

D3 Quality Improvement
Plan – Dec 15

Our Governance & Quality Improvement Plan

Learning Disabilities Directorate
23rd Nov 2015

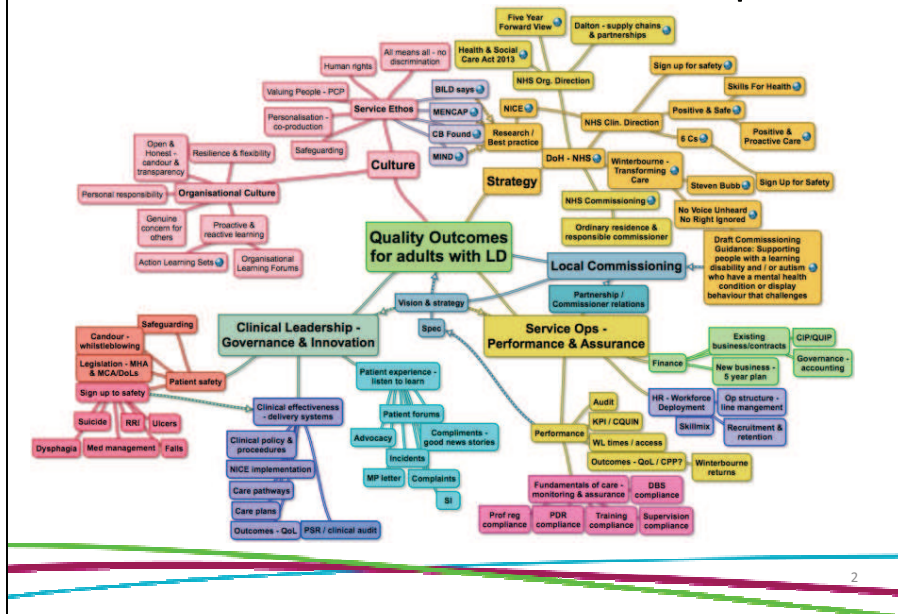
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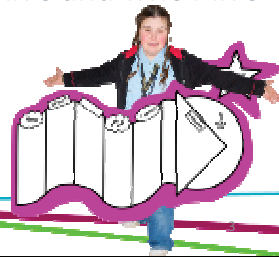
The LD Governance Mind-Map!





9 Quality Outcomes for People with Learning Disabilities

1. My care is planned, proactive and coordinated.
2. I have choice and control over how my health and care needs are met.
3. I live in the community with support from and for my family and paid carers.
4. I have a choice about where I live and who I live with.



9 Quality Outcomes for People with Learning Disabilities

5. I have a fulfilling and purposeful everyday life.
6. I get good care from mainstream NHS services.
7. I can access specialist health and social care support in the community.
8. I am supported to stay out of trouble.
9. If I need assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.



Our Objectives – 2015 - 2020

Our Values

Respect
We listen to others, valuing their views and contributions

Compassion
We show empathy and kindness to others so they feel supported, understood and safe

Partnership
We engage with others on the basis of equality and collaboration

Accountability
We are open and transparent, acting with integrity and accepting responsibility for our actions

Fairness
We ensure equal access to opportunity, support and services

Ambition
We are committed to making a difference and helping to fulfil aspirations and hopes of our service users and staff

Objectives:

