Oxford Health NHS
NHS Foundation Trust

BOD 61/2011
(Agenda item: 5)

Report to the Meeting of the Oxford Health NHS Foundation Trust
Board of Directors

27th April 2011
Quality and Performance Report

This report provides the Board of Directors with a summary of performance at year end for Oxford Health NHS Foundation Trust and for Community Health Oxfordshire (CHO). Attached to this report is the Oxford Health NHS Foundation Trust Quality Report and the CHO Performance report. CHO was formally integrated into Oxford Health NHS Foundation Trust on 1st April 2011 and future performance reports will be an integrated format.

Oxford Health NHS Foundation Trust Quality Report
The report is split into three 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
Section 3 – Quarterly progress against the CQUIN agreement and the quality priorities identified in the Quality Account.

Key items to note

- The information in this report is still not as comprehensive as usual, Work is continuing to address the data issues relating to the deployment of RiO and the introduction of the Data Warehouse. Performance against the following indicators, internally derived and not external KPIs, is still not available:
    - Service user and carer experience
        - Wait from 1st referral to appointment
    - Clinical Effectiveness
        - ICD10 coded inpatients
    - Safety
        - Bed occupancy

- There have been no ward closures due to control of infection this month.

- This is the second month the target for the number of transfers between wards for non clinical reasons has been met.

- The Trust has achieved the target 40% of HoNOS paired scores which is tied to the CQUIN in Oxfordshire.

Areas requiring improvement

- The CQC and Monitor target of 95% of adults on CPA having had a review in the last 12 months has not been achieved. This is a Monitor target and currently attracts a 0.5 penalty. As all other Monitor targets have been achieved this does not affect the Trust's governance rating of green., However, the 2011/12 Monitor Compliance Framework calls for both this and the 7 day follow up target to be met in future otherwise a penalty of 1.0 will be allocated which would give the Trust an amber/green rating. Work continues to achieve this target through pursuing the PCTs' more challenging target of adults on CPA having had a review in the last 6 months.

- There has been an increase in the percentage of delayed transfers of care (NHS and Social Care attributable) from 14.4% in February 2011 to 15.5% in March 2011 although the Monitor target of 7.5% (for NHS attributable) has not been breached. The increase in NHS attributable DTCs is being looked into in more detail to ascertain the root cause.

- Use of Bank and Agency in Clinical services - Spend has increased from 4.2% to 5.4%. However, in March there was also 2.3% of spend on sessional contracts giving a total of 7.7% spend to cover staff absence/vacancies despite a reduction in vacancies and sickness. This requires further investigation.

- Staff appraisals have increased by 2.0% this month to 76.0% which is still below target. There were data entry issues following a change to a new server and it is anticipated that performance will improve next month.

Community Health Oxfordshire Performance Report

The Community Health Oxfordshire Performance Report is attached, broken into 4 sections:

- Performance including quality
- Divisional Dashboard
- Action plan
- CQUIN

It relates to performance at end of 2010/11 when the services were still part of the PCT. The CHO performance report is essentially a divisional level performance report which contains indicators at service levels relating directly to contracts. Not all the information currently contained in this report will be

reported to the Board of Directors in the future but will remain available on request as will still form the report needed to manage the community service division. However, the Board is asked to note the following:

- 90% of KPIs were achieved or exceeded in 2010/11; 57 penalty points were incurred (non achievement of KPIs for urgent care, community hospitals, complaints and PCAMHS). Confirmation of receipt of the £100k incentive is pending. (See CHO Performance Overview for more details)

- Successful management to reduce the number of Cdiff cases, falls categorised as major, pressure ulcers attributable to community hospitals year on year. There were no cases of MRSA in 2010/11.

- Delayed transfers of care full year averages were at 17% (Q4 17%) for NHS attributable and 50% (Q4 36%) Social Care. It should be noted that the Monitor target only relates to Mental Health NHS attributable DTCs.

- Sickness levels in February were at 4.93%; the year to date average (3.95%) shows an overall increase against last year (3.33%)

- Completion of appraisals is at 54% compliance, a 10% improvement on the previous month

- Target attendance for mandatory training was only achieved in 3 courses (Mental Health, Resuscitation and infection control). Underachievement is reported in fire awareness, equality and diversity, information governance and conflict resolution.

Future performance reporting
A draft report format is being developed and will be shared for information/discussion at the Board meeting. The actual indicators to be included have as yet to be determined. The suggested format is as following:

1. Summary sheet describing
- Successes
- Risks
- Overview of the organisation applying a balanced scorecard (Customer, Quality, Workforce and Finance)

2. Supporting pages including action on underperformance
- Clinical and quality indicators (including CQUIN summary, audit findings, Divisional high level summary (activity and no of KPIs achieved and exception reports against non achievement of divisional level KPIs))
- HR and workforce indicators (including risks for workforce planning)

- Financial performance (CIPs including % benefits realisation target, PbR progress)

Recommendation

The Board is asked to

- review the Trust's position on the range of key quality indicators and audit results
- note the Community Health Oxfordshire year end performance report, and
- confirm that it has received adequate assurance in this respect.

Author and Title:

Charlotte Hunt, Performance Information Manager (Oxford Health NHS Foundation Trust Quality report)

Marie Pritchard, Senior Business Development Manager (Community Health Oxfordshire Performance report)

Lead Executive Directors:

- Ros Alstead, Director of Nursing and Clinical Standards (Oxford Health NHS Foundation Trust Quality report)
- David Bradley, Chief Operating Officer (Community Health Oxfordshire Performance report)

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 ...*

Oxford Health NHS
NHS Foundation Trust

Quality Report April 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 March. Staff sickness is reported one month in arrears.

