

**Oxford Health NHS Foundation Trust**

**Quality Report 2011/12 and Quality Account 2012/13**

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| Part 1. Statement on Quality from the Chief Executive |

On behalf of the Trust Board and all our staff, I am delighted once again to present our annual Quality Account and Report.

We are required as an NHS foundation trust by Monitor, the Regulator of NHS foundation trusts, to produce and publish our Quality Account, however we relish the opportunity to demonstrate to a wider audience our wholehearted commitment to provide real and sustained improvement in the quality of our services.

This report allows us to report on the quality of our services for the year that has just ended, April 2011 to March 2012, and present our proposed quality initiatives for the forthcoming year, following involvement and comment from our stakeholders.

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| What We Do |

In 2011, Oxford Health NHS Foundation Trust was established to become the integrated provider of community health and social care services for its local population and beyond.

The Trust’s primary population are the residents of Buckinghamshire and Oxfordshire (1.2 million). Our children’s services also extend into Wiltshire, Swindon, and Bath and North East Somerset, and we admit young people to our inpatient adolescent units from Gloucestershire, Milton Keynes, Luton and Bedfordshire. Our Forensic Services serve the Thames Valley/South Central area.

General community health services for Oxfordshire were transferred from Oxfordshire PCT on 1st April 2011 to become an organisation of nearly 6000 staff. This has enabled all community children’s services to become integrated within a new children and families’ service division. A new division was also been established called Oxfordshire Community Services Division running adult community health services for the population of Oxfordshire.

The new organisation operates a wide range of general community health services as well as local and specialist mental health and social care services within four divisions including:

* Community Health services for Oxfordshire
* Child and Family Services
* Mental health services for adults and older adults
* Specialist services: specialist forensic, eating disorders, specialist psychological therapies and specialist addiction services

The vision for bringing these services together enables us to manage community based health and social care in a single organisation as indicated by the NHS and Social Care Act (March 2012) and the new Mental Heath Strategy (DoH February 2011). The integration gives us the opportunity to deliver better care closer to home, acknowledge the interdependence between physical and mental health and well-being and provide alternatives to acute hospital admission or shorter stays for many people.

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| Quality Initiatives 2011/12 |

Our strategic vision is to deliver outstanding care delivered by outstanding people. In 2011/12 we made a range of improvements to support this vision, in order to drive forward Quality Improvement and develop more baselines for measuring safety. We expect this to gather momentum over the next two years.

Outstanding quality means consistently delivering excellent standards of care to patients and service users and carers. This meant for us during the year 2011/12 three key things:

* **Patient Safety**
* Reducing towards zero avoidable suicides
* **Clinical Effectiveness**
* Increasing the routine use of outcome measures
* **User Experience**
* Developing a range of methods to gather and respond to service user and carer experiences of our services.

Our priorities last year also included some general community services’ priorities which have been refined and given greater profile during 2011/12.

Consultation with stakeholders, including PCT commissioners, patients via LINk, public via HOSC and our Governors, has enabled the Board of Directors to develop quality initiatives for which we outlined specific indicators and measures to monitor our progress. These indicators are available through the publication of this Quality Account, in our public Board papers on a quarterly basis throughout the year, through the Members’ Council and presentation to Buckinghamshire and Oxfordshire HOSC.

We have continued to use best practice from other industries and healthcare organisations wherever possible and feasible to innovate and increase efficiency. Our team of staff dedicated to improving the systems and processes in the Trust has enabled us to eliminate wasteful activities to ensure our clinical staff are spending the maximum possible time in direct patient care, and helping us to save money whilst maintaining the number of frontline staff. The team co-ordinates the Productive Ward and Productive Community programmes and later in this report we give examples of how much staff time has been released from tasks which add little or no value to patient care in order to spend more time with patients.

This team developed a a dashboard of Safety and Quality care measures which won a prestigious South Central SHA award for best innovation within the Productive series.

In our first year as a new organisation it is very good news that there has been a significant improvement in our staff survey run by the CQC, with a number of areas showing significant improvement and more areas in the top 20% compared with national benchmarks.

Quality of services is assessed by our external regulators, Monitor, and the Care Quality Commission. Last year I am pleased to report, that we fully met all our Monitor governance and financial targets and participated fully in National Audits. In addition we also were fully compliant with the CQC’s 16 Essential Standards of Safety and Quality.

Finally, we were heartened to see that last year we received very positive feedback from our service users and patients in postal surveys across a wide range of community health services.

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| Quality Initiatives 2012/13 |

The identified quality priorities for the forthcoming year 2012-13 under the same three dimensions as last year are:

* **Patient Safety**
* Preventing people from dying prematurely
* Treating and caring for people in a safe environment and protecting them from avoidable harm
* **Effectiveness**
* Enhancing quality of life for people with long-term conditions
* Helping people to recover from episodes of ill-health or following injury
* **Patient Experience**
* Ensuring people have a positive experience of their care

Specific initiatives to support the key objectives above are:

**Community Health Service Improvements**

* We are aiming to improve rapid treatment of people suffering cardio-vascular events
* We are implementing the Patient Safety Thermometer in Community Hospitals and Nursing, as well as Older Peoples’ Mental Health Services.
* We are improving Child Health Services by redesigning Children’s Community Nursing Services and increasing the number of Health Visitors.

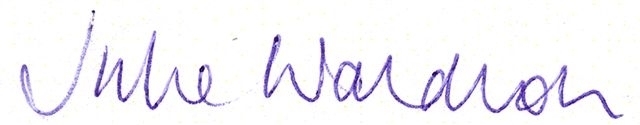
**Mental Health Services Improvements**

* We are implementing the new Specialist Harm Minimisation Services for people who misuse substances.
* We shall be developing care packages using evidence-based interventions; these will link to the Care Clusters that were determined during 2011/12
* We shall broaden the Leading Improvement in Patient Safety work across all divisions

The NHS, like all public services, has to deliver services using public funding wisely. The coming years will be increasingly challenging to work effectively, efficiently and within our resources, so it is vitally important that we develop a culture of continuous improvement.

In collaboration with stakeholders, we have an ambitious plan to drive Quality Improvement, ensure this is measurable and report in public on the progress we are making. We are confident that this will result in safer and better care for the population we serve.

To the best of my knowledge the information contained in the Quality Account is accurate



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| Part 2a. Looking Forward: Priorities for Improvement 2012-2013 |

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| Priorities for Improvement 2012/13 |

We have identified five main priority areas for 2012-2013 for the integrated Trust which includes both priorities from community health and mental health services. In selecting these priorities, and what we hope to achieve within them, we have been mindful of both the local and national context, as well as feedback from service users, staff and external bodies such as Monitor, Care Quality Commission, commissioners and LINks.

The improvements in each area were selected by considering the requirements and recommendations from the following sources, some examples of which are shown after each, which we have sought to include within our own priorities given in the following pages:

* Department of Health
  + National priorities
* Care Quality Commission (via the Quality Risk Profile) and feedback from visits
  + National patient and staff surveys
* Monitor
  + Reporting requirements, particularly in the Statement of Directors’ Responsibilities towards the Quality Report, Quarterly Governance Declarations and Governance Framework.
* Oxfordshire and Buckinghamshire PCT cluster (main commissioners)
* Oxfordshire Local Involvement Network (LINk)
  + Personalisation of care, care for people with disabilities and localisation of services
* Oxfordshire Health Overview and Scrutiny Committee (HOSC)
  + In- service integration, access issues, suicide rates, localisation of services
* Buckinghamshire HOSC
  + Importance of community care support
  + Equability of access to services through GPs
  + South Central Specialised Services commissioners and Swindon Wiltshire, Bath & North East Somerset and Milton Keynes Commissioners
* Internal assessment of Care Quality Commission (CQC) Outcome compliance
  + Examples to be added
* Internal audits
  + Examples to be added

This year we have continued the practice adopted last year within the Quality Account using the national outcomes framework for our priority areas. This sets out our Quality Account priorities within the three broad dimensions for Quality, whilst also taking account of the white paper emphasising the importance of focusing quality initiatives on outcomes rather than systems and processes. This publication, The NHS Outcomes Framework 2012/13 (Dec 2011)[[1]](#footnote-1), has led us to develop sub categories for the three quality dimensions.

The identified priorities fall under the following three dimensions of

* **Patient Safety**

Preventing people from dying prematurely

Treating and caring for people in a safe environment and protecting them from avoidable harm

* **Effectiveness**

Enhancing quality of life for people with long-term conditions

Helping people to recover from episodes of ill-health or following injury

* **Patient Experience**

Ensuring people have a positive experience of care

The priorities identified for this year are as shown below. Under each aim, any actions to be undertaken are shown, whilst specific targets are displayed in italics. Progress against the priorities will be monitored and reported to the Board of Directors quarterly.

