

# Tavistock and Portman NHS Foundation Trust

## Sign up to Safety Campaign

### Safety Improvement Plan 2016-2019

## 1.0 Introduction

The focus on quality of care and patient safety remain central to the Tavistock and Portman NHS Foundation Trust (the Trust) in providing specialist mental health services and integrated health and social care services for children and families across Camden and more widely. Central to this focus is the commitment to improve mental health and emotional well-being, and a belief that high quality mental health services should be available to all who need them.

This Safety Improvement Plan (SIP) builds on and integrates with our Clinical Quality Strategy and Annual Quality Report, and complements our established governance and safety infrastructure. The SIP sets out clear organisational aim statements as to how we will improve the health outcomes of our patients during the three year campaign period and in doing so will support the Trust's aim of providing equitable services to all patients.

The improvement plan will be a dynamic document that will respond to the data and information we routinely collect through our established patient safety reporting systems, staff and service user feedback and as we roll out this plan we support and develop a "just culture for safety".

## 2.0 Setting our aims

The Trust has developed its Clinical Quality Strategy (2016-19) from a range of National, Regional and Local directives and initiatives, but more importantly it has been tailored to meet the local needs of the service users who receive care across the Trusts footprint. This has been done through an analysis of the Trusts patient harm data, national statistics and consultations with service users and staff. We therefore believe that core aims outlined in the Clinical Quality Strategy will drive the SIP.

These are:

- Ensuring that all service users are safe and protected from avoidable harm and abuse
- Providing services with care, treatment and support that achieves good outcomes and promotes good quality of life, based on best evidence.
- Organising services around the needs of the user – involving them and their carers in service design and delivery.
- Supporting staff to maintain and develop their skills and working within clear and effective governance structures to deliver safe, effective, responsive, caring and well led services.

These four core aims will cut across services provided by the Trust and we will work with and involve our health and social care partners where elements of services are provided by other organisations.

### 3.0 Creating our Team

To develop a “just culture for safety”, we need the engagement and involvement of all our staff, the people who use our services and the public. The starting point has been the pledges made by the Trust’s Chief Executive and Executive Director of Clinical Governance and Quality in signing up to the “Sign up to Safety Campaign”. From these pledges the following team has been established:

- Executive Lead – Louise Lyon, Director Quality and Patient Experience
- Sign up to Safety Campaign Lead – Marion Shipman, Associate Director Quality and Governance
- Projects and leads:
  - Detect and manage e-safety risks in young people: Richard Graham
  - Improve the physical health of patients: Tim Quinn
  - Improve domestic violence and abuse management: Sonia Appleby / Sarah Helps
  - Improve self-harm and suicide management: Caroline McKenna

Each of the leads for the four safety campaign work streams will lead a multidisciplinary group from across the Trust. We will look to co-opt membership from partner organisations where indicated and to support the involvement of service users. Each of the individual work streams will identify local clinical team champions to support and develop the safety improvement planning process into clinical teams.

