

Report to the Meeting of the Members' Council

For Assurance

22 July 2010

Quality Report

This report provides the Trust Board with a summary of the Trust's position against a range of quality indicators; the full report is attached at Appendix 1. The key points are:

Service User and Carer Experience

- The number of patients transferred for non clinical reasons has reduced again this month to 24 from 40 in April 2010 and were all due to pressure on beds. There have been no single sex breaches. Bed occupancy has reduced to 87.2% from 90.3% in April 2010. The highest occupancy on the adult and older adult wards was 95.5% on Kimmeridge and the lowest was 71.3% on Allen.
- The number of patients waiting over 4 weeks (Excluding CAMHS) is 129; a slight reduction on last month. The percentage of patients seen within 4 weeks (Excluding CAMHS) increased in May to 87.4% (1198 patients) from 86.3% (1184 patients) in April. The highest number of waiters continues to be in Psychological Therapies and particularly in the ISIS centre that takes self referrals. A waiting list validation exercise is underway with all patients on the waiting list being written to asking them to confirm if they still require the service.
- The number of patients waiting over 8 weeks in CAMHS has increased to 34 from 24 in April 2010 however the CAMHS waiting list has shown a steady decrease over the last year. In June 2009 there were 77 patients waiting which increased to 163 in July 2009 due to the CAMHS Tier 2 service in Buckinghamshire. The percentage of CAMHS patients seen within 8 weeks increased in May to 75.4% (199 patients) from 72.6% (207 patients) in April. April and May data have been manually validated and the service has confirmed that for Oxfordshire services 90% patients were seen within 8

weeks and 95% for Buckinghamshire services. This variation is due to PCIS data not taking account of patient cancellations and "Did Not Attends".

The CAMHS waiting time indicators have been separated from the rest of the Trust services. The reason for this is twofold; firstly the contracted performance indicator for CAMHS is 8 weeks, secondly, the service model is designed to meet this performance indicator.

- Adults on CPA reviewed within 6 months has increased to 60.1% from 58.5% in April 2010. This is a new target introduced by the PCT from 1st April 2010. Staff have been working to a target of 12 months so an incremental rise is expected. Patients reviewed within 12 months has also increased to 79.3% from 77.9% in April 2010 but this is still below the Monitor target of 95.0%.

Workforce

- The Sickness rate for Clinical Services has increased to 4.2% in May 2010 from 4.1% in April 2010. The highest level sickness is within the Buckinghamshire Adult and Older Adult Directorate at 6.2% of which 3.8% relates to long term sick. In May there were 19 staff on long-term sick, 4 of whom have returned to work and one member of staff is progressing to medical discharge. All long term sick is being actively managed through Occupational Health.

Audit

- Back to Basics – There has been an improvement in the domains of Risk Assessments and Care plans but a drop in achievement in the domain of observations. The Trust has not yet achieved 100% in any domain. Average achievement in observations 97.0%, Risk assessments 93.0% and Care plans 91.0%.

Recommendation

The Board is asked to review the Trust's performance across the range of key quality indicators and confirm that it has received adequate assurance in this respect.

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Lead Executive Director: Caroline Birch, Acting Director of Nursing and Clinical Governance

APENDIX 1

Quality Report June 2010

Monthly Dashboard

This report provides the Trust Board with a summary of the Trust's position against a range of quality indicators. The chart below shows the ratings for those indicators measured on a monthly basis. All data relates to the month of May 2010.

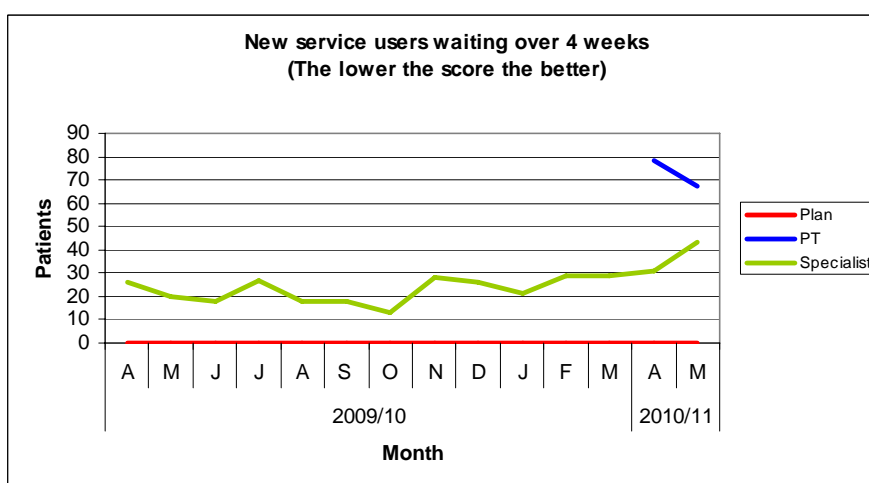
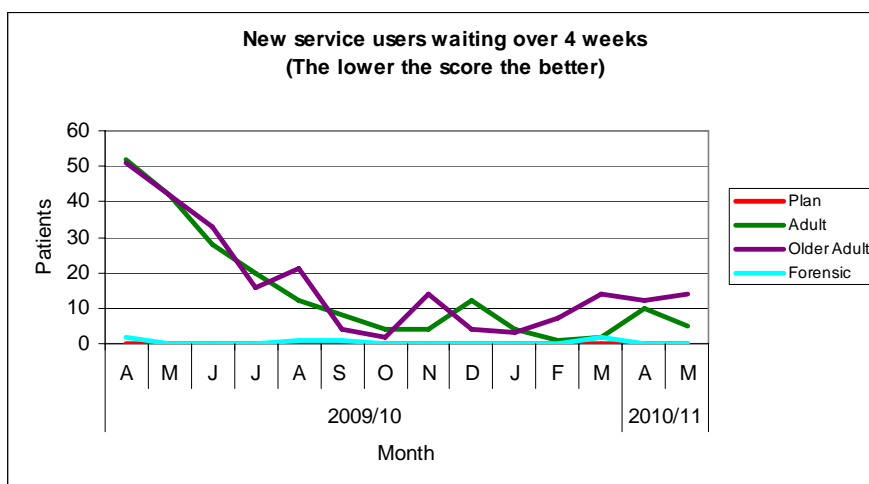
Clinical Priority	Frequency	Indicator	May-10		Target/ Benchmark/ Tolerance		<div>Red</div> <div>Amber</div> <div>Green</div>
			%	Number			
Service user and Carer Experience	M	Trust Cancelled appointments	2.0%	548	2.0%	Trust Tolerance Level	
	M	Delayed Transfers of Care	1.4%	1	7.5%	Monitor Target	
	M	Single sex accommodation breaches		0	0	Department of Health	
	M	Complaints Ratio (complaints per 1000 appointments & bed days)		0.2	0.3	Benchmark (Average of 2009/10)	
	M	New service users waiting over 4 weeks (Exc CAMHS)		129			
	M	Service users seen within 4 weeks from referral to first contact (Exc CAMHS)	87.4%	1198	90.0%	Trust Tolerance Level	
		New service users waiting over 8 weeks in CAMHS only		34			
		Service users seen within 8 weeks from referral to first contact in CAMHS only	75.4%	199	90.0%	Trust Tolerance Level	
	M	Number of patients transferred between wards for non clinical reasons		24	10	Trust Tolerance Level	
	M	Admissions with prior access to CRHT	97.9%	94	90.0%	Monitor Target	
	Q	Cleanliness score for inpatient services (PEAT) Snapshot	0.0		95.0%	Trust Tolerance Level	
	Q	Rapid Patient Feedback - questions being developed	0.0		TBC		
	Q	Rapid Patient Feedback - questions being developed	0.0		TBC		
	Q	Rapid Patient Feedback - questions being developed	0.0		TBC		
	M	% of adults (18-65) on CPA reviewed in last 6 months	60.1%	2367	95.0%	PCT Target	
Clinical Outcome	M	Inpatients readmitted as an emergency within 28 days of discharge	3.2%	5	3.2%	Benchmark (SEPHO)	
	M	HoNOS paired scores	24.5%	2750	TBC	PCT Target	

