Oxford Health NHS
NHS Foundation Trust

PAPER
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Report to the Meeting of the Members' Council

For Comment

10 May 2011

Quality Account 2011/12

Executive Summary

The Trust's Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of the services provided. The Trust's account is intended for anyone who wants to know more about the quality of our services and how we aim to maintain and improve this. The audience may include staff, people who use our services and their carers, staff, commissioners, regulators and any partners in care.

Recommendation

The Members' Council is invited to make any comments about the Quality Account 2011/12, no later than Friday, 3 June 2011, to either the Chief Executive or the Director of Nursing and Clinical Standards, in order to present the Quality Account to the Trust's Board for approval.

Author and Title: Ros Alstead, Director of Nursing and Clinical Standards.

Date: 5 May 2011

Oxford Health NHS Foundation Trust

Quality Account 2011/12

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Introduction

Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of the services provided. Our account is intended for anyone who wants to know more about the quality of our services and how we aim to maintain and improve this. The audience may include staff, people who use our services and their carers, staff, commissioners, regulators and any partners in care.

In February 2011 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (OBMH) changed its name to Oxford Health NHS Foundation Trust. Throughout the report the Trust is referred to as Oxford Health NHS Foundation Trust, including where information relates to prior to the name change.

The Account is in four parts:

Part One includes an introduction from Julie Waldron, the Chief Executive of Oxford Health NHS Foundation Trust.

Part Two is in two separate sections. The first describes our priorities for the coming year 2011 -2012. We have presented these using the three components of quality: patient safety, clinical effectiveness and patient experience that Lord Darzi identified in his policy "High Quality Care for All; Next Stage Review" (2008) and also the five Domains indicated in the Department of Health's publication "NHS Outcomes Framework" (2010), namely:

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

The second section in part two is a set of statements that we are required by the Regulations to complete. These are required to enable you to compare us with other NHS Trusts.

Part Three describes what we did last year and how we performed against our priorities set in the 2009 -2010 Quality Account. It also includes some additional activities and achievements that had not been identified as priorities when we formulated last year's plan.

Part Four is where we include as Annexes to the report:

- statements from key partners as required by the Regulations: LINks, the Health Scrutiny Committees, our Governors and the Commissioning PCTs (Annex 1)
- a signed statement that the Quality Account represents an honest appraisal of our services and meets the required standards (Annex 2)
- Local Audit actions (Annex 3)
- Glossary of Terms (Annex 4)

- details on how to contact us (Annex 5)

Part 1. Statement on Quality from the Chief Executive

This is the third year we have been required as a NHS Foundation Trust by MONITOR the Regulator of NHS Foundation Trusts to produce and publish our Quality Account. This report enables us to account for the quality of our services for the year that has just ended April 2010-March 2011, and consult upon our proposed quality initiatives for the forthcoming year with involvement and comment from our stakeholders. We also have a responsibility to ensure the account is audited by our external auditors and published locally and nationally.

During 2011-2012 Oxford Heath NHS Foundation Trust provided a wide range of local and specialist mental health services including:

- children and young people's mental health services
- mental health services for adults and older adults
- specialist forensic, eating disorders, specialist psychological therapies and specialist addiction services.

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 our Forensic Services serve the Thames Valley/South Central area.

In April 2010 the Trust was successful in bidding to provide general community health services for Oxfordshire and after much preparation the Trust acquired these services on the 1st April 2011. The community health services will move into the integrated children and young people's division and a new community health division for adults.

From 1st April 2011 we have become an organisation of nearly 6000 staff providing a range of specialist mental health care in five different localities as well as general community healthcare to patients in Oxfordshire. This integration will allow us to bring these services together and enable us to better manage the interdependence of physical and mental health when providing care to patients, as indicated by the NHS and Social Care Bill (2011) and the new Mental Heath Strategy (DoH February 2011). Such integration allows us to deliver better care closer to home and provide a real alternative to acute hospital admission for many people. We have a vision to provide an integrated service of "one person/ family one plan" to replace the range of different services individual patients or families currently receive.

In this last year we outlined ambitious plans to improve safety and quality over a two to four year period. This year we have made marginal improvements as well as developing our baselines for measuring safety, we anticipate this will gather momentum over the next two years. We have made good progress across all of our divisions in developing ways of gathering and responding to feedback from patients and carers. Our mental health teams now routinely measure outcomes which help the patient and member of staff understand the progress the individual is making.

During 2010/11 our Board continued to prioritise Quality, ensuring that local and national performance is reviewed at every Trust Board meeting, and through its committee and governance structure from Board to team level.

In Oxford Health NHS Foundation Trust, quality in our services is embodied through the care delivered by our staff who in turn aim to exemplify our values to be "*caring, safe and excellent",*
High quality means we consistently deliver excellent standards of care to service users and carers and for us quality means three things;

1) Safety - Reducing towards zero avoidable suicides
2) Effectiveness -Increasing the routine use of outcome measures
3) Experience -Using a range of methods to gather and respond to service user and carer experiences of our services.

The Board of Directors developed these and other 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 and in our public Board papers throughout the year. In year these targets have been largely met. During 2010/11 we have joined the national Information Technology Programme and implemented a new electronic care record called RiO. Whilst our implementation has been successful, during the roll out phase the measurement of some of our local information indicators has required a reconfiguration of RiO which has been time consuming. During this phase we have focussed our efforts on national performance indicators.

We have used innovation and best practice from other industries to innovate and increase efficiency. We have set in place a team of staff who are dedicated to improving the systems and processes in the Trust in order to ensure they are effective. This has enabled us to eliminate wasteful activities which enable us either to ensure our clinical staff are spending the maximum possible time in direct patient care or helping us to save money whilst maintaining the number of frontline staff. We have trained this team and a number of other staff in LEAN methodologies to enable them to carry out this work. This 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. The NHS, like all public services, has difficult financial times ahead. The coming years will be challenging for us all so this work enables us to ensure the foundations are in place to work effectively, efficiently and within our resources, but most importantly that we develop a culture of continuing improvement.

Quality of services is also determined by our external regulators Monitor and the Care Quality Commission. Last year I am delighted to report, we fully met all our Monitor governance and financial targets. In addition we also met our CQC national targets. These targets were presented as national benchmarks for the first time this year; this enabled a direct comparison between Trusts' performance. This table indicated that Oxford Health NHS Foundation Trust could improve its relative performance in CPA 7 day follow up and two aspects of data quality in particular, two of the most important measures in the

national toolkit demonstrating comparable experience of services are determined through our national community patient survey and our staff survey. Disappointingly neither of these surveys demonstrated measurable improvement within our mental health services this year and will have a renewed focus in the forthcoming year.

Quality priorities for the forthcoming year 2011/12

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 their care.

By April 2012 it is likely NHS mental health services will change into a new payment scheme called Payment by Results. This will involve mental health services delivering packages of care against 21 pre-determined groups to which service users will be allocated based on their individual needs. Work is underway within the Buckinghamshire and Oxfordshire Adults and Older Adults Division to define the clusters and care packages which form their core activity. This information will be used to form the basis of the way the organisation receives its income, whilst providing an opportunity to develop services with the aim of continually improving the quality of the care provided.

A priority over the next year is to improve the support given to staff in carrying out their work, making clear expectations of their roles, having good team working and providing good management supervision. From this basis we shall be able to deliver on improved patient experiences, engagement with carers and improvements in the execution of personalised care planning processes in both community health and throughout mental health services.

Signature

Julie Waldron (Chief Executive, Oxford Health NHS Foundation Trust)

Part 2a. Looking Forward: Priorities for Improvement 2011-2012

We have identified five priority areas for 2011-2012 for the integrated Trust which includes both mental and physical health priorities. In selecting our priorities and what we hope to achieve within these priorities we have been mindful of both the national and local picture, as well as feedback from service users, staff, external bodies (such as Monitor, CQC, commissioners and LINks).

This year the Quality Account for the new organisation Oxford Health NHS Foundation Trust adopts the national format. This sets out our Quality Account priorities within the three broad dimensions for Quality, whilst also taking account of the recently published white paper emphasising the importance of focusing quality initiatives on outcomes rather than systems and processes. This publication Transparency in Outcomes (Dec 2010) has led us to develop sub categories for the three quality dimensions.

Importantly in Oxford Health NHS Foundation Trust, we provide a range of general community services for the population of Oxfordshire including health promotion services, children and young people's services, community hospitals and district nursing, and a wide range of community therapy services including dentistry, podiatry, physiotherapy and specialist nursing.

The identified priorities fall under the following three dimensions of

- **Patient Safety**
  Preventing people from dying prematurely
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- **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 follows: -

Patient Safety: Preventing people from dying prematurely

We have identified the following key patient safety priorities which are based upon our ongoing (Leading Improvements in Patient Safety) LIPS programme, serious incident trends and the outcome of stakeholder consultation. Last year we made a long term commitment to participate in the LIPS programme and a continued focus on reducing avoidable suicide whilst increasing minor incident reporting in order to maximise learning without incurring harm and to promote an open culture of reporting. Consequently this remains a priority for this year.

