

**Report to the Meeting of the Oxfordshire and
Buckinghamshire Mental Health NHS Foundation Trust
Board of Directors**

30 March 2011

Quality Report

This report provides the Trust Board with a summary of the Trust's position for February 2011 against a range of quality indicators. The report is split into two sections;

Section 1 – Key quality indicators under four domains, three representing Darzi triad of quality; Service user experience; clinical effectiveness; safety and additionally workforce indicators are included.

Section 2 – Summary of audits completed in month

Key items to note

- The information in this report is not as comprehensive as usual due to continued delays in implementing a fully automated solution to produce the data needed as part of the transfer to the RiO system. This will be resolved for the year end performance. Performance against the following indicators is missing:
 - Service user and carer experience
 - Trust cancelled appointments
 - Clinical Effectiveness
 - Emergency readmissions
 - HoNOS paired scores
 - ICD10 coded inpatients
 - Data completeness: outcomes
 - Safety
 - Bed occupancy
 - Data completeness: identifiers
 - Workforce
 - Inpatient activity
 - Outpatient, community & group activity

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The impact of these omissions in terms of the Board being assured has been assessed and the Board should be aware of the following:

- The achievement of 40% of HoNOS paired scores is tied to the CQUIN in Oxfordshire. In January the performance was reported as 36.2% (Oxfordshire 36.3%). This report can not give the Board the assurance that 40% will be achieved by the end of March which could put at risk the receipt of some of the Oxfordshire CQUIN money. A verbal update will be given at the Board.
 - The ability to report monthly on activity (both inpatient and outpatient, community and group) is a contractual obligation although a rider is contained within contracts to cover exceptional circumstances where this may not be possible. However, the inability to capture this information does pose a risk in terms of reputation and the relationship with our commissioners.
 - The remaining omitted indicators do not pose a significant risk as there is either sustainable high performance, no penalty to not achieving the tolerance, target or benchmark, or ongoing action to address under performance.
- There has been an improvement in the percentage of delayed transfers of care. Oxfordshire County Council have agreed to make an additional 10 placements which is helping the overall position. However this is a “one off” and the Trust may see DTCs increase over the coming months.
 - Use of Bank and Agency is again below target at 3.4% which would appear to be a significant achievement against current levels of staff sickness and the challenges or organisational change. However, this is offset by a 2.45% of pay spend on the use of sessional staff. These are the Trust’s own staff who work on a separate contract, as and when required, at plain rate ie no overtime is paid. The advantage of the use of sessional contracts is that the Trust maintains greater control on the total hours that staff work, in line with the Working Time Directive, and do not pay commission to another provider organisation. It is recommended that this be incorporated into the indicator for future reports.
 - Staff appraisals have decreased by 2.0% this month to 74.0%. There have been some data entry issues and it is anticipated that performance will improve next month.

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Recommendation

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

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

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the CQC Regulations ...*

Quality Report March 2011

Monthly Dashboard

This report provides the Trust Board with a summary of the Trust's position against a range of quality indicators. The chart below shows the ratings for those indicators measured on a monthly basis. All data relates to the month of February. Staff sickness is reported one month in arrears.