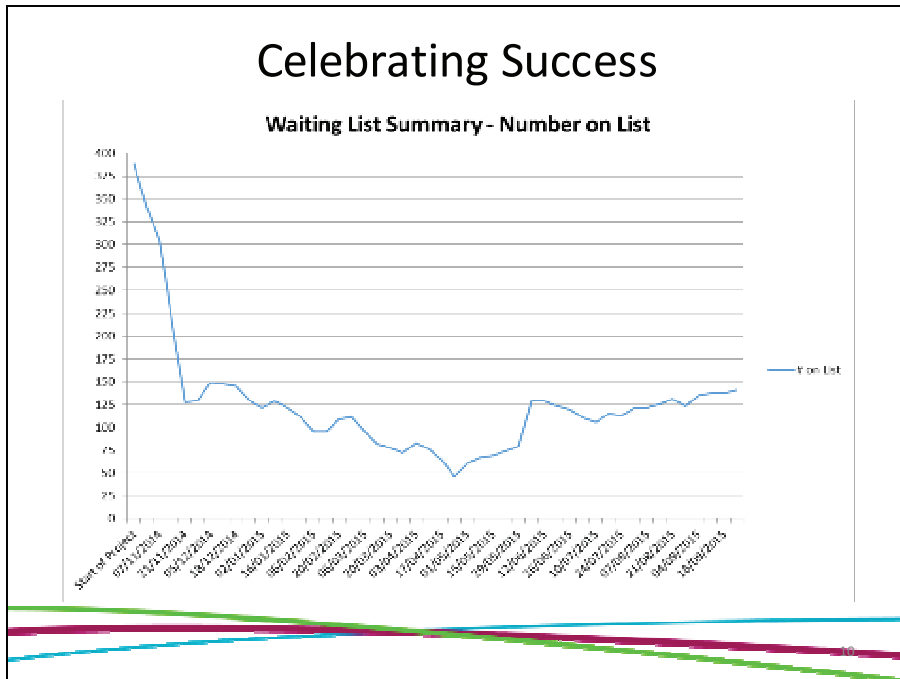
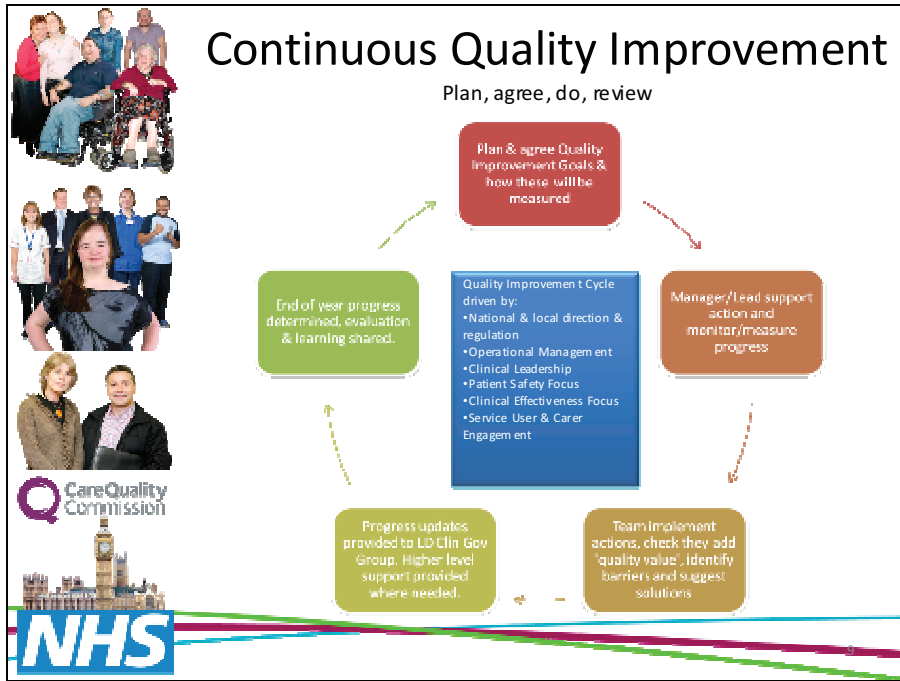
- Build on the Trust values
- Transform services & deliver outcomes
- Rebuild trust, reputation & brand

A New Governance Framework

The Learning Disabilities Directorate has redesigned its governance framework. The new framework helps us, *"make sure that we are doing the right things, in the right way, to the right quality at the right times"*

