorities 13/14

All NHS Trusts and FTs in England and Wales are required to publish quality priorities for the following year within the quality account. With a number of quality targets and priorities being driven by commissioning and outcome frameworks and quality issues and challenges from our services emerging through governance data as well as CIP/QIPP programme, the aim is to distil priorities down into a small number which are:

- Narrowly defined, with clear targets and measures (with existing data flows if possible)
- Have local relevance and CAG commitment
- Fit with commissioning and outcomes frameworks and key areas of policy development
- Address issues which our stakeholders feel are important

Consultation on the proposed set of draft quality priorities has included: a review of existing priorities (including comments from Stakeholders published in the 12/13 Quality Account) to consider if they are still relevant measurable and whether they should be carried over to 13/14, consultation with CAG Clinical and Service Directors on quality concerns and service development areas for 13/14, a review of proposed CQUIN and Quality Contract indicators and consultation with SLAM Trustwide Involvement PPI group. Further consultation and prioritisation on the following long list of priorities attached is planned at the Trust Senior Leadership Group on 19<sup>th</sup> March.

## SLAM Quality Account 2013 Timetable

Consultation exercise	Jan - March
List data to be published	January
Check with OSC secretaries dates for OSC QA meetings	January
Presentation to Exec	6 <sup>th</sup> Feb
<u>CAG Consultation:</u>	
Psychosis CAG	28.1.13/7.2.13
CAMHS CAG	25.02.13
BDP CAG	7.2.13
MHOA CAG	21..2.13
Addictions CAG	8.3.13
Psy Med CAG/MAP CAG	Awaiting feedback
<u>Service User Consultation:</u>	
TWIG Strategic Meeting	12 <sup>th</sup> March 13
Consultation at Senior Leadership Group, Milwall	19 <sup>th</sup> March
Members Council Consultation	Check date- March

1st Draft of Account circulated to Executive	22 <sup>th</sup> March
Draft to Members Council Quality Sub-Group for comment	5 <sup>th</sup> April
Draft to CCGs, OSCs and Healthwatches' for comment	5th April
CCG and HOSC and shadow Healthwatch feedback meetings	April/May
Draft to SQISC	21 <sup>st</sup> May
External Audit to complete report by	29 <sup>th</sup> June
Final draft to Board	21 <sup>th</sup> May

## PATIENT SAFETY

Dimension	Priority areas	Possible Measures	Target
Reducing Severe Harm	Prevention of Violence  BDP CAG priority CAMHS priority	<ul style="list-style-type: none"> <li>Monthly average of violence incidents with harm (as a % of monthly average of violent incidents)</li> <li>Reduction in Riddors</li> <li>Trend analysis of use of 'cohesive (RT, PI,SC)' interventions</li> <li>Improved availability of monthly violent incident reports to inpatient teams?</li> <li>Team action plans in response to monthly reports of violent incidents</li> <li>No. of trained staff on duty that are PSTS trained</li> <li>Calls to the Police to assist with violent incidents on wards</li> </ul>	
	Self Harm and Suicide Prevention	<ul style="list-style-type: none"> <li>Monthly average of serious self harm incidents/attempted suicide (SIs) (as a % of monthly average of self harm incidents)</li> <li>Inpatient suicides and within 14 days of discharge?</li> <li>Percentage of patients on CPA who were followed up within 7 days of discharge from psychiatric inpatient care (<b>Quality Contract 13/14</b>)</li> </ul>	
	Falls MHOA priority Implementation of PS Thermometer in all inpatient and CC areas & Falls Review Project	<ul style="list-style-type: none"> <li>Reduction in monthly average falls with harm (as a % of monthly average total falls)</li> <li>CQUIN: PS Thermometer (Falls) – MHOA &amp; ALD</li> </ul>	
	Pressure Ulcers MHOA priority Implementation of PS Thermometer in all inpatient and CC areas	<ul style="list-style-type: none"> <li>CQUIN: PS Thermometer (Pressure Ulcers) – MHOA &amp; ALD</li> <li>Datix: SI Pressure Ulcers</li> </ul>	
Ensuring patients feel safe		<ul style="list-style-type: none"> <li>PEDIC Question: 'Do you/did you feel safe?' (inpatients)</li> <li>PEDIC Question: 'Have you been offered a crisis plan for emergency mental health situations?' (community)</li> </ul>	