Clinical Priority	Indicator Type	Indicator	Feb-11		Target/ Benchmark/ Tolerance	Red Amber Green	Trend	
			%	Number				
Service user and Carer Experience	Quality and Performance	All Delayed Transfers of Care (NHS and Social Care)	14.4%	34	7.5%	Trust Target	●	↓
	Quality	Single sex accommodation breaches		2	0	Department of Health	●	↑
	Quality	Complaints Ratio (complaints per 1000 appointments & bed days)		0.3	0.3	Benchmark (Average of 2009/10)	●	
	Quality	Patient feedback - Overall, how would you rate the care you are receiving from the mental health service?	77.0%	789	80.0%	Trust Tolerance Level	●	
Clinical Effectiveness	Quality and Performance	Compliance with CPA metric	77.0%		80.0%	Trust Level	●	↑
	Performance	Early Intervention caseload Oxon /New patients Bucks		139 Oxon 57 Bucks	135 Oxon 49 Bucks	Monitor Target/ Contractual	●	↔
Safety	Quality	Number of days a ward(s) is closed due to infection control YTD		16	0	Trust Target	●	↓
	Quality	Serious Untoward Incidents Ratio (SUIs per 10,000 appointments & bed days) three month rolling average	1.2	8	1.3	Trust Tolerance Level	●	↓
	Quality	Never Events		0	0	National Patient Safety Agency	●	↓
	Quality	Number of cases of Clostridium Difficile (C.diff) and MRSA		0	0	Department of Health	●	↔
	Quality and Performance	Follow up in community within 7 days from inpatient discharge	92.5%	73	95.0%	Monitor Target/ Contractual	●	↓
Workforce	Quality and Performance	Use of bank and agency staff in Clinical Services	3.4%		5.0%	Trust Tolerance Level	●	↑
	Performance	Staff sickness Trustwide (1 mth in arrears)	4.1%	3333 Days Lost	3.5%	Trust Tolerance Level	●	↓
	Performance	Staff vacancies as a snapshot Trustwide	8.7%	259	9.0%	Trust Tolerance Level	●	↓
	Quality and Performance	Mandatory Training completed in last 12 months Snapshot	86.0%		85.0%	Trust Tolerance Level	●	↑
	Quality and Performance	Appraisals completed in last 12 months Snapshot	74.0%	1598	85.0%	Trust Tolerance Level	●	↓

Key to trend:



Improving



Deteriorating

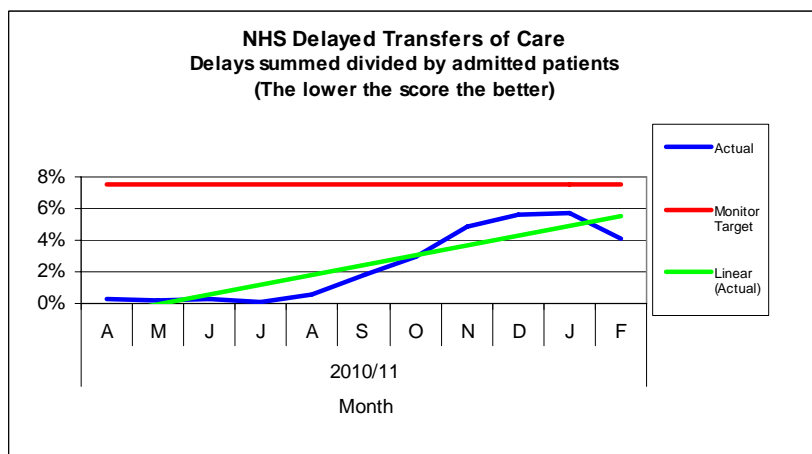
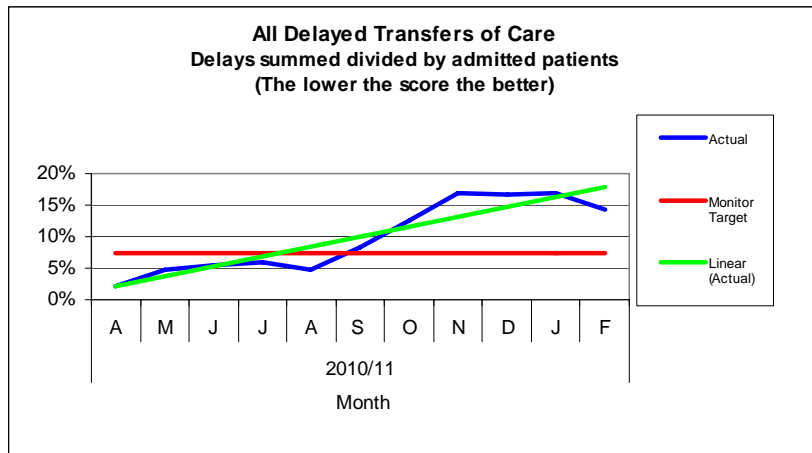