Clinical Priority	Indicator Type	Indicator	Mar-11 %	Mar-11 Number	Target/ Benchmark/ Tolerance		Red Amber Green	Trend
Service user and Carer Experience	Quality and Performance	Trust Cancelled appointments	1.0%	465	2.0%	Trust Tolerance Level	●	⇔
	Quality and Performance	All Delayed Transfers of Care (NHS and Social Care)	15.5%	31	7.5%	Trust Target	●	⇩
	Quality	Single sex accommodation breaches		1	0	Department of Health	●	⇧
	Quality	Complaints Ratio (complaints per 1000 appointments & bed days)		0.3	0.3	Benchmark (Average of 2009/10)	●	
	Quality	Number of patients transferred between wards for non clinical reasons		10	10	Trust Tolerance Level	●	⇧
	Quality and Performance	Admissions with prior access to CRHT	100.0%	90	90.0%	Monitor Target	●	⇧
	Quality and Performance	Cleanliness score for inpatient services (PEAT) Snapshot	95.0%		95.0%	Trust Target	●	⇔
	Quality	Patient feedback - Overall, how would you rate the care you are receiving from the mental health service?	77.0%	986	80.0%	Trust Tolerance Level	●	
	Quality and Performance	% of adults (18-65) on CPA reviewed in last 6 months	39.3%	1007	95.0%	PCT Target	●	⇧
	Quality and Performance	% of adults (18-65) on CPA reviewed in last 12 months	84.6%	1627	95.0%	Monitor	●	⇧
Clinical Effectiveness	Quality and Performance	Inpatients readmitted as an emergency within 28 days of discharge	2.9%	4	3.2%	Bencvhmark (SEPHO)	●	⇩
	Performance	HoNOS paired scores	47.3%	5361	40.0%	Contractual	●	⇧
	Quality and Performance	Compliance with CPA metric	77.0%		80.0%	Trust Level	●	⇧
	Performance	Early Intervention caseload Oxon /New patients Bucks		145 Oxon 63 Bucks	135 Oxon 53 Bucks	Monitor Target/ Contractual	●	⇧
	Performance	Data completeness: Outcomes	53.7%		50.0%	Monitor Target	●	⇩
Safety	Quality	Number of days a ward(s) is closed due to infection control YTD		0	0	Trust Target	●	⇧
	Quality	Serious Untoward Incidents Ratio (SUIs per 10,000 appointments & bed days) three month rolling average	1.3	3	1.3	Trust Tolerance Level	●	⇩
	Quality	Never Events		0	0	National Patient Safety Agency	●	⇩
	Quality	Number of cases of Clostridium Diffcile (C.diff) and MRSA		0	0	Department of Health	●	⇔
	Quality and Performance	Follow up in community within 7 days from inpatient discharge	96.6%	72	95.0%	Monitor Target/ Contractual	●	⇩
	Performance	Data completeness: Identifiers	99.1%		99.0%	Monitor Target	●	⇩

Clinical Priority	Indicator Type	Indicator	Mar-11 %	Mar-11 Number	Target/ Benchmark/ Tolerance		Red Amber Green	Trend
Safety	Quality	Number of days a ward(s) is closed due to infection control YTD		0	0	Trust Target	●	⇧
	Quality	Serious Untoward Incidents Ratio (SUIs per 10,000 appointments & bed days) three month rolling average	1.3	3	1.3	Trust Tolerance Level	●	⇩
	Quality	Never Events		0	0	National Patient Safety Agency	●	⇩
	Quality	Number of cases of Clostridium Diffcile (C.diff) and MRSA		0	0	Department of Health	●	⇔
	Quality and Performance	Follow up in community within 7 days from inpatient discharge	96.6%	72	95.0%	Monitor Target/ Contractual	●	⇩
	Performance	Data completeness: Identifiers	99.1%		99.0%	Monitor Target	●	⇩
Workforce	Quality and Performance	Use of bank and agency staff in Clinical Services	5.4%		5.0%	Trust Tolerance Level	●	⇧
	Performance	Staff sickness Trustwide (1 mth in arrears)	4.0%	2928 Days Lost	3.5%	Trust Tolerance Level	●	⇩
	Performance	Staff vacancies as a snapshot Trustwide	7.7%	259	9.0%	Trust Tolerance Level	●	⇩
	Quality and Performance	Mandatory Training completed in last 12 months Snapshot	87.0%		85.0%	Trust Tolerance Level	●	⇧
	Quality and Performance	Appraisals completed in last 12 months Snapshot	76.0%	1714	85.0%	Trust Tolerance Level	●	⇩
	Performance	Inpatient activity Performance	1.7%	147,053	144,600	Contractual	●	
	Performance	Outpatient, community & group activity Performance	5.7%	226,046	213,771	Contractual	●	

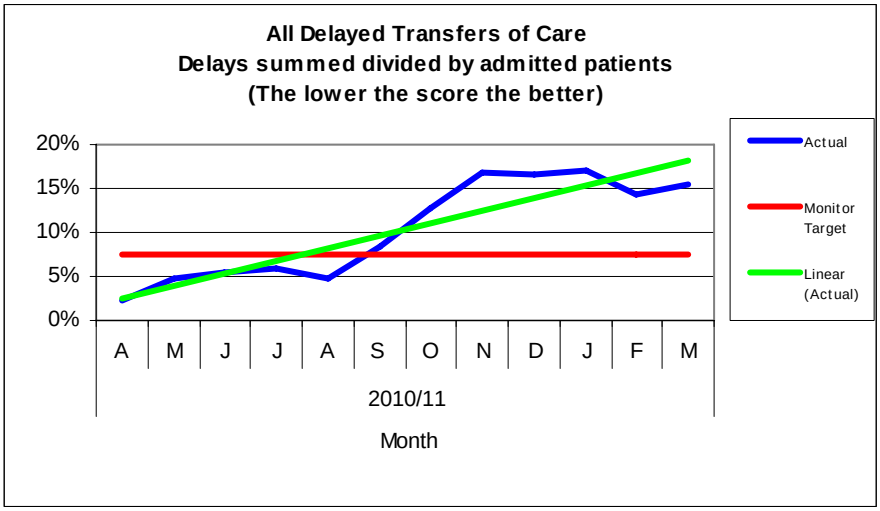
Key to trend:

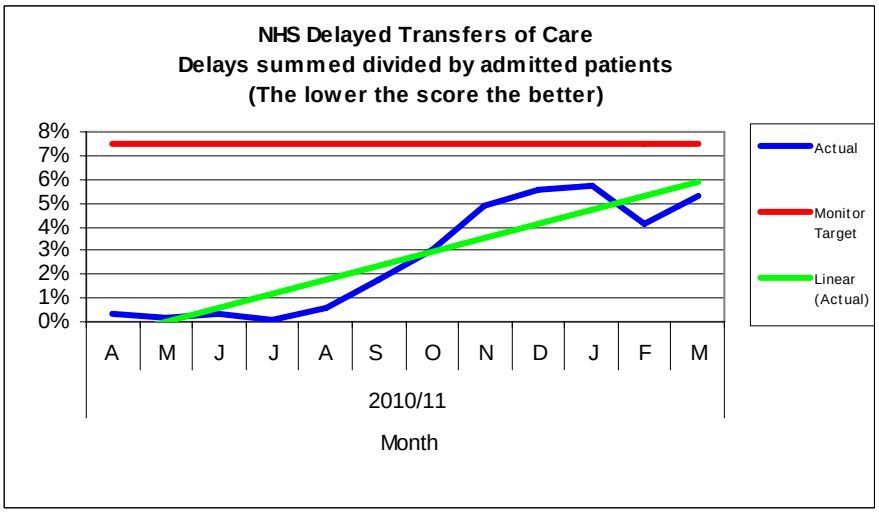
⇧ Improving ⇩ Deteriorating ⇔ No change

Section 1 – Key Quality Indicators

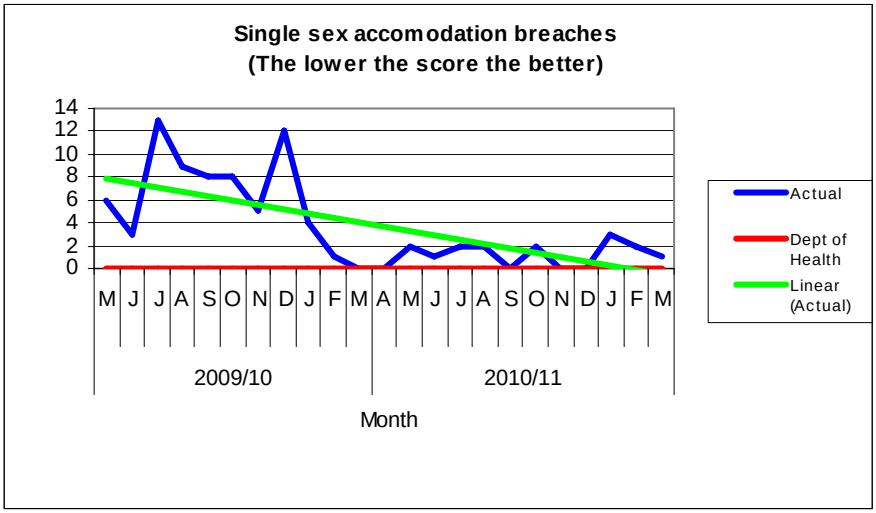
Service User and Carer Experience

- **Delayed Transfers of Care –** NHS and Social Care DTCs increased by 1.1% to 15.5% in March. The increase is in Oxfordshire Adults and Older Adults. NHS attributable DTCs increased by 1.2% to 5.3%. For 2010/11 there were 9.9% NHS and Social Care DTCs and 2.5% NHS.





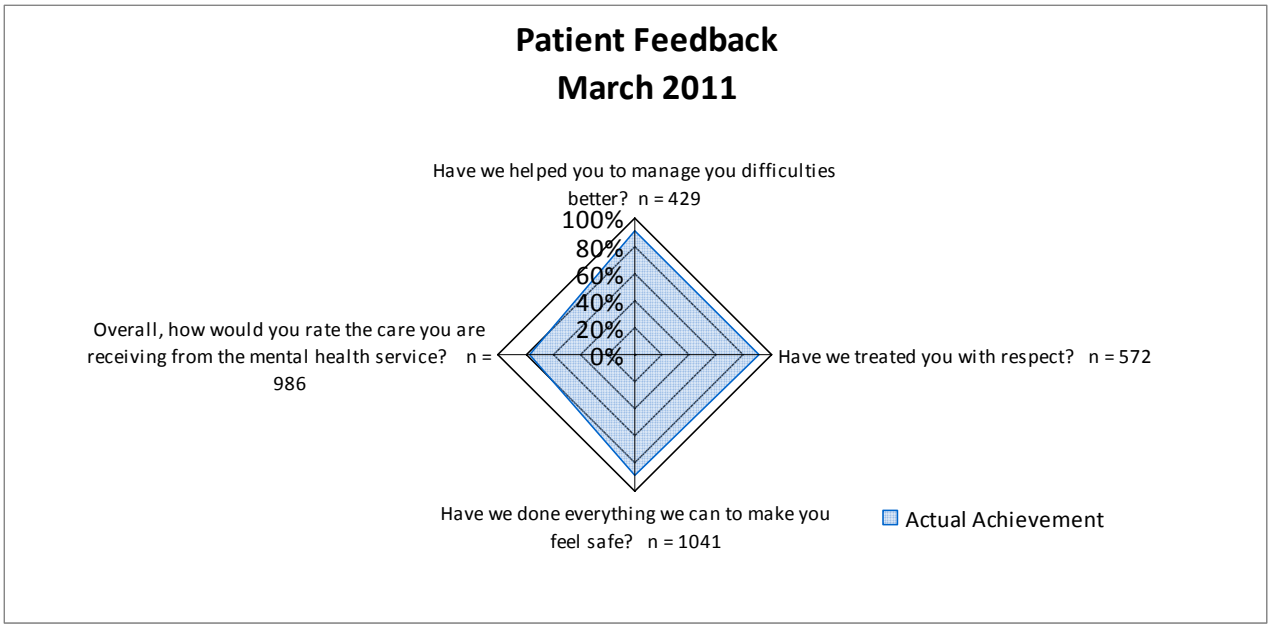
- **Single Sex Accommodation –** There was 1 breach in March on Portland ward. The female patient was transferred temporarily overnight to Kimmeridge due to the need to admit an acute patient to Portland. There have been 15 beaches in 2010/11.



- **PEAT** – The results and expected ratings of the site based formal PEAT assessment are shown below. The National Reporting Agency will publish final scores at the end of June 2011 and it is expected that the Trust will receive a score of Good or Excellent, with an estimated average score of 95.0%. Areas that are below the required standard will continue to be closely monitored.