### 4.0 Safety Improvement Governance Structure

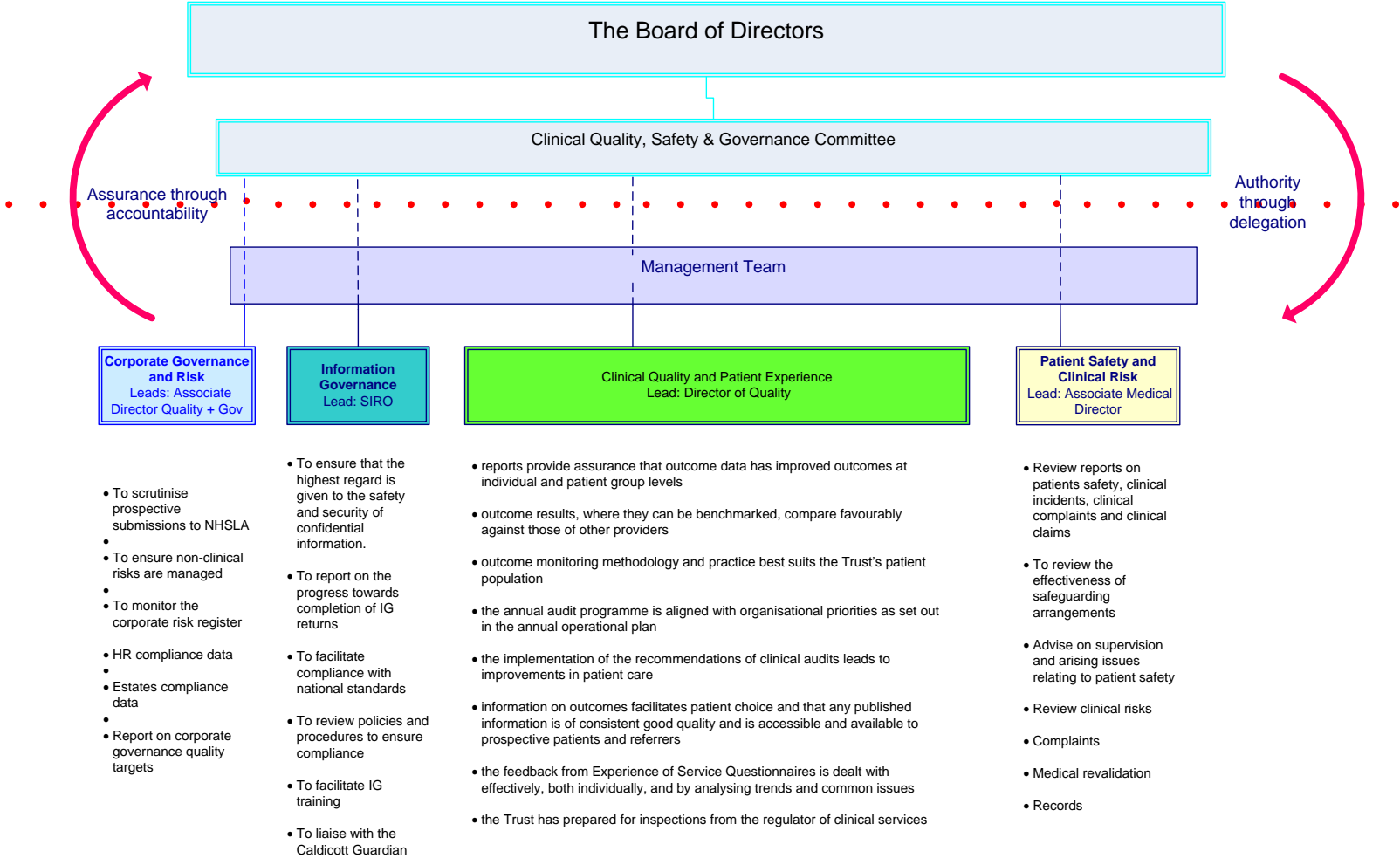
The Trust Clinical Quality Safety and Governance (CQSG) committee receives reports and updates from four workstreams which report to the committee to ensure clinical effectiveness and monitoring of clinical performance. The committee is responsible for analysing and challenging the information reported. The purpose of the reports received is to promote safety and excellence in patient care; to identify, prioritise and manage risk arising from clinical care and to ensure effective and efficient use of resources through evidence based clinical practice.

To ensure that there are clear lines of accountability, the Safety Improvement Programme will be an integral part of the Trust’s governance process and report into the Patient Safety and Clinical Risk Workstream and from there into the CQSG. These governance structures will afford the safety improvement plan access to the Board.

Two Directorate quality groups underpin the Trust’s overarching governance framework providing the interface between Trust wide and service specific clinical governance issues. Ultimately, these groups support the delivery of quality services close to the point of care delivery. The Safety Improvement Programme and identified clinical team champions will link into this structure to support integration and learning.

5.0 Trust Governance Structure

Reporting Quality, Safety, and Risk to Board of Directors



## 6.0 Safety Improvement Plan

The Safety Improvement Plan below sets out the core aims that the Trust will be addressing over the 3 year plan. The aim is to launch the Safety Improvement Plan in November following review by the Trust Clinical Quality Safety and Governance Committee. Each individual lead will continue to work with the clinical teams to develop action plans to achieve the agreed goals.