No change

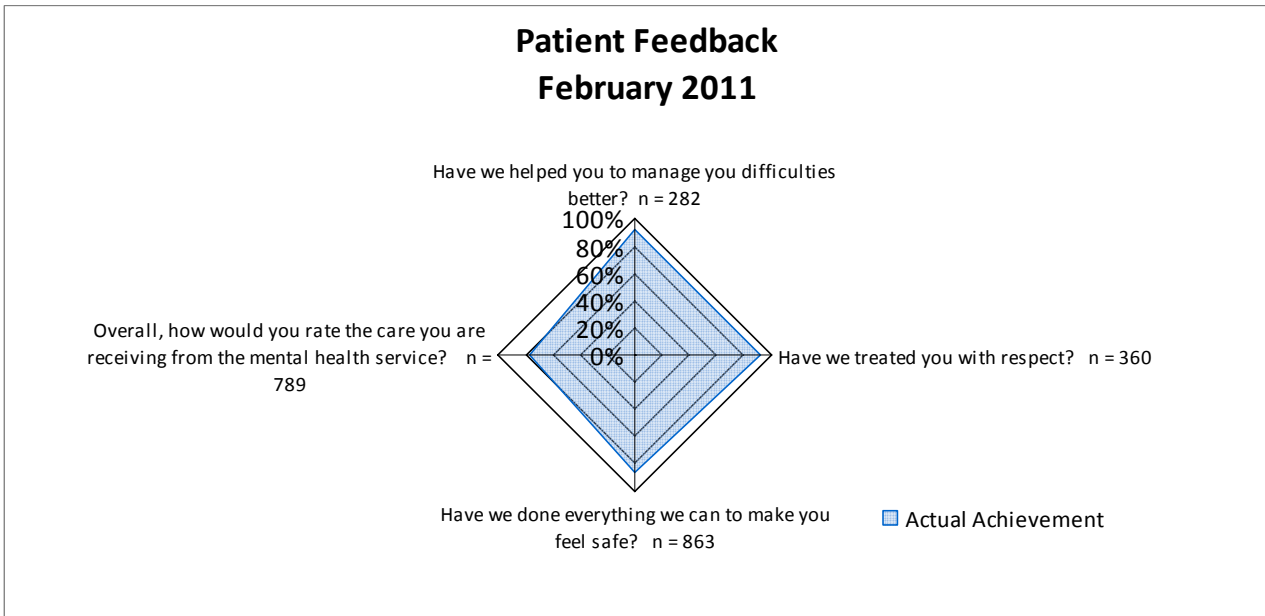
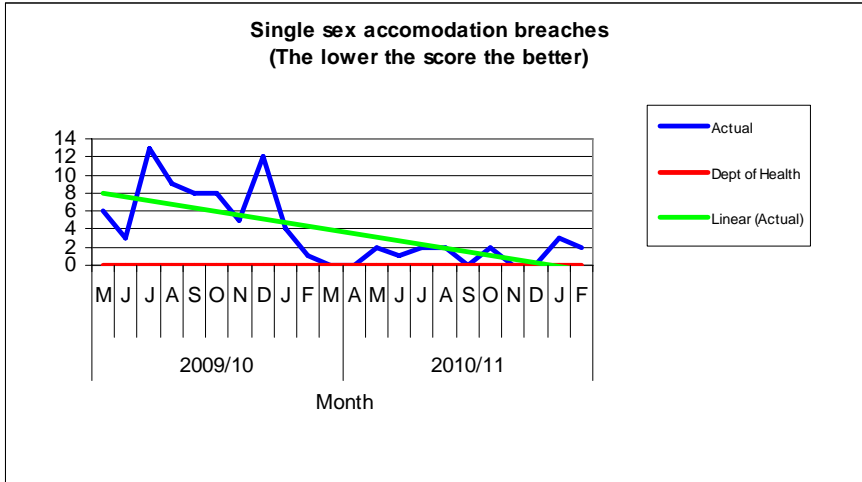
Section 1 – Key Quality Indicators