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| Patient Safety |

### Domain 1: Preventing People from Dying Prematurely

***Current Position***

Last year we continued our long term commitment to participate in the Leading Improvements in Patient Safety (LIPS) programme and a continued focus on reducing avoidable suicide whilst increasing low or minimum harm incident reporting, setting our targets and actions in line with these objectives. We made good progress in achieving our targets and taking the identified initiatives of the LIPS programme and we see this continuing as the cornerstone in our improving patient/service user safety in this coming year too. Preventing premature death is just as important in Community Health Services and our priorities are set out below, including addressing the treatment for people suffering cardio-vascular disease.

#### Aims

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| **People will not die prematurely** |
| **Measures:**   * PYLL (Potential years of life lost) from causes considered amenable to healthcare[[2]](#footnote-2) |
| **Targets:**   * To reduce towards zero the number of community suicides by 2014 (8 known suicides in 2011/12, with a further 16 deaths where the Coroner’s verdict is pending) * To maintain at zero the number of inpatient deaths from suicide * To be fully compliant with Access to Healthcare for people with Learning Disabilities * [Target on average wait times for access to cardio-vascular events – to be agreed] * [Possible target on Health Visiting] |
| **Initiatives:**   * Roll out the LIPS programme across the Mental Health Divisions to increase safety and reduce avoidable harm from health and social care interventions * Deliver Deliberate Self Harm (DSH) training for partner agencies, establishing a multiagency group to facilitate and update workshops in each of the target counties * Undertake ward refurbishment programmes as part of our annual Capital Programme * Enhance rapid access to treatment for cardio-vascular events by monitoring the patient contacts using the new Single Point of Contact service * Investigate potential to improve access to services for people with a learning disability to support addressing nationally identified excess mortality for this patient group * Actions in respect of Health Visiting strategy |

### Domain 2: Treating and caring for people in a safe environment and protecting them from avoidable harm

#### Current position

This priority is closely linked to the above, where the emphasis on a learning culture should lead to a rise in the number of low harm incidents reported but the number of incidents causing higher severity of harm to drop. The key to this is sound risk assessment and subsequently reducing any risks identified. Identification and avoidance of harm is therefore the continuing focus for our efforts next year, specifically in the areas of drug errors, falls, pressure ulcers, thrombosis and prevention and management of violence.

#### Aims

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| **Patients will be protected from harm** |
| **Measures:**   * Number of patient incidents involving severe harm or death * Levels of training in Prevention and Management of Violence and Aggression (PMVA) to reach 85% in Mental Health Divisions (currently 65%) |
| **Targets:**   * Increase the number of staff who have completed the Trust’s clinical safe and supportive observations competency training from 65% to at least 85% of mental health staff and 100% of new starters on mental health wards * Improve the level of PMVA training to beyond 85% * Reduce the avoidable serious drug errors in the Community Hospitals to fewer than 11 (2011/12 experience) * Reduce the overall number of falls by patients/service users in the Trust to X in 2012/13from about 1470 in 2011/12 (precise measurement was difficult due to different systems being used for the first 6 months of 2011/12) * Increase the percentage of service users admitted to psychiatric wards that have a physical health examination (including for VTE) within 24 hours of admission from 93% to X%, including those that refuse an examination. * Increase the percentage of community health patients who are physically assessed within 48 hours of admission or referral, to X% for Community Hospitals (including for VTE) & for X% assessed by the second visit for Community Nursing * 85% of patients will be assessed for pressure ulcer risk on their first visit or within 6 hours of admission, and will have actions indentified on the key risk factors and any preventative measures implemented within 2 days, for Community Hospitals and Older Adult Mental Health wards * 85% of community hospital patients and Older Adult Mental Health service users will have a MUST nutrition assessment within 3 days of admission * Reduce the number of mental health patients who go Absent Without Leave from X to X * Implement the Safety Thermometer according to the nationally-defined CQUIN in Community Hospitals, District Nursing and Older Adult Mental Health teams |
| **Initiatives:**   * Implement the new Child Protection Service Model * Implement the Buckinghamshire CAMHS model, to be fully operational by the end of the year * Remodel Crisis Services in Oxfordshire * Implement care clusters. This is a system of classifying mental health service users by their condition in order to provide appropriate care packages * Implement new management of medicines procedures in prison environments * Implement new Addictions Harm Minimisation service in conjunction with partners to provide a recovery led service * Implement the action plans to reduce the number of serious drug errors in Community Health Services and roll out staff competency framework on prescribing and/or administering medicines * Enhance ward-based falls reduction programmes * Continue to actively monitor and analyse acquired infections, by location and service, implementing any preventative actions that may be identified as a consequence * Introduce the Mortality Global Trigger Tool in Community Hospitals * Investigate the number and nature of physical restraints and use of seclusion within the Mental Health wards with a view to analysing such incidents to ensure compliance with best practice and guidance and also to review current policy and practice * Deliver the health visiting call to action using locally developed non-QIPP CQUIN * Implement a programme of quality and safety walkabouts in OCS * Implement Safety Thermometer to assess risk of harm in key areas of care. * [Include Safeguarding Adults initiative] * Improve Child Helath & early detection & intervention to improve health of young children through increasing the number of Health Visitors in Oxfordshire |

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| **Patients will be treated and cared for in safe environments** |
| **Measures:**   * Number of healthcare associated infections |
| **Targets:**   * Increase the overall number of non-severe incidents reported from 6,686 in 2011/12 to X (X%) in 2012/13 * Reduce the incidence of avoidable infections of C. diff from 15 in 2011/12 to 10 in 2012/13 * Maintain a zero incidence of bacteraemia (MRSA and MSSA) * Achieve the Quality in Dental Services Award in 2012/13 |
| **Initiatives:**   * Actively promote reflective review of safety incidents, including the establishment of patient safety workshops in order to promote an open culture of reporting safety incidents * Assess the impact of changing the testing for C. diff * Continue implementing the current programme for acquired infections within community hospitals * Work towards achieving the Quality in Dental Services Award in 2012/13 |

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| Effectiveness |

### Domain 3: Enhancing quality of life for people with long-term conditions

#### Current position

There are two strands to our strategy helping people to manage and live with long term conditions. The first is to address improving their quality of life with a range of initiatives, foremost of these entitled “Patient Reported Outcome Measures” or PROMs, a wide-ranging series of enhancements to procedures. The second is through a series of actions intended to reduce the amount of time people with long-term conditions spend in hospital.

#### Aims

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| **The Quality of Life for People with Long-Term Conditions will improve** |
| **Measures:**   * % of service users engaged in meaningful activity * % of service users in settled accommodation * % of service users in employment * Number of people with long-term conditions receiving IAPT * [Community measures to be developed] |
| **Targets:**   * 100% of mental health patients on CPA should have a current care plan, had care reviewed in the last 6 months; a care coordinator and a risk assessment which has been reviewed in the last 12 months * 100% of mental health patients have a copy of their care plan and were offered an opportunity to be engaged in its development * At least 85% general rehabilitation patients admitted to Community Hospitals have been screened for dementia and depression based on the screening and assessment protocol. * Patients with long term conditions will have a named professional coordinating their care * Target on Child Health early intervention to be agreed * Redesign of Community Children’s Nursing Services to reduce unplanned admissions and support early discharges * [Further community measures to be developed] |
| **Initiatives:**   * Improve access to IAPT * Ensure the integration and cross-working of physical and mental health skills to support people with Long Term Conditions (LTC). This will lead to improved access to IAPT for those with a LTC * Implement Patient Reported Outcome Measures (PROMs) in specific areas * As part of PROMs, implement a self-monitoring system (Oxtext 7) that allows patients with a variety of conditions to take more control over their illness and also allows their care interventions to be tailored to the individual. * As part of PROMs, launch Outcomes Project within Forensics service in 2012 * Improving rehabilitation care for patients with dementia in OCS * Improve use of the “Liverpool care pathway” for people supported in dying at home * Consistent implementation of primary nursing across district nursing * Roll out of “East Kent Outcomes tool” to help assess rehabilitation for stroke patients * Develop our services to support care closer to home through acute hospital avoidance for OCS patients * For service users with non-psychotic and psychotic high need, define clear and comprehensive early intervention packages of care * Promote the wellbeing of people with mental health conditions through initiatives such as smoking cessation |

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| **People with Long-Term Conditions will spend less Time in Hospital** |
| **Measures:**   * Number of unplanned hospital admissions for long-term conditions |
| **Targets:**   * At least 85% of general rehabilitation patients admitted to Community Hospitals have been screened for dementia and depression based on the screening and assessment protocol * 100% of mental health patients on CPA:   + have a current care plan   + had care reviewed in the last 6 months   + have a care coordinator   + have a risk assessment which has been reviewed in the last 12 months * Reduce the incidence of emergency readmission in mental health services within 28 days of discharge by careful discharge planning and assertive follow up   + Under X% of 28 day readmissions for adults (10.2% in 2011/12)   + Under X% of 28 day readmissions for older adults (1.4% in 2011/12) * CQUIN DTOC target (to be finalised) |
| **Initiatives:**   * Set up Single Point of Access action plan to support long term care and support in the community to avoid unnecessary admissions * Support diabetic patients to feel confident in managing their condition * Redesign of Children’s Community Nursing Service in line with specification and project plan to reduce admissions to children’s acute hospital * Develop pathways of care to integrate physical and mental health care for older people * Review the provision of care for people with complex enduring mental illness to provide a planned pathway of care for those patients who need a different provision from those currently available in acute and forensic low secure accommodation. * Reduce delayed transfers of care in Oxford Health Services and work in partnership to improve pathways and minimise delays across health and social care |

### Domain 4: Helping people to recover from episodes of ill-health or following injury

#### Current position

Last year, the emphasis was on devising and developing care clusters and associated care packages under the Payment by Results work. This is substantial piece of work and one which is continuing in 2012/13. Consequently, the actions this year will focus on developing and agreeing care packages with commissioners and assigning service udders to cluster groups to begin to deliver evidence based interventions by year end.