Aims

1. To reduce towards zero the number of inpatient deaths from suicide by 2012
2. To reduce towards zero preventable community suicides by 2014
3. Increase reporting of no or minimal harm incidents by 50% by March 2012
4. Rapid access to stroke care

Current position

- There was one inpatient death by suicide in Oxford Health NHS Foundation Trust in 2010 -2011
- There were 32 community deaths last year, of which 17 are still to receive a verdict.
- 96.4% of incidents resulted in no or minimal harm, compared to the NPSA average for all Mental Health Trusts of 94.3%
- At the end of quarter 4 the number of patients with an up to date risk assessment was 91%
- 79% of staff have had additional training in clinical risk assessment and management
- Baseline for stroke service tbc

What action we intend to take

- Increase the number of staff who have completed the Trust's clinical risk assessment training from 79% to a minimum of 85% by August 2011
- Senior Managers and clinicians to receive training in the LIPS programme
- Implement the use of SBARD (Situation, Background, Assessment, Recommendation, and Decision) in clinical teams. SBARD is a communication tool to assist staff in succinct and focused relaying of information
- Implement guidelines to prevent absconding from inpatient wards
- Implement new initiatives in every Community Mental Health Team to prevent suicide
- Audit against NICE guidelines and learn from the care of patients who present to A&E after self harming
- Integrate the work on developing care clusters with the LIPS programme
- Implement a schedule of Executive Safety Walkabouts
- Improve the quality of engagement with Carers
- Stroke service improvements tbc

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

This priority is closely linked to the above, where we expect the number of incidents reported to rise but the severity of harm to drop. In future we would then expect the numbers of similar incidents to decrease as we improved care as a result of learning. These aims are consistent with the NHS Outcomes Framework 2011-2012 (DoH, Dec 2010)

Aims

- Preventing avoidable skin breakdown which can lead to pressure ulcers. 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 serious drug errors in Community Health by 15% from 2010-11 baseline 32 in 2010-11, target 27
- Reduce the number of falls in community hospitals and older people's mental health wards by 10% by March 2013
- 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
- At least 85% of patients over 75 years old in Community Hospitals have been assessed for dementia and depression
- PEAT (patient environment action team) scores to remain at good or excellent
- Ensure 100% of patients admitted to psychiatric wards have a physical health examination within 24 hours of admission
- 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
- Reduce to 30 from 34 (the previous target) the number of cases of Clostridium Difficile by March 2012
- Maintain no cases of MRSA across the Trust

Current position

- 76% of patients in Older Adult wards had nutrition risk assessment in place in January 2011
- Falls assessment baseline for each ward has been established across our community hospitals. The average for our Community hospitals is 5.2 falls per 1000 bed days (range 2.59 – 9.42) these can be compared to the national falls comparison of 8.6 falls per 1000 bed days
- NPSA benchmarks for "accidents" reports Community Health Oxford (now acquired by Oxford Health NHS Foundation Trust) reporting 47.9% compared to a national average (community services) 43.9%
- NSPA reports Community Health Oxford (now acquired by Oxford Health NHS Foundation Trust) medication incidents at 15.3% compared to National Average (Community Providers) of 11%.
- The position with regards to the more significant grade 3 or 4 pressure ulcers is as follows
  - There were 3 patients in Mental Health in 2010/11
  - There were 13 patients in community hospitals and 100 reported in the Community general healthcare
- Mental Health services had no cases of C. Difficile or MRSA last year. Community Services (formerly Community Health Oxford) had 16 cases of C. Difficile and no cases of MRSA

- 75% of patients had a physical examination within 24 hours of admission and 44% of community patients had their physical healthcare need assessed at assessment or CPA review
- Though not resulting in patient harm there were 32 significant and avoidable drug errors in Community Health reported in 2010-11
- To achieve falls prevention that is better than the national comparison for falls - 8.6 falls per 1000 bed days by 2014

What action we intend to take

- Introduce ward based falls training programmes
- All patients are referred to the Falls Prevention service following two falls, continue monitoring timeliness of referral of patients at risk from falls to the falls prevention service across the community hospitals
- Introduce an early warning observation tool ("track and trigger") to ensure effective monitoring of physical health in all inpatient areas
- Audit the use of MUST (nutrition assessment) and Falls assessments through the Essence of Care benchmarking standards (six monthly) and the Productive programme and then actively mange shortfalls
- To ensure that each mental health ward has a minimum of 2 additional nurses trained in the detection and management of common physical health problems
- To ensure additional training for at least one nurse per ward in each of the 8 community hospitals in the detection of dementia and depression
- Staff competency assessments will be developed and introduced for nursing staff in Community Division prescribing and/or administering medicines to further enhance current training programmes. This approach will also be implemented for other potential high risk clinical nursing interventions
- Implement outcomes resulting from investigation of all identified grade 3 and 4 pressure sores

Effectiveness: Enhancing quality of life for people with long-term conditions

Feedback from users and carers indicate that we need to re-double our efforts in the area of care planning and ensuring that care plans are developed in partnership with patients and carers, are reviewed regularly and that these plans are always copied to patients.

Aims

- To increase by 10% the number of mental health patients who have Advanced Statements in place
- 100% of mental health patients on CPA have a current care plan, had a 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 engaged in its development
- Implement the use of Patient Reported Outcome Measures as part of the stroke care pathway

- Further reduce the incidence of emergency readmission within 28 days of discharge (2.9% March 2011) by careful discharge planning and assertive follow up.
- Avoid 800 emergency admissions per year

Current position

- 8% of adults, 79% of forensic patients and 0% of older adult patients had an advanced statement on file at the end of quarter 3 2010-2011.
- 77% of patients had all four components of CPA in place at March 2011
- The use of patient reported outcome measures has not yet been implemented across community services
- Emergency admissions baseline from 2010-11 activity tbc

What Actions we intend to take

- All patients will be given information on advance statements as part of their care
- That all care coordinators and key-workers are fully informed of the importance of advance statements in care delivery
- For CPA actions see below, helping people to recover from episodes of ill-health or following injury
- Establish suitable baselines for determining future targets and trajectories within the diabetes service
- Systems will be developed to support the implementation of patient reported outcome measures (PROMS), commencing with the patients on the 'stroke care pathway'
- Create a seamless pathway for adults with Diabetes living in Oxfordshire with more patients managed through primary and community services
- Implement full use of Personalised Care Planning
- Provide local education programmes for people with Type 2 Diabetes. To include an advanced insulin skills group course for people with Type 2 Diabetes treated with insulin
- To work with health advocates to develop and deliver education programmes for BME groups with diabetes
- To support patients through case management by developing the role of the case managers to ensure access to all sources of care and support. 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

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

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

- 75% of Adults receiving care under the CPA are in settled accommodation
- To increase to 72% by year end the number of patients who have been receiving care for 9 months or more, that have a baseline and follow-up HoNOS rating.
- Deliver Hospital at Home services for the population of Oxfordshire

Current position

- At March 2011 77% of patients subject to CPA had all four key elements of CPA in place (care co-ordinator, care plan, up to date risk assessment, care reviewed in last 6 months)
- HoNOS paired scores 46% at March 2011.
- Hospital at Home piloted in Abingdon area.

What action we intend to take

- Additional training and emphasis on this target through the preparatory work with developing care clusters and care packages for care clusters under the payment by results work. Continue the ongoing monitoring and management of use of HoNOS
- Ensure that the development of the care packages includes an assessment of occupational needs and interventions to support meeting those needs
- Tender for all Hospital at Home opportunities

Patient Experience: 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.

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
- The Trust 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
    - Physical health of service users checked
    - Having a contact number out of hours
- 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

- Each service who did not achieve a 90% overall satisfaction of care rating has committed to an improvement target based upon the results achieved in 2010-11

Current Position

- 77% of patients positively rate the care they are receiving when responding to the Trust survey regarding their current care in Mental Health Services
- Service users knowing who their care coordinator was; 75% (worse than other Trusts)
- Service users being offered a copy of the care plan; 60% (about the same at other Trusts)
- Service users had had a care plan review meeting in the past 12 months; 69% (about the same as other Trusts)
- Physical health of service users checked; 43% (About the same as other Trusts)
- Having a contact number out of hours; 44% (about the same as other Trusts)
- 88% of patients in the Community Division responding to the service specific patient experience surveys rated their care as satisfactory in 2010-11 (top 20% acute trust comparison – In patient 81%; out-patient 85%)
- The areas that patients identified that we needed to do better were
    - Provision of information
    - Improved communication
    - Increase involvement of patients in their care planning and understanding of their condition
    - Timely provision of community equipment
    - Improved arrangements for their transfer to another service or discharge
    - Urgent care waiting areas – being kept up to date of expected waiting times

What action we intend to take

- Participate in the required National survey (Community Mental Health) and repeat the Inpatient National survey
- Publish bi-annual updates in clinical areas of what patients told us and what changes we made as a result of this feedback
- Enhance management of caseload supervision and ensure monthly monitoring takes place
- Implement previous actions relating to CPA and physical health care
- Expand the patient experience survey programme to include all community general Health services not included in the national survey
- Focus improvement on those services not achieving 90% satisfaction through implementation of robust action plans identified from 2010-11 survey results
- Review available patient information and access to information about their specific condition for those with long term conditions via the case managers
- Deliver patient education programmes for patients with Diabetes
- Review the arrangements for the provision of community equipment to ensure it is provided in a timely manner to meet changing patient needs or to facilitate timely discharge from Community Hospitals

- Review discharge planning arrangements with partner agencies in the Community Division
- Promote staff attendance at 'customer care' training, focussing on those services where staff attitude has been identified as not meeting patient expectation

Staff

The Trust recognises that there is a clear relationship between job satisfaction and good experience and quality of patient care. The detailed analysis of the staff annual survey for 2010 is reported in full in the annual report and the CQC web site.