Service User and Carer Experience

- Delayed Transfers of Care** – NHS and Social Care DTCs reduced by 2.6% to 14.4% in February. Oxfordshire County Council have agreed to make an additional 10 placements which is helping the overall position. NHS only DTCs reduced by 1.6% to 4.1% and are within the Monitor target of 7.5%.

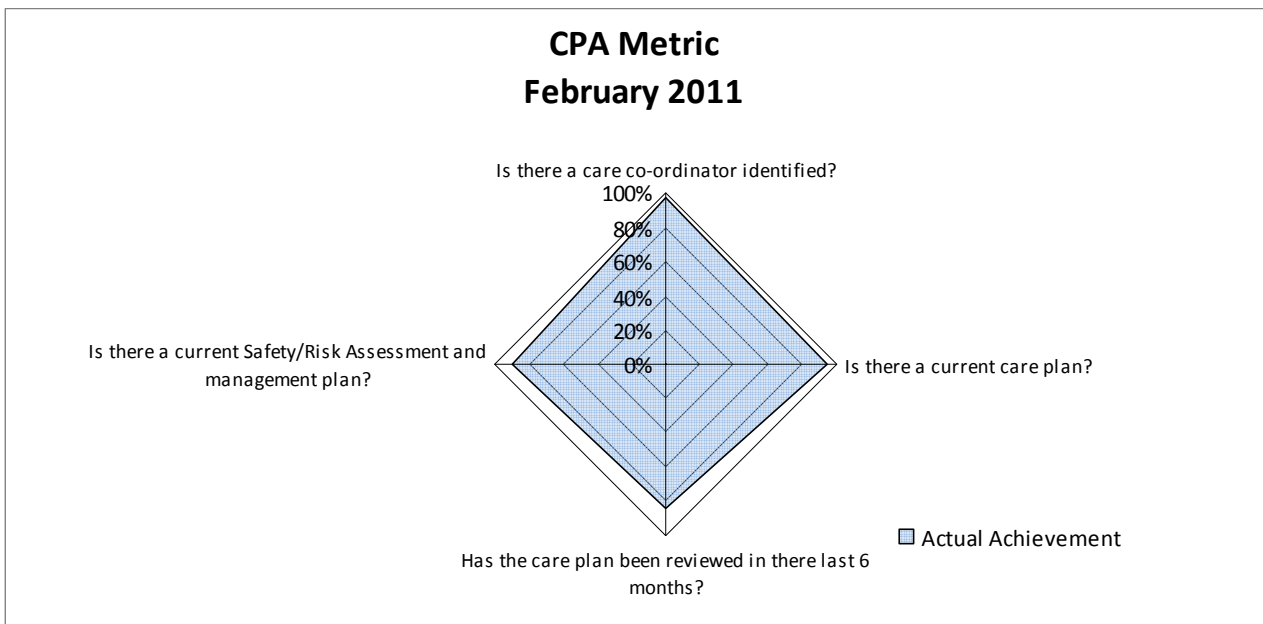
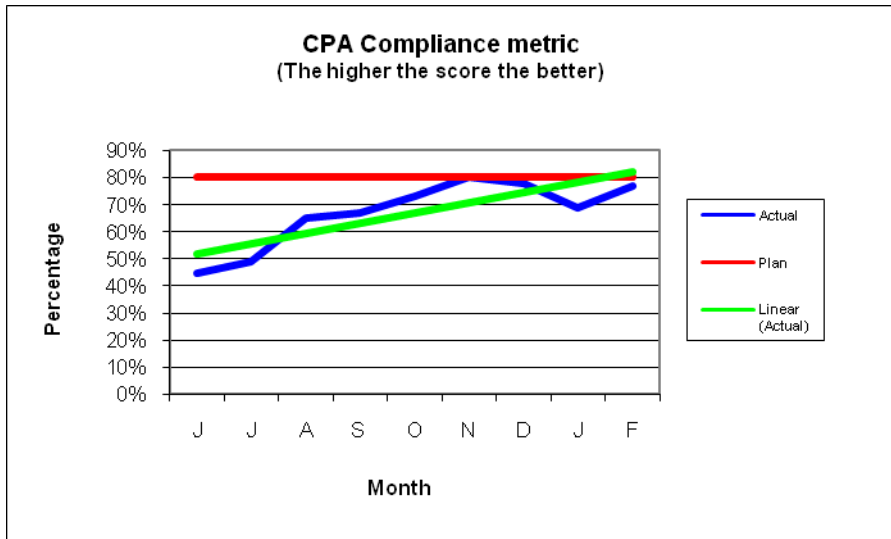