#### Aims

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| **Patients will be supported to manage their own condition** |
| **Measures:**   * Proportion of people report feeling supported to manage their condition * Number of people with a personal physical health budget |
| **Targets:**   * Increase to X% the number of mental health patients who have Advanced Statements in place * Possible target on personal physical health budget |
| **Initiatives:**   * Roll out and take up of personal health budgets within OCS * Review in Oxfordshire of self care of OCS patients with long-term conditions * Develop and roll out use of alternative user satisfaction measure as a part of Health Visiting Call for Action * Launch Outcomes Project within Forensics service in 2012 * Deliver Hospital at Home services for the population of Oxfordshire * Increase patient choice * Provide alternative services to support patients to prevent their attendance at acute A&E service using the new 111 service * Implement clinical recommendations from the OCS District Nursing review * Extend provision on the Trust website of medication details and information on specific conditions to include community health services * Access & Enablement Service and Hospital at Home service reducing length of stay and avoiding admission |

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| User Experience |

### Domain 5: Ensuring people have a positive experience of care

#### Current Position

Patient experience is an important indicator of the quality of services and can often pick up issues that would not be picked up by audit, national or local targets or general monitoring of services. Gathering patient experiences picks up some of the interpersonal and personal aspects of care. This year, the Department of Health’s initiative of providing a Single Point of Contact, fronted by the new helpline number 111 will be an important area of development for us in 2012/13 in improving the level of care that our patients/service users experience.

#### Aims

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| **Patients’ Experiences of Inpatient/Outpatient services will improve** |
| **Measures:**   * Admitted and non-admitted Referral to Treatment time (e.g. 18 weeks) * Position in the annual patients’ survey relative to other Trusts * Productive Dashboard * Results from local surveys |
| **Targets:**   * Improve the % of mental health patients who positively respond in the monthly service users’ survey * Improvement in local surveys * Community Services aim to improve the percentage of patients who rate their care good, very good or excellent. In the monthly patient users’ survey * to the question by reporting it is good or excellent (service user priority). * Within two years achieve a “good” or “excellent” score in the annual patients’ survey to the question “Overall how do you rate the care you are receiving from Mental Health Services?” which is equal to or above the average of other Trusts, and within five years within the top 20% of integrated health trusts. * Year on year improvement of measures on the Productive Dashboard |
| **Initiatives:**   * Implementation of Patient Experience Clinical Guidelines as produced by NICE Clinical Guideline 138 “Patient Experience in Adult NHS Services” (Feb 2012) * Complete the refurbishment of the Highfield inpatient ward for young people and adolescents * Build new mental health services in Buckinghamshire on the former Manor House site * Uniforms to be piloted in CAMHS mental health inpatient services in Swindon * Improve waiting times for prison health services * Improve waiting times for access to physiotherapy services * Improve waiting times for access to psychological services in OCS [?] * Develop and roll out use of alternative user satisfaction measure as part of health visiting Call for Action programme delivery * Implement Productive Programme releasing Time to Care to all teams, increasing the number of teams that have successfully implemented Productive Teams |

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| **Responsiveness to Patient/Service User’s Needs will improve** |
| **Measures:**   * Patients/Service users & carers report a positive experience in patient surveys |
| **Targets:**   * Improve patient satisfaction scores in mental health services by 10% * Improve the patient satisfaction scores in community health services according to the individual targets set * Children’s Therapies to achieve “You’re Welcome” accreditation * Increase the number of people supported to die at home according to the CQUIN requirements |
| **Initiatives:**   * Enhance the support for people wanting to die at home * Continue roll out of patient wellbeing checks with patients in community hospitals * Agreed actions carried out in Children’s Therapies to achieve “You’re Welcome” accreditation * Actions to reduce the number of complaints within the Prison Service * Carry out bespoke patient experience survey in the Addictions Harm Minimisation Service * Implement session by session outcome measures for Children & Young People in CAMHS IAPT services |

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| **Patient’s Access to Community-based services will improve** |
| **Measures:**   * Number of patients assessed and treated in community settings * National CQC Community Mental Health Service User Survey results |
| **Targets:**   * The Trust aims to score better than the average of other organisations in the National Survey (Community) in the following areas: * Service users knowing who their care coordinator was * Service users being offered a copy of the care plan * Service users had had a care plan review meeting in the past 12 months * Having a contact number out of hours * Reduce the number of incidences of Delayed Transfer of Care attributable to OCS * [Additional community targets to be developed] |
| **Initiatives:**   * Develop skills in community nursing to extend scope and volume of sub-acute nursing care (Hospital at Home) [Target to be developed] * Introduce recommendations of the Delayed Transfer of Care (DTOC) action plan [contract target to be put in above] * Introduce Single Point of Contact (SPOC) and 111 service to improve access to community based services for referrers * Pilot Routine Outcome Measures (ROM) and Self Referral within CAMHS as part of the Young People IAPT project * Increase number of home-based community treatments in line with the care clustering packages |

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| Part 2b. Statements of Assurance from the Board of Directors |

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| Review of Services |

During 2011/12 the Oxford Health NHS Foundation Trust provided and/or sub-contracted 19 NHS services. The Oxford Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services. These services are based on the Divisions within the Trust during 2011/12 which were:

* Mental Health Division
  + Oxfordshire Adult and Older Adult Services
  + Buckinghamshire Adult and Older Adult Services
* Child & Family Services Division
  + Child and Adolescent Mental Health and Specialist Services
  + Eating disorders
  + Psychological therapies
  + Children’s Universal Services eg. Health Visiting, School Nursing and Childrens Therapies
  + Public Health Services
  + Children’s Nursery Services
  + Contraception and Sexual Health
* Specialist Services Division
  + Forensic Services
  + Drug & Alcohol
  + Prison Health
  + Community Dental
* Oxford Community Health Service
  + 8 Community hospitals
    - In patient care
    - Urgent care
    - Patient care
  + District Nursing and Specialist Nursing Therapies
  + Hospital at Home
  + Access and Enablement Services

Each of these directorates reviews service provision through quarterly performance meetings, monthly clinical governance meetings, quarterly performance and quality reports and patient feedback. The data reviewed covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective.

The income generated by the NHS services reviewed in 2011/12 represents 85% per cent of the total income generated from the provision of NHS services by the Oxford Health NHS Foundation Trust for 2011/12 (subject to confirmation by audit).

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| Participation in Clinical Audits and National Confidential Enquiries |

During 2011/12, seven national clinical audits and one national confidential inquiry covered NHS services that Oxford Health NHS Foundation Trust provides.

During that period Oxford Health NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential inquiries, of the national clinical audits and national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that Oxford Health NHS Foundation Trust was eligible to participate in during 2011/12 are shown below in table 1:

The national clinical audits and national confidential inquiries that Oxford Health NHS Foundation Trust participated in and for which data collection was completed during 2011/12, are listed below in table 1 alongside the number of cases submitted to each audit or inquiry as a percent of the number of registered cases required by the terms of that audit or inquiry.

***Table 1***

| Audit or Inquiry | Participation (Yes or No) | Number of Cases Required by Terms | Number of Cases Submitted |
| --- | --- | --- | --- |
| Eliminating Mixed Sex Accommodation – audit data quality **– completed, awaiting review** | YES | N/A | N/A |
| Back pain management by NHS Occupational Health Services in England**- completed, awaiting national report** | YES | N/A | 67 |
| POMH-UK Topic 1 Prescribing high dose and combined antipsychotics on Adult & PICU wards – **completed, awaiting national report** | YES | N/A | 296 |
| POMH-UK Topic 6 Assessment of side effects of depot antipsychotic medication**- completed and reviewed** | YES | N/A | 232 |
| POMH-UK Topic 7 Monitoring of patients prescribed lithium**- completed, awaiting review** | YES | N/A | 118 |
| POMH-UK Topic 10 Use of antipsychotic medicine in CAMHS**- completed, awaiting national report** | YES | N/A | 54 |
| POMH-UK Topic 11 Dementia**- completed and reviewed** | YES | N/A | 196 |
| POMH-UK Topic 12 Prescribing for People with a Personality Disorder **–April 2012 start** |  | N/A | - |
| National Audit of Schizophrenia (NAS) **– completed, awaiting national report** | YES | 80 | 86 |
| Infection Control Programme:   1. Hand hygiene audit 2. Survey of staff knowledge and training needs on infection prevention and control 3. Environmental audit   **- completed and reviewed** | YES | N/A | N/A |
| Audit tool for National Falls Audit **– participating at 2 sites in pilot programme** | YES | N/A | N/A |

The reports of three national clinical audits were reviewed by the provider in 2011/12 and Oxford Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (table 2). Other reports have been received and are due to be reviewed.