- Well-led
- Safe
- Responsive
- Caring
- Effective



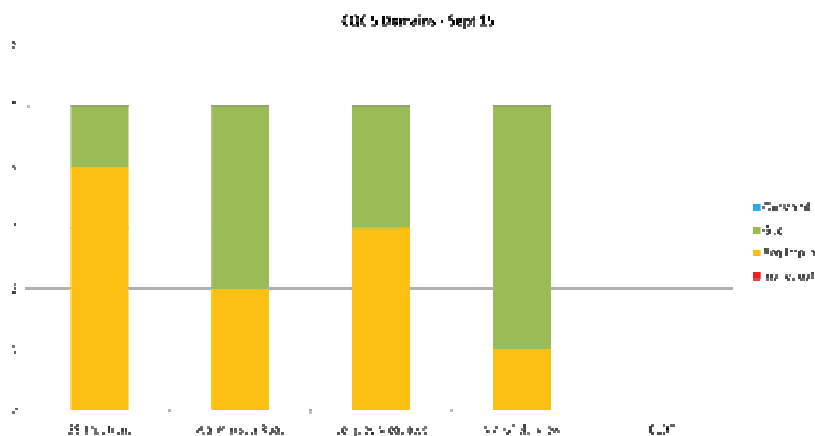


Quality – Our Current Position 2015/16

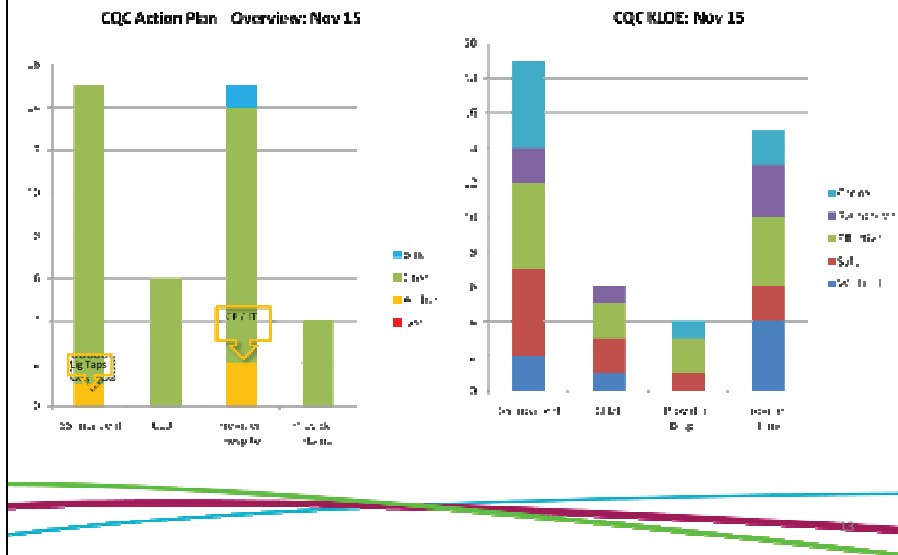
Achievements	Areas of Improvement	Lessons Learnt
<ul style="list-style-type: none"> CLDT/ISS Community - 67% reduction in waiting times POMH-9c best in country results CQC 'Good' rating - supported living and residential care service areas 	<ul style="list-style-type: none"> New governance framework implemented Service user and engagement plan (MENCAP) On-going pathway work across CLDT & ISS Reducing lengths of stay and delayed transfers of care at ISS 	<ul style="list-style-type: none"> Culture & practice – the rights and safety of service users is at the core of what we do City-wide dysphagia awareness work Capability & conduct – the need to hold to account