Clinical Priority	Frequency	Indicator	May-10		Target/ Benchmark/ Tolerance		<div>Red</div> <div>Amber</div> <div>Green</div>
			%	Number			
Safety	M	Number of days a ward(s) is closed due to infection control YTD		0	0	Trust Target	●
	M	Serious Untoward Incidents Ratio (SUIs per 10,000 appointments & bed days)	1.3	2	1.3	Trust Tolerance Level	●
	M	Never Events		0	0	National Patient Safety Agency	●
	M	Number of cases of Clostridium Difficile (C.diff) and MRSA		0	0	Department of Health	●
	M	Bed occupancy across wards excluding leave days *	87.2%	11,789	86.0%	Royal college of Psychiatrists	●
	M	Bed occupancy across wards including leave days *	109.7%	14,831			
	M	Follow up in community within 7 days from inpatient discharge YTD	95.8%	90	95.0%	Monitor Target	●
Workforce	M	Use of bank and agency staff in Clinical Services	3.9%		5.0%	Trust Tolerance Level	●
	M	Staff sickness in Clinical Services (1 mth in arrears)	4.2%	2731 Days Lost	3.5%	Trust Tolerance Level	●
	M	Staff sickness Trustwide (1 mth in arrears)	3.7%	2949 Days Lost	3.5%	Trust Tolerance Level	●
	M	Staff vacancies as a snapshot Trustwide	9.0%	272	9.0%	Trust Tolerance Level	●
	M	Mandatory Training completed in last 12 months Snapshot	82.0%		85.0%	Trust Tolerance Level	●
	M	Appraisals completed in last 12 months Snapshot	82.0%	1744	85.0%	Trust Tolerance Level	●

Exception Report – Month 2 - Monthly Quality Measures

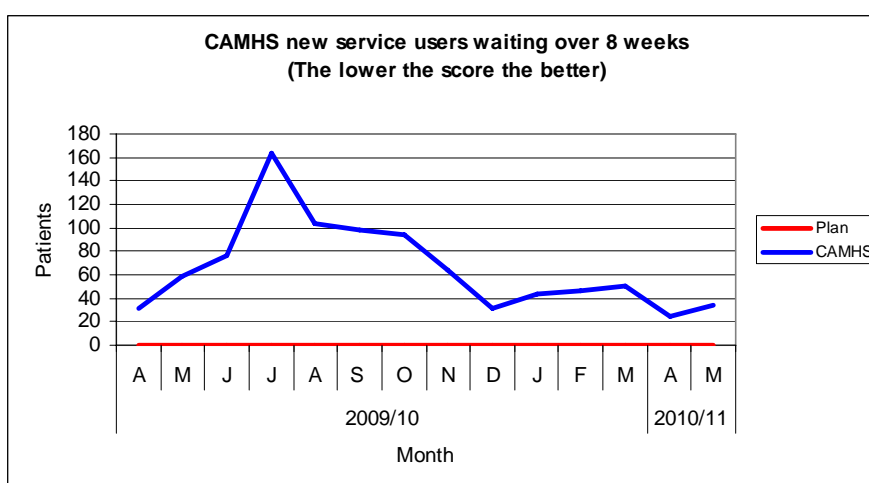
(KEY TO GRAPHS: **ACTUAL**, **PLAN**, **TREND**)

- **Service User and Carer Experience**
 - **Number of service users waiting over 4 weeks (Excluding CAMHS)**– As at 31st May there were 129 patients waiting over 4 weeks for their first appointment. Of these 67 were waiting for Psychological Therapies a reduction of 11 on last month. The waiting list does not take account of patients that do not attend or cancel appointments.