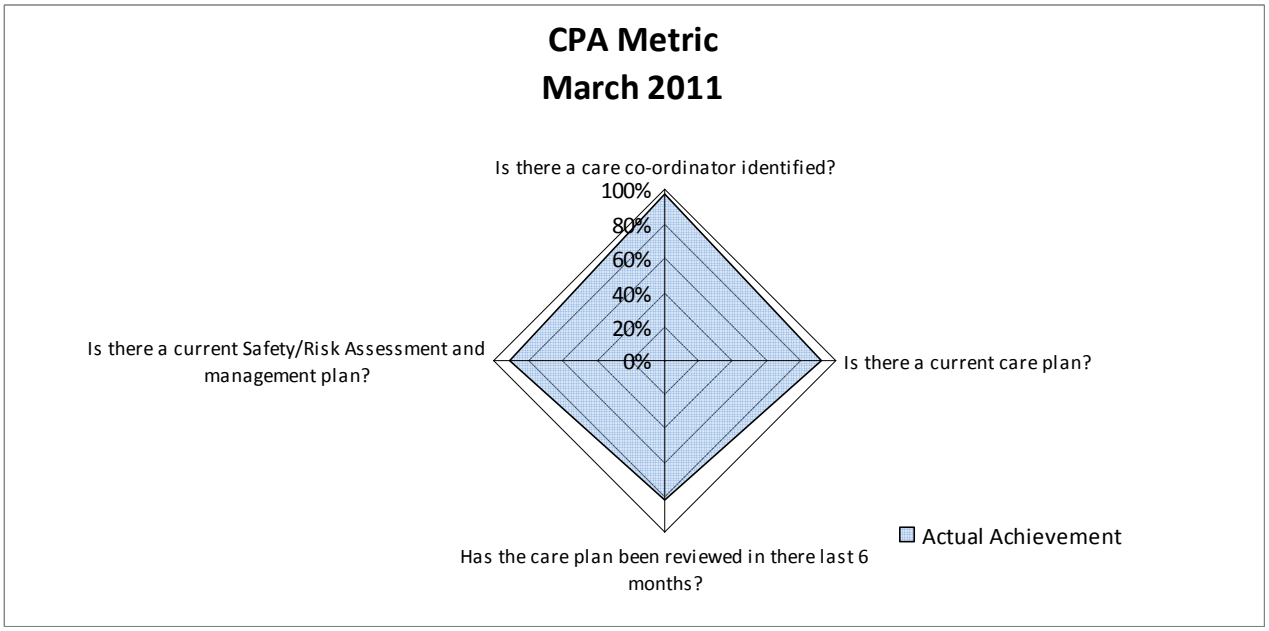
2010/11 QUARTER 4 FORMAL PEAT ASSESSMENTS SITE SCORES & EXPECTED RATING

Site	Final environment Score (non-weighted)	Rating	NSC Average Score	Expected Final Environment rating	Food Score	Final Food Rating	Privacy & Dignity Score	Final P&D Rating
Cotswold House (Marlborough)	98.3%	Excellent	98.0%	Excellent	90.0%	Good	96.0%	Excellent
Fiennes	98.5%	Excellent	97.0%	Excelent	96.0%	Excellent	100.0%	Excellent
Fulbrook	99.3%	Excellent	96.5%	Excellent	100.0%	Excellent	94.0%	Good
John Hampden Unit	93.5%	Good	95.1%	Good	100.0%	Excellent	86.0%	Good
Littlemore	92.8%	Good	94.2%	Good	97.7%	Excellent	100.0%	Excellent
Mandalay	95.0%	Good	97.0%	Good	n/a	n/a	100.0%	Excellent
Manor House (Woodlands)	93.3%	Good	96.0%	Good	100.0%	Excellent	100.0%	Excellent
Marlborough House (MK)	98.8%	Excellent	98.6%	Excellent	95.5%	Excellent	100.0%	Excellent
Tindal	74.0%	Acceptable	95.3%	Acceptable	100.0%	Excellent	92.0%	Good
Warneford	94.8%	Good	95.6%	Good	100.0%	Excellent	92.0%	Good



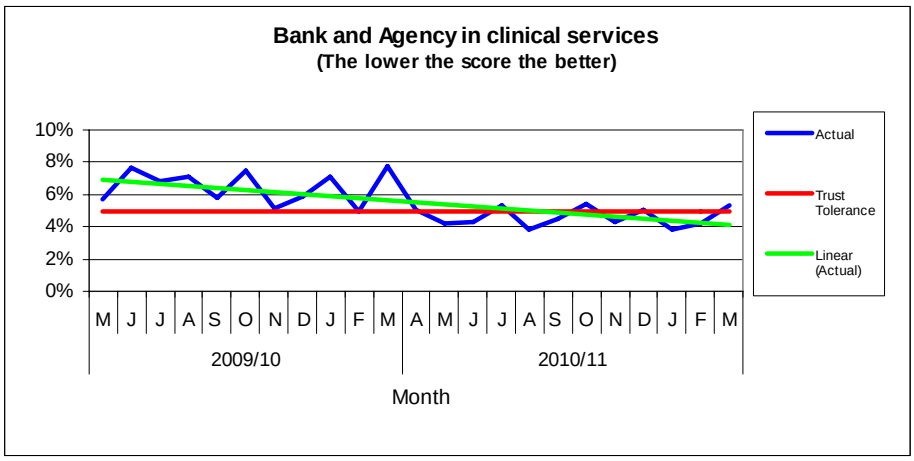
Clinical Effectiveness

- **Compliance with CPA metric**

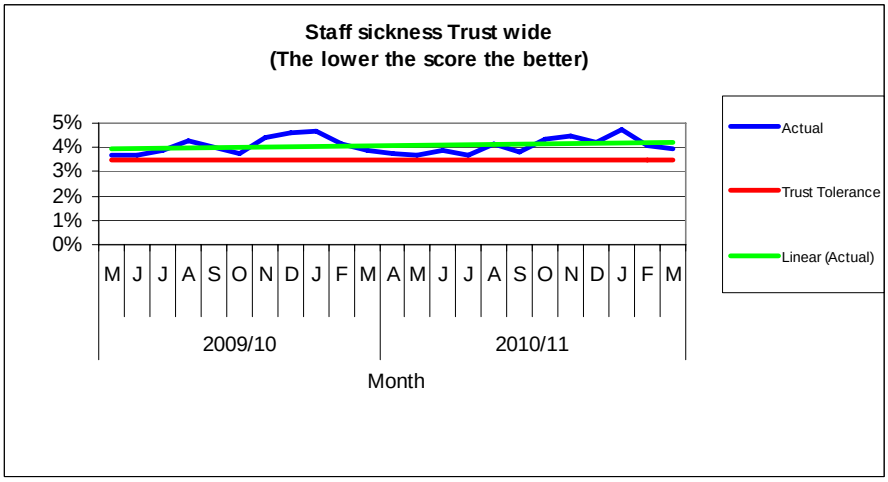


Workforce

- **Use of Bank and Agency in Clinical services** – Historically March is a month where spend increases due to annual leave being taken before year end. Spend has increased from 4.2% to 5.4% in March but this is a great improvement on the March 2010 position of 7.8% and would suggest better management of annual leave. However, in addition to Bank and Agency spend, there was 2.3% spend on sessional contracts. The Oxfordshire Acute Care Pathway has one of the highest bank and agency spends at 10.2%. This is due to a number of staff absences and vacancies. In most areas sessional contracts are being utilised well. There is further investigation into areas that have a high bank and agency spend but low sickness and vacancies.



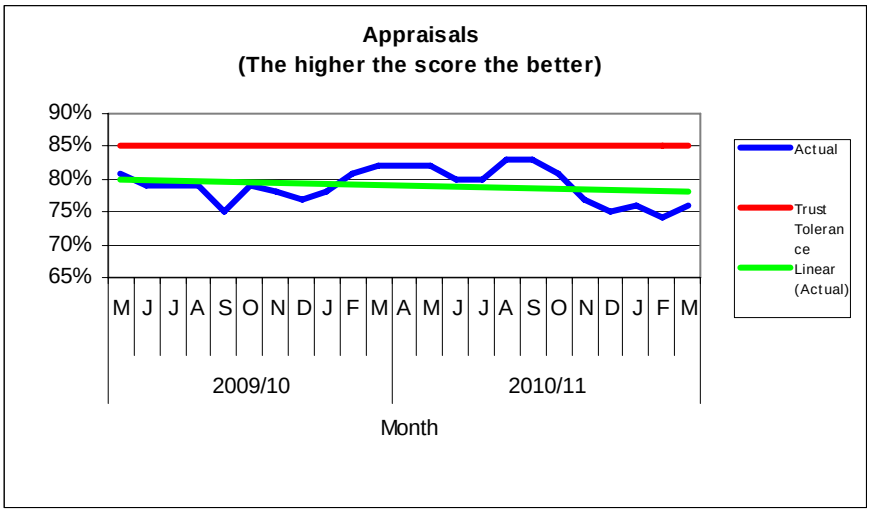
- **Staff Sickness** (one month in arrears) – Trust wide the sickness rate has reduced from 4.1% to 4.0% in March. Most services were within target this month but long term sickness has increased in Buckinghamshire Access and Recovery and Specialist Services. Amongst other action be taken to improve overall Trust sickness levels it is also planned to focus specifically on persistent short term absence to achieve further improvement.