***Table 2***

| Title of National Audit | Agreed actions to improve the quality of healthcare |
| --- | --- |
| POMH-UK Topic 6 Assessment of side effects of depot antipsychotic medication | * TBA |
| POMH-UK Topic 11 Dementia | * Guidelines for managing BPSD to be drawn up * Better liaison between GP & secondary care * Develop forms to be used before prescribing antipsychotics |
| Infection Control Programme | * TBA |

The reports of 21 local clinical audits were reviewed by the provider in 2011/12 and Oxford Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as identified in Annex 3. Another 14 local clinical audits were undertaken and will be reported in the first quarter of 2012/13,

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| Participation in Clinical Research |

The number of patients receiving NHS services provided or sub-contracted by Oxford Health NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 2,316. This is a provisional figure and is likely to increase by around 120 once the final figures are received

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| Use of the CQUIN payment framework |

A proportion of Oxford Health NHS Foundation Trust’s income in 2011/12 was conditional on achieving quality improvement and innovation goals (CQUIN) agreed between Oxford Health NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at:

[*http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\_openTKFile.php?id=3275*](http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

There were six separate CQUIN schemes agreed with our commissioners for 2011/12:

* Oxfordshire and Buckinghamshire Adult and Older Adult Services

#### Forensic (Specialist Commissioning Group)

#### Wiltshire and BaNES CAMHS

#### Swindon CAMHS

#### East of England

#### Oxford Community Services

Details of these CQUIN goals together with our attainment levels are shown in Annex 4:

Updates on progress against each goal are reported in the Quality Report presented to the Board of Directors quarterly and available on the Trust Website.

***Table 3 Income from CQUINs 2011-2012***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Commissioner | Mental Health Amount | % of Contract Value | Community Services  CQUIN Amount £ | % of Contract Value |
| NHS Oxfordshire | 669,862 | 1.4% | 1,228,074 | 1.5% |
| NHS Buckinghamshire | 466,833 | 1.4% | 2,009 | 1.5% |
| Wiltshire & BaNES PCT | £97,875 | 1.5% | - | - |
| Northants | - | - | 6346 | 1.5% |
| Swindon PCT | £37,079 | 1.4% | 2872 | 1.5% |
| East of England PCT | £6,348 | 1.4% | - | - |
| Warwickshire PCT | - | - | 1015 | 1.5% |

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| Statements from the Care Quality Commission |

Oxford Health NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The CQC has not taken enforcement action against Oxford Health NHS Foundation Trust during 2010-2011.

Oxford Health NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during 2011/12.

The CQC undertook inspections of inpatient mental health facilities to inspect welfare of patients detained under the Mental Health Act (1983). The CQC Mental Health Act for Annual Statement for the year 2011/12 is expected shortly. The 2010/11 report was presented by the CQC inspector to the Integrated Governance Committee recommendations included ensuring patients understand their rights to access and egress in the wards has been improved. Improvements to standards in Care Planning and environmental improvements have also been made.

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| Quality of Data |

Oxford Health NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

* + - which included the patient’s valid NHS Number was: 98.7% for admitted patient care (Mental Health); 99.9% for admitted patient (Community Health) and 99.2% for outpatient care. We do not submit data for accident and emergency care
    - which included the patient’s valid General Practitioner Registration Code was: 81.6% for admitted patient care (mental health); 77.6% for admitted patient care (Community Health) and 81% for outpatient care. We do not submit data for accident and emergency care

Oxford Health NHS Foundation Trust’s Information Governance Assessment Report overall score overall score for 2011/12 was 80% and was graded green (satisfactory).

Oxford Health NHS Foundation Trust will be taking the following actions to improve data quality:

* We are ensuring the committee structure receives sufficient data quality assurance
* The Completeness and Validity report is now generated quarterly
* Improving the clinical coding by ensuring staff undertake the National Clinical Coding Qualification

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| Payment by results clinical coding audit |

Oxford Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

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| Part 3. Looking Back – Priorities for Improvement 2011/12 |

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| Introduction |

Last year 2011/12 our Quality Account for Oxford Health NHS Foundation Trust set out ambitious targets in the areas of safety, patient experience and outcomes, some of which were to be achieved over the following two to four years. We linked the quality measures into five broad areas which matched the NHS’ own key quality initiatives and defined them so that they would accurately cover the important and immediate areas of quality improvement. Details of these priorities and the progress we have made within the first year are outlined below.

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| Patient Safety |

### Domain 1: Preventing People from Dying Prematurely

Last year, as this year, we based our key patient/service user priorities principally upon our ongoing Leading Improvements in Patient Safety (LIPS) programme, following a long term commitment to participate in the LIPS programme and a continued focus on reducing avoidable suicide whilst increasing low or minimum harm incident reporting. Although we shall not know how many people suicides there were last year until all the inquests have been heard by the Coroner, it appears that we were able to achieve our targets and complete, or make good progress on, achieving the initiatives we set ourselves

#### Identified Initiatives

The following is a summary of progress on our actions last year:

* Senior Managers and clinicians have received in-depth and bespoke training in the LIPS programme with a view to helping deliver and implement the programmes in the specific clinical areas
* We had planned to increase the number of staff who had completed the Trust’s clinical risk assessment training from 79% to a minimum of 85% by August 2011. This had a setback in the second quarter when we redefined how the attendance was being measured. At the end of the year, the figure stood at 65% and urgent remedial action is being taken to reach the 85% target.
* We have made good progress in introducing the SBARD tool (Situation, Background, Assessment, Recommendation, and Decision) in clinical teams. Training has taken place and we have now implemented it in Oxfordshire older adult teams. Other teams are to follow in the 9 month programme.
* New Absent without Leave guidelines have been drawn up along with environmental improvements to gardens and are being implemented to prevent absconding from inpatient mental health wards. The pilot ward, Marlborough House Swindon, has demonstrated significant improvements reducing AWOL to Zero.
* Reduce all Community Mental Health Teams have identified their specific initiatives to prevent suicide, with the Buckinghamshire teams focusing their attention collectively and have undertaken advanced assessment skills training. It is the intention that
* Audits were carried out last year in both Oxfordshire and Buckinghamshire against NICE guidelines on the care of patients who present to A&E after self harming. Action plans were produced as a result, which are being implemented
* An examination into integrating the LIPS programme with other areas such as care clusters and Productive Wards was carried out last year to identify areas of overlap and co-ordinate activities better
* Executives began a programme of Safety Walkabouts so that they can see patient care in action from a different perspective. Each executive has a schedule of sites to visit and feedback from these meetings is fed back to the Executive Board meetings.
* Following the Carer Survey the previous year, the resultant action plan to improve carer engagement was implemented last year and a 6-monthly report is now prepared for the Board of Directors on this.

#### Aims

**To reduce towards zero the number of inpatient deaths from suicide by 2012**

*Chart 1*

**To reduce towards zero preventable community suicides by 2014**

*Chart 2*

There is always an unfortunate and unavoidable delay between a fatality and the coroner’s verdict, sometimes many years, hence the high number of “pending” verdicts. This means that sometimes we have to wait for some time before the exact position becomes clear. However, as it is highly unlikely that all the pending fatalities will be open, narrative or judged as a suicide, the overall trend is positive and there are grounds for qualified optimism.

**Increase reporting of no or minimal harm incidents by 50% by March 2012**

*Chart 3*

Frequently it takes some time for an initiative to have an effect and this particular aim of increasing the number of incidents reported is a good example of this. There was an overall increase of 43% in the number of less serious incidents reported, but in each of the latter quarters there was a marked increase so that by the last quarter of the year 1,935 were reported compared with 968 for quarter 4 of the previous year, an increase of over 90%.