Aim

- To achieve a score in the annual staff survey that is at least the average of other Trusts, with particular emphasis on the lowest 3 elements:
    - staff suffering work-related stress in last 12 months
    - 22% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
    - 3.70 Support from immediate managers

Current Position

The Trust achieved the top four ranking scores in the following areas when compared with other mental health/learning disability trusts in England:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- Effective team working
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- Percentage of staff suffering work-related injury in the last 12 months

The Trust compared least favourably with other MH/LD Trusts in the bottom four ranking scores

- Percentage of staff saying hand washing materials are always available
- Percentage of staff suffering work related stress in the last 12 months
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

What action we intend to take

- Set up a short, online staff survey via the intranet to get views on key aspects where we have not performed well and ideas for improvement
- Set up a number of focus group sessions with staff, to be managed by HR and Communications. This will support feedback, engagement and empower staff to put forward their views on how we can make improvements
- Review resources available to support staff in areas requiring improvement to ensure support and information is easy to access
- Staff survey results and actions to form part of Divisional Performance Reviews to increase local ownership and enable monitoring of plans/improvements

- Staff engagement sessions to continue across the Trust so that we can continuously monitor progress and be aware of any issues which may need addressing
- Improve PDR appraisal and compliance with mandatory training targets in Community Division
- Improve development opportunities; in particular leadership and managerial development

Part 2b. Statements of Assurance from the Board

During 2010-11 the Oxford Health NHS Foundation Trust provided and/or sub-contracted four NHS services. The Oxford Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in all four of these NHS services. These services are based on the Directorates within the Trust during 2010-11 which were:

1. Oxfordshire Adult and Older Adult Services
2. Buckinghamshire Adult and Older Adult Services
3. Child and Adolescent Mental Health and Specialist Services
4. Forensic 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 income generated by the NHS services reviewed in 2010-11 represents 79 per cent of the total income generated from the provision of NHS services by the Oxford Health NHS Foundation Trust for 2010-11.

Participation in Clinical Audits

During 2010 -2011 Oxford Health NHS Foundation Trust participated in 7 (100%) of the relevant national clinical audits and 1 (100%) of the relevant national confidential enquiries; The National Confidential enquiry into Suicide and Homicide (CISH).

The national clinical audits that Oxford Health NHS Foundation Trust participated in during 2010-11 are as follows:

1. Audit of Organisation of Services for Falls and Bone Health Care (national audit, MH only involved in organisational audit)
2. POMH-UK Topic 10a - Use of antipsychotic medicine in CAMHS
3. POMH-UK Topic 7b - Monitoring of patients prescribed lithium
4. POMH-UK Topic 8b - Medicines reconciliation
5. POMH-UK Topic 11 – Prescribing antipsychotic medication for people with Dementia
6. National Audit of Psychological Therapies for Anxiety and Depression 2010 (primary and secondary services)
7. Depression screening and management of NHS staff on LT sickness by Occupational Health Services (national audit)

The national clinical audits and national confidential enquiries that Oxford Health NHS Foundation Trust participated in, and for which data collection was completed during 2010-11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

1. Audit of Organisation of Services for Falls and Bone Health Care: One questionnaire submitted (out of one)

2. POMH-UK Topic 10a - Use of antipsychotic medicine in CAMHS: all patients being prescribed antipsychotic. 46 cases submitted.

3. POMH-UK Topic 7b - monitoring of patients prescribed lithium: no minimum number of cases to be submitted. 157 cases submitted.

4. POMH-UK Topic 8b - Medicines reconciliation: recommended minimum sample 5 consecutive admissions. 48 cases submitted.

5. POMH-UK Topic 11 - Prescribing antipsychotic medication for people with Dementia. 203 cases submitted.

6. National Audit of Psychological Therapies for Anxiety and Depression 2010 (primary and secondary services): participated and awaiting national report. Four part of audit: a) 149 staff completed therapist questionnaire, b) service user questionnaire - response rate unknown, c) service context questionnaire: 3 questionnaires completed one for each service area, and d) retrospective case note audit of all patients who ended therapy between 1st Sept to 30th Nov 2010.

7. National Audit of Depression Screening and Management of NHS staff on Long Term Sickness by Occupational Health Services. Our Trust participated, however our sample of only 3 eligible cases submitted did not meet the required number of 40 for inclusion.

The reports of 6 national clinical audits (one void due to insufficient sample) were reviewed by the provider in 2010-11 and Oxford Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided in table 1.

Table 1

Title of National Audit	Agreed actions to improve the quality of healthcare
Audit of Organisation of Services for Falls and Bone Health Care (national audit, MH only involved in organisational audit)	Awaiting National Report May 2011.
POMH-UK Topic 10a - Use of antipsychotic medicine in CAMHS	- Rating scales (GASS or LUNSERS) to be used 6-monthly to monitor and care plan for side effects of patients on antipsychotics. Rating scales have been incorporated into the care plan documentation.
POMH-UK Topic 7b - monitoring of patients prescribed lithium	- Clinicians to ensure accessing results via on-line pathology website and upload results onto RIO. This is to be reviewed regularly and followed up at CPA reviews.

Title of National Audit	Agreed actions to improve the quality of healthcare
	- All patients to be given an NPSA lithium pack, to be re-audited in Oct 2011. - Shared care guidelines for lithium prescribing and monitoring by GPs have been approved by Oxfordshire and Buckinghamshire PCTs by 31st March 2011.
POMH-UK Topic 8b - Medicines reconciliation	- Further work to fully integrate medicines reconciliation into the admission process with medical, nursing and pharmacy involvement.
POMH-UK Topic 11 - Prescribing antipsychotic medication for people with Dementia	Awaiting National Report
National Audit of Psychological Therapies for Anxiety and Depression 2010 (primary and secondary services.)	Awaiting National Report

The Trust also participated in a number of National Quality Improvement projects which have been managed by the Royal College of Psychiatrists' Centre for Quality Improvement. Details of the programmes and networks which the Trust has participated in, together with details of national participation are outlined in table 2 below.

Table2

CCQI Programme	Participation by Oxford Health NHS Foundation Trust	National participation
Service accreditation programmes	2 ECT clinics	113 ECT clinics
Psychiatric liaison teams	1 team	33 teams
Service Quality improvement networks	2 units	100 units
Child and adolescent community MH teams	2 teams	72 teams
Therapeutic communities	3 communities	95 communities
Forensic Mental Health services	2 services	67 services

The reports of 26 local clinical audits were reviewed by the provider in 2010-11 and Oxford Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as identified in Annex 3.

Research

There were 1496 patients receiving NHS services provided or sub-contracted by various commercial companies and the University of Oxford in April 2010 to March 2011 that were recruited during that period to participate in research approved by a research ethics committee.

Commissioning for Quality Improvement and Innovation Goals (CQUIN)

A proportion of Oxford Health NHS Foundation Trusts' income in 2010-11 was conditional on achieving quality improvement and innovation goals (CQUIN) agreed between Oxfordshire PCT, Buckinghamshire PCT, Swindon PCT, Wiltshire and BaNES PCT, the Specialist Commissioning Group and the East of England Commissioning Group 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.

In total there were four separate CQUIN schemes agreed with our commissioners for 2010-11. Details of these CQUIN goals together with our attainment levels are as follows:

1. Oxfordshire and Buckinghamshire Adult and Older Adult Services

There were 5 CQUIN goals in this contract. These goals related to patient feedback (to collect, analyse and action patient feedback), to undertake an audit against compliance with NICE dementia guidelines (older adults), completion of carers survey, increase in the use of paired HoNOS scores to a target of 40% and self assessment against the You're Welcome criteria in children's services.

We fully met four of the five goals and received 100% funding for these four goals. The goal not fully met was the audit of compliance with NICE dementia guidelines, we received 100% funding in Buckinghamshire (for full audit completion and a compliance level of 90% on each standard assessed) and 90% funding in Oxfordshire with the audit completed and a compliance level of between 80-89% on the standards assessed).

2. CAMHS Buckinghamshire only

There were 4 CQUIN targets in this contract, all of which were fully met and received 100% funding. These targets related to CAMHS Depression Audit against NICE Guidelines, completion of CAMHS You're Welcome self assessment (as above), Improvement on number of admissions gate kept by Crisis/ Outreach (to a target of 80%) and Outcome measurement CGAS (practitioner) and SDQ (service user).

3. Eating Disorder Service (East of England contract)

There were 4 CQUIN targets in this contract, all of which were fully met and received 100% funding. These targets related to completion of Medicine Management Audits, engagement in the Productive Ward initiative, Empowerment and Involvement of service users and use of Patient Experience feedback (as above).