## CLINICAL EFFECTIVENESS

Dimension	Priority areas	Possible Measures	Target
Preventing People from Dying Prematurely	<p><u>Physical Health:</u> There is a higher physical morbidity and mortality of service users with schizophrenia with a link to cardio vascular disease and metabolic conditions. As part of the physical health check the following tests (glucose levels, lipids, bp &amp; wt.) are crucial in the early diagnosis of long term conditions:</p> <p>Psychosis CAG priority Addictions CAG priority</p>	<ul style="list-style-type: none"> <li>Annual Health Check- % of service users who have been in SLaM hospital/long- term health care for more than one year that have had a physical health check in the last 12 months (<b>Quality Contract 13/14</b>)</li> <li>Reducing Cardio vascular risk and management of Long term conditions (inpatients) i.e i). screening on admission for glucose levels, lipids, bp &amp; wt. ii) ECG prior to antipsychotic prescription and repeat monitoring of glucose levels, lipids, bp and weight at 3-4 and 9-10 months (<b>CQUIN 13/14</b>)</li> <li>Improving SLAM performance in Physical Health Indicators in the 2013 National Re-Audit of Schizophrenia (community patients) (<b>NHS Contract - National Audit</b>)</li> <li>Percentage of inpatients who have a full nutrition screen (95%) (<b>Quality Contract 13/14</b>)</li> <li>ECG monitoring for all patients on &gt;100mg methadone – Pharmacy audit Nov 13 (<b>Addictions CAG priority</b>)</li> <li>Completion of Physical Health Assessment Screen - Insight report (<b>Addictions CAG priority</b>)</li> </ul>	
Enhancing Quality of Life for people with Long Term conditions	<p><u>Improved clinical outcomes following contact with mental health services</u></p> <p>BDP/Addictions CAG priority – HoNOS and team feedback</p>	<ul style="list-style-type: none"> <li>Number of Teams given feedback on HoNOS scores and TOPs (for Addictions)</li> <li>The number of people who are “moving to recovery” (<b>IAPT KPI 6a/Quality Contract</b>)</li> <li>Completion rates of CORE-OM and CORE-10 outcome measure (<b>Existing QA priority</b>)</li> <li>Increase in ‘reliable improvement’ scores on CORE-OM and CORE-10 outcome measures (<b>Existing QA priority</b>)</li> </ul>	

	<p><u>Implementation of AMH Acute Care Pathway Model</u> ( incl. community Triage) <u>Psychosis/Psy Med/MAP CAGs</u> - ensuring people are treated in least restrictive environment (close to home, choice).</p> <p><u>MHOA</u> – development and pilot of HTT for Older Adults ensuring tx in least restrictive environment.</p>	<ul style="list-style-type: none"> <li>• Number and percentage of inpatient admissions gate-kept by the crisis resolution / home treatment team (<b>Quality Contract 13/14</b>)</li> <li>• Re-admissions. Reduce the number of patients re-admitted within 28 days of discharge (<b>Quality Contract 13/14</b>)</li> <li>• inpatient length of stay</li> <li>• Reduction in use of private sector overspill beds</li> </ul>	
Helping People recover from episodes of ill health or following injury	<p><u>Support and Recovery Care Plan implementation:</u> The Recovery and Support plan is a recovery focussed plan that seeks to place the service user at the centre of the care/support planning process whereby they are supported to define their own goals based on their personal needs and aspirations</p> <p><u>Addictions (PEDIC copy of care plan/joint development with staff)</u></p>	<ul style="list-style-type: none"> <li>• CPA review in previous 12 mths % (<b>MHMDS</b>)</li> <li>• Number and percentage of community patients on CPA with a CPA Support &amp; Recovery Plan in place (<b>CQUIN 13/14</b>)</li> <li>• Percentage of service users that have 2 or more self-defined recovery goals as part of their care plan (<b>Quality Contract 13/14</b>)</li> <li>• PEDIC: 'Have you received a copy of your care/recovery plan?(<b>Quality Contract 13/14</b>)</li> <li>• PEDIC: 'Did you jointly develop your care/recovery plan with a member of staff?' (<b>Quality Contract 13/14</b>)</li> </ul>	

