

# Report to the Meeting of the

# Members’ Council

**August 2012**

**Quality & Safety Report**

**For: Information**

**Executive Summary:**

The report gives a summary of activity in respect of Patient Experience, Safety and general information including a summary of the current Quality and Risk Profile relating to Oxford Health NHS Foundation Trust, held by the CQC.

**Recommendation:**

The Members Council is asked to note this report.

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**Members Council Quality and Safety Report**

1. **Care Quality Commission Community Mental Health Service User Survey 2012**

The 2012 Community Mental Health Service Users Survey commenced Mon 27th Feb 2012 and closed on 15th June 2012. This survey was mandated by the Care Quality Commission (CQC). The Trust has not yet received the CQC report.

The action plan developed following the 2011 national community mental health service user survey was to ensure all patients regardless of whether on CPA or not, received the same essential standards of care. Between February and March 2012 a local survey was coordinated to repeat some of the key questions from the national survey that would test the success of the improvement plan. Two of the questions were slightly re-worded to help patients understand the question, for example, “have you been given (or offered) a written or printed copy of your NHS care plan?” was reworded in the local survey to “do you have a copy of your care plan or a letter which explains what treatment you will have?”

|  |  |  |  |
| --- | --- | --- | --- |
| Question | CQC National Survey 2011 (n=208) | CQC National Survey 2012 (n=268) | Local survey (Q4 2011/12) (n=271)[[1]](#footnote-1) |
| Do you know who your care coordinator or lead professional in the mental health services is? | 67% | 53% | 88% |
| Do you have a copy of your care plan or a letter which explains what treatment you will have? | 75% | 63% | 67% |
| Have you had a meeting to review your care in the last 12 months?[[2]](#footnote-2) | 71% | 72% | 94% (n=171) |
| Has someone spoken to you about having your physical health checked? | 38% | 46% | 63% |
| Do you have a phone number to call mental health services outside of normal office hours? | 50% | 55% | 82% |

Chart 1 – Results of 5 questions from 3 surveys over time.

The comparisons between the National survey (2011) and the local survey showed that overall there was an improvement in four of the five questions, indicating improvements in ensuring patients know the person who is managing their care, how to make contact outside of office hours, checking physical health and having care reviewed.

There was a moderate overall decline in patients getting a copy of their care plan either in original form or outlined in a letter. However for patients not on CPA there was a small improvement on last year’s results.

The results show that patients not subject to CPA respond equally favourably to questions as those on CPA, with the exception of having a number to contact out of hours. Patients not on CPA also respond more favourably to knowing who manages their care.

The survey completed in quarter 4 indicates that the actions taken by the Mental Health Division in response to the 2011 National survey were successful, however the results from the National survey 2012, which we received at the end of July 2012, are less favourable (see chart 1). Historically our real-time feedback (RTF) has always been more favourable than delayed feedback, this factor is recognised nationally.

The Division are currently developing an improvement plan, building on the previous year’s plans. Although the chart above gives some idea about patients’ responses to the five questions there are some precautionary notes when comparing year on year or survey on survey;

* The CQC periodically change the questions they ask e.g. between 2010/11 and 2012 the care coordinator question was changed from using the word “told” to “know” who your care coordinator is
* The local survey used handheld devices for RTF which meant that the patients worker was there when they completed the survey
* The local survey occurs at the point of care i.e. the patient is currently receiving care, whereas the National surveys are sent to patients who were receiving care 6-8 months previously.
* In terms of recognising improvement, patients drawn for the second National survey in 2012 were receiving care at the time that the Trust received the results of the 2011 survey so the actions taken in response to the 2011 survey would not have impacted on the sample in the 2012 survey.
* The 2012 data used for the purposes of this report is from Quality Health and the data from the 2011 survey is from CQC reporting. Quality Health passes their data to the CQC who then complete further analysis on the information. There may be a small, usually favourably, uplift on percentages when we receive the CQC report. They also indicate where differences are statistically significant.

The graphs below indicate the changes over time from National surveys for these areas where the data is available. These show that last year we made improvements on patients being given a copy of their care plan but this fell back this year. Knowing who the care coordinator is has dropped back over time. Care plan review taking place in the last 12 months has remained fairly static. There has been a small incremental improvement over the years that the CQC has mandated the survey, since 2005, in patients having a number to contact out of hours.