### Domain 2: Treating and caring for people in a safe environment and protecting them from avoidable harm

Linked to the above criterion, last year we saw a sharp rise in incidents reported but a proportionate decrease in the number of serious incidents due in part to the measures we took to produce a safer environment for our patients and service users. These aims in line with the NHS Outcomes Framework 2011-2012 (DoH, Dec 2010)

#### Identified Initiatives

* We said that we would introduce ward based falls training programmes. This was delivered to all our four mental health wards during the last quarter of the year, having collated data from each site to assess their particular needs
* Prevention of Falls by patients has been a priority last year in the Community Hospitals. Monitoring showed that 95% of patients had a Falls Risk Assessment Tool in their records, a slight improvement on the previous year and one which is demanding further attention. However there has been a considerable increase in the number of falls communications sheets sent to the Falls Prevention Service, which is encouraging.
* This was assisted by the introduction of an early warning observation tool (“track and trigger”) the previous year to ensure effective monitoring of physical health in all inpatient areas. Monthly audits show that compliance is 93%
* The use of the MUST tool, which assesses nutrition requirement, and the Falls assessments are now being audited every 6-months and the Productive programme actively manages any identified shortfalls
* It is our aim to ensure that each mental health ward has a minimum of two nurses trained in the detection and management of common physical health problems. This programme of training continues to be rolled out
* Similarly, training is continuing to ensure there is at least one nurse per ward in each of the 8 community hospitals in the detection of dementia and depression, with some wards additionally employing dual trained nurses
* Staff competency assessments have been developed and are now being introduced for nursing staff in Community Division in prescribing and/or administering medicines.
* All learning from investigation of identified grade 3 and 4 pressure sores is being regularly reviewed and the pressure ulcer action plan updated as necessary

#### Aims

**85% of patients will be assessed for pressure ulcer risk on first visit or within 6 hours of admission, and will have actions identified on the key risk factors and preventative measures implemented within 2 days.**

Preventing avoidable skin breakdown which can lead to pressure ulcers is an important aspect of patient/service user care. It is important therefore that we correctly assess patients/service users for pressure ulcers in line with our standards. We set ourselves the target of 75%, which we consistently achieved each quarter for Community Hospitals. Community Nursing figures being reaudited

*Chart 4*

**Preventing avoidable serious drug errors in Community Health by 15% in 2010-11**

There was a concern that the number of drug errors in Community Health had been steadily rising and so a work programme to reduce them was implemented. The aim of reducing these by 15% in 2011/12 was achieved, with 11 being reported last year compared to 21 the previous year.

*Chart 5*

**Reduce the number of falls in community hospitals and older people’s mental health wards by 10% by March 2013**

Our target was to reduce the number of falls to below 999 in the year 2011/12. By the end of the year, we had 1,107 falls reported compared with 1,100 in the previous year.

During the second quarter of the year, the two separate systems for reporting falls in Mental Health and Community were combined into a unified process. This is shown in the first graph below. The second graph smoothes out any seasonal variation by displaying the number of falls on a rolling annual basis (i.e. showing the total for the last 4 quarters each quarter).

*Chart 6*

*Chart 7*

**To achieve falls prevention that is better than the national comparison for falls – 8.6 falls per 1000 bed days by 2014**

TBA

**At least 85% of all patients over 75 years of age are assessed for falls and nutrition risks in Community Hospitals and Older Adult Mental Health wards**

TBA for Community Hospitals

In Older Adult Mental Health wards, the figure assessed for nutrition risks was 65%.

**At least 85% of patients over 75 years old in Community Hospitals have been assessed for dementia and depression**

The dementia screening pathway to integrate with the existing approaches was developed during the year and fully implemented in the 4th quarter of 2011/12. The audit to determine the level of assessment now takes place as part of the monthly documentation audit, but no figures are available yet.

**PEAT (patient environment action team) scores to remain at good or excellent (national priority)**

All scores in 2011 for the 11 main locations were judged as good or excellent – see separate section later for details

**Ensure 100% of patients admitted to psychiatric wards have a physical health examination within 24 hours of admission**

Although we did not reach the 100% target by the end of the year, there was substantial improvement, with the quarter 2 figure being 83%, quarter 3 at 88% and by the end of the year was standing at 93%.

**All patients subject to CPA living in the community are monitored to ensure their physical healthcare needs are being met by primary care, and when this is not the case action is taken to address the need**

TBA

**Reduce to 30 from 34 (the previous target) the number of cases of Clostridium Difficile by March 2012**

In 2011/12, there were 15 cases of Clostridium difficile which is an improvement on previous years.

**Maintain no cases of MRSA across the Trust**

2 cases of MRSA bacteraemias were reported in the Trust’s hospitals during 2011/12. In all of these cases, Root Cause Analysis investigations have taken place. This showed evidence of good practice in the majority of reviews. There is no evidence of transmission between patients or concerns that infection rates are high in any one settling.

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| Effectiveness |

### Domain 3: Enhancing quality of life for people with long-term conditions

Although the aims that we set ourselves had mixed results by the end of the year, the individual initiatives we took appear to have been successful and are paving the way for the major initiative Patient Reported Outcome Measures (PROMs) that will be a major focus this year.

#### Identified Initiatives

* In 2011/12 we began implementing the “East Kent” assessment model to enable us to use Patient Reported Outcome Measures as part of the stroke care pathway
* We were successful in further reducing the incidence of emergency readmission in mental health within 28 days of discharge by careful discharge planning and assertive follow up, achieving a rate of 10.2% against a target of 10.3% for adult 28 day readmissions and 1.4% against a target of 5.3% for Older Adult 28 day readmissions
* In reducing emergency admissions to acute hospitals, we estimate that during the year there will have been 41,500 admissions, a reduction of over 1,900 compared to the target decrease of 800
* We have been actively working with Commissioners to develop a multi agency mental health recovery strategy by developing a joint recovery pathway through the Supporting People in Independent Living initiative and creating a recovery group attended by all disciplines. Chaffron Ward has been asked to present the current recovery model at the Royal College of Psychiatry Quality Network conference.
* We wanted to increase the number of mental health patients who have Advanced Statements in place. Although a lot of activity took place, such as revising the Advanced Statement leaflet and widely promoting its use, we have been hampered this year in actually measuring its effectiveness by a temporary problem caused by the introduction of RiO
* We have created a more seamless pathway for adults with Diabetes living in Oxfordshire as Community Health Services has been contracted to provide education to assist patients in the management of their condition, as well as supplying education and support to primary care providers of diabetic care
* The Trust has been part of a successful national pilot implementation in the full use of Personalised Care Planning and this is now being rolled out across Oxfordshire
* Local education programmes for people with Type 2 Diabetes have been provided. These have included an advanced insulin skills group course for people with Type 2 Diabetes treated with insulin
* Much work has been undertaken this year with health advocates to develop and deliver education programmes for black and ethnic minority groups with diabetes
* A county-wide service is in place in collaboration with another provider to support patients through case management by developing the role of the case managers to ensure access to all sources of care and support. The service can now also take direct referrals for GPs and provide urgent care to ensure appropriate patients access the service as timely as possible. This will improve quality of life for people with long term conditions and reduce disruption through hospital admission and also reduce demand for secondary care services by avoiding admissions and facilitating early discharge
* We have been progressing towards reducing admissions to acute hospital by development the Hospital at Home programme and providing short-term intervention using step-up beds within community hospitals

#### Aims

**Increase by 10% the number of mental health patients who have Advanced Statements in place**

To be advised

**100% of mental health patients on CPA have a current care plan, had care reviewed in the last 6 months; a care coordinator and a risk assessment which has been reviewed in the last 12 months**

Whilst we have not achieved our objective of 100% for all of these aspects of care, it is evident that considerable progress has been made towards this target in the last year.

*Chart 8*

**100% of mental health patients have a copy of their care plan and were engaged in its development**

This information is not being currently captured. RiO will be used to report on this at a later date

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| “We are writing to express our deep appreciation and gratitude for the excellent care ....it is that personal concern and ‘human touch’ that makes all the difference.”  *Family of Community Hospital patient* |

### Domain 4: Helping people to recover from episodes of ill-health or following injury

The Hospital at Home service continued to be rolled out across Oxfordshire last year with the express intention of avoiding the need for people to avoid spending extra time in hospital. This has had a positive effect on people’s recovery and the associated advantages to society.

#### Identified Initiatives

* The Hospital at Home services is now in place in South Oxfordshire and is now to be implemented in the west and north of the county (in the north this is in conjunction with a third party)
* Much work on care packages work has taken place and is now being firmly embedded in the Community Services Division. A review of the work so far has led to the production of a second phase of delivery to take the programme further.
* We were successful in our tender for Hospital at Home provision for the rest of Oxford county and overnight support

#### Aims

**Increase by 5% the number of patients who report in the National Mental Health Community patients survey wanting and receiving help to return to work**

The figures for this come from the CQC’s annual survey of patients, the last of which was published in August 2011. This gave a value of 5.9 out of 10, which means the target we are looking for in 2011/12 when it is published in August 2012 would be 6.4

**75% of Adults receiving care under the CPA are in settled accommodation**

*Chart 9*

Our actual achievement at the year end was 75% - exactly on target.

**To increase to 72% by year end the number of patients who have been receiving care for 9 months or more, who have a baseline and follow-up HoNOS rating**

*Chart 10*

By the year end we were achieving 90% against the target of 72%.

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| “I am just writing to you to let you know how much help you have been to me.... it’s just knowing that there is someone there to help you.”  *Community Mental Health Team Service User* |

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| User Experience |

### Domain 5: Ensuring people have a positive experience of care

Patient experience is an important indicator of the quality of services and can often pick up issues that would not be picked up by audit, national or local targets or general monitoring of services. Gathering patient experiences picks up some of the interpersonal and personal aspects of care.