- Single Sex Accommodation** – The 2 breaches in February were on Marlborough House, Swindon. This 12 bedded unit is split into three separate accommodation areas of 4 beds. The unit strive to ensure that each area stays single sex but on occasion due to bed pressures and patient mix breaches do occur. These breaches are mitigated by ensuring that nurses carry out observations in these areas when in use, to ensure no child feels vulnerable. These particular breaches have not incurred any penalties.



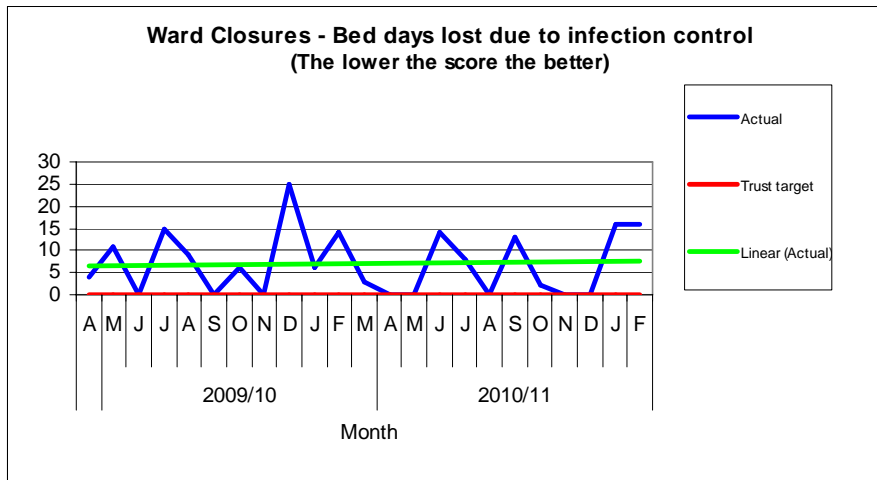
Clinical Effectiveness

- Compliance with CPA metric** – [NB: due to the transfer to the RiO system, teams were not asked to complete the CPA audit in January. The performance shown in the graph below for January is therefore an average of performance in the previous 6 months.] Performance has stayed relatively static over the last 4 months although the trend shows a steady improvement. Taking the individual elements of the metric, performance of over 85% has been achieved in each in February (see spider chart below). The compliance metric calls for all 4 elements to be in place.