|   | Core Aim  | What does success look like?<br>What is your goal statement?   | What Measures?  | What do we need to do for that success to be realised?   | Timescales and update Oct 16  | What resources do we need?   |
|---|---|--|---|--|---|--|
| 1 | <b>Detect and manage-e-safety risks in young people</b> | <p>Clinicians will be confident to detect and assess the impact of a young person's digital life on their health and well-being</p> <p>Clinicians will complete the Digital Life section of the Assessment Summary to a high standard.</p> <p>Areas of digital health risk will be addressed at each review summary.</p> <p>Service Users will feel involved in developing clinical awareness of digital issues.</p> <p><b>Goal: Improve awareness among clinicians of the role of patients digital lives on mental health</b></p> | <ul style="list-style-type: none"> <li>• Baseline audit of completion of the Digital Life section of the Assessment Summary</li> <li>• Baseline assessment of Team / clinician confidence/ skills as a guide to developing educational tools to improve confidence and skills in assessing young person's digital life.</li> <li>• PPI qualitative feedback</li> <li>• Team / clinician confidence/ skills assessment post implementing educational tools.</li> <li>• Communications plan</li> <li>• Audit completion of the Digital Life section of the Assessment Summary post implementing educational tools.</li> </ul> | <p>Undertake baseline audit – Trust data</p> <p>Assess team / clinician confidence/ skills in completing digital life section of the Assessment Summary at pilot site (South Camden CAMHS) – Carenotes report and staff survey / focus group.</p> <p>Obtain patient feedback to inform educational tools</p> <p>Develop educational tools following pilot team input including pre and post knowledge assessment tool and implement with pilot team.</p> <p>Deliver educational training and assessment with pilot team.</p> | <p>30 November 2016</p> <p>November 2016</p> <p>November 2016</p> <p>December 2016</p> <p>December / January 2017</p> | <p>Support from Clinical Audit administrator to design and run reports on Assessment Summaries.</p> <p>Staff training support from informatics and Quality Team regarding completion of the Assessment Summary</p> |

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|  |  |  |  | <p>Develop a communications plan to raise awareness and understanding of Digital Life and impact on mental health issues.</p> <p>Reaudit pilot site completion of Digital Life section of Assessment Summary</p> <p>Embed educational tools for routine assessment of Digital Life information in the Assessment process.</p> <p>Review evidence, current outcome monitoring forms for Digital Life information and develop an extended proforma</p> | <p>December 2016</p> <p>February 2017 on January data</p> <p>February / March 2017</p> <p>March 2017</p> |  |
|--|--|--|--|--|--|--|

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|---|--|--|--|--|--|--|
| 2 | <b>Improve the physical health of patients</b> | <p>Clinicians will be confident to raise physical health issues with patients and also offer very brief smoking and alcohol advice.</p> <p>Clinicians will actively promote appropriate referral to the Physical Health Specialist Nurse (PHSN) or the Trust Living Well Programme.</p> <p>Clinicians will complete the Physical Health form to a high standard</p> <p><b>Goal: Improve physical health of patients receiving treatment for mental health issues</b></p> | <ul style="list-style-type: none"> <li>• Baseline and subsequent audit of Physical Health form completion with feedback to teams</li> <li>• Staff and patient feedback on Living Well Programme detail</li> <li>• Number of referrals to PHSN and Living Well Programme</li> <li>• Evaluation of Living Well Programme and physical health impact via participant survey</li> <li>• Programme uptake</li> <li>• Assessment of Team/clinician confidence / skills around physical health issues and mental health as a guide to developing resources</li> <li>• Staff feedback on impact of the Programme on patient wellbeing</li> </ul> | <p>Monthly audits of physical health form completion with feedback to teams to help embed routine assessment of physical health information in the Assessment process</p> <p>Obtain staff feedback on Living Well Programme at Wellbeing Event</p> <p>Obtain patient / carer feedback through PPI meetings and reception 'tokens'</p> <p>Quarterly referrals to PHSN reported</p> <p>Number of Living Well Programme attendees reported quarterly.</p> <p>Raise awareness and understanding of the impact of physical health issues on mental health – Mind-Body Lecture Series</p> <p>Recruit and develop service level physical health champions across the Trust to support</p> | <p>Started July 2016</p> <p>June 2016</p> <p>June 2016</p> <p>Started Q1 2016 and ongoing</p> <p>Programme started October 2016</p> <p>Oct 2016 – Jan 2017</p> <p>September 2016<br/>First meeting of physical health champions planned for Nov 16</p> | <p>Commitment from Trust Physical Health Lead clinicians to the project</p> <p>Quality Team support to design and run reports on physical health form completion.</p> <p>Patient, Public involvement Team expertise</p> <p>Staff training support from informatics and Quality Team regarding completion of the physical health form.</p> <p>Patient and staff briefings and information</p> |

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|  |  |  |  | physical health work and clinician engagement                       |                  |  |
|  |  |  |  | Survey all participants attending the programmes                    | Jan – March 2017 |  |
|  |  |  |  | Further develop Living Well Programme following evaluation for 2017 | March 2017       |  |
|  |  |  |  | Deliver Physical Health conference                                  | July 2017        |  |