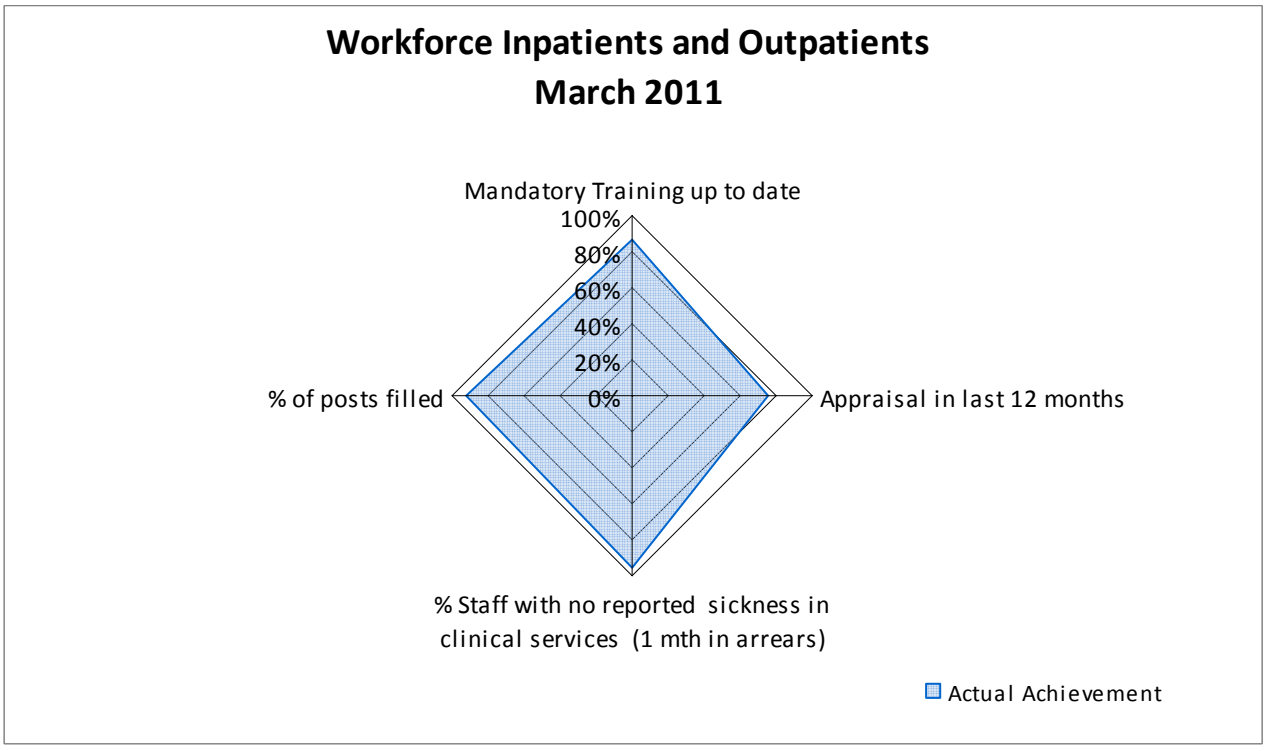
March 2011 Sickness in clinical areas (1 month in arrears)	
Oxfordshire Adult and Older Adult	4.4%
Buckinghamshire Adult and Older Adult	4.6%
CAMHS	3.2%
Specialist	4.4%
Forensic	3.8%
Trust Clinical Areas Total	**4.4%**

Trust Total	4.0%

- **Appraisals –** Performance has increased by 2.0% to 76.0% in March. There were data entry issues following a change to a new server and it is anticipated that performance will improve next month.



- **Contact Activity –** Although overall the Trust has over performed on activity targets the higher proportion has been on block contracts so does not attract additional income.



Section 2 – Summary of Audit

<table>
<tr><th>Audit Name</th><th>Link to CQC Outcome(s)</th><th>Frequency</th><th>Date of Audit Report</th><th>Highlight Results</th></tr>
<tr><td>Infection Control - Hand Hygiene

N=476 (74% of staff)

2 wards did not return data</td><td>8, 11 and 16</td><td>Bi-monthly</td><td>March 2011</td><td>- Summary of results in diagram below.
- 91% average across wards for hand washing technique, same as Jan 2011.
- The sample size from each ward varies from 29% to 100% of staff on the ward. Two wards did not return data. Overall 74% of staff participated in audit.
- Hand washing technique: three wards below acceptable level (85%): Kimmeridge 68%, Lambourne 73% and Marlborough House Swindon 78%.
- Ten wards improved their performance from Jan to March 2011, one ward remained the same, nine wards declined in their performance, and six wards did not have two consecutive months of data for a comparison.
- Area of hand which scored the lowest in hand cleaning technique: area around nails, average score 77%, a 2% decline from Jan 2011.
- 90% of staff were carrying a tottle (decline by 1% from Jan 2011). Doctors were the profession with the lowest score at 78%, however this has improved by 13% from Jan 2011.
- 96% of staff were not wearing jewellery (the same as Jan 2011). Doctors were the profession with the lowest score at 87%.
- 95% of staff had no nail varnish, extensions or long nail (decline by 1% from Jan 2011). All professions were over 90% compliant.