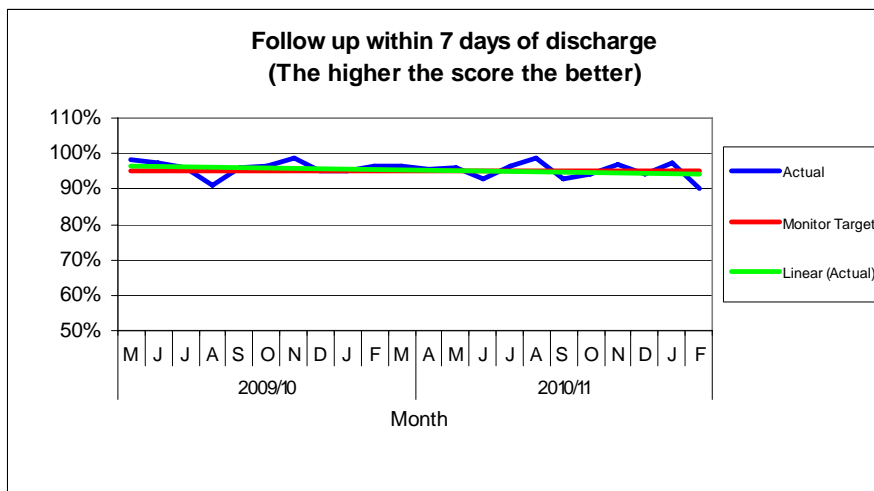


Safety

- **Number of days a ward is closed due to infection** - Wintle was closed for 8 days and Cromwell for 8 days due to an outbreak of diarrhoea and vomiting. The overall trend is slightly up.

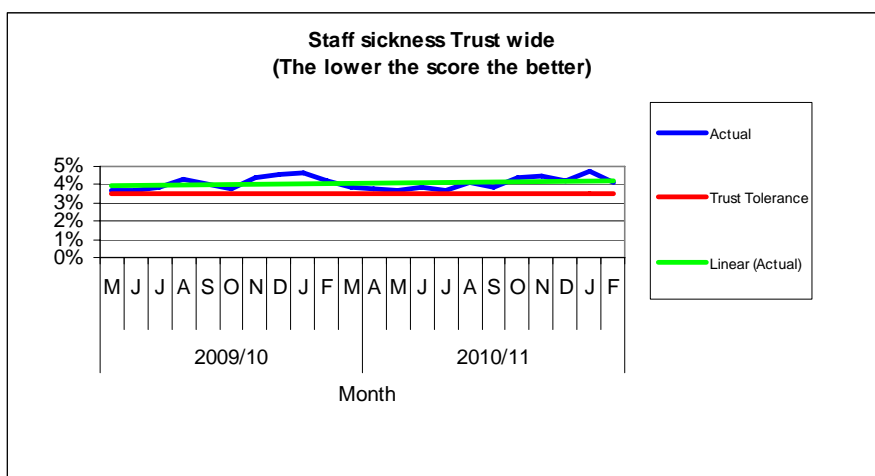


- **Follow up in the community within 7 days from inpatient** – 73 out of 79 (92.5%) discharges were followed up within 7 days of discharge. Buckinghamshire had 3 breaches and Oxfordshire 3 breaches. Year to date this target is being achieved with 1003 out of 1053 (95.3%) discharges being followed up within 7 days of discharge.