The Trust received the full report from Quality Health at the end of July 2012.

1. **The National Inpatient survey**

The Trust commissioned Quality Health to rerun the National Inpatient survey in 2011 as did 26 other Mental Health Trusts. A summary of results was presented in the March quality report to the Board of Directors, including the agreed action plan. The Mental Health Division is making progress with the plan, there is minor slippage on timescales which are largely due to the Division not having all substantive Modern Matrons and Service Managers in post. As of the end of May all the vacancies have been filled and people have commenced in post.

In order to reduce the duplication of questions in surveys and the number of surveys for patient feedback being undertaken in Mental Health services one questionnaire has been developed to be used across the wards, this will cover the productive ward questions and the Trust 4 key questions and will also includes key questions to monitor the progress of the inpatient action plan.

1. **Responses to Trust wide Patient Experience Questions in 2011-2012**

Over the year the 26 hand held devices have been rotating around the services, excluding Community Service Oxfordshire. The feedback received for the 4 key questions has remained fairly stable (Graph 1). This would suggest that patients’ views of services are consistent across the Trust. Graph 2 shows a small reduction in January in overall satisfaction and patients feeling helped to manage difficulties however this did not fall below the lower confidence level and has not be a sustained deterioration. At this time the devices were in Oxford City CAMHS.



Graph 1 – 2011 – 2012 responses to 4 key patient experience questions



Graph 2 – 2011/12 overall satisfaction with services

1. **Complaints**

There was a significant decrease in the number of complaints received in quarter 1 (33) of 2012/13 compared to the quarters in 2011/12 as seen below

|  |  |
| --- | --- |
| 2011-2012 | 2012-2013 |
| Quarter 1 | Quarter 1 | Quarter 1 | Quarter 1 | Quarter 1 |
| 54 | 60 | 47 | 47 | 33 |

The graph below shows the breakdown of the number of complaints received by month over a 24 month period (1 July 2010 to 30 June 2012) showing peaks and troughs but no particular pattern.



Graph 3 – Complaints by Month 2010/2012

1. **Performance**

*Acknowledgement Times:* National regulations require that complaints are acknowledged within three working days of receipt. During Quarter One, 33 complaints (100%) were acknowledged within this timescale.

*Response Times:* Of the 33 complaints received, 13 (40%) complaints were responded to within the set timescale. 11 (33%) complaints were responded to within an extended timescale which had been agreed with the complaint. Nine (27%) complaints are still open at the time of writing this report.

1. **Safety**

*Total Number of Incidents by Quarter:*

There were a total of 2227 incidents reported in quarter one (7302 incidents were reported in the whole of 2011/12, a mean of 1825 per quarter).

|  |  |  |  |
| --- | --- | --- | --- |
| Q2 2011/12 | Q3 2011/12 | Q4 2011/12 | Q1 2012/13 |
| 1481 | 2089 | 2169 | 2227 |

*Incidents by Risk rating for the last 4 quarters*

The number of incidents initially graded as orange and red by staff completing incident forms has stabilised. This follows a shift last year in Nursing and Clinical Governance to rate incidents more highly. The steady increase in green and yellow rated incidents has been maintained (see graph).

Graph 6 - Incidented by risk rating

*Progress against LIPS targets*

In 2009, we set a target of increasing the number of less serious (green and yellow) incidents we reported by 50% by March of 2012. It is expected that a Trust with a good safety culture will report high levels of low level incidents and work to learn from incidents and reduce the number of serious incidents. With 2021 green and yellow incidents reported in Quarter one, we are on track for over 8000 being reported this year.

*Top 6 Categories of Incidents by Month over the last 4 quarters*

The graph below shows reporting numbers for the main categories of incident over the last 15 months. The types of incident broadly show random variation over the months.



Graph 7 – Incidents by Category

Most notably, the rise in incidents of violence and aggression that was reported in the last two quarters has continued with a new peak in June 2012. This is explored further below. The erratic level of reporting of self harm has continued. AWOLs have stayed at a steady rate though the wards reporting the highest numbers have changed this quarter.