<table>
<tr><th>Key
Blue 100% (excellent)
Green = 90-99%
Amber = 75-89%
Red = less than 74% (poor)</th><th>% of staff carrying a tottle</th><th>% of staff not wearing jewellery</th><th>% of staff with no nail varnish, extensions or long nails</th><th>Compliance with hand washing technique</th><th>% of ward staff reviewed (target is >65% of ward staff)</th></tr>
<tr><td>Overall Average</td><td>90%</td><td>96%</td><td>95%</td><td>91%</td><td>74% (476/ 647)</td></tr>
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</td></tr>
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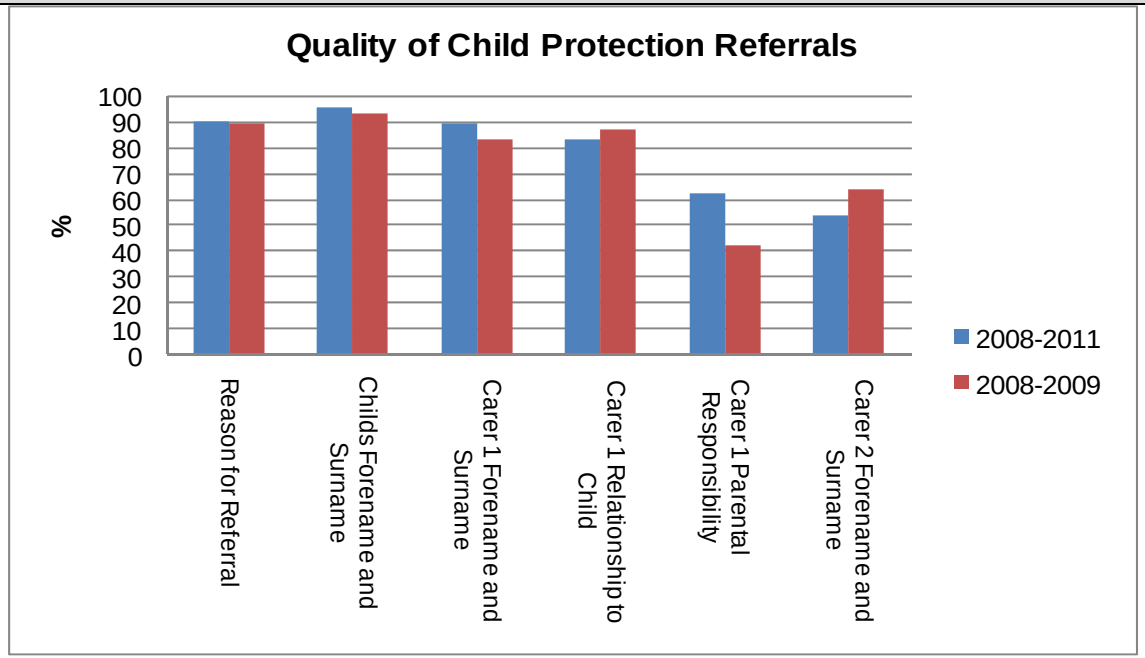
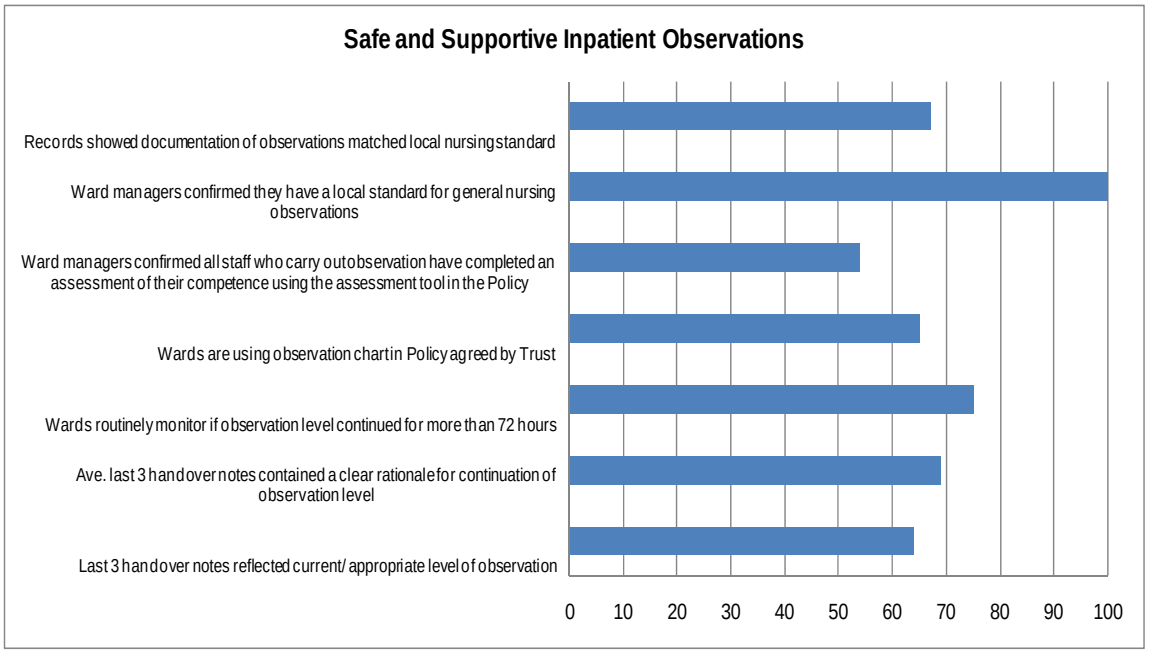
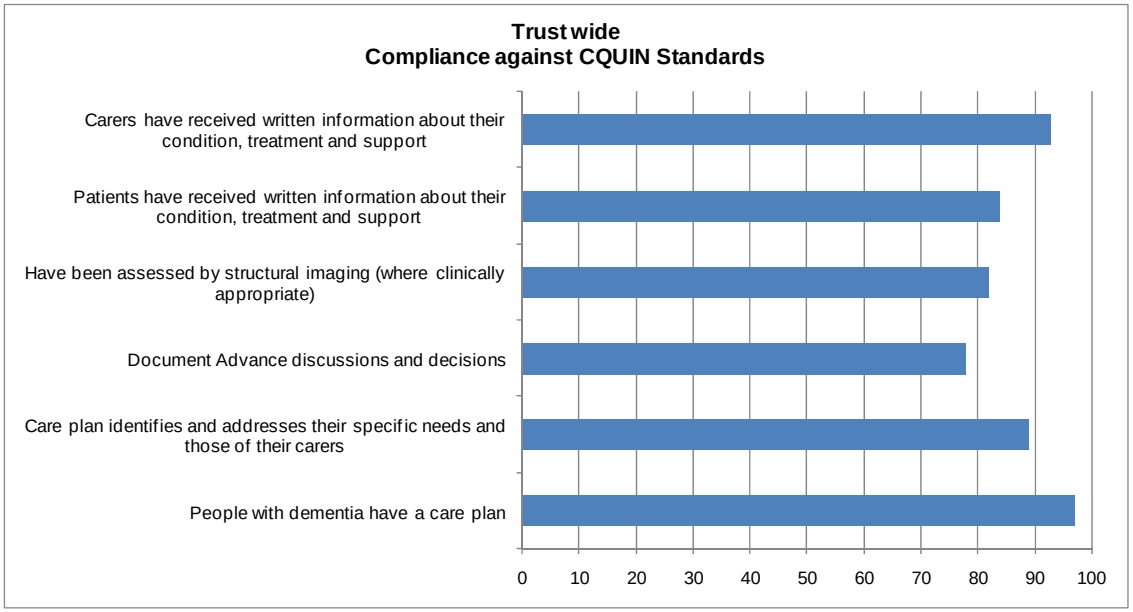
Audit Name	Link to CQC Outcome(s)	Frequency	Date of Audit Report	Highlight Results
Quality of Child Protection Referrals to County Council N= 65 referrals	6 and 16	Annual	March 2011	- Re-audit from 2008-2009. - Audit aim to demonstrate an improvement in the quality of Child Protection referrals from Trust staff to County Councils in Oxfordshire and Buckinghamshire. - Data was collected from the referral forms by the Child Protection Nurses using the criteria from the 'Framework for the Assessment of Children in Need and their Families'. - A total of 65 referrals were reviewed during the period June 2008 to Jan 2011 (2 years and 7 months). The Trust's Child Protection Nurses collected and evaluated the data. - Summary of key findings: • Evidence of improvement in completing referral form from first audit to re-audit. • Increase in referrals received by Child Protection Nurses • The majority of the referrals in the re-audit used the generic multi-agency referral forms (60% in 1st audit and 91% in re-audit) • Child Protection Nurses have assessed the audit results as good, the reasoning for this is because the referral forms for each County Council are generic and multi-agency and mental health workers are completing the key fields expected. • Child protection referrals from CAMHS are better in quality than referrals from adult services, which would be expected. • Key fields for mental health workers in generic multi-agency referral forms (highlighted in yellow in report): 1. Reason for Referral: 90% (improvement from 89% in 1st audit) 2. Childs Forename and Surname: 95% (improvement 93% in 1st audit) 3. Carer 1 Forename and Surname: 89% (improvement 83% in 1st audit) 4. Carer 1 Relationship to child: 83% (decline 87% in 1st audit) 5. Carer 1 Parental responsibility: 62% (improvement 42% in 1st audit) 6. If applicable Carer 2 Forename and Surname: 54% (decline 64% in 1st audit)