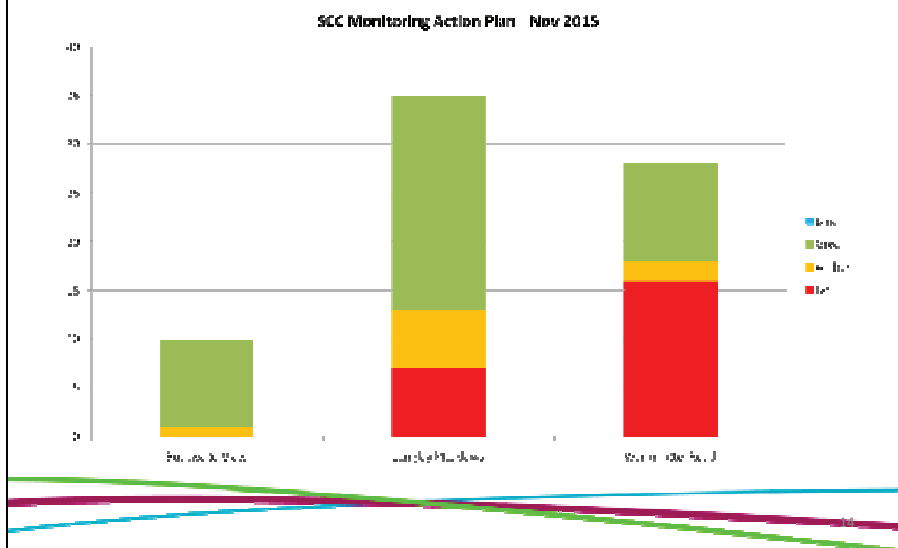
How Are We Performing? CQC



Using CQC Trackers To Monitor Progress

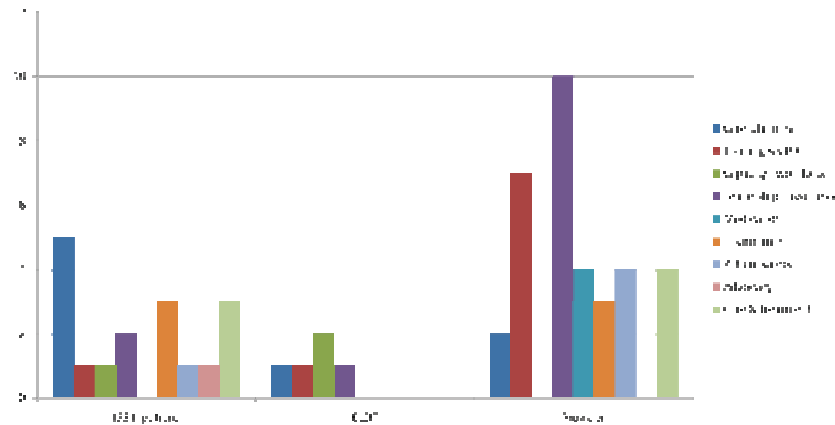


Using SCC Monitoring Action Plan



Learning From Compliance Feedback

The table Analysis by Area: Sept 15



How will the LD Directorate Deliver the Trust's Corporate Objectives - 2016/17



Continually improving quality: implementation of new governance framework – well-led, safe, responsive, caring & effective. Engaging the workforce



Listen to learn - Feedback and lessons learned from service user and family carer engagement plan (MENCAP), CQC, Culture & Practice & Commissioner Scrutiny



Taking a lead role in transforming care via Positive Behaviour Support, Care & Treatment Reviews, Out of City Team returns & Reducing Restrictive Intervention (ARTS)



Ambition & innovation - new service developments with 7 Hills

16-17 Draft Quality Goals

Well led

Quality Goal	Methodology	Outcome
<p>Strategic alignment with commissioning vision for Sheffield (Transforming Care & Competitive Provider Market)</p>	<ul style="list-style-type: none"> • Agreed service spec • Aligned & meaningful COUIN & KPIs 	<ul style="list-style-type: none"> • Delivering agreed outcomes <ul style="list-style-type: none"> ↑ QoL & Physical Health ↑ CTR ↑ Out of City returns ↓ Challenging behaviour & restriction ↓ DTC
<p>Improved directorate operational and clinical leadership</p>	<ul style="list-style-type: none"> • Recruitment of key operational and professional posts • Review of roles and responsibilities in line with service priorities and clinical pathways 	<ul style="list-style-type: none"> • Operational framework delivers to spec • Improved workforce development • Improved performance management • Reduced sickness • Sustained PDR levels
<p>Supervision in place to support capable, reflective, resilient and compassionate workforce</p>	<ul style="list-style-type: none"> • All areas made aware of trust policy & access to training • Clinical supervision structure complete • Audit of frequency & quality of supervision audit 	<ul style="list-style-type: none"> • Culture of clinical supervision embedded into clinical practice, including person centred values, positive behaviour support & safeguarding • Baseline supervision data