Numbers of pressure ulcers have fallen this quarter. It takes a while for reported ulcers to be investigated and reviewed to establish if they have occurred whilst under our care and Pressure ulcer SIRIs remain at a low level. A detailed pressure ulcer report is provided by the division every month for review within their clinical governance arrangements.

Linfoot ward in Witney has been the highest reporter of falls in quarter 1 with 41, this ward has not figured previously as a top reporter. The ward has recently increased by 4 beds and has started to provide ‘step down’ care which has led to the admission of more acute patients. Two patients have been vulnerable to falling on several occasions.

The wards reporting most violence are broadly the same but some other adult wards have experienced rises as described below. The wards reporting most AWOLs have all changed with Phoneix being the highest reporter with 10 incidents. This had been fed in to the division’s clinical governance arrangements.

Last quarter‘s report detailed a high number of medication errors on Kimmeridge ward and Bullingdon prison. Both areas implemented actions aimed at reducing errors (see last report). Despite this, Kimmeridge and Bullingdon remain the two highest reporters of medication related incidents. A potential explanatory factor is that in both areas, medication errors are a focus of the clinical team and this is likely to increase the level of reporting in comparison to other wards.

*Current Concerns*

Violence and Aggression is at its highest for the past 15 months with a 26% increase compared to the previous month. Further extractions were run that show that the increase of Violence and Aggression was across the whole Trust; however the main increase was in the Mental Health Division.



Graph 8 – Violence and aggression incidents by Division

In the Mental Health Division the wards experiencing the greatest increase in violent incidents were Portland (female admissions), Vaughn Thomas (male admissions) and Cromwell (older adults). On all three wards, one individual patient accounted for a large percentage of the rise with multiple incident reports. These hotspots have been noted by the division who are reviewing them in their clinical governance meeting.

A recent report has been submitted to the IGC on physical restraint and seclusion of patients. There were 1013 reported incidents of physical restraint in the 16 month period from January 2012 to April 2012. For the year from April 2011 to March 2012, there were 777. This is a mean of 63 per month overall (65 per month in 20122/12).

In the last quarter (January – March 2012), the mean rose to 88 per month. The number of restraints by month appears to have increased since September of 2011 (see chart below).



Graph 9 - Number of restraints by month

 Lambourn House, Glyme and Chaffron wards reported no incidents of restraint. The number of restraints on the remaining wards ranged from 3 to 155 (see chart below).

The three wards with the highest number of restraints were Highfield Oxford (155, mean of 9.7 a month), Ashurst (145, mean of 9 per month) and Kestrel (94, mean of 5.8 per month).

The high reporters, as would be expected, are linked to the presence of individual patients who required multiple restraints

*Use of Seclusion*

The total number of reported seclusions from January 2011 to April 2012 was 249 (A mean of 15.6 a month). As with restraints, the number appears higher in the last quarter of 2011/12.

Graph 10 - Number of seclusions by month

The highest reporting wards were Ashurst with 62 incidents (3.8 per month), then Kestrel with 49 (3.1 per month), Kimmeridge with 46 (2.9) and Kennet with 31 (1.9).

*Serious Incidents Requiring Investigation (SIRIs)*

The table below shows the total number of red SIRIs by quarter. There have been less SIRIS in the last two quarters than in any of the previous quarters since the acquisition of community health services.

 Graph 11 - SIRIs over four quarters

Graph 12 - SIRIs by Division

*Apparent suicides by quarter for the last 2 years*

The chart below shows apparent suicides. This report calculates numbers of suicides on the basis of deaths that appear likely to have been suicides on the basis of the information available.

Graph 13 - Apparent suicides 2010 - 2012

The Quality account retains the LIPS target of reducing community suicides towards zero and having no inpatient suicides this year. In addition, the annual report has a more specific target of ‘to reduce towards zero avoidable community suicides where risk communication is a factor: service users on leave and/ or in contact with crisis services.

A workshop involving regional service providers, commissioners and the Oxford Suicide Research Centre is to take place on the 18/07/12. The LIPS programme is continuing its work targeting suicide risk assessment and management. Potentially, the positive effects of his programme are beginning to be seen.