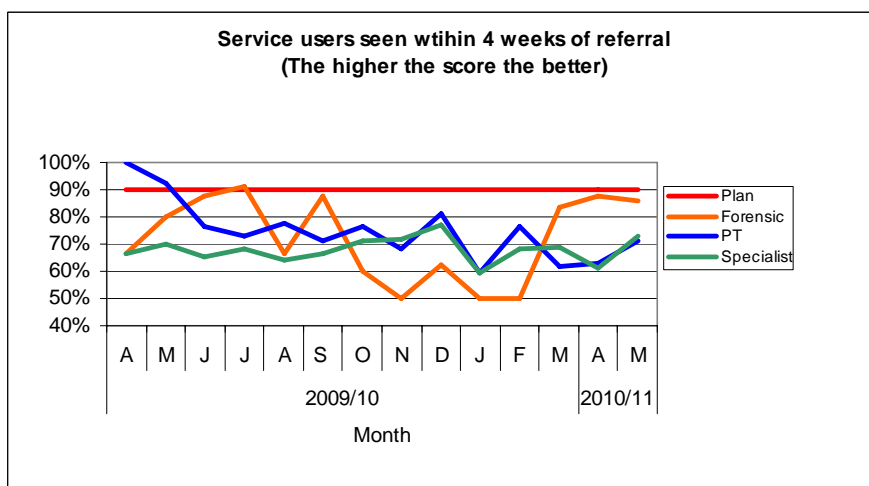
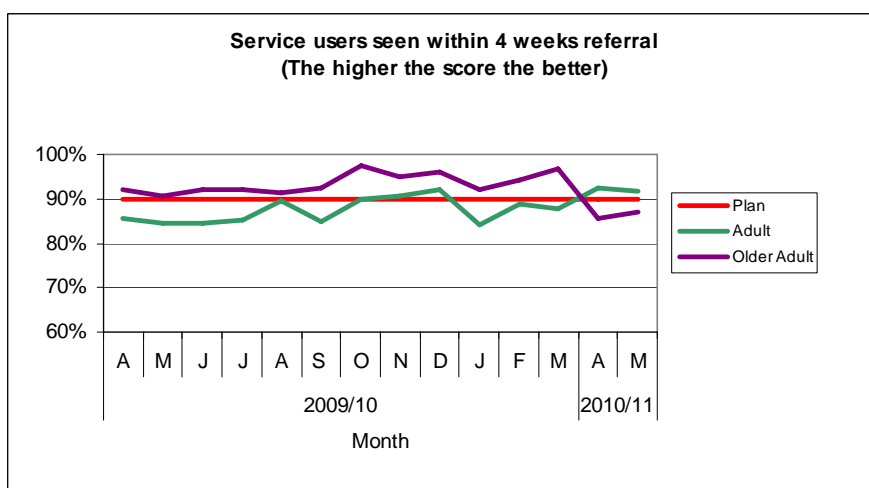
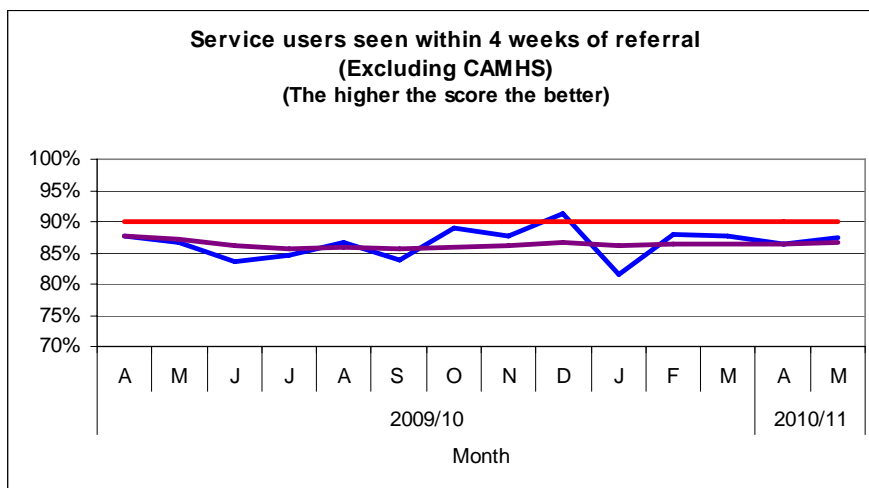


Note: Psychological Therapies waiting list was previously reported by Episode (all referrals, internal and external). The waiting list is now reported by Care Spell (external referral for patients not currently receiving a service).

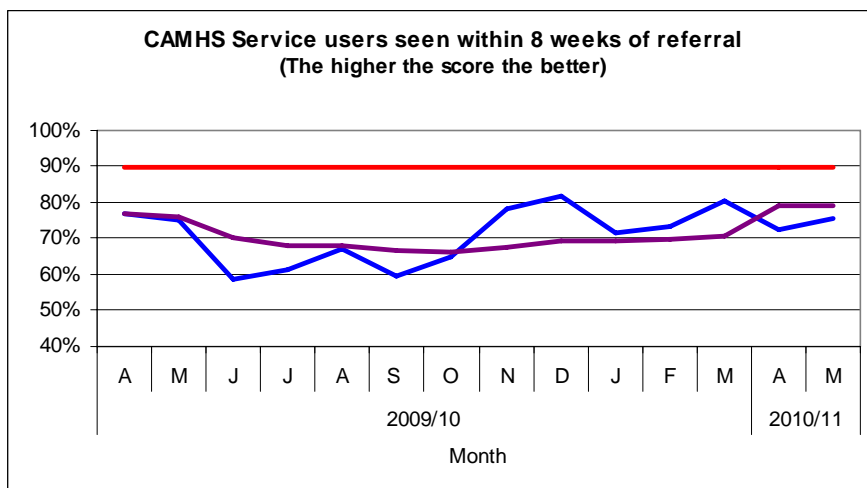
- **Number of CAMHS Service users waiting over 8** – As at 31st May there were 34 patients waiting over 8 weeks for their first appointment. Although this is an increase of 10 on the April 2010 position there has been a downward trend over the last year with a June 2009 waiting list of 77 and at its highest point in July 2009 at 163 which was a result of the Trust taking on the Buckinghamshire tier 2 service.



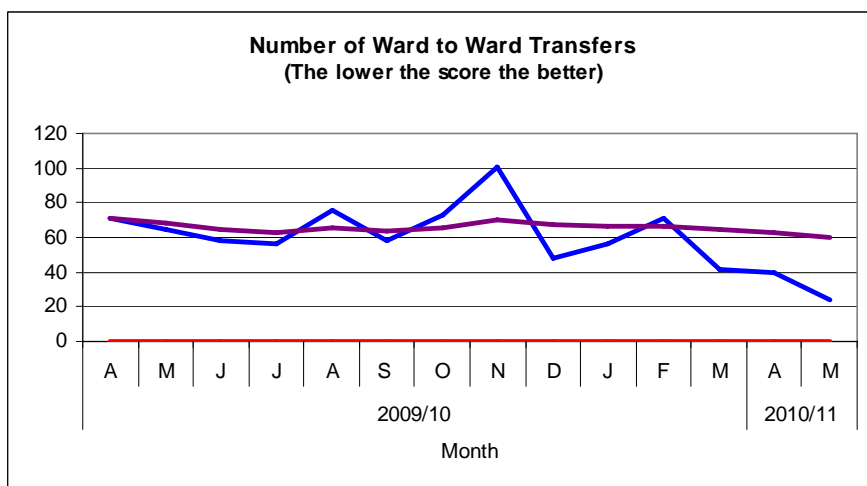
- **Service users seen within 4 weeks from referral to first contact (Excluding CAMHS)** – 87.4% of patients (1198) seen in May were seen within 4 weeks from the date of their referral. This is an increase of 1.1% on last month. This performance does not take account of patients that do not attend or cancel appointments.