4. Forensic (Specialist commissioning)

There were 6 CQUIN targets in this contract, all of which were fully met and received 100% funding. These targets related to:

- use of HONOS secure and HCR 20 or other structured risk assessment
- use of the Climate Evaluation Schema (CES) to introduce the use of the tool
- to demonstrate a robust system/process that promotes the empowerment and Involvement of service users
- to implement one new service user defined service improvement e.g. Productive Ward
- to further develop the quality standard A81 of the Best Practice guidance for Medium Secure Units – Department of Health Offender Partnerships 2007 by developing a benchmarking tool linking 25 hours of patient activity to personalisation and recovery.

Further details of the agreed goals for Oxford Health NHS Foundation Trust for 2010-11 and for the following 12 month period are available electronically at

http://www.oxfordhealth.nhs.uk/about-us/overview/declarations/

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

Commissioner	Amount	*% of Contract Value*
Oxfordshire PCT	£699,348	1.5%
Buckinghamshire PCT	£150,273	0.5%
East of England SCG	£6,450.57	1.5%
Wiltshire & BaNES PCT	£98,565	1.5%
Swindon PCT	£37,628	1.5%
South Central SCG (Forensic)	£359,145	1.5%

Care Quality Commission

Oxford Health NHS Foundation Trust is required to register and comply with the CQC Essential Standards of Safety and Quality. We are currently registered without conditions.

Oxford Health NHS Foundation Trust participated in a responsive review following our initial registration in January 2010 (to start from 1st April 2010) when we advised the CQC of areas of non compliance from our self assessment with CQC outcomes. A similar review was conducted in Community Health Oxford during July 2010. Following these reviews, the CQC were satisfied that both Trusts were meeting the essential standards of quality and safety.

In January 2011 the CQC made enquiries in relation to progress of an action plan following a serious incident on a ward in Oxfordshire in December 2008. This incident resulted in the CQC undertaking some preliminary enquiries throughout 2009/10 which were concluded in April 2010. The review concluded that they (CQC) found sufficient evidence that the Trust has fully complied with six of the nine recommendations they previous made. The remaining three recommendations were almost met and the CQC found that the right actions had

been identified to ensure these would be fully met. We are continuing to focus on these areas until they have been fully achieved, these areas are:

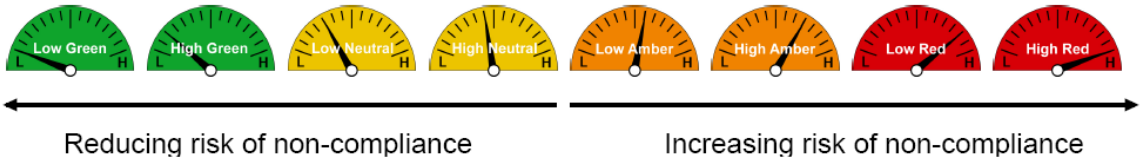
1. The Trust needs to ensure ward managers and team leaders have the necessary management and leadership qualities needed to ensure policies are adhered to and that issues of non compliance are picked up early on through regular local audits and staff supervision.

2. The Trust needs to be more assertive in responding if a patent fails to attend and/or when gaps occur in the periods being seen.

3. The Trust should review its risk assessment policy, procedures and training for all clinical staff and ensure greater prominence is given to suicide and self harm risk factors such as: Psychotic features, Alcohol consumption, Impulsivity, 48 hour period after discharge, Support/communication/management of service user leave.

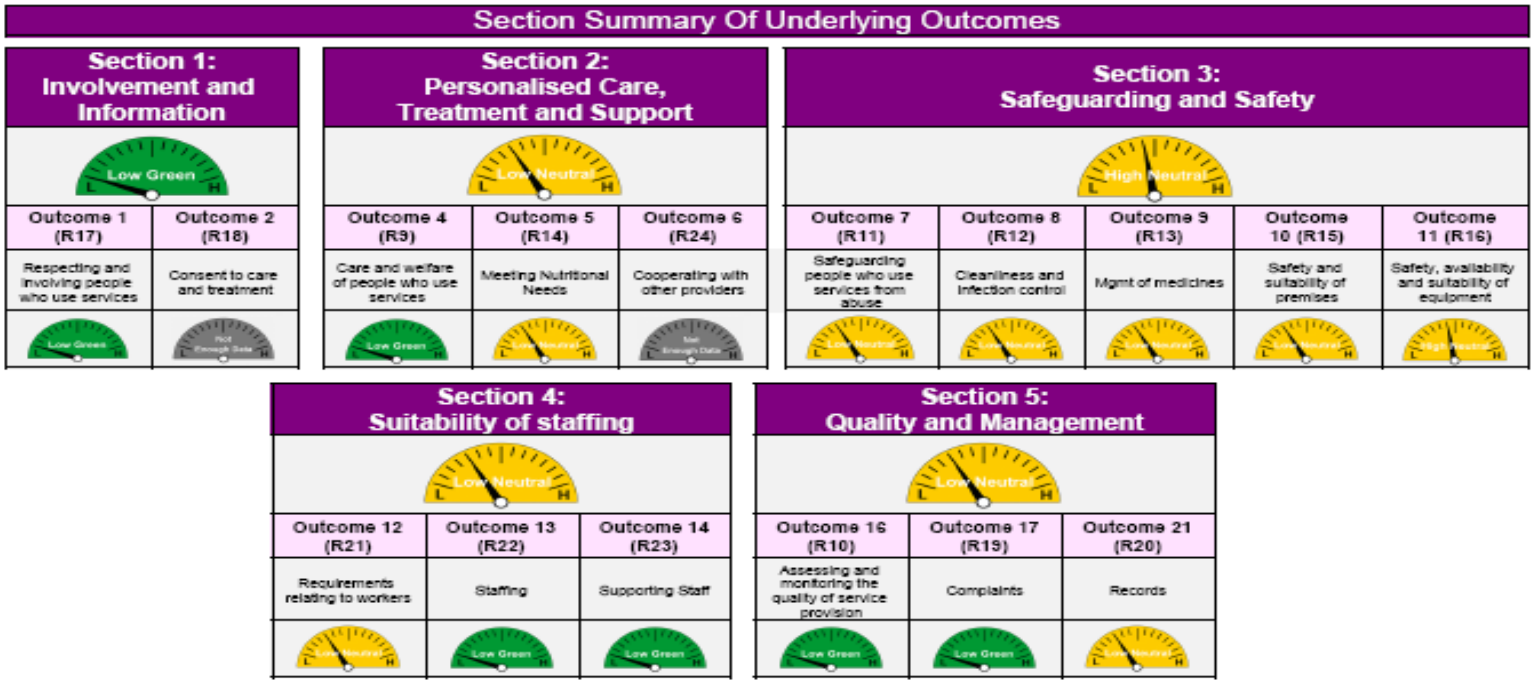
Quality Risk Profile

The CQC produces a Quality Risk Profile (QRP) for all organisations who are registered with the CQC, and is seen as an essential tool used for gathering together 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 2011), summary below, highlighted that we were performing better or much better than other organisations in 28 areas. The QRP also highlighted a number of areas where our level of performance requires improvement. The priorities in the Quality Account and Annual report reflect these areas and include CPA, team working and infection control.



Registration of Oxford Health NHS Foundation Trust on acquisition of Community Health Oxford

In April 2011 Community Health Oxfordshire (CHO) was acquired by Oxford Health NHS Foundation Trust. Oxford Health NHS Foundation Trust is now registered for 10 new locations (each of the eight community hospital sites and two prisons) and new community services attributed to the existing the Trust Headquarters (THQ) location.

In total the Trust now has 21 locations.

In addition 5 new regulated activities were registered with the CQC. The Trust is now registered to provide 7 regulated activities, which are;

- Assessment or medical treatment for persons detained under the Mental Health Act
- Treatment of disease, disorder or injury
- Nursing Care
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided
- Family Planning
- Surgical Procedures

CHO was required to register with the Care Quality Commission and its current registration status was registered as of 31 March 2010; there are no conditions on registration.

The Care Quality Commission has not taken enforcement action against CHO in 2010-2011.

CHO advised the CQC that improvement was required with regard to records management and that a plan was in place to give assurance on achieving compliance with the CHO Policy and that this would be completed by September 2010. An internal audit review in Dec 2010 gave a rating of assurance with regards to records management.

There has been no planned CQC review in 2010-2011, however a responsive review was undertaken and the findings reported in January 2011. The reviewed considered outcomes relating to:

- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

The CQC concluded after review that CHO met all five outcomes assessed. A copy of the full report is located on the CQC website.

Data quality

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

- Oxford Health NHS Foundation Trust has deployed a national electronic records system called RiO between November 2010 and April 2011.
- We have an internal data quality improvement plan which is being actively managed, and which also forms part of our main contracts with our commissioners. This contract will be developed in 2011-12.

NHS Number and General Medical Practice Code Validity

Oxford Health NHS Foundation Trust submitted records during 2010-11 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 was 99%.

Information Governance Toolkit attainment levels

Oxford Health NHS Foundation Trust's Information Governance Assessment Report score overall score for 2010-11 was 79% and was graded Green. Oxfordshire PCT, who were responsible for Community Health Oxford, were rated as Red at 63%.

Clinical coding error rate

Oxford Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010-11 by the Audit Commission.

Mental Health Act

During 2010, the CQC MHA Commissioners visited the Trust on 23 occasions, visiting 22 wards, interviewing 63 patients detained under the Mental Health Act and scrutinising 66 sets of records.