Audit Name	Link to CQC Outcome(s)	Frequency	Date of Audit Report	Highlight Results
				
The safe and supportive observation of Inpatients at risk N=247 case notes and 26 Ward Manager questionnaires	4, 7, 16	Annual	March 2011	- Re-audit from March 2009 - All 26 wards participated across adult, older adult, CAMHS, eating disorders and forensics - Observation levels 1, 2, 3 and 4 reviewed. - Two parts to audit: case note audit completed of last 24 hours by wards and Ward Manager questionnaire (26 questionnaires) - Key Results from audit: 1. 64% of last 3 handover notes reflected current/ appropriate level of observation (question 19) 2. 69% average over last 3 handover notes contained a clear rationale for continuation of observation level (improvement from initial audit in March 2009) (question 20) 3. 75% of wards routinely monitor if observation level continued for more than 72 hours (question 32) 4. 65% of wards are using observation chart in Policy agreed by Trust (question 30) 5. 54% of ward managers confirmed all permanent staff who carry out observation

Audit Name	Link to CQC Outcome(s)	Frequency	Date of Audit Report	Highlight Results
				have completed an assessment of their competence using the assessment tool in the Policy (note majority of wards confirmed staff had read the Policy) (question 31) 6. 100% of ward managers confirmed they have a local standard for general nursing observations (question 29) 7. 67% of records showed documentation of observations matched local nursing standard (decline from initial audit in March 2009) (question 7) - Initial audit completed in March 2009, re-audit shows improvement across 12 standards, decline in 3 standards and the same in 1 standard out of 16 questions which are comparable. 

Audit Name	Link to CQC Outcome(s)	Frequency	Date of Audit Report	Highlight Results
Dementia audit against NICE Guidelines N=70 (10 per older adult team)	1, 4 and 16	Annual	March 2011	- The audit tool is based on the NICE Guidelines for Dementia (CG42 published in Nov 2006). - Oxfordshire and Buckinghamshire PCTs have requested as part of the Trust's CQUIN to complete an audit against the Dementia NICE guidelines in older adult community teams in Oxfordshire and Buckinghamshire. All older adult teams participated. - The Trust completed monthly audits between Aug-Oct 2010 in preparation for the full audit completed by team managers in Dec 2010. - Dec 2010 audit results for the standards assessed as part of the CQUIN: 

NHS
Community Health Oxfordshire

Community Health Oxfordshire: 2010-11 Year End Performance Report

Introduction

This report provides an overview of CHO performance for **March 2011, Q4 and Year End**. Performance against the following key areas is provided:

(1) Oxfordshire PCT Contractual Key Performance Indicators and Audits
(2) Commissioning for Quality and Innovation (CQUIN)
(3) Governance/Quality - Incidents, Complaints and Serious Incidents Requiring Investigation (SIRIs)
(4) Internal Indicators; Workforce and Delayed Transfers of Care (DTOC)

The following supporting documents are appended:

(Appendix 1) 2010-11 Dashboard: a summary of performance across CHO's service lines
(Appendix 2) CHO Action Plan: action being taken to address areas of underperformance against the OPCT contract
(Appendix 3) Commissioning for Quality and Innovation (CQUIN) year end report (against OPCT contract)

Performance Overview

1. OPCT Contractual Key Performance Indicators and Audits

Community Health Oxfordshire (CHO) was required to perform against 70 key performance indicators (KPIs) and conduct 9 audits in 2010/11. These were grouped under five headings; **Incentivised**, **Nationally Specified Events, Governance, Clinical Services and audit schedule.**

Year end KPI performance: 90% of KPIs were achieved or exceeded in 2010-11 (and March) and all 9 audits were completed.

1.1 Incentivised:	The Case Management service was incentivised to achieve a 10% decrease in emergency admissions for selected HRGs across 6 practices. The year end report that will demonstrate performance against this indicator compared to the 09/10 baseline is being compiled by the Health Informatics and Intelligence Team (HI&I) and will be available on 14 April.
1.2 Nationally Specified Events:	**(1) Clostridium difficile (C*diff*):** **16 cases in 2010/11** 2 cases were reported in March which brings the year end number of cases to 16. The 2010/11 threshold was 34 cases. CHO have successfully managed to reduce the number of cases year on year. **(2) Misplaced naso or orogastric tubes**: No occurrences in 2010-11
1.3 Governance:	**CHO reported the following levels of compliance against the governance KPIs detailed below ;** ▪ **Complaints:** 98% of complaints received this year were acknowledged within the required timescale and 95% were responded to within the required timescale, however, Q3/Q4 performance were under target. ▪ **CAS, NPSA, patient safety, drug and national alerts:** 100% were actioned and closed on time ▪ **SUI investigation reports and action plans:** 100% were made available to OPCT within 60 days ▪ **Falls categorised major:** 3 were reported this year, achieving the targeted reduction on last year (7) ▪ **Pressure ulcers attributable to community hospitals**: 3 incidences ▪ **MRSA**: No cases in 2010-11 ▪ **Antimicrobial Prescribing:** CHO exceeded the OPCT stop/review and indication prescribing targets this year with a year end average performance of 90% achieved for both indicators against the 80% target.
1.4 Clinical Services and Penalty Points:	**There were 3 areas of under performance in 2010/11 - 57 penalty points were incurred (8 in March)** CHO have achieved the £100K incentive, just coming in at the threshold of 57 points. **(1) Urgent Care:** 32 points were incurred for under performance against the time to triage of urgent and non urgent calls (2 KPIs), implementation of a new IT system in June which affected performance against 2 KPIs and a significant increase in activity over the Christmas period which affected performance against 7 KPIs. At year end all performance issues had been resolved. **(2) Community Hospitals**: 15 points were incurred for non achievement of 2 KPIs; the 28 day ALOS target (3 points) and FIM outcomes target (12 points). ALOS performance was resolved in July and sustained. The appropriateness of FIM was discussed throughout the year and as a result has been withdrawn as a KPI for next year and an alternative tool is being **(3) Complaints:** 9 points were incurred for under performance relating to the timely acknowledgment and resolution of complaints in Q3 and Q4. **(4) PCAMHS:** 1 point was incurred in March for under performance relating to patients seen within 4 weeks of referral. This is the first time the service has under performed this year.