- **CAMHS Service users seen within 8 weeks from referral to first contact** – 75.4% of patients (199) seen in May were seen within 8 weeks from the date of their referral. This is an increase of 2.8% on last month. The service has just validated April and May data and has confirmed that for Oxfordshire services 90% patients were seen within 8 weeks and 95% for Buckinghamshire services. This variation is due to PCIS data not taking account of patient cancellations and “Did Not Attends”.



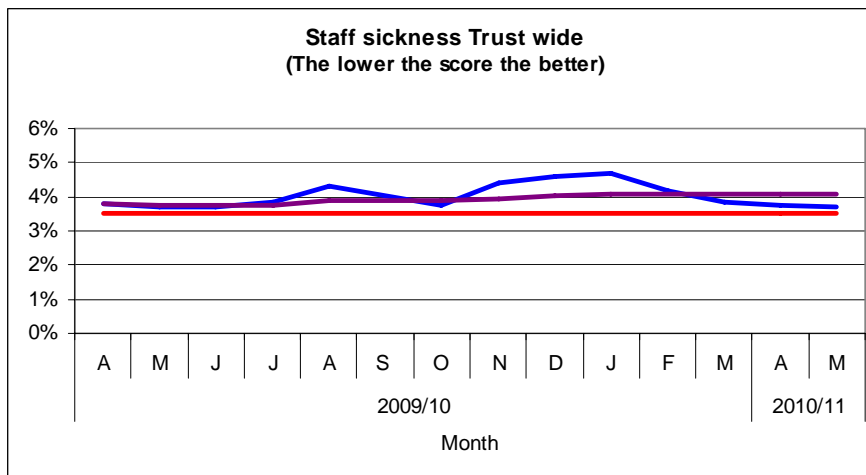
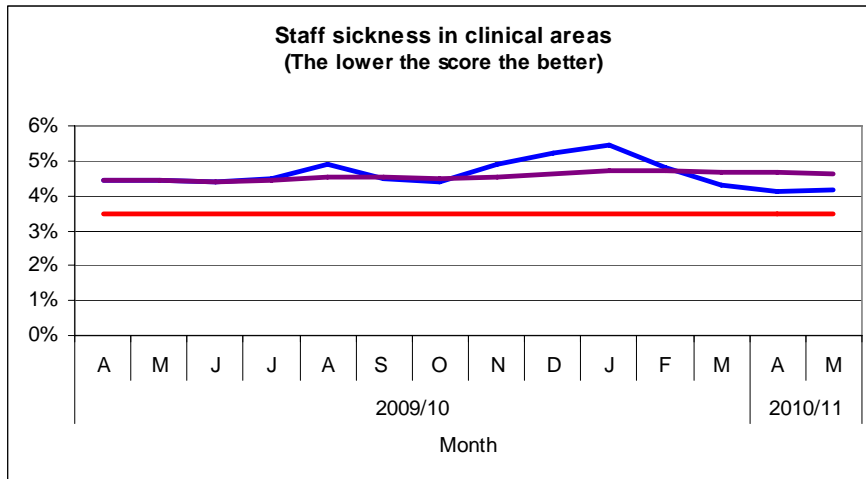
- **Number of inpatients transferred to another ward for non clinical reasons** – 24 patients were transferred in May 2010 for non clinical reasons this is a reduction of 16 on April 2010. All 24 transfers were due to pressure on beds.



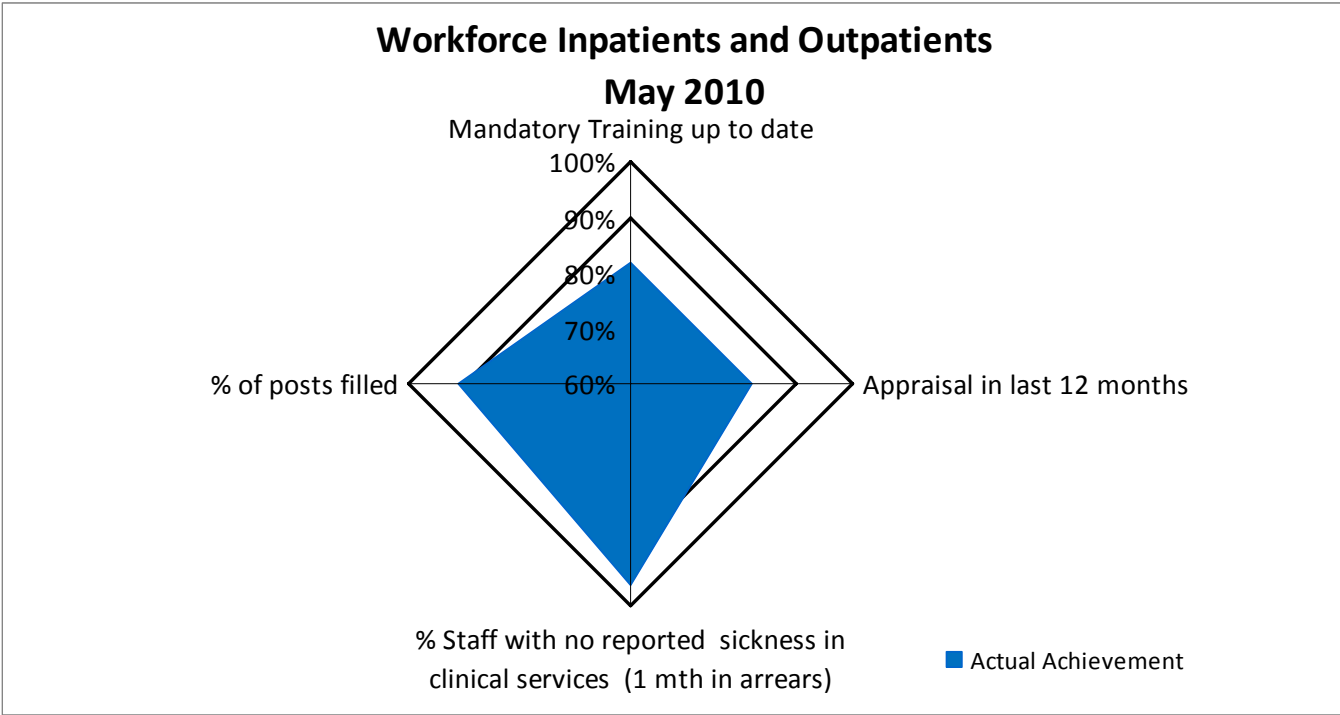
- **Percentage of Adults on CPA reviewed within six months** – 60.1% of patients on CPA have received a review within six months. This is an increase of 1.6% on last month.