The MHA Commissioners found that patients were satisfied with the care they received from the Trust. All documentation regarding the original authority of detention was lawful. The majority of detained patients had received information about their rights under the Mental Health Act in a timely fashion; patients leave from hospital was authorised by their Responsible Clinicians (consultants); patients capacity and consent to treatment had been recorded and authorised by their Responsible Clinician or a Second Opinion Appointed Doctor (where capacity and/or consent were not found).

The Trust responded to any deficits, which had been highlighted during ward visits, as they arose throughout the year. In addition the Annual Statement made 8 recommendations, which the Trust has incorporated in an action plan to address the identified deficits in service, environment, and Code of Practice compliance. The Annual Statement is a public document, available on the CQC website, and the Trust website with our response.

Part 3. Looking Back – Priorities for Improvement 2010-11

Last year 2010 - 2011 our Quality Account for Oxford Health NHS Foundation Trust set out three ambitious safety and quality targets, some of which were to be achieved over the following two to four years. Details of these priorities and the progress we have made within the first year are outlined below: -

1. Safety

Oxford Health NHS Foundation Trust is one of eight Mental Health Trusts participating in the Patient Safety Programme called Leading Improvements in Patient Safety (LIPS) co-ordinated by the NHS Institute for Innovation and Improvement. There were three aims agreed for this project:

1) Reduce toward zero the number of in-patient deaths from suicide by 2012
2) Reduce towards zero Community Deaths, of patients in our services, by 2014
3) Increase the reporting of incidents where there is no or minimal harm by 50% by March 2012

1.1 Reduce towards zero the number of in-patient deaths from suicide by 2012

What action we took this year

- Monthly safety audits have been carried out by ward managers to ensure the standards for care planning, nursing observations of patients and risk assessment are met. Since February 2011 this audit has been further enhanced to incorporate the National Patient Safety Agency (NPSA) suicide prevention toolkit standards. This helps ward staff be more aware of potential risk factors when undertaking patient risk assessments and helps to ensure risk plans are comprehensive.
- Revisions made to the content of training provided to staff on assessing and managing risk.
- We ran four Learning from Incident learning events, shared key issues of learning from incidents across the organisation and National themes. These included family and carer involvement, risk assessment, grading sexual safety incidents, care planning. Discussion specifically around medication incidents and information governance incident were also explored and practice reflected on.
- Newsletter published quarterly for staff identifying key points learnt from investigation of incidents.
- New system of reviewing investigation of incidents put in place that now involves review by a Non Executive Director, Medical Director, Director of Nursing and Clinical Standards and the investigating team. This ensures a greater understanding of service strengths, weaknesses and potential areas for development.

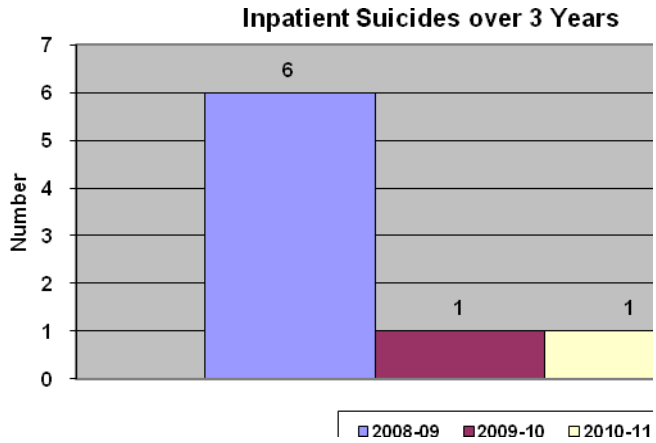
- Integration of the aims of LIPS with the Productive Ward programme, particularly with the following modules:
  - Well organised ward
  - Safe and supportive observations
  - Patient Status at a glance
  - Staff handover module
  - Therapeutic Interventions

What progress we made

Last year the Trust had 1702 admissions to hospital, a small increase of 79 on the previous year when there were 1623. There was one death of a patient by suicide during a period of hospital admission. This incident did not take place on the ward. The patient was informal (not detained under the Mental Health Act) and therefore free to leave. Informal patients advising the team or requesting to leave would generally be subject to a review of their mental health and a review of current risks. The individual left the ward without agreement or informing of the Clinical Team. Whilst every death is a personal tragedy the National Confidential Enquiry into Suicides and Homicides (2009) reports that 70% of in-patient suicides occur off the ward and are generally informal patients (71%). Our review showed that staff followed all the correct procedures but the investigation highlighted the key area for improvement was in communicating with the family; in particular promptly informing them of changes and fully utilising their expertise and knowledge as part of the assessment process. This has been incorporated into the LIPS programme for the coming year.

Regrettably we had one inpatient death, where the Coroner's verdict is still outstanding. We have at least sustained the improvement from the previous year.

Graph 1



1.2 Reduce towards zero Community Suicides, of patients in our services, by 2014

What action we took this year

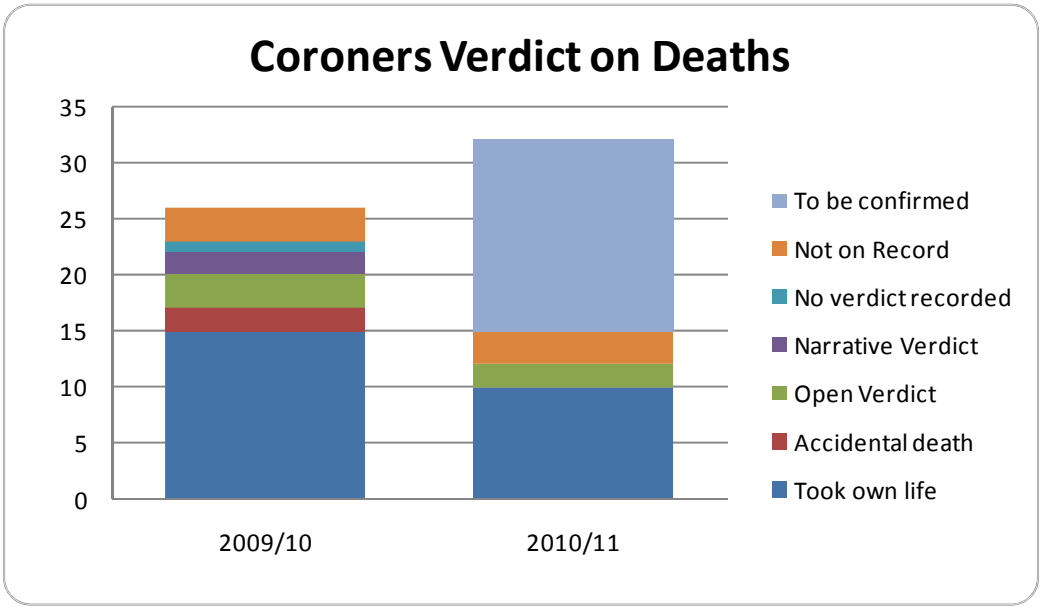
- The Community productive teams programme commenced in January 2011 which includes the aims from the LIPS.

- Enhanced Risk assessment training carried out in one area (Bucks CMHTs) of the Trust.
- Providing Community Teams with collated incident data relevant to their services regularly, essential for self monitoring.
- Re-audit of quality of clinical risk assessments completed by teams in March 2011, the 2010 audit showed 79% of patients on CPA had a risk assessment less than 12 months old within the patient's notes (sample size 106) and in 2011 this improved to 91% (sample size 118).
- Increased the monitoring from team level to Trust Board level of the four key components of CPA: care plan in place, named care co-ordinator; risk assessment in place and review in the last six months. This resulted in an improvement of all four components being in place from 65% in August 2010 to 77% in March 2011.

What progress we made

In 2010-11 with a geographical population of 1.2 million in Oxfordshire and Buckinghamshire there were 32 unexpected deaths of patients in the care of our community mental health services across three directorates or who had received care in the previous 12 months. This is an increase on the previous year when there had been 26 unexpected deaths in community services. The cause of an unexpected death is determined by the Coroner and there can be lengthy delays until the hearing is held and a verdict is reached. Graph 2 below shows the Coroners verdicts on these deaths. The verdicts indicate that in 2009-10 we had 15 confirmed suicides. There are still a number of outstanding Coroners hearings for deaths that occurred in 2010-11 so we are unable to compare years. The South Central SHA has provided comparative information on suicide rates for the whole population by county and that shows that the rates in our counties are similar to others and inline with the national average.

Graph 2



The Leading Improvements in Patient Safety programme commenced in October 2010 and is still in its early stages. Initiatives building on measures already in place have started and will continue to progress throughout the coming year. Themes from investigations and priority areas for action have been identified.

1.3 Increase the reporting of incidents where there is no or minimal harm by 50% by March 2012

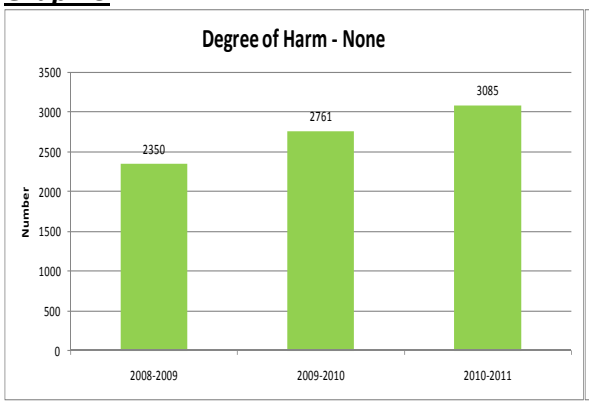
What action we took this year

- Awareness campaign on incident reporting
- Detailed information given to individual teams on trend analysis of incidents and incident data to enable them to self monitor.