1.5 Audit Schedule:	All contractual national and NICE audits due for completion in 2010/11 have been completed and submitted to OPCT . The purpose and key outcomes of each of the audits are detailed below; (1) **Nutritional Support in Adults (NICE CG32):** The overall purpose of the audit was to establish the level of compliance with nutritional screening using the MUST tool in Community Hospitals in Oxfordshir**e.** Compliance is defined as patients screened within 72 hours of admission. The audit concluded 95% compliance which ensured timely care planning for patients who were identified as being at risk. **(2) National Audit of Continence Care:** The overall purpose of the audit was to ascertain whether CHO deliver best practice in the management of bladder and bowel symptoms to men and women in Oxfordshire. The audit concluded that whilst CHO demonstrate comparable results in line with other community care providers in most areas of continence care, Oxfordshire excelled the national average results in training, continence products, environment, patient/carer information and support and user evaluation. **(3) Pressure Ulcer Management (NICE):** The purpose of the audit was to determine whether the recommendations, made by NICE and EPUAP for the prevention and management of pressure ulcers, are being applied to the health population of CHO as well as to establish whether quality improvement measures set out in last years action plan have resulted in a reduction of pressure ulcers across the CHO population. The audit concluded that not all of the recommendations are being consistently adhered to in practice, however, the audit was performed before the introduction of the new risk assessment tool and CQUIN targets in September so it is more likely that an improvement in this figure will be demonstrated in the 2011 point prevalence audit. Despite this a 25% reduction in newly acquired pressure ulcers against the 2009-10 baseline was achieved. **(4) Smoking Status:** The aim of the audit was to determine whether information pertaining to smoking status, offering of cessation advice and prescribing of Nicotine Replacement Therapy (NRT) was being documented within inpatient notes. The audit concluded that 78% of wards (excluding the outlier) were documenting the above information compared to 48% last year. 7 of the 17 identified smokers (41%) were offered smoking cessation advice and 2 were prescribed NRT. A plan is in place to improve performance, especially in relation to the offering of cessation advice. **(5) Feverish Illness in Children (NICE CG 47)** The purpose of the audit was to understand the quality of clinical assessment of the feverish child in the OoH setting and to utilise the audit results to enable a targeted educational strategy aimed at improving performance and addressing exposed shortcomings. The overall outcomes of the audit were poor with the quality of assessment and documentation having worsened since 2009-10. The OPCT Public Health team are working with the service to develop an action plan to address. **(6) Hand Hygiene audit (Community Hospitals):** >95% across all community hospitals **(7) Hospital Cleanliness audit:** >95% across all community hospitals

2. Commissioning for Quality and Innovation (CQUIN)

2.1 CQUIN	Please refer to the year end report - appendix 3

3. Governance

2.1 Incidents:	In March 2011, 278 incidents were reported which brings the year end total to 3403 incidents; a 21% increase on last year. The increase is attributed in the most part to the shift from a paper based to online reporting system, the implementation of which included a training programme which helped raise awareness of the importance of reporting. Pressure Ulcer reporting has also improved significantly as part of the work relating to this year's CQUIN scheme. **(1) Community Hospitals** reported the highest number of incidents in March (n=150/54%) and for the year. The majority of these incidents relating to falls and pressure ulcers. A higher proportion of clients whose onward destination would be residential or nursing homes were admitted to Community Hospitals this year. This patient group is by definition a more fragile elderly population with increased risk of falls. There are a number of ongoing actions in place to reduce falls in hospital; all wards use assessment tools and specialised equipment to prevent/minimise falls, all falls resulting in major harm undergo Root Cause Analyses (RCA) and the service manager is working closely with the falls team to improve the use of communication referral forms following a second fall and are working towards an electronic version to improve reporting. **(2) Community Nursing** reported the second highest number of incidents in March (n=86/ 31%) and for the year. The majority of these related to pressure ulcers. Pressure Ulcer reporting has improved significantly this year due to the improvement work associated with the CQUIN scheme (appendix 3). Despite the increase in reporting, the prevalence of newly acquired ulcers has decreased this year by 25%.

3.2 Serious Untoward Incidents (SUIs)	**122 Serious Incidents Requiring Investigation (SIRIs) were reported in 2010/11** 82% were reported by Community Nursing, 11% by Community Hospitals the remaining 7% by Urgent Care, AES and Offender Health. 91% of all SIRIs related to pressure ulcers. 8 SIRIs were reported in March, all of which related to pressure ulcers. 7 were reported by community nursing and 1 was reported for Community Hospitals. 8 SIRIs relating to pressure ulcer incidents were closed at the closure meeting with the commissioning team on the 22 March. No SUI has been overdue and all the action plans of previous SUIs continue to be monitored through to completion. The overarching pressure ulcer prevention plan continues to be reviewed on monthly basis.
3.3 Complaints:	**9 complaints were received in March which brings the year end total to 114** This months recipients were Offender Health, Community Hospitals, District Nurses, Urgent Care and the Primary Care Salaried Dental Service. All complaints have been acknowledged and investigations are underway.

4. Human Resources and Internal Indicators

4.1 Learning and Development	Overall, CHO is compliant against manual handling, infection control, resuscitation and safeguarding children. Fire awareness is under target at 70% compliance and completion of appraisals at 54%, however, this is a 10% improvement on last month. Corporate and Adult services have the lowest rates of compliance. This is being addressed via the monthly performance meetings. Compliance is improving against information governance, equality and diversity and conflict resolution training.
4.2 Sickness:	**4.93% in February / 3.95% Year to date average** Total absence has decreased by 0.75% from January's data. Sickness is highest in Adult Services at 6.09% followed by Children's Services at 3.72% and Specialist Services at 3.34%. Adult Services high rate appears to be mainly due to sickness rate of Continuing Care at 9.06%, AES at 7.89%, Community Hospitals at 6.39% and Community Nursing at 6.09%. Children's Services high rate appears to be mainly due to PCAMHS at 9.88%. The trend of 2010-11 was very similar to last year with an increase in sickness during January and February. Overall, the average sickness rate has increased overall this year; over the same period last year, the average sickness rate was 3.33% compared to 3.95% this year.
4.3 Turnover:	**11.32% in March / 10.65% Year end average** Data excludes Fixed Term Staff. Turnover at 11.32% has increased by 0.56% since February 2011 when turnover was recorded as 10.76%. The year end average is 10.65%. In 2010-11, turnover was lower compared to last year between April and November by an average of 1.06%. In December this year, however, turnover started to increase and averaged 0.58% higher in quarter 4 at 11.04% compared to the first three quarters of the year at 10.46%. Q4 turnover this year was higher than Q4 last year which averaged 10.71%.
4.4 DTOC	**Average of 33 DTOCs in March / Average of 35 DTOCs 2010-11** **T**he number of DTOCs started to increase again in March following a decline in December due to the implementation of the local protocols regarding DTOC reporting and allocation of additional winter pressures funding. Winter pressures funding has now come to an end and the number of patients waiting for nursing and residential home placements has increased (over the last six months the number of patients being discharged to a residential or nursing home placement is 16%). A joint meeting between CHO, ORH and OCC takes place weekly to review delays with a view to resolving blocks and maintaining flow. The quality and completeness of data this year has much improved and whole system analysis of stocks and flows has recently started to which CHO contribute.

Report produced by:	**Lead Director responsible:**
Marie Pritchard, Senior Business Manager	**Sharon Fennell**
Nicola McDonald, Performance Development Manager	Head of Business and Performance/Deputy Director

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