- **Workforce**

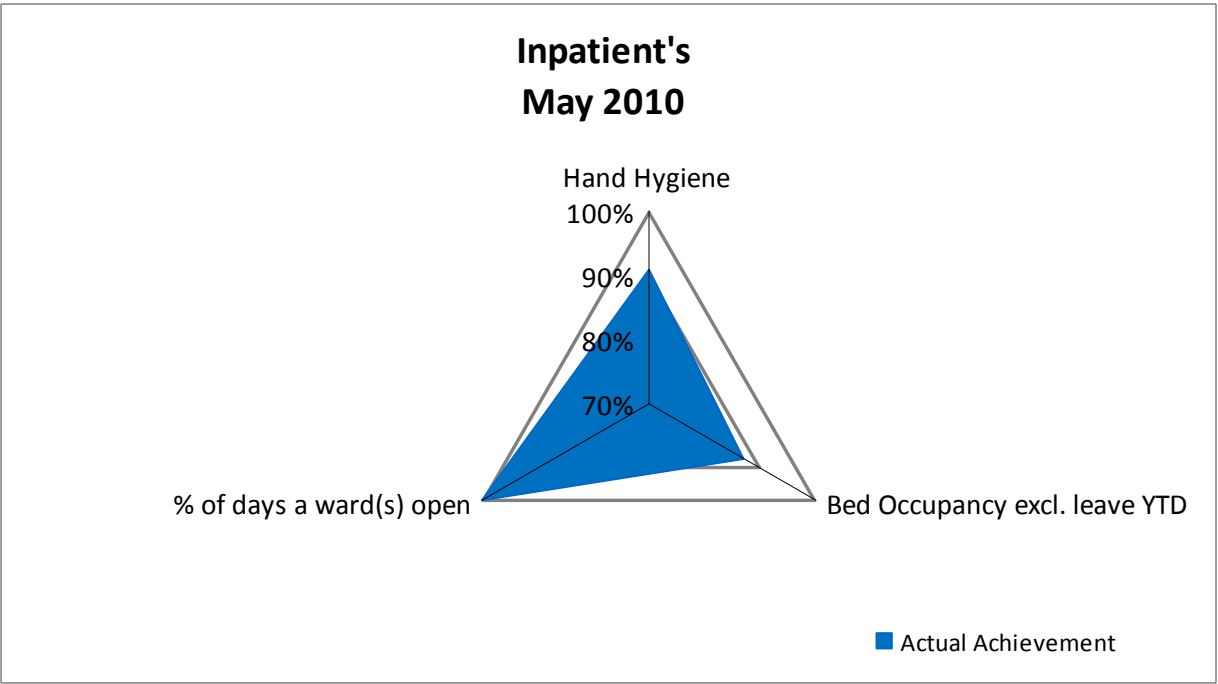
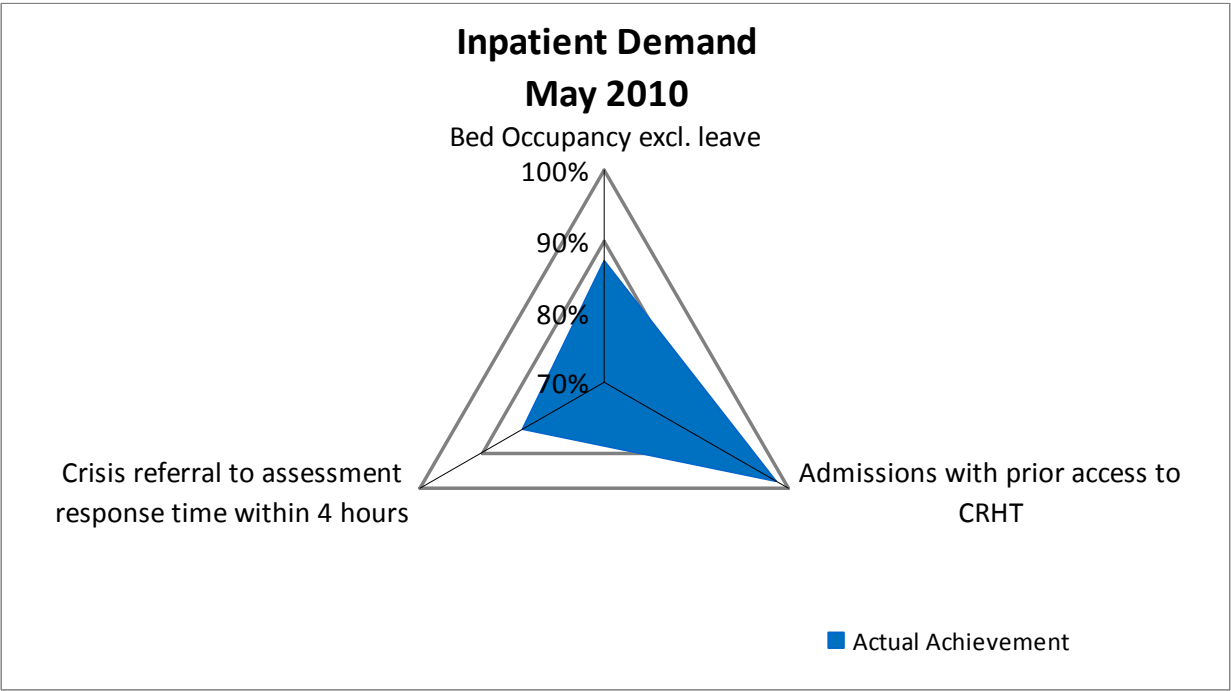
- **Staff sickness** – The Sickness rate for Clinical Services has increased to 4.2% in May 2010 from 4.1% in April 2010. The highest level sickness is within the Buckinghamshire Adult and Older Adult Directorate at 6.2% of which 3.8% relates to long term sick. In May there were 19 staff on long term sick, 4 of whom have returned to work and one member of staff is progressing to medical discharge. All long term sick is actively managed through Occupational Health. Trust wide, the overall sickness rate has remained the same in April and May 2010 at 3.7%.