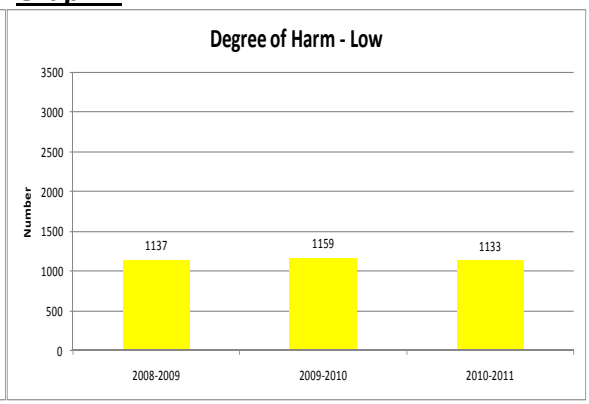
What progress we made

The number of incidents reported has risen every year for three years. In 2008-2009 there were 3648 incidents reported; 4086 in 2009-2010 and 4381 in 2010-2011. High reporting Trusts are considered by the NPSA to be more risk aware, hence our encouragement of staff to report all incidents irrespective of adverse impact. 68.9% of incidents our staff report have not resulted in harm, this compares to an average of 62.6% for all mental health Trusts on the NPSA database. For minimal harm incidents Oxford Health NHS Foundation Trust rated 27.5% of incidents as resulting in minimal harm compared to the average of all mental health trusts of 31.7%. Graphs 3 and 4 below show an incremental rise of reporting of no harm incidents over three years and minimal (low) harm incidents have remained static.

Graph 3



Graph 4



Source: NPSA

The National Staff survey asks questions in relation to incidents. The percentage of staff stating they had "witnessed potentially harmful errors, near misses or incidents in last month" dropped 7% from the previous year, from 32% to 25%. The average for all mental health trusts was 28% but the best performing Trust achieved a response of only 7%. The

change we made in year was statically significant. In contrast there was a small, but not significant, decline in staff reporting errors, near misses or incidents witnessed in the last month, from 97% in 2009 to 95% in 2010. The average of similar Trusts was 97%. The final incident question relates to the culture of error and incident reporting in their trust; whether staff are aware of the procedures for reporting errors and the extent to which staff feel that the trust encourages reporting and ensure that such incidents do not happen again. The response to this question showed a statistically significant improvement from 3.41 in 2009 to 3.45 in 2010 (scale 1 (ineffective/unfair procedures) – 5 (effective/fair procedure)), matching the average of similar Trusts.

We have concluded that the actions we have taken have had an impact in terms of raising awareness of the importance of incident reporting, though this has not translated in a significant (8%) increase in actual reporting. Our ambitious aim of increasing no or minimal harm incidents by 50% may need to be extended beyond 2012.

2. Patient Experience

We aimed to ensure that all services collected feedback from patients, consider what patients say and made appropriate changes.

Understanding how patients feel about the services they receive and being able to share positive feedback across our services or make changes to improve patients experience is a common theme in our stakeholder meetings, in national policy and the Trust's own values; Caring, Safe and Excellent.

Substantial improvements in our National Patient survey results remains a challenge for the Trust, though we have seen a difference between the national feedback and the local feedback we receive from our patients at the time or shortly after their period of care, the latter being more favourable. In our last National Community survey we were rated "much the same as other Trusts" and in the CQC Quality and Risk Profile for the Trust we have a number of "better than expected" ratings, particularly in connection with dealing with medications and the patients' perspective of us involving their families.

The Community Survey Report indicates that Trust is in the 20% best performing trust in relation to:

- Showing respect and dignity
- Describing the purpose and possible side effects of medications
- Care goal planning
- Support for service user care responsibilities
- Response to out of hours phone calls
- Involvement of family members

However, the Trust is in the 20% worst performing Trust in relation to:

- Asking service user response to medication
- Talking therapies
- Knowing the care coordinator or how to contact them
- Being offered a care plan

- Physical health needs
- Crisis phone number

Improvement plans focus on strengthening our adherence to CPA procedures, including demonstrating engagement with patients in collaborative care planning and engagement of carers.

This year we voluntarily repeated the inpatient survey required by the CQC in 2009. There was a small improvement from the previous year's results, which overall meant we compared equally to the average of other Mental Heath Trusts but this remains a great deal to achieve to get into the top 20% of Trusts.

What action we took this year

In addition to the national surveys we continued to use a range of methods for gathering patient feedback, including:

- Local patient satisfaction questionnaires
- Patient surveys as part of the Productive Ward programme
- Via Governors
- National Patient Surveys
- Real time feedback using electronic handsets
- Patients and carer forums for example Patient Councils, Acute Care Forums and Article 12 Young People's Panel

The Trust was commended in the CQC review of Safeguarding Children in Oxfordshire for the work of Child and Adolescent Mental Health Services (CAMHS) with the Article 12 Council, as an example of collaborative working and user involvement. The Article 12 Council is a group of mostly under 18s who have had experience of mental ill health. The panel works with Oxford Health NHS Foundation Trust to help to develop services and work with CAMHS to get feedback about services from young people. The panel motto is "serious about being heard".

Our services in 2010 -2011 were divided into four Directorates: Adults and Older Adults in Oxfordshire; Adults and Older Adults in Buckinghamshire; Child and Adolescent Mental Health Services and Forensic Services. Each of these Directorates has used one or more of the above methods to survey patient experience.

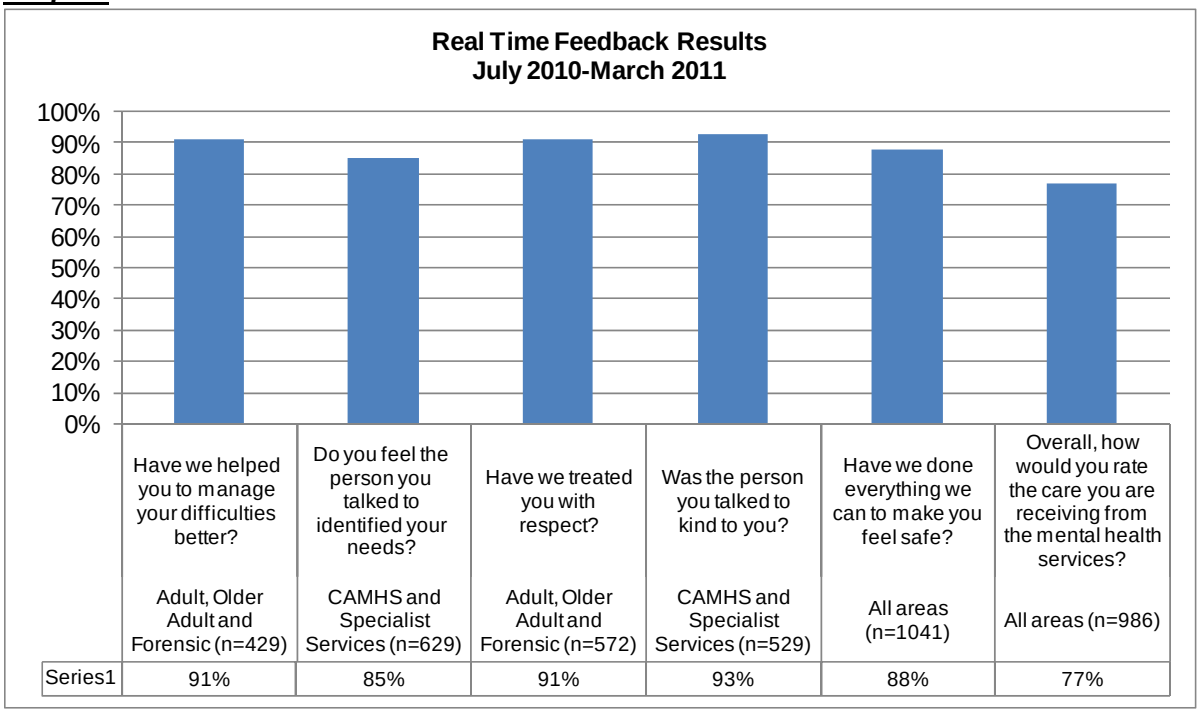
As well as seeking patient feedback we undertook a Carers survey in collaboration with our Carer Governors. This survey was completed in December 2010 and a plan of change is detailed below.

What progress we made

All our services used real-time feedback devices across some of their community and inpatient settings. This covers the geographic areas of Oxfordshire, Buckinghamshire,

Swindon, Wiltshire and BaNES. There are four top level Trust questions used on every device, the remaining questions being service specific (two questions have been modified for children's response). The results for these are charted below (graph 5) for the period 7 July 2010, when the new devices were put in place, to 31 March 2011. These results are reported to the Board of Directors monthly.