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|---|---|---|---|---|---|---|
| 3 | <b>Improve domestic violence and abuse management</b> | <p>There will be an increase in the number of assessed patients being asked the question about whether they have been exposed to domestic abuse and violence against a baseline assessment.</p> <p><b>Goal: Improve identification, assessment and management where there is evidence of domestic violence or abuse</b></p> | <ul style="list-style-type: none"> <li>• Number of referrals of victims to specialist agencies and MARAC</li> <li>• Number of safeguarding alert forms (SAFs)</li> <li>• Number of perpetrators referred to specialist agencies</li> <li>• Training in CAADA-DASH for Team Managers – feedback</li> <li>• Numbers and percentage of clinical staff trained in Level 2/3 Domestic Violence and Abuse Training</li> </ul> | <p>Train the Trainer CAADA-DASH tool training to be undertaken by Named Professional for Safeguarding Children</p> <p>Baseline Domestic Abuse Audit</p> <p>Engage with clinicians across the Trust:</p> <ul style="list-style-type: none"> <li>- Establishing core training on domestic violence and abuse and management for staff requiring level 2/3 adult and children safeguarding training</li> <li>- Delivering CAADA-DASH training for Team managers</li> </ul> <p>Quarterly reports of referrals / alerts</p> <p>Embed SAF processes within clinical practice through directorate feedback by Named Professional for Safeguarding Children</p> | <p>May 2016</p> <p>June 2016</p> <p>Level 2 and Level 3 training delivery April 2016 – March 2017</p> <p>Sept 2016 – March 2017</p> <p>Commenced for Q1 (Apr-June) 2016 and ongoing</p> <p>September 2016 and ongoing</p> | <p>CAADA-DASH training completed by Named Professional Safeguarding Children</p> <p>Commitment from Trust Safeguarding Lead (Medical Director) to the project</p> <p>Informatics support</p> <p>Support from the Safeguarding supervision group</p> |

|   | Core Aim  | What does success look like?<br>What is your goal statement?  | What Measures?   | What do we need to do for that success to be realised?  | Timescales and update Oct 16   | What resources do we need?   |
|---|---|---|--|---|--|--|
| 4 | <b>Improve clinician knowledge of self-harm and suicide</b> | <p>Clinicians will understand specific risk factors for self-harm and suicide</p> <p>Clinicians will confidently carry out competent risk assessments for self-harm and suicide</p> <p>Clinicians will complete the clinical risk assessment form to a high standard</p> <p>Clinicians will assess and record risk of self harm and suicide at all patient review meetings</p> <p><b>Goal: Improve clinician knowledge of self-harm and suicide</b></p> | <ul style="list-style-type: none"> <li>• Baseline and subsequent audit of completion of recording risk of suicide and self-harm on assessment and review forms</li> <li>• In depth examination of a sub-sample of patient records to review in more detail the quality of risk assessments for suicide and self-harm</li> <li>• Develop a test of clinician's knowledge of assessing risk of suicide and self-harm post training e.g. multiple choice questionnaire administered via Survey Monkey.</li> </ul> | <p>Baseline audit of completion of recording risk of suicide and self-harm on assessment</p> <p>Mandatory training for clinicians in assessing and managing risk of suicide and self-harm every three years</p> <p>Develop clinician's multiple choice questionnaire to assess pre and post knowledge.</p> <p>Review clinical risk policy to ensure preventative actions are taken.</p> <p>Engage with clinician's to determine level of knowledge</p> <p>Review and update the Trust Prevention of Suicide Procedure to include learning and recommendations from national strategy.</p> <p>Involve patients, family and carers in identifying concerns and key factors in determining risk.</p> | <p>Self harm and suicide Trust audit completed in Sept 2016. Action plans being developed within directorates October 2016.</p> <p>Introduced from Sept 2016. Training delivered Sept/Oct CYAF, Portman</p> <p>November 2016</p> <p>31 December 2016</p> <p>Explore further at Team Leaders event 6<sup>th</sup> December 2016.</p> <p>31 March 2017</p> <p>January 2017</p> | <p>Commitment from Associate Medical Director Patient Safety &amp; Portman Director</p> <p>Commitment from the Medical Director</p> <p>Informatics support</p> |

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|  |  |  |  | Review Clinical Risk Assessment Procedure and ensure implementation plan is in place.<br><br>Re-audit completion of recording risk of suicide and self-harm on assessment | December 2016<br><br>March 2017 |  |
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