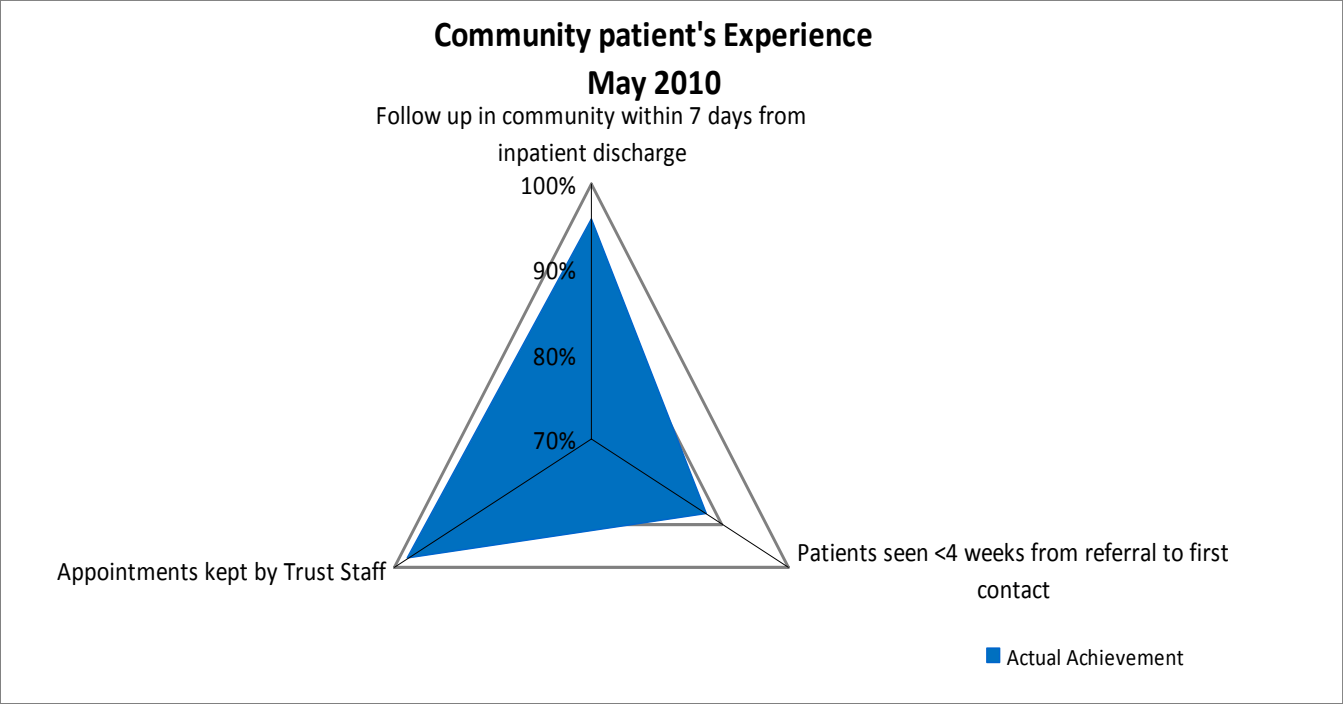
Workforce






Inpatient



Community



Data Governance Measures

Measure	Frequency	Trust Target	Performance FY 11		RAG
			Previous Month	Current Month	
Completeness against Mental Health Minimum Data Set (MHMDS)	Monthly	85%	84.5%	84.9%	
Service users with a diagnosis recorded	Monthly	85%	60.2%	60.0%	
HoNOS used in Adult, Older Adult and Forensic Services - % of service users with at least one HoNOS form completed	Monthly	80%	83.1%	77.2%	

- May has seen a slight decrease in recording ICD10 diagnosis codes. The figure of 60.0% includes inpatients, outpatients, day care and community activity.
- The reduction in HoNOS coding is due to a change in the report specification. Previously, this was reported by open referral. As a patient may have more than one referral open at a time, the report contained duplicates. The report has been changed to report on individual patients only. Teams are continuing to ensure that outcome measurement tools are implemented for all patients.

