

Quality Account JHOSC

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Working together
LIVING WELL


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Aim

The aim of the Quality Account is to produce an account of the quality of care we provide, particularly in the priority areas we defined in our Quality Account in the year prior.

Objectives

- Ensure adherence to the NHS FT Annual Reporting Manual
 - Report performance against mandatory indicators
 - Report progress of the work undertaken in the Quality Priorities described last year
 - Celebrate quality improvement initiatives for safety, clinical effectiveness and patient experience
 - **Engage with our stakeholders**
 - Ensure we share our report for consultation and endorsement
 - Gain Board sign-off
 - Lay before parliament
 - Publish on NHS Choices
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Learning from last year

- Include quarter 4 data in the consultation document
- Determine whether my infographic summary was of benefit
- Determine whether my visits were of benefit
- Increase my involvement in the final sign-off by Audit Committee and Board
- Successful showcasing campaign – let's repeat (22 March)
- Panel will include Governors and patient/carer rep again



Changes to the requirements

- NHS Improvement published requirements end of Jan
- **Part one:** Statement of quality from our Chief Executive (no change)
- **Part two:** New requirements relating to Learning from Deaths
- **Part three:** List of indicators required to be disclosed refreshed to reflect development in the Single Oversight Framework
 - New indicators means a larger choice to select from for testing (Exec Directors and Governors)



The Four Indicators for Assurance

1. Early intervention in psychosis: people experiencing a first episode of psychosis treated with a NICE-approved care package within 2 weeks of referral (new)
2. Inappropriate out-of-area placements for adult mental health services (new)
3. Improving access to psychological therapies: waiting time to begin treatment within 6 weeks of referral (new)
4. Enhanced Care Programme Approach patients receive follow-up contact within 7 days of discharge from hospital



Other Core Indicators

- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a **gatekeeper**
- The percentage of patients aged 0-15 and 16 & over **re-admitted** to a hospital which is part of the Trust within 30 days of being discharged from a hospital which is part of the Trust
- The number and rate of **patient safety incidents** reported and the number and % of patient safety incidents that resulted in severe harm or death (selected by you for the past 2 years)



2016/17

Care Programme Approach (CPA)

The percentage of individuals on Care Programme Approach who were followed up within 7 days after discharge from Psychiatric Inpatient care during the reporting period: 97.4%

	2014/15	2015/16	Trust Actual 2016/17		National Average 2016/17		National Range 2016/17	Threshold 2016/17
Patients on CPA who were followed up within 7 days after discharge	97.2%	98.1%	Q1	96.0%	Q1	96.2%	28.6% - 100%	95%
			Q2	97.8%	Q2	96.8%		
			Q3	98.4%	Q3	96.7%		
			Q4	97.0%	Q4	*		



2016/17

CRHT Gatekeeping

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period: 99.7%

	2014/15	2015/16	Trust Actual 2016/17		National Average 2016/17		National Range 2016/17	Threshold 2016/17
Patients who were admitted to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.	99.2%	100%	Q1	99.6%	Q1	98.1%	76.0% - 100%	95%
			Q2	99.9%	Q2	98.4%		
			Q3	99.9%	Q3	98.7%		
			Q4	99.5%	Q4	*		



2016/17

28-day Emergency Readmission Rates

		2016/17	2015/16	2014/15*	National Range 2016/17	Threshold 2016/17
Patients aged between 0 and 15, and 16 and over, who have been readmitted to a hospital which forms part of Pennine Care NHS Foundation Trust within 28 days of being discharged from a hospital which forms part of Pennine Care NHS Foundation Trust	0 to 15	0%	0%	n/a	n/a	n/a
	16 or over	10.65%	10%	n/a	n/a	n/a



2016/17

Patient Safety Incidents

		Local Rate		National Rate		
Patient Safety Incidents*		2015/ 2016 Q1 & Q2	2015/ 2016 Q3 & Q4	2015/2016 Q3 & Q4		
				Total No of incidents reported within the 56 Mental Health Trusts**	Median	Mean
Number of Incidents (PCFT)		3256	3926	146,325	-	2,612.95
Rate per 1000 bed days**		38.62	46.99	-	37.54	-
Number resulting in:	Severe Harm	2 (0.1%)	3 (0.1%)	501 (0.3%)	-	8.95
	Death	95 (2.9%)	16 (0.4%)	1167 (0.8%)	-	20.84
Total No incidents resulting in severe harm or death		97 (3%)	19 (0.5%)	1668.(1%)	-	29.79

Key dates

Date	ACTIVITY	Date	ACTIVITY
2 Jan	Design this year's report	22 Mar	Showcasing panel meets
19 Jan	Launch showcasing initiative	10 Apr	Consultation period commences
30 Jan	Receive NHS Improvement's requirements	April	Present document at various Forums & receive statements from stakeholders
5 Feb	Share all requirements with key people	8 May	Consultation period ends
8 Feb	Share Exec Dir choice of indicators	10 May	Receive Executive Director sign-off
Feb	Indicator testing planning	11 May	Hand over to Grant Thornton
21 Feb	Attend CoG	25 May	Audit Committee sign-off
23 Feb	Attend Healthwatch	29 May	Submit to NHS Improvement
1 Mar	Attend JHOSC	25 Jun	Laid before Parliament
20 Mar	Showcasing closes	30 Jun	Publish on NHS Choices