	<p><u>Integrated discharge recovery planning</u> The GP is an important part of the care plan to facilitate a person's recovery. To promote effective high quality care, s/he should be involved at all stages of care and be involved in the decision of discharge from care together with the user.</p> <p>It is also essential that a user has choice in their recovery and in how and where they can access support when becoming unwell, and hence an advance directive gives clear indication in how care should be delivered and informs the GP of any necessary actions that should be taken.</p>	<p>Numerator: Total number of users on CPA who have had the following completed which has been sent to their GP within 7 days of discharge from SLaM:</p> <ul style="list-style-type: none"> <li>- a discharge summary with evidence of engagement with the GP( for Inpatients)</li> <li>- a completed Recovery and Support Plan (for discharges from community services)</li> </ul> <p>Denominator: Total number of users on CPA discharged from secondary care during the quarter</p> <p><b>(CQUIN in 13/14 Contract)</b></p>	
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## PATIENT EXPERIENCE

Dimension	Priority areas	Possible Measures	Target
Improving Staff communication with patients and carers	<u>Releasing Time to Care</u> - Increase in contact time with nursing staff – Productive wards initiative	<ul style="list-style-type: none"> <li>Increase in nursing contact time with patients (ongoing monitoring??)</li> <li>PEDIC: Daily one-one contact with staff on the ward for at least one hour? (inpatients)</li> </ul>	
	<u>Improving staff communication with patients</u> Interventions by Education and Training such as Customer Services Training, RCN Leadership programme focussing on Service User experiences at the point of care delivery as well as other SUITE Training which focuses on the Service User Perspective throughout the whole training programme.  <b>MHOA</b> – Development of Namaste work in continuing care i.e. providing dignity to patients with end stage dementia  <b>Addictions</b> – Purpose and side effects of medication been explained	<ul style="list-style-type: none"> <li>Reduction in complaints about staff attitude</li> <li>PEDIC: ‘Did you receive emotional support from this service when you needed it?’ (community teams)</li> <li>PEDIC: Are your individual needs (cultural, spiritual, faith) taken into consideration?</li> <li>PEDIC: Has the purpose of your medication been explained to you?</li> <li>PEDIC: Has the side effects of your medication been explained to you?</li> </ul>	
	<u>Support for carers</u> Implementation of SLAM carers strategy	<ul style="list-style-type: none"> <li>Increase in number of carers offered annual carers assessment</li> <li>Improved performance in annual community patient survey about carer involvement</li> </ul>	
Increasing patient satisfaction, as measured by	<u>Improve our data collection and performance in national and local PEDIC patient satisfaction surveys</u>	<ul style="list-style-type: none"> <li>National Patient Survey – Number of areas assessed by National Community Survey to be in the red zone (worst 20% of trusts) &lt;2/9 areas (<b>Quality Contract 13/14</b>)</li> </ul>	

responses to national and local patient surveys	<p>In addition, in line with a CQUIN target in 13/14 the SLaM PPI Team will support wards to work with patient focus groups to identify the top 5 issues on which they want improvement (in line with the recent Croydon Hear Us report).</p> <p><b>BDP CAG</b> – bespoke PEDIC for patients with Learning disabilities</p>	<ul style="list-style-type: none"> <li>• Number of units with regular PEDIC surveys (90%) <b>(Quality Contract 13/14)</b></li> <li>• Reporting of all action plans and lessons learnt resulting from PEDIC surveys <b>(Quality Contract 13/14)</b></li> <li>• PEDIC satisfaction scores analysed by BME groups</li> <li>• Inpatient Service User Focus Group Findings at Q1 and evaluation of improvement at Q4. Implementation plans produced by SLaM at Q2. <b>(CQUIN 13/14)</b></li> </ul>	
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## ACCESS TO SERVICES

Dimension	Priority areas	Possible Measures	Target
Waiting Times / Transition to Adult Services/ Equality of Access	<u>Waiting times</u> CAMHS priority	<ul style="list-style-type: none"> <li>• Number of Teams compliant with national 18 week waiting time target (90%)</li> <li>• Services with waiting times?18 weeks to have action plans to reduce the wait <b>(National Target)</b></li> </ul>	
	<u>Improving transition to Adult services for CAMHS patients</u> CAMHS priority	<ul style="list-style-type: none"> <li>• Numerator: Percentage of notifications where appropriate sent to AMH SLaM staff for the above transition patients</li> <li>• Denominator: Number of complex and high cost patients within 6 months of their 18th birthday <b>(Quality Contract 13/14)</b></li> </ul>	
	Equality of Access	<ul style="list-style-type: none"> <li>• Access to community mental health services by people from BME groups</li> <li>• Access to psychological services by people from BME groups <b>(The CCG Outcomes Indicator Set 13/14)</b></li> </ul>	