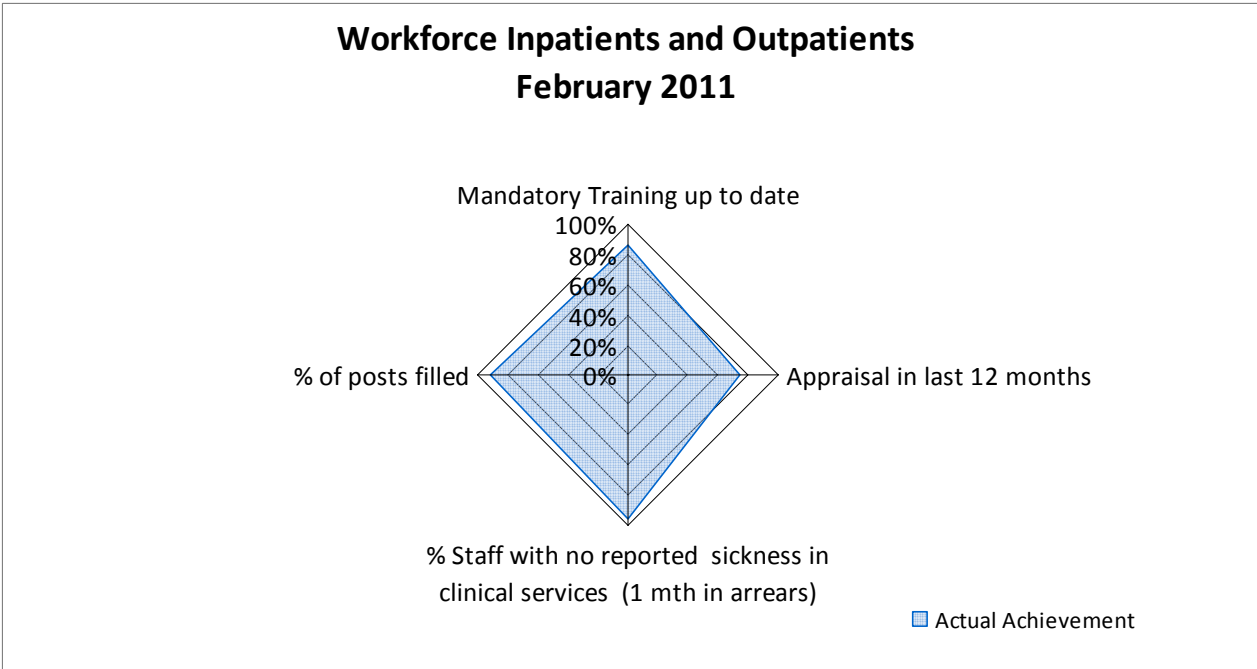
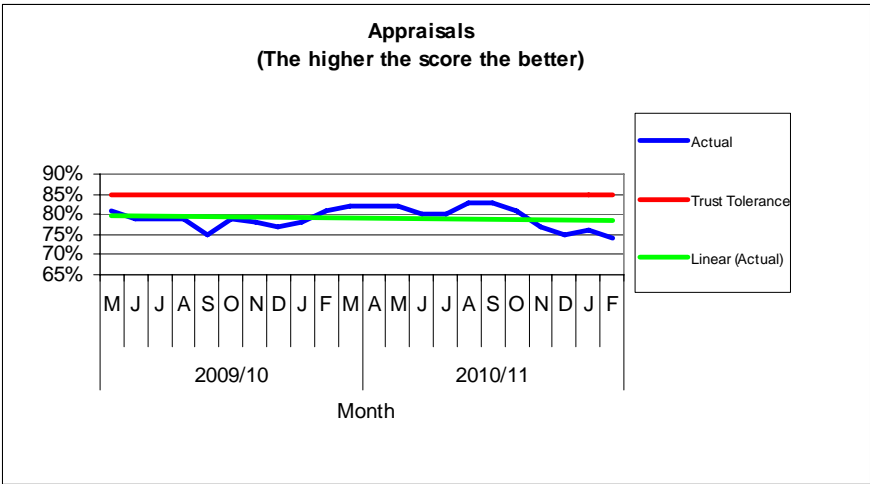
Workforce

- Staff Sickness** (one month in arrears) – Trust wide the sickness rate has reduced from 4.7% to 4.1% in February and is mainly due to a reduction in long term sickness which has decreased from 2.1% to 1.74%. Improvement in the management of sickness is evident in Bucks Acute & Access and Forensic services through the introduction of improved reporting and monitoring, trigger points to alert managers, regular review meetings. A slight increase is reported in Oxford Acute Care Pathway which is coming to the end of a far reaching organisational change programme. Pharmacy and Facilities, both relatively small departments, are experiencing several incidents of long term sickness which are being actively managed.