16-17 Draft Quality Goals

Safe

Quality Goal	Methodology	Outcome
<p>To embed learning from Culture & Practice (2015) by proactively reducing safeguarding concerns</p>	<ul style="list-style-type: none"> • Monitoring of SIs & safeguarding referrals • SI and safeguarding lessons learnt embedded into the governance framework as evidenced in minutes 	<ul style="list-style-type: none"> • Reduction in SI & adverse healthcare incidents (medication management incidents) compared to previous year • 100% combined safeguarding training compliance
<p>Reduced restrictive interventions</p>	<ul style="list-style-type: none"> • Implementation of improved service model supporting positive & proactive behavioural support & home support • PBS training rolled out 	<ul style="list-style-type: none"> • Reduction in ISS-ATU bed days • Reduction in ISS-ATU length of stay • Reduction in Delayed Transfer of Care days
<p>Evidence that staff actively and routinely assess & support care taking appropriate action to ensure patient safety</p>	<ul style="list-style-type: none"> • Routine environmental risk assessments in place • Pathways developed to access clinical leads in relation to falls & dysphagia 	<ul style="list-style-type: none"> • Reduction in avoidable falls • Dysphagia awareness audit illustrates increased capability across health and social system

Responsive

Quality Goal	Methodology	Outcome
Maintain CLDT & ISS Community productivity & access to services	<ul style="list-style-type: none"> On-going "meridian" analysis & management tool Performance monitoring 	<ul style="list-style-type: none"> ↑ Access to services ↓ Reduced waiting time
Improve productivity within ISS inpatient & OoCT	<ul style="list-style-type: none"> On-going "meridian" analysis & management tool Performance monitoring 	<ul style="list-style-type: none"> ↑ Out of city returns ↑ Care & Treatment Reviews ↓ Reduced length of stay
Transformation of respite services into "Short Breaks for Extraordinary People"	<ul style="list-style-type: none"> NHS Elect consultancy Partnership working Change management Ambition & perseverance 	<ul style="list-style-type: none"> Longley Meadows is closed Service users are given options to access multi-location experiences of their choosing

Caring

Quality Marker	Methodology	Outcome
Accessible information about services and care. Co-production occurs in care-planning.	<ul style="list-style-type: none"> Increased use of photosymbols Audit of accessible service information and care plans including My Care, Positive & Proactive Support Plan, WRAP. 	<ul style="list-style-type: none"> Proactive use of accessible information across the directorate including service info & website Accessible LD Quality Account
Evidence that consent procedures are in place and that records detail how best interest decisions are taken	<ul style="list-style-type: none"> Audit undertaken MCA external training Active use of IMCA/IMHA Review of CTR feedback 	<ul style="list-style-type: none"> Audit results & action planning Training compliance figures Improved CQC feedback Improved CTR feedback
Evidence that staff collate positive & negative feedback from service users and carers and use this information to improve delivery of care	<ul style="list-style-type: none"> Routine schedule of accessible questionnaires in place 	<ul style="list-style-type: none"> Increase in service user feedback "You Said We Did" poster

16-17 Draft Quality Goals

Effective

Quality Goal	Methodology	Outcome
Routine service user & service level outcome measures employed across services	<ul style="list-style-type: none"> • Agree core data set per for each service • Audit dataset 	<ul style="list-style-type: none"> • Each service area can demonstrate global outcome • Practice based evidence used to support discharge or transfer across service thresholds
Clinical practice is influenced by NICE /national guidelines and can be evidenced by audit of records	<ul style="list-style-type: none"> • Directorate database of core & relevant NICE guidance linked to service pathways 	<ul style="list-style-type: none"> • Increased awareness and profile of NICE in pathway delivery. • Increased work streams looking at achieving pathways & NICE implementation.
Evidence of adherence to good practice with regards to medicines management & side effect & physical health monitoring	<ul style="list-style-type: none"> • Consultant Psychiatrist & Consultant Nurse attend medication management & support/maintain practice development • Local medication audits 	<ul style="list-style-type: none"> • LD side effect monitoring standards maintained • Maintenance of 2015 POMH-9c results

Governance & Proactive Quality Improvement Will Transform Care