*Resuscitation*

Resuscitation training to support practice within OHNHSFT is changing as the two former Trusts operated different training standards. The development of e-learning and face to face assessment sessions for the future is well underway. It is anticipated this will be rolled out in September for those that attend the November assessment sessions. Since the Board of Directors set the standard that Resuscitation Training needs to achieve 100% attendance per year, plans have been put in place to increase the number of session places available and a business plan has been put forward to enable the 100% standard to be met.

*Care Programme Approach (CPA)*

The result of the CPA audit for quarters 4 can be seen in the table below, which shows an improvement for each of the four key standards over the course of the year.

|  |  |  |
| --- | --- | --- |
| **Board Metrics** | **Q1 2011/12** | **Q4 2011/12** |
| Is there a CPA care plan? | 86% 256/299 (4 n/a) | 92% - 272/297 |
| Has the care plan been reviewed in previous 6 months? | 79% 223/284 (24 n/a) | 88% - 253/289 |
| Is there a safety/risk assessment and management plan completed that is less than 12 months old? | 81% 249/307 (4 n/a) | 94% - 272/290 |
| Is the Care Co-ordinator identified? | 95% 291/307 | 100% - 295/296 |

*Infection Control*

There is a programme of mandatory Infection control training in place in accordance with the trusts learning and development training matrix. Target attendance is set at 100%, in quarter 4 the achievement against target was 63% rising to 72% in quarter 1 of 2012/13.

1. **Hand Hygiene Audits**

Average results for May 2012 within Mental Health wards was 92% (see below for breakdown of standards). Means for the Community hospitals in Quarter 1 were 96.3%

Graph 14 – Hand hygiene audit; 4 key standards

1. **Environmental Infection prevention and control audits**

Wards and departments are visited on an unannounced basis by the Infection Prevention and Control Team. An infection prevention and control audit is carried out using a national tool. The pass mark is set at 85%.

During Q1 of 2012/13 a total of 17 audits were completed. For those scoring less than 85%, they are asked to complete an action plan of the highlighted points and are then re audited within 3 months. The action plan is taken to the re audit to ensure that the plans have been carried out. Re-audits of areas in red will take place during quarter 2.

Overall average compliance for Quarter 1 was 80% across the Trust, with 8 of 17 areas requiring improvement plans.

The Trust has an agreed MRSA screening procedure. Average compliance across community hospitals during quarter 1 was 99%

There has been 1 case of **C. difficile** in mental health services, on Sandford Ward. In community hospitals there were two cases in April, two in May and no cases in June. All the cases have been fully reviewed and no links between cases have been identified. Peer reviews internal and external to the trust have taken place and all patients were evaluated to have been appropriately managed and the cases unavoidable. All were high risk and received antimicrobial treatment.

There have been no cases of **MRSA Bacteraemia** this quarter.

One case of **campylobacter** has been reported on Cherwell ward the subsequent review did not identify any failings in care.

1. **Quality Risk Profile (QRP) Summary**

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 most recent QRP published in June 2012 shows there are a number of changes in risk ratings. The following is a summary of the changes:

* Care and Welfare has moved from insufficient data to high amber risk. This is as a result of new data from MHMDS for Q2 2011-2012 on CPA reviews in last 12 months and HoNOS assessment in last 12 months. It has also resulted from a negative comment from a coroner’s rule 43 in December 2011.
* Cooperating with other providers has moved from insufficient data to high neutral risk this is despite there being no new data sources from April 2012.Safety, availability and suitability of equipment has moved from low green to low neutral risk - negative again following a coroners rule 43 in December 2011
* Staffing has move from insufficient data to high red risk there are only 3 items of data used for this assessment: negative comment from coroners rule 43, national staff survey results for 2011 regarding staff working extra hours and % of staff who have been vaccinated about influenza.

In April 2012 QRP there were 10 standards not risk rated due to insufficient data and in June 2012 QRP this has reduced to 8 standards.



Chart 2 - June 2012 QRP summary

1. The columns are arranged in order of dates that the samples of patients were surveyed, rather than order that reports were published. [↑](#footnote-ref-1)
2. Sample only includes those that answered they had been receiving care from mental health services for over 12 months. [↑](#footnote-ref-2)