Graph 5



Some examples of the changes we have made following patient feedback

CAMHS:

- We replaced toys and books in the waiting area in Childrens Services and purchased toys and books relevant to all ages.
- Provided young people with the email address of their workers so they can maintain contact.

Adult Services:

- Made menu simpler, and indicated which dishes are healthy with some inclusion of calorie count.
- Developed a resource area for patients within one of the community team bases, with information on major illnesses and self help guides to treatment.

Older Adult:

- An underutilised room on an older adult ward has been turned into a sensory room. This will give patients the opportunity to access a variety of sensory items/equipment, or a quiet place to sit.
- Replaced signage in words and picture format on doors on ward to distinguish between dining room, toilet and female/male corridors.

Specialist Services:

- Community Team will now offer flexible appointment durations and discuss length of appointments before they start (sessions max 1hr, but can be less).

- Provided patients with more choice about which occupational therapy activities they would like to participate in.

All Mental Health Trusts were required to carry out the CQC National Community Survey in 2010 and submit their data to the CQC for analysis. Our result remained largely static and we were rated as about the same as other Trusts in all categories. We did make improvements on the previous survey where we were ranked in the lowest performing Trusts in patients knowing who their care co-ordinator is; speaking with Care Co-ordinator prior to CPA review meeting; patients having a written copy of the care plan and knowing the number to call in a crisis.

Actions we intend to make following Carer survey feedback

- Carer Governors to review and develop consistent carer's information pack for all community and inpatient areas to give out to all new identified carers
- Information leaflet on carer confidentiality to be reviewed
- Customer service training to be rolled out for ward staff
- CPA training to be reviewed to include section on importance of engaging with families/ carers
- Carer Governors to have slot at mandatory staff induction training alongside our carer representative
- Develop a Carers charter

3. Measuring Outcomes

The Health of the Nations Outcome Scale (HoNOS) consists of 12 categories measuring behaviour, impairment, symptoms and social functioning. The use of HoNOS was recommended in the National Service Framework for Mental Health and by the working group to the Department of Health on outcome indicators for severe mental illnesses. It is also recognised as an integral part of the Mental Health Minimum data set.

Last year our target was to increase the use of the HoNOS. We started from a baseline of 20% and by year end over 80% of patients had a HoNOS rating. This year we aimed to increase the number of patients who had two or more ratings; one at the commencement of treatment and one either on completion or at the next review of their care plan. The purpose of having repeated ratings is to determine whether and in what areas progress has been made, and whether changes to the treatment plan are required.

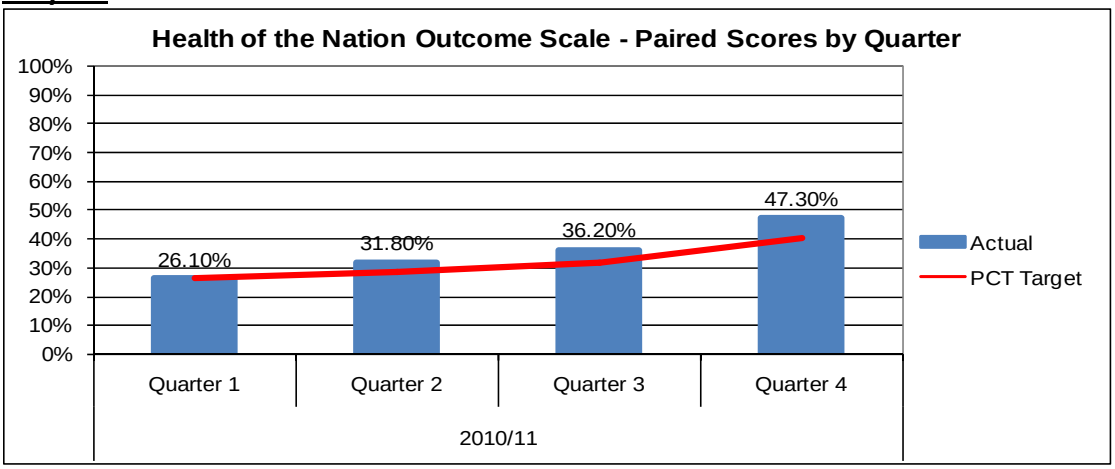
What action we took this year

- Monitoring and management action to ensure quarter on quarter improvement.

What progress we made

This work was supported by a CQUIN goal that required a 10% improvement from baseline, quarter on quarter. The baseline at quarter one was 26.1% this goal was achieved by year ending 31 March 2011 as indicated in graph 6 below.

Graph 6



Other quality initiatives

Included below are some further examples of initiatives or achievements in 2010-2011. Further details and further examples are regularly published in the Trusts newsletter, Insight Magazine available on the Trust website. http://www.oxfordhealth.nhs.uk/

Productive Programme (Releasing time to Care)

The productive Mental Health Ward Programme has now engaged 14 of the 26 mental health wards in the Trust, with the final four forensic wards rolling out in May 2011. Therefore, the SHA target of 80% roll out by April 2012 is on target. All wards are at various stages of the programme. Where wards have been engaged in the programme for more than one year, significant increase in Direct Care Time has been achieved ranging from 2-40% for RMNs (Registered Mental Health Nurses) and from 1-21% for HCAs (Healthcare Assistants).

There have been significant decreases in the rates that nursing staff are being interrupted from an activity, the decreases range from 13% to 88%. Examples of interruptions are phone call, other clinical staff asking questions, dealing with visitors. The distance staff spend walking to complete tasks has decreased in some areas. Because our staff can frequently escort patients off the unit this indicator is usually measured against specific activities rather than shifts.

Examples of releasing time and enhancing quality includes: 36 hours a month released from the mealtime process on Kennet Ward (Littlemore, Oxford); 8 hours a month released from organising leave from the ward granted to detained patients (the S17 leave process) on Woodlands Ward (Manor House, Aylesbury); 15 hours per month from the S17 leave process on Chaffron Ward (Marlborough House, Milton Keynes); and a reduction of 20 hours per month in handover between shifts process on Chaffron Ward. Vaughan Thomas

(Warneford, Oxford) have implemented and continued to refine the therapeutic programme of activities for patients. Kennet have introduced Therapy Workers for focused time with patients, Woodlands have significantly reduced their interruptions to medication rounds. Cotswold House (Marlborough) has implemented a new ward clinical meeting process to reduce Nurses walking time. Patients now have agreed appointment times to attend their review with the clinical team, resulting in a reduction in waiting time for patients and a reduction in time nurses spend searching the ward for patients. The team are now able to review 12 patients in the time previously identified for 8 patients.

Dementia Strategy

We secured funding from the Strategic Health Authority via Bucks PCT, for an initial phase of mapping out current service provision against the requirements of the Dementia Strategy and the needs of the local population. This will be a whole system approach to delivering services and the Project is being driven by Dementia Strategy Implementation Board, which comprises of various agencies providing services to people and families of people with dementia.

Implementing "real time feedback" (RTF)

The organisation that provides the licence and software to the Trust for the "real time feedback" devices which are used to gather patient experience of services, has asked the Trust to publish a case study on the benefits of RTF after the Trust's extensive use of devices since July 2010. This was requested because the Trust has implemented it across a range of age groups, care settings and geographical areas and has achieved large response rates.

Forensic Patients Council

We have facilitated Commissioners receiving direct feedback from patients by the Specialist Commissioning Group attending joint Forensic Patient Council bi-annually to discuss the quality of the service, including performance against CQUIN goals and the commissioning of services.

True Colours

Simon Burns (Minister of State for Health) recognised the research which has been piloted through the University of Oxford's Department of Psychiatry, in partnership with Oxford Health NHS Foundation Trust in his speech at *'The Vision for Sustainable Health: A Route Map'* conference in Feb 2011. True Colours provides an easy way for people with bipolar disorder to complete weekly mood monitoring via text messages or e-mail. The ratings are promptly made available to those completing the questionnaires and their clinicians in a graph which allows for a greater understanding of an individual's experience of bipolar disorder over time. Clinicians are able to recognise from the messages received if a patient needs more help or assistance, and are able to ensure that patients in this situation are proactively contacted. This is a system that is liked by patients who feel it gives them more control of their care and lives.