#### Identified Initiatives

* The previous year (2010/11) we participated in the National Patient Survey (Community Mental Health), receiving the results in May 2011, which resulted in an action plan that was presented to the Board in September. The Inpatient National Survey was repeated internally and the subsequent results producing a revised action plan.
* There is an on-going programme of patient/service users’ surveys across the mental health and children’s divisions with action plans developed from them. Forensic Services use patients’ councils as the main vehicle to identify and feedback changes on an ongoing basis. In OCS, quarterly divisional reports have been produced from the patient surveys. Enhance management of caseload supervision and ensure monthly monitoring takes place
* We have implemented all the previous identified actions relating to CPA and physical health care
* Activity planners for Forensic service users have been introduced to provide structure throughout the week
* All services within OCS Division have carried out a survey in 2011/12 that included all community general health services not included in the national survey
* All services that did not achieve 90% satisfaction in the 2010-11 survey have been implementing action plans produced as a result. Of the 20 services only Heart Failure, Parkinsons and Bullingdon Prison have yet to achieve their satisfaction scores
* A range of patient information has been produced with regards to the role of the case manager. Patient information leaflets are used from a variety of sources including those advocated by the NHS.
* Patient education programmes for patients with diabetes have been devised and are being delivered, including an advanced insulin course. They have all been well received and well attended.
* A review of the provision of community equipment was undertaken last year to ensure it is provided in a timely manner to meet changing patient needs and to facilitate timely discharge from Community Hospitals. Actions were identified as a result and are being implemented
* Discharge planning arrangements with partner agencies in the Oxfordshire Community Division have been reviewed, with the Single Point of Access operational from 1st April 2012 which aims to significantly enhance the discharge procedure
* Staff attendance at ‘customer care’ training was actively promoted last year, focussing on those services where staff attitude has been identified as not meeting patient expectation. This work continues and bespoke training is being produced for particular services.
* We continue to demonstrate learning as a result of feedback from complaints and compliments with a weekly report to the Clinical Governance Meeting and a quarterly report to the Services and Estates Quality Improvement Committee and the Trust Board.

#### Aims

**Improve the % of mental health patients who positively respond to the question “Overall how do you rate the care you are receiving from Mental Health Services?” by reporting it is good or excellent (service user priority). Within two years achieve a score which is equal to or above the average of other Trusts, and within five years to be within the top 20% of mental health trusts.**

*Chart 11*

The figures above are from our own Mental Health Services Real Time Feedback Surveys.

Figures not yet available

**The Trust aims to score better than the average of other organisations in the National Survey (Community) in the following areas**:

***Table 4***

|  |  |  |
| --- | --- | --- |
| * Service users knowing who their care coordinator was | Worse |  |
| * Service users being offered a copy of the care plan | Same |  |
| * Service users had had a care plan review meeting in the past 12 months | Same |  |
| * Physical health of service users checked | Not asked in survey |  |
| * Having a contact number out of hours | Same |  |

The results above are from the 2011 CQC Community Mental Health Service User Survey. It is not possible to tell whether we are “above average”, only “Better”, “About the Same” or “Worse” compared with other comparable organisations.

**Community Services aim to improve the percentage of patients who rate their care good, very good or excellent. To achieve results comparable to the national top 20% of acute trusts satisfaction rating for both out-patients and in-patients as there is no comparable national survey for community services**

*Chart 12*

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| “With gratitude for all the splendid work you do and with our love.”  *Family of Mental Health Service User in Warneford Hospital* |

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| Staff |

### Staff Experience

Every year the CQC conducts a national NHS staff survey to gauge how effective the NHS pledges given in the NHS Constitution of January 2009 towards the treatment and good management of the NHS staff are. We use the data from this survey to assess our own effectiveness and last year we set ourselves the target that within two years, we would achieve a score in the annual staff survey that is at least the average of other Trusts, and within five years to achieve a score within the top 20% of Trusts, with particular emphasis on the lowest 3 elements:

* Staff suffering work-related stress in last 12 months
* Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
* Support from immediate managers

The latest survey, taken in 2011 and published in March 2012, shows that we have already achieved the first objective by being better than average in all three categories.

*Chart 13*

*Chart 14*

*Chart 15*

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| Department of Health and Monitor targets |

Table 5 below identifies our levels of attainment against the targets set by the Department of Health and Monitor.

***Table 5***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2010/11 position** | **2011/12 position** | **RAG Status** |
| Patients receiving follow-up contact within seven days of discharge | 95% | 95.5% | 97.7% |  |
| Patients having formal review within 12 months | 95% | 84.6% | 97.7% |  |
| Minimising mental health delayed transfers of care | ≤7.5% | 2.5% | 4.6% |  |
| Admissions to inpatients services had access to crisis resolution home treatment teams | 90% | 98.2% | 98.7% |  |
| New psychosis cases seen by early intervention teams (13) | 95% | 111.0% | 100% |  |
| Data completeness: identifier information for patients | 99% | 99.1% | 99.5% |  |
| Data completeness: outcomes for patients | 50% | 67.6% | 83.1% |  |
| Access to healthcare for people with a learning disability | 6 standards:  Rated 1-4  Max score: 24 | 19 | TBA | n/a |

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| Quality Risk Profile |

The CQC produces a Quality Risk Profile (QRP) for all organisations who are registered with the CQC. It is seen as an essential tool for gathering key information about organisations, and assists the CQC to monitor how we are complying with the essential standards by identifying any risks. The CQC’s risk rating scale detailed below goes from reducing risk of non-compliance (green) to increasing risk of non-compliance (red).

The QRP also assists us as an organisation to identify where our performance may be lower than average. This enables us to focus on these issues and to take relevant actions in these key areas.

The most recent QRP (March 2012) showed that the position has shifted to one where a lot of the information that CQC were using to evaluate us has “expired” and no equivalent data has replaced it. This means that 10 of the outcomes are rated as No Data or Insufficient Data. The remaining 6 are judged as low green or low neutral risk.

The marked leaps into the red risk categories for Outcomes 6 and 7 in January and February 2012 are believed to be an anomaly produced by the CQC assessment mechanism. This appears to have been amended by March.

*Chart 16*

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| Outcome 1: Respecting and involving people who use services  Outcome 2: Consent to care and treatment |
| Outcome 4: Care and welfare of people who use services  Outcome 5: Meeting nutritional needs  Outcome 6: Cooperating with other providers |
| Outcome 7:Safeguarding people who use services from abuse  Outcome 8: Cleanliness and infection Control  Outcome 9: Management of medicines  Outcome 10: Safety and suitability of premises  Outcome 11: Safety, availability and suitability of equipment |
| Outcome 12: Requirements relating to Workers  Outcome 13: Staffing  Outcome 14: Supporting staff |
| Outcome 16: Assessing and monitoring the quality of service provision  Outcome 17: Complaints  Outcome 21: Records |

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| Community Survey 2011 |

To be provided

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| PEAT Assessment Results 2011/12 |

Every year, the NPSA assess each of our locations for the quality of the environment, food and for privacy and dignity. These are known as “PEAT assessments” (Patient Environment Action Team assessments). Table 6 below gives a summary of their findings for the 11 main inpatient premises during last year.

***Table 6***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Expected Environment Score 2012** | **2011 Environment Score** | **Expected Food Score 2012** | **2011 Food Score** | **Expected Privacy & Dignity Score 2012** | **2011 Privacy & Dignity Score** |
| Fiennes | GOOD | EXCELLENT | GOOD | EXCELLENT | EXCELLENT | EXCELLENT |
| Littlemore | GOOD | GOOD | GOOD | EXCELLENT | GOOD | EXCELLENT |
| Warneford | GOOD | GOOD | GOOD | EXCELLENT | ACCEPTABLE | GOOD |
| Fulbrook | EXCELLENT | EXCELLENT | GOOD | EXCELLENT | GOOD | GOOD |
| Cotswold House Savanake | GOOD | EXCELLENT | GOOD | GOOD | EXCELLENT | GOOD |
| Marlborough House MK | EXCELLENT | EXCELLENT | EXCELLENT | EXCELLENT | EXCELLENT | EXCELLENT |
| John Hampden Unit | GOOD | EXCELLENT | EXCELLENT | EXCELLENT | GOOD | GOOD |
| Manor House (Woodlands) | GOOD | GOOD | GOOD | EXCELLENT | EXCELLENT | EXCELLENT |
| Tindal Centre | GOOD | GOOD | EXCELLENT | EXCELLENT | GOOD | GOOD |
| Mandalay | GOOD | GOOD | GOOD | N/A | EXCELLENT | EXCELLENT |
| Marlborough House Swindon | GOOD | N/A | GOOD | N/A | GOOD | N/A |

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| Equality & Diversity |

Oxford Health NHS Foundation Trust aims to deliver equality in its provision of services to communities. The Trust challenges discrimination, promotes cohesion and working together and addresses areas of inequality. The main development this year was the implementation of the Equality Delivery System. This tool has introduced a systematic approach to measuring and achieving equal outcomes for patients, service users, carers and staff members. The process has consisted of: holding public meetings to ask patients, carers and the public about their thoughts on how we could improve equality, publishing information which demonstrates the Trust’s compliance with the Equality Act 2010 and setting goals and actions from the published information to make improvements.