February 2011 Sickness in clinical areas (1 month in arrears)	
Oxfordshire Adult and Older Adult	5.2 %
Buckinghamshire Adult and Older Adult	4.4 %
CAMHS	3.3 %
Specialist	3.1 %
Forensic	4.3 %
Trust Clinical Areas Total	4.5 %
Corporate	3.0 %
Trust Total	4.1 %

- Appraisals** – Performance has decreased by 2.0% to 74.0% in February and is the lowest performance reported this year. Examples of action being taken include Specialist Services addressing a recording issue and Buckinghamshire addressing data inaccuracies and poor performance through the establishment of a ‘Rapid Action Response Team’(comprising local ward managers, productive ward and HR representation) to intensively “train” and to timetable all outstanding PDRs in a 4 week period.

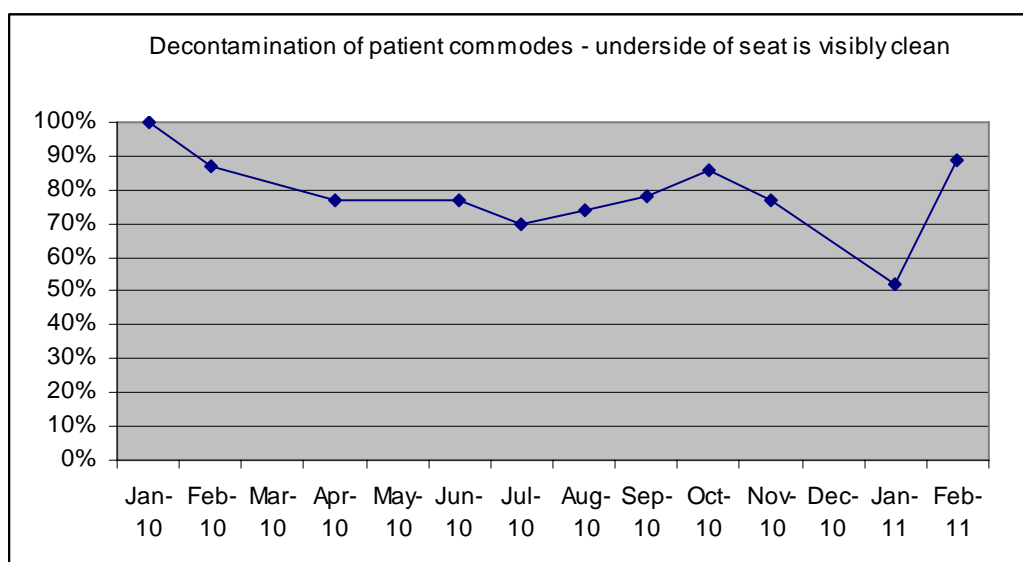


Section 2 – Summary of Audit

Infection Control - Decontamination of Commodes (OA) (N=23 commodes)

Decontamination of commodes results declined from November 2010 so special measures for daily (Ward Manager) and weekly (Modern Matron) checks were put in place in February 2011 to inspect five key standards that were falling below acceptable levels. This action resulted in an in month improvement. The chart below shows the achievement against the five areas for February, and the graph shows the improvement in the area of most concern; cleanliness of underside of seat.

Decontamination of patient commodes	Feb 11 % Compliance
1. Top seat of cushion	94%
2. Underside of cushion	89%
3. Top of seat visibly clean	100%
4. Underside of seat visibly clean	89%
5. Clean indicator tape attached to commode	100%
Overall average	94%



As cleanliness has improved Modern Matron weekly checks have ceased and are replaced with unannounced spot checks.

Infection Control - Hand Hygiene (N= 472).

This bi-monthly audit was completed in January. Overall achievement against the standards has remained at a good level. Two wards fell below a good standard; Kimmeridge was poor at 71% and Sandford fair at 79%.

Key					
Blue = 100% (excellent)					
Green = 90-99% (good)					
Amber = 75-89% (fair)					
Red = less than 74% (poor)					
	% of staff carrying a tottle	% of staff not wearing jewellery	% of staff with no nail varnish, extensions or long nails	Overall compliance with hand washing technique	% of ward staff reviewed (target is >65% of ward staff)
Trust wide Average	92%	95%	96%	91%	76% (472/618)