Monitor

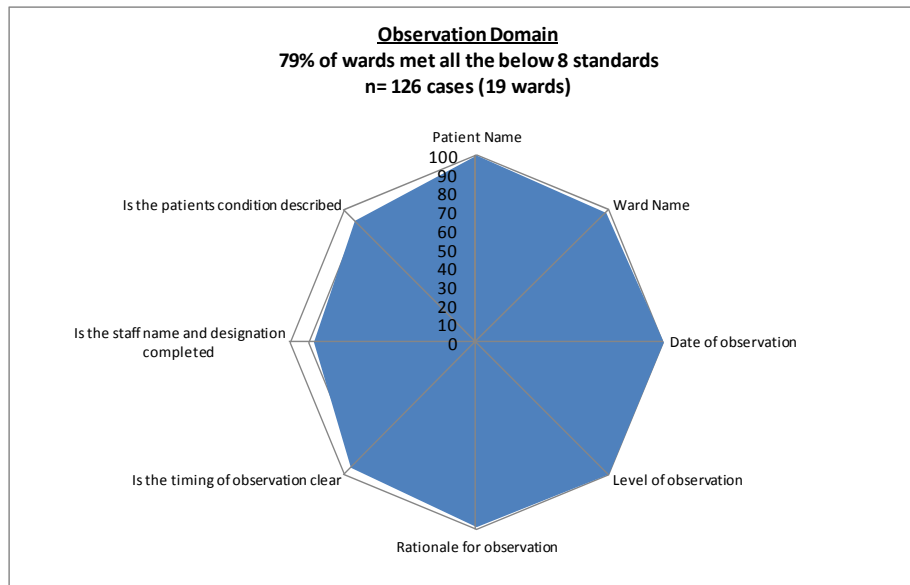
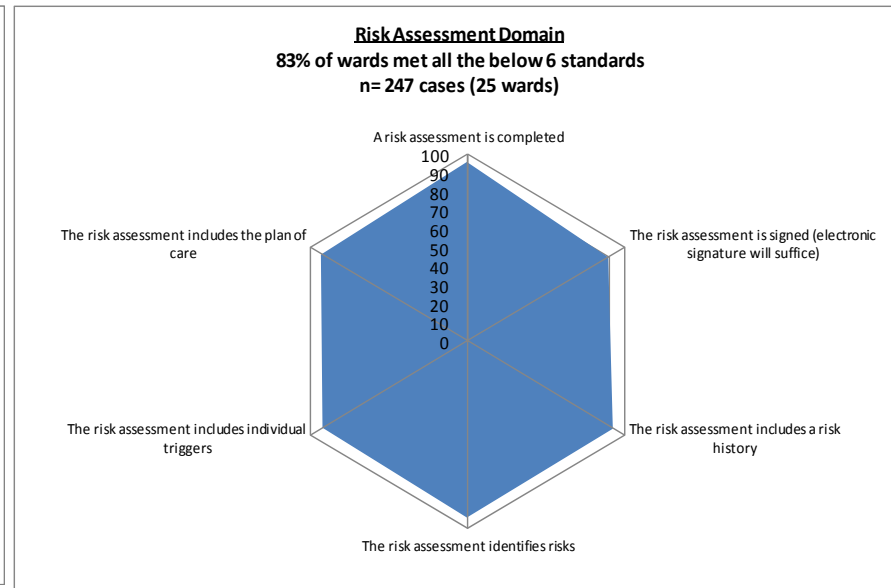
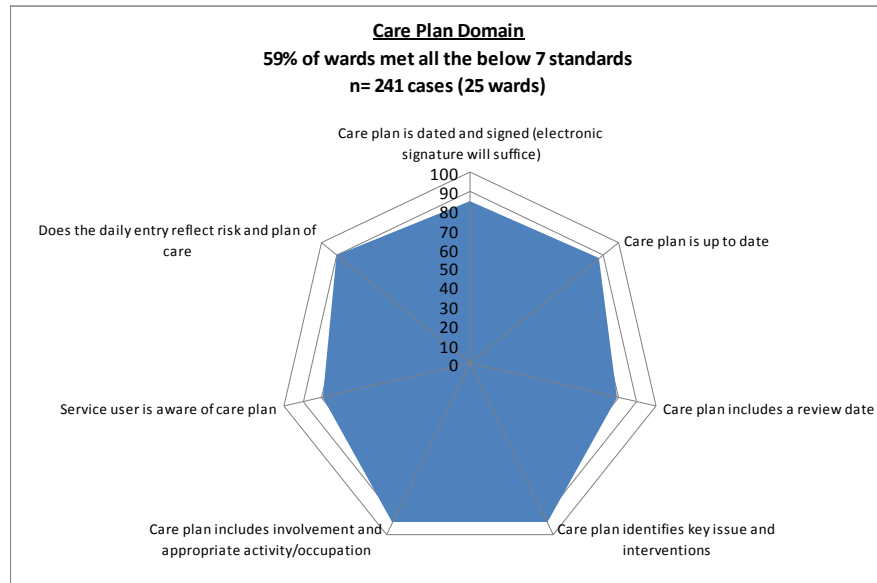
The key Monitor targets for in relation to 7 day follow up, delayed transfers of care, access to crisis prior to admission and Early intervention are being met at month 2 but the trust is not yet meeting the key target relating to Adults on CPA having a formal review within 12 months and data completeness which is a metric of a 7 data items (NHS number, date of birth, postcode, current gender, marital status, Registered GP Practice organisation code and Commissioner organisation code).