Our main goals for 2012/13 are:

* The Trust will improve the information so that more effective comparisons can be made. This will include improving the quality of data for the following strands: religion and belief, sexual orientation and disability
* The Trust will improve information from complaints over the following year including recording how many complaints are received which are directly related to equality issues.
* The Trust will investigate how managers and team leaders support staff to work in culturally competent ways.

The Trust has also developed and implemented a session on Learning Disability Awareness for all staff. This session is delivered at the corporate Trust induction to all new staff and is also available to existing teams. The aim of the session is to raise awareness help with communication and reasonable adjustments that people with Learning Disabilities may find helpful when accessing our services. The Trust has also improved the number of staff trained in Equality and Diversity by holding extra sessions, as well as those on induction. Over four hundred extra staff members have been trained this year.

More information on the Equality Delivery System and the Trust’s goals for this year can be found on our Trust website: [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

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| Working with Local Stakeholders |

To be provided

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| Complaints |

We take complaints very seriously and strive to resolve them as quickly as possible.  During 2011/12, we received 203 complaints.  This was an increase of 49 (24%) complaints, which is as a result of the Trust merging with Community Health Oxfordshire, when compared to the previous year 2010/11.  Of these, 203 (100%) complaints were acknowledged within the agreed timescale, which is an improvement from 2010/11 at 96%.  183 (91%) of complaints were responded to within a timescale agreed with the complainant.  Three (1%) complaints were out of time and the complainant would not agree to an extension of the timescale.  17 (8%) complaints are still open and within an agreed timescale or extension.

The number of complaints which were received during 2010/11 can be seen in the graph below.

*Chart 17*

 Examples of actions taken as a result of complaints are:

* Within the Children & Families Division further training has been provided to administrative staff regarding confidentiality.
* The garden fence height was increased on Kimmeridge Ward following a complaints investigation.
* Witney Community Hospital has adopted a new system to alert staff when a patient has a hearing problem.  A coloured laminated picture of an ear has been produced and will be placed on patient’s records, as well as on the board next to the patient bed.
* The Memory Clinic are currently revising their admin process to establish a system where follow up appointments are able to be identified, booked and letters sent out.
* On Watlington Ward earphones were purchased to allow patients to listen to music privately.
* Following a complaint on Cherwell Ward, a patient was helped to access an independent advocate when attending professional meetings.
* The Oxford Clinic has reviewed and made improvements to the Friday Community Meeting held on the ward.  The Complaints & PALS Department has received positive feedback from patients on the ward.
* Portland Ward have reviewed and re-designed the handover sheet to ensure that there is a clear section for safeguarding issues.

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| The Royal College of Psychiatrists |

### Statement of Participation in National Quality Improvement Projects (non-audit) managed by The Royal College of Psychiatrists’ Centre for Quality Improvement

**April 1st 2011 – March 31st 2012**

**Oxford Health NHS Foundation Trust**[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **CCQI PROGRAMME** | **Participation by Trust** | **National Participation** |
| **Service accreditation programmes** | | |
| ECT clinics | 2 ECT clinics | 93 ECT clinics |
| Working age adult wards | 0 wards | 173 wards |
| Psychiatric intensive care units | 0 PICUs | 35 PICUs |
| Older people mental health wards | 0 wards | 63 wards |
| Inpatient learning disability units | 0 units | 37 units |
| Inpatient rehabilitation units | 0 units | 28 units |
| Memory services | 0 services | 52ervices |
| Psychiatric liaison teams | 0 teams | 36 teams |
| **Service quality improvement networks** | | |
| Inpatient child and adolescent units | 2 units | 103 units |
| Child and adolescent community MH teams | 2 teams | 68 teams |
| Therapeutic communities | 2 communities | 83 communities |
| Forensic mental health services | 2 services | 70 services |
| Perinatal mental health inpatient units | 0 units | 15 units |
| Enabling Environments | 0 environments | 12 environments |
| **Multisource feedback for psychiatrists (ACP 360)** | 0 enrolments (in 2011/12)  3 enrolments (in total) | 3,679 enrolments (in 2011/12)  4,756 enrolments (in total) |
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### Statement of Participation in the National Audit of Psychological Therapies

**Baseline Audit Data: April 1st 2011 – March 31st 2012**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of teams participating in the audit** | **Number of teams participating nationally** | **Number of patients from Trust included in Q3 retrospective audit** | **Number of patients included in Q3 retrospective audit nationally** |
|  |  |  |  |
| **3** | **362** | **1242** | **50403** |
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### Statement of Participation in the National Audit of Schizophrenia

**April 1st 2011 – March 31st 2012**

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| --- | --- | --- | --- |
| **Trust Name** | **Audit Forms Submitted online** | **Service User Questionnaires Received** | **Carer Questionnaires Received** |
|  |  |  |  |
| **Oxford Health NHS Foundation Trust** | **86** | **43** | **24** |
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### Statement of Participation in the Prescribing Observatory for Mental Health (POMH) Quality Improvement Programmes (QIPs)

**April 2011 – March 20121**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QIP** | **Date of Report** | **Topic** | **Audit Cycle** | **Number of Teams** | **Number of Patients** | **Trust participation in audit cycles for this topic** |
| 11a | July 2011 | Prescribing antipsychotics for people with dementia | Baseline | 6 | 196 | 1 |
| 6c | September 2011 | Assessment of the side effects of depot antipsychotics | first supplementary audit | 23 | 232 | 3 |
| 7c | January 2012 | Monitoring of patients prescribed lithium | second supplementary audit | 22 | 118 | 3 |
| 10b | March 2012 | Use of antipsychotic medication in CAMHS | Re-audit | 11 | 52 | 2 |

Oxford Health NHS Foundation Trust has participated in al POMH-UK QIPPs April 2011-2012

Please note: Participation in QIPPs 1f & 3f (*prescribing of high dose and combined antipsychotics*) in February 2012 will be reported in next year’s summary.

For information on participating in the Prescribing Observatory, please contact Krysia Zalewska on 0207 977 6999 or [kzalewska@cru.cpsych.ac.uk](mailto:kzalewska@cru.cpsych.ac.uk)

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| Annex 1. Statements from our Partners on the Quality Report and Account |

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| NHS Oxfordshire |

**To be provided during May 2012**

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| Oxfordshire Health Overview and Scrutiny Committee |

**To be provided during May 2012**

|  |
| --- |
| Buckinghamshire Health Overview and Scrutiny Committee |

**To be provided during May 2012**

|  |
| --- |
| Buckinghamshire Local Involvement Network (LINk) |

**To be provided during May 2012**

|  |
| --- |
| Oxfordshire Local Involvement Network (LINk) |

**To be provided during May 2012**

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| Annex 2. Statement of Directors’ Responsibilities in Respect of the Quality Report |

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

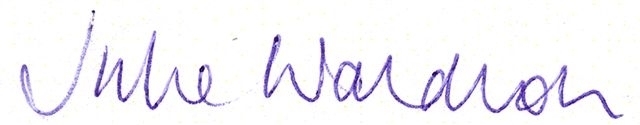
In preparing the quality report, directors are required to take steps to satisfy themselves that:

* the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
* the content of the Quality Report is not inconsistent with internal and external sources of information including:
* Board minutes and papers for the period April 2011 to June 2012
* Papers relating to Quality reported to the Board of Directors over the period April 2011 to June 2012
* Feedback from the commissioners dated XX/XX/2012
* Feedback from governors dated XX/XX/2012
* Feedback from Oxfordshire LINks dated XX/XX/2012
* Feedback from Buckinghamshire LINks dated XX/XX/2012
* The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16/04/2012
* The 2011 national patient survey August 2011
* The 2011 national staff survey issued March 2012
* The Head of Internal Audit’s annual opinion over the Trust’s control environment dated XX/XX/20XX
* CQC quality and risk profiles dated 02/04/2012
* the Quality Report presents a balanced picture of the NHS foundation trust’s performance over the period covered;
* the performance information reported in the Quality Report is reliable and accurate;
* there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
* the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

. 30th May 2012 Chairman

 30th May 2012 Chief Executive

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| Annex 3. Examples of Actions taken following Trust Internal Clinical Audits 2011-2012 |

To be provided

***Table 7***

|  | Title of Audit | Key Actions |
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| Annex 4. CQUIN Details for 2011/12 with Year End Position |

***Table 8***

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|  | **Year End Milestone** |
| **Oxfordshire and Buckinghamshire Adult and Older Adult** | |
| To participate in the Leading Improvements in Patient Safety Programme and agreement of action plan to deliver project | Met |
| Audit risk assessment of patients who have presented to A&E hospital for self harm against key recommendations in Self Harm NICE Clinical Guideline | Met |
| Each Community Mental Health Team (CMHT) to implement one new service improvement to reduce community deaths. | Met |
| Review through patient interview the person’s experience of being cared for while on level 2, 3 or 4 patient observations. | Met |
| % of patients who have 2 HoNOS scores within the last 12 months as part of mental health clustering tool following being open for 9 months or more | Met |
| % of patients open to Trust for longer than 2 months identified to a mental health cluster | Met |
| Urgent community referrals from GPs for people with Dementia are seen and assessed within 48 hours and accepted referrals plan of care in place within 1 week of assessment | Met |
| Asking carers/ relatives for the preferences of the person they care for with dementia whilst they are on the ward | Met |
| Carry out POMH-UK audit on use of antipsychotics in older adult CMHTs and implement an action plan around identified areas | Completed |
| Purpose of admission documented within 72 hours of admission date. | Met |
| Inpatient discharge summaries/ letter to GP within 1 week of discharge date and that contain the basic requirements as set out in the SIGN Guidance 65 | Met |
| Evidence of improving the services following feedback from service users | TBA |
| **Forensic Specialist Commissioning Group** | |
| Continue to implement ESSEN Scale | Met |
| HoNOS – patient level detail of scores and reporting to allow 6 monthly monitoring of improvements, same and worsening scores | Met |
| Length of Stay | Completed |
| 25 hours of meaningful activity | Met |
| Involvement, Choice and Responsibility | Met |
| Recovery planning | Met |
| **Wiltshire and BaNES CAMHS** | |
| Using patient experience to directly influence service provision | Met |
| % of discharge summaries/ notifications audited that have 90% of recommended dataset and sent out within 24 hours of discharge to the GP. | Met |
| Reduction of Average Length of Stay (ALOS) of patient/service user in hospital from contract commencement- through working with the Level 3 teams to ensure effective and timely transition back to local community services (work towards 50 days). | Met |
| **Swindon CAMHS** | |
| Audit inpatient physical health assessments and identify any improvements | Completed |
| Community audit against Consent and Confidentiality Policy | Completed |
| Copying letters to patients, parents and GPs | Met |
| Quality and timeliness of inpatient discharge summaries (see Wiltshire and BaNES CQUIN goal) | Completed |
| Timeliness of clinic letters sent to GP/ patients | Completed |

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| Annex 5. Glossary of Terms |

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| **Abbreviation** | **Term** |
| A&E | Accident and Emergency |
| Advanced Statements | These are statements by a patient/service user in advance describing what level and nature of care they would like the event that they might subsequently lose the capacity to make or express such decisions |
| ALOS | Average Length of Stay of a patient/service user in hospital |
| CAMHS | Children and Adolescent Mental Health Services |
| Care Cluster | A Care Cluster is a classification of a mental health service user based on their individual characteristics, condition and behaviours. There are 21 such Care Clusters. |
| Care Package | The sum total of services provided to a patient/service user as part of their care, be it social, clinical or otherwise. |
| C. diff | Clostridium difficile is a bacterium that is the most serious cause of diarrhoea often associated with taking antibiotics, making it particularly susceptible to people in hospitals |
| CPA | Care Programme Approach: a system of delivering community services to those with mental illness |
| CQC | Care Quality Commission: the government body that regulates the quality of services from all providers of NHS care |
| CHO | Community Health Oxford: the body that looked after community care in Oxfordshire prior to its merger with Oxfordshire and Buckinghamshire NHS Mental Health Trust in 2011 to form Oxford Health NHS Foundation Trust |
| CMHT | Community Mental Health Team |
| CQUIN | Commissioning for Quality and Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets |
| DoH | Department of Health: the Government department responsible for health care in England and Wales |
| DSH | Deliberate self-harm |
| DTOC | Delayed Transfer of Care occurs when a patient or service user is delayed in being discharged from hospital into the community |
| FT | Foundation Trust – an NHS Trust that has a degree of independence from the Department of Health and has a level of managerial and financial freedom |
| GP | General Practitioner – the doctor in the local practice with whom the patient/service user is registered |
| HoNOS | Health of the Nation Outcome Scale: this is the most widely used routing measure of clinical outcome used by English mental health services |
| Hospital at Home | Hospital at Home is a service designed to give patients extra support so that they are not admitted to hospital or so that their admission is as short as possible. |
| IAPT | Improving Access to Psychological Therapies |
| LINk | Local Involvement Networks (LINks) are groups made up of individuals and community groups, such as faith groups and residents’ associations, working together to improve health and social care services |
| LIPS | The Leading Improvements in Patient Safety programme (LIPS) is concerned with building capacity and capability within hospital teams to improve patient safety |
| LTC | Long Term Conditions may include dementia, diabetes, medically unexplained symptoms, respiratory & cardiac problems and strokes |
| MRSA | Methicillin-resistant *Staphylococcus aureus* is a bacterium that leads to several forms of illness and is characterised by being particularly resistant to treatment. Because of this, its presence in hospitals has resulted in a concerted campaign to eliminate it from such locations |
| MUST | The Malnutrition Universal Screening Tool is a tool to identify adults, who are malnourished, at risk of malnutrition or obese. |
| NHS | National Health Service is the name of the publically-funded healthcare service in the UK (excluding Northern Ireland) |
| NICE | The National Institute for Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health |
| NPSA | The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector |
| OBMH | Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust was the body that provided mental health services to these two counties prior to its merger with Community Health Oxford in 2011 to form Oxford Health NHS Foundation Trust |
| OCS | Oxford Health Community Services Division – the division of the Trust that provides the community health services mainly provided by CHO |
| Oxtext 7 | Oxtext 7 is a self monitoring system that allows patients with a variety of conditions to take more control over their illness and also allows their care interventions to be tailored to the individual. |
| PbR | Payment by Results (PbR) aims to provide a transparent, rules-based system for paying trusts, rewarding efficiency, supporting patient choice and diversity and encouraging activity for sustainable waiting time reductions. |
| PYLL | Potential years of life lost |
| QRP | The Quality Risk Profile is a monthly compilation by the CQC of all the evidence about a trust they have in order to judge the level of risk that the trust carries in order to fulfil its obligations of care. It is not a publically available document |
| PCT | The Primary Care Trusts (PCTs) oversee the operations of providers of NHS care in a particular geographic location. The PCTs responsible for Oxford Health NHS Foundation Trust are principally NHS Oxford and NHS Buckinghamshire |
| PEAT assessments | Patient Environmental Action Team assessments are evaluations carried out by the NPSA into the quality of the environment, nutrition, privacy and dignity in every inpatient location |
| PICU | Psychiatric Intensive Care Unit |
| PMVA | Prevention and Management of Violence and Aggression is a series of methods of dealing with violent and aggressive patients and service users |
| PROMs | Patient Reported Outcome Measures are measures of a patient/service user's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the person’s health status or health related quality of life at a single point in time. |
| QIPP | The Quality, Innovation, Productivity and Prevention (QIPP or sometimes QUIPP or QUIP) is a collection of methods, techniques and best practice provided by the NHS intended to be a resource for everyone in the NHS, public health and social care for making decisions about patient care or the use of resources. |
| RiO | This is the name of the electronic system for recording service user care notes and related information within Oxford Health NHS Foundation Trust. It is being implemented across all of the Trust’s areas of operation. |
| ROM | Routine Outcome Measures |
| Safety Thermometer | The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care |
| SBARD | Situation, Background, Assessment, Recommendation and Decision (SBARD) is a communication tool to assist staff in succinct and focused relaying of information |
| SPOC | Single Point of Contact is the new Department of Health initiative to offer the public a phone-based health line by dialling 111 |
| VTE | Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis |

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| Annex 6. How to Contact Us |

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| About this report |

If you have any questions or comments concerning the contents of this report, would like to provide feedback on the report, or have any other questions about the Trust and how it operates, please write to:

Chief Executive Officer

Oxford Health NHS Foundation Trust

Trust Headquarters

4000 John Smith Drive

Oxford Business Park South

Oxford

OX4 2GX

Or email her at: Julie.Waldron@oxfordhealth.nhs.uk

Alternatively, you may telephone on 01865 741717 or fax on 01865 782198.

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| Other Comments, Concerns, Complaints and Compliments |

Your views and suggestions are important us. They help us to improve the services we provide.

You can give us feedback about our services by:

* Speaking to a member of staff directly
* Completing our [Comment, Concern, Complaint, Compliment Leaflet](http://www.partnershiptrust.org.uk/pdf/leaflets/complaints0210.pdf), available from any of our locations or from our web site <http://www.oxfordhealth.nhs.uk/>
* Contacting GUiDE & PALS (Patient Advice and Liaison Service) on 01865 738567.
* Writing to the appropriate service manager or the Trust’s Chief Executive

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| Alternative Formats |

If you would like a copy of this report in large print, Braille, audio cassette tape or another language, please telephone us on 01865 782195.

1. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_131700 [↑](#footnote-ref-1)
2. This is a Department of Health measure and at the time of writing had not been fully developed [↑](#footnote-ref-2)
3. The figures above relate to the last completed cycle or current cycle if recruitment has ended [↑](#footnote-ref-3)