Audit Highlights

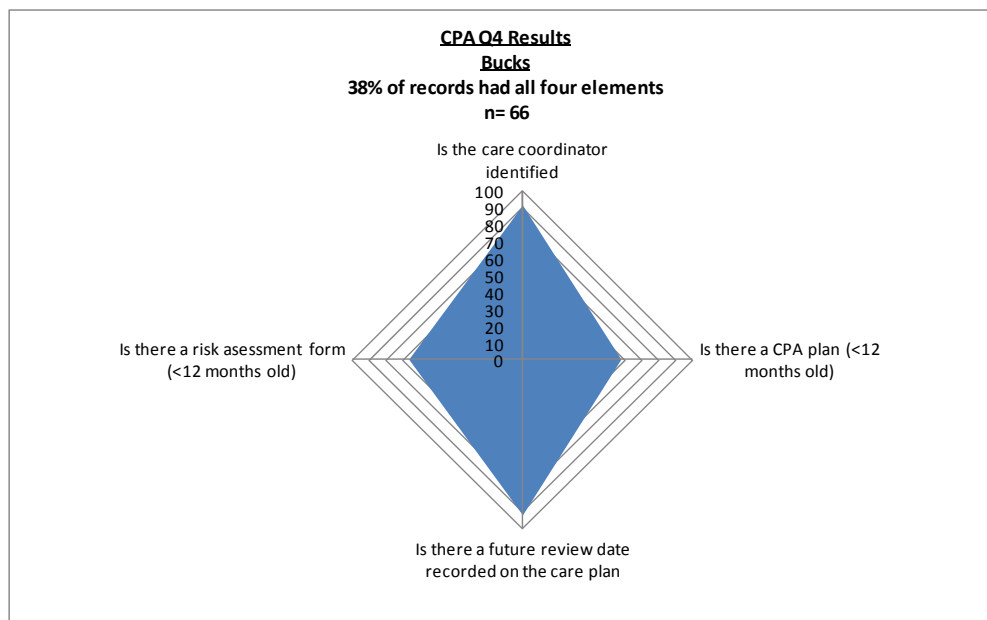
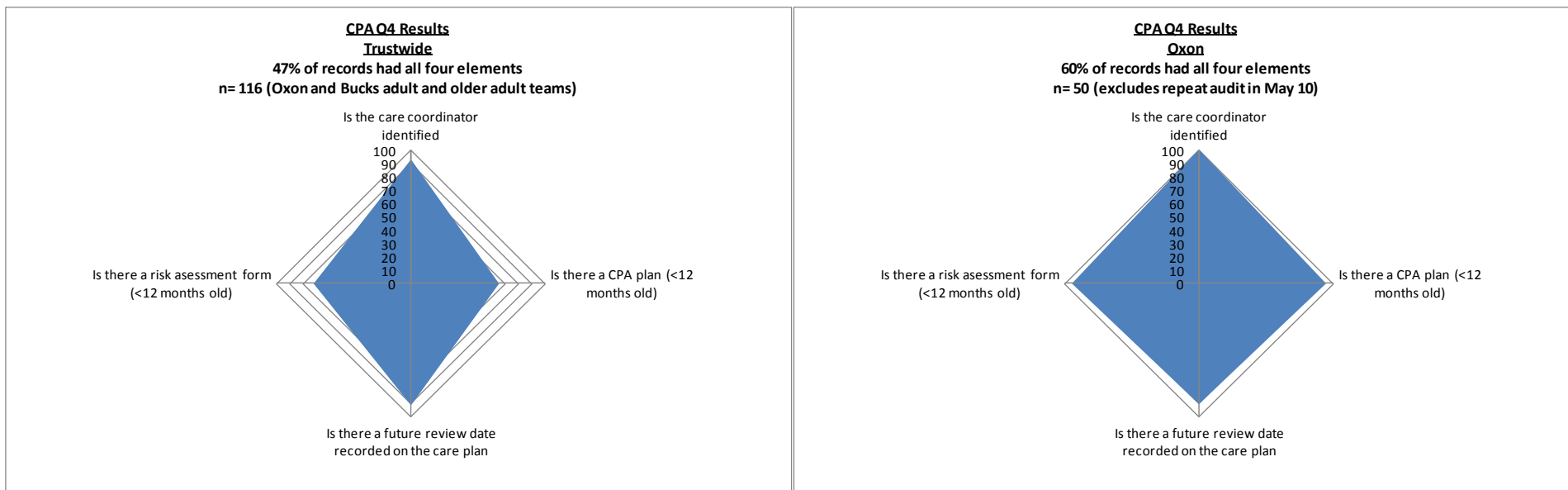
Audit Name	Link to CQC Outcome(s)	Date of Audit Report	Clinical Audit Committee Rating if Applicable	Highlight Results
Infection Control - Hand Hygiene N=593	8. cleanliness and infection control 11. safety, availability and suitability of equipment 16. assessing and monitoring the quality of service provision	May 2010	Not Applicable reported to Infection Control Committee Acceptable level >85% and overall achieved 91%	<ul style="list-style-type: none"> - 91% average across wards for hand washing technique, improvement from 90% in March 2010. Acceptable level 85%. - The sample size from each ward varies from 54% to 97% of staff on the ward, an improvement in the range from March 2010. Four wards reviewed less than 65% of staff on their ward. - Three wards below acceptable level: Kingfisher 84% (71% March 2010), Sandford 79% (78% March 2010) and Cromwell 77% (100% March 2010). - 17 wards improved their performance from March 2010 to May 2010, two wards remained the same and six wards declined in their performance. - Area of hand which scored the lowest in cleaning technique- area around nails, average score 75%, a 1% improvement from March 2010. - The profession which scored the lowest in the hand washing technique was housekeepers at 81% (improvement from 69% in March 2010). - 88% of staff were carrying a tottle, decline from March 2010 (90%). Doctors were the profession with the lowest score at 74% with a tottle. - 93% of staff were not wearing jewellery, decline from March 2010 (94%). Doctors were the profession with the lowest score at 89% with no jewellery. - 93% of staff had no nail varnish, extensions or long nails, improvement from March 2010 (92%).
Getting the Basics Right N=25 wards	1. respecting and involving people who use services 4. care and welfare of people who use services 16. assessing and monitoring the quality of service provision	April 2010	Acceptable level >85% and based on average achievement for all domains. However the Trust has not achieved 100% of all standards in any of the domains.	<ul style="list-style-type: none"> - All wards returned information in April 2010. - Trust wide there has been a drop in compliance against the domains for observation, and an improvement in risk assessment and care plans between March and April 2010 based on average compliance. - The Trust has not achieved 100% in any of the domains for observation, risk assessment or care plans. - See spider diagrams below.

Audit Name	Link to CQC Outcome(s)	Date of Audit Report	Clinical Audit Committee Rating if Applicable	Highlight Results
CPA Q4 (adult and older adult) N=116 (66 for Bucks and 50 for Oxon)	1. respecting and involving people who use services 4. care and welfare of people who use services 6. Cooperating with other providers 16. assessing and monitoring the quality of service provision	Jan-March 2010	Not Applicable	<u>Buckinghamshire</u> - Q4 25 out of 66 records had all 4 elements recorded = 38% - Q1 65%, Q2 60%, Q3 59% and Q4 38% and Year End 52% had all 4 elements above. <u>Oxfordshire</u> - Q4 30 out of 50 records had all 4 elements recorded = 60% - Repeat audit completed in May 2010 (n=20), 90% of records had all 4 elements recorded - Q1 67%, Q2 70%, Q3 70% and Q4 90% (includes repeat audit) and Year End 71% had all 4 elements above. - See spider diagrams below for Q4 results.

Getting the Basics Right



CPA Compliance Audit Quarter 4



Quality Account Priorities

The Audit Commission are currently completing work with the Trust to meet Monitor's requirements for external assurance over the Trust's Quality Account. The Audit Commission are spending a number of days meeting with staff from different levels within the Trust and reviewing documentation to provide an external audit opinion on the arrangements the Board of Directors has put in place to ensure data accuracy and that the Quality Account fairly represents the trust performance in three key areas; 7 day follow up, access to crisis prior to admission and delayed transfers of care . The Audit Commission will complete this work before the end of June 2010 and issue a report with recommendations by 30th July 2010

Other Quality initiatives

Quality Health who is contracted by the Trust to coordinate the National Patient Community Survey programme has reported the Trust's initial results for the Community Patient Survey 2010. Quality Health gave a presentation of the results to a group of service directorate representatives on 24th May 2010; the directorates are now identifying the areas for improvement and developing action plans. The results will be published by the Care Quality Commission later this year with comparison data to other NHS Trusts. The Board of Directors will receive a report related to this survey at the June Board meeting.