Quality Measures 2010-2012 Inclusive

Monitor Targets

Table 4 below identifies our levels of attainment against the targets set by the Department of Health and Monitor

Table 4

Indicator	Target	2009/10 position	2010/11 position	RAG Status
Patients receiving follow-up contact within seven days of discharge	95%	96.2%	95.5%	
Patients having formal review within 12 months	95%	Not required	84.6%	
Minimising mental health delayed transfers of care	≤7.5	2.1%	2.5%	
Admissions to inpatients services had access to crisis resolution home treatment teams	90%	96.2%	98.2%	
New psychosis cases seen by early intervention teams (13)	95%	96.0%	111.0%	
Data completeness	99%	Not required	99.1%	
Data completeness: outcomes for patients on CPA	50%	Not required	67.6%	
Access to healthcare for people with a learning disability	6 standards Rated 1-4 Max score 24	16	19	
Best practice in mental health services for people with a learning disability	12 standards	5 green 7 amber	7 green 5 amber	
Care programme approach (CPA) 7 day follow-up	95%	96%	95.5%	
Child and adolescent mental health services (CAMHS)	6 standards Rated 1-4 Max score 24	23	24	
Ethnic coding data quality		83.2%	88.6%	
Mental Health Minimum Data Set (MHMDS) data completeness			99.1%	
Mental Health Minimum Data Set (MHMDS) patterns of care			94% (Q4)	

Annex 1. Statements from our Partners on the Quality Account

Annex 2. 2010/11 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 2010-11;
- 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 2010 to June 2011
  - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
  - Feedback from the commissioners dated XX/XX/20XX
  - Feedback from governors dated XX/XX/20XX
  - Feedback from LINks dated XX/XX/20XX
  - The trust's complaints report published under regulation 18 of the Local Authority
  - Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX;
  - The 2010 national patient survey
  - The 2010 national staff survey
  - The Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/20XX
  - CQC quality and risk profiles dated October 2010 to March 2011

- 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) as well as the standards to support

data quality for the preparation of the Quality Report (available at 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

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....*Chief Executive*

Annex 3. Summary of Actions following Trust Clinical Audits

Internal

	Title of Audit	Key Actions
1	Child Protection	We have reviewed mandatory child protection training incorporating the re-audit findings to continue to improve completion of key parts of generic multi-agency referral forms e.g. carer 1 parental responsibility. We plan to undertake an audit of looked after children to confirm statutory requirements are being met.
2	Clinical Risk Assessment	Data collection finished on 11th March 2011. Report being finalised and results to be disseminated in April/ May 2011
3	CPA Quarterly Full Audit	We have revised the CPA policy, forms and audit tool to ensure that all key requirements are included and audited looking at assessment, carers involvement, care planning and risk assessment. The CPA lead (who was previously employed for Oxford services now cover CPA across the organisation. (This change was effective from July 2010). We have revised both the Trust policy on advance statements and the patient information leaflet. (Please see Part 3 for actions from the carers survey).
4	Dementia audit against NICE guidance.	We will be developing e-training for staff on use of advanced statements/ decisions. We will review our standard carers information packs (to include information on carers rights, access to carer's assessment, contact details of Carer Governors and a new Carers Charter being developed).
5	Essence of Care	Our Hospital Chaplain will now visit wards on a monthly basis Additional storage cupboards for patient's food to be fitted in clinical areas. One ward set an action for all current inpatients to receive an oral health assessment to identify patients

	Title of Audit	Key Actions
		who have oral/dental problems. We have displayed posters in patient areas to indicate how patients can access information and or advice e.g. information for patients about who have access to their records, advocacy. All staff have been reminded to wear name badges when seeing patients and carers.
6	Getting the Basics Right (GtBR)	Monthly audit tool used by modern matrons and ward managers to monitor the essential standards of nursing observations; care plans and risk assessments. Formal action plans are not required as ward managers and Modern Matrons address any shortfalls at source. (a similar audit tool has been introduced for community services, see CPA Metric below)
7	Health records	Guidance has been circulated on record keeping standards for electronic records. Standard set for notes to be entered within 24 hours. The defaults for the PCIS document templates did not meet the specified record keeping standards, for example font type and size. This was changed on PCIS in Sept 2010. The standards in the Policy or the default templates are to be reviewed with the implementation of RiO from Dec 2010-April 2011.
8	Medicine Management	All wards identified with drug storage facilities (cupboards) not meeting standards have been reported to Estates and logged on directorate and corporate risk registers. Pharmacy will follow up drug storage facilities still not compliant by 1st June 2011.
9	The Safe And Supportive Observation Of Patients At Risk Policy	Audit findings were disseminated to Modern Matrons in March 2011, local action plans are now in development.
10	Hand Hygiene	We plan to further improve access to hand washing equipment including Improved access to individual tottles (small bottles containing anti-bacterial gel that are clipped to the belt) and access to hand washing equipment for example soap and paper towels.
11	Catheter Care	Introduce training session and guidance on catheter care via e-learning package.
12	Produce availability	Improve access to products (e.g. gloves, aprons, soap) through the Infection Control Team working closely with estates and housekeeping and regularly

	Title of Audit	Key Actions
		completing spot checks on wards.
13	Decontamination – staff awareness	Completion of the weekly checklist on all clinical areas.
14	Commodes	When standards declined we increased monitoring in 5 clinical areas until standards improved and reached the 85% target
15	Schizophrenia against NICE guidance for new episodes(Bucks)	A standard letter was designed and has been in use since Feb 2011 to send to GPs requesting results of physical health checks. Information for patients: - a booklet has been developed – for service users and carers – this was reviewed to include information about NICE guidance and distributed in Jan 2011
16	Self Harm presentations at A&E	To develop a training schedule with assessment and intervention modules accessible for all staff doing self harm assessments in the under 18 age group to extend what is already available in CAMHS. To set up a supervision group for the crisis team and SHOs. CPA self harm proforma across all ages has been refined taking into account the results of the audit Hard copies of all relevant assessment forms and information leaflets relating to self harm are now kept in the Barnes Unit duty room and the junior doctors room at the Warneford and the Horton to improve staff access to specialist assessment forms
17	CAMHS You're Welcome Self Assessment	Information leaflet to be updated with the involvement of Children/Young People's panel and explicitly meet You're Welcome criteria. To develop a new information leaflet for under 16s with the involvement of Children/Young People's panel. To introduce annual audit of confidentiality and consent procedures (baseline completed in Feb 2011) To develop a poster on Confidentiality and Consent with the Article 12 group to be displayed in community clinic

	Title of Audit	Key Actions
		areas. A checklist for reception staff to regularly review display material was developed in March 2011. Audit of CAMHS to adult transition protocols has been completed Feb-March 2011 to improve the smooth transition of young people. Recommendations from audit include each team to set up a system to identify young people at 17.5 on caseload and to monitor transition planning and liaison with adult service.
18	Audit against Depression NICE guidelines in CAMHS	We have revised a CPA form for CAMHS, which now includes a new question asking about assessment of parental mental health.
19	Carers Survey Adults and Older Adults	Carer Governors plan to review and develop consistent carer's information pack for all community and inpatient areas to give out to all new identified carers. We plan to review our information leaflet on carer confidentiality. Customer service training for ward staff to be developed and rolled out. We are planning to hold training programmes for inpatient staff between April-July 2011 on issues relating to confidentiality, consent and engaging with families and carers (led by Education and Practice Lead for PSI). Our CPA training has been reviewed to include the importance of engaging with families/ carers. This part of the training is now delivered by carers through our local carer support groups. We have identified carer leads on each ward to raise awareness and promote carer engagement. Carer Governors to have slot at mandatory staff induction training to promote the importance of involvement with carers. Develop a carer's charter and our findings are to be incorporated into the review of Trust wide Carers Strategy from March 2011.
20	Inpatient Physical Health	Our quality tool GtBR has been reviewed by Modern Matrons to develop monitoring of inpatient physical

	Title of Audit	Key Actions
	Assessments	health checks within 72 hours of admission. We plan to introduce Early Warning Signs clinical observation system across all wards to include introduction of new monitoring form and training for staff, led by Physical health Lead Nurse. Further to the audit findings, we have reviewed our Physical health Policy reviewed (including proforma).
21	Staff Supervision	Data collection finished on the March 2011. Report being finalised and results to be disseminated in April/ May 2011
22	DNA (recent inpatients discharged)	Safety is one of the priorities identified by the Trust for the Quality Account. As part of this OBMH is one of 8 Mental Health Trusts participating in a Patient Safety Programme called Leading Improvements in Patient Safety (LIPS) which has been detailed earlier.
23	Transitions between Adult and Older Adult Services and discharge to GPs	Data collection remains underway, to be completed by end of April 2011.
24	Assessing capacity and use of DoLS on Older Adult Wards	We have discussed the findings of this audit with modern matrons and ward managers and staff to raise awareness about documenting discussions and decisions being made. To re-audit in 2011 to further investigate and understand issues as unclear from initial audit if findings relate to practice or a recording issue.
25	Community Team CPA metric	This local monthly audit tool for modern matrons and ward managers is for clinical staff to use to take immediate actions. Formal action plans are not required.
26	Looked after children audit	Data collection underway, to be completed by end of April 2011.

Annex 4. Glossary of Terms

Abbreviation	Term
CAMHS	Children and Adolescent Mental Health Services
CPA	Care Programme Approach
CQC	Care Quality Commission
CHO	Community Health Oxford
CQUIN	Commissioning for Quality and Innovation
CRAM	Clinical Risk Assessment and Management
DoLS	Deprivation of Liberty
GP	General Practitioner
HONOS	Health of the Nation Outcome Scale
LIPS	Leading Improvements in Patient Safety
MHA	Mental Health Act
NAPTAD	National Audit for Psychological Therapies on Anxiety and Depression
NCI/NCISH	National Confidential Inquiry (NCI) into Suicide and Homicide
NICE	National Institute for Clinical Excellence
NPS	National Patient Survey
NPSA	National Patient Safety Agency
NHS	National Health Service
OBMH	Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
PCT	Primary Care Trust
PICU	Psychiatric Intensive Care Unit
POMH-UK	Prescribing Observatory for Mental Health-UK
RiO	Electronic clinical information system (newly commissioned)
SBARD	Situation, Background. Assessment , Recommendation and Decision

Annex 5. How to Contact Us

About this report

If you have any questions or comments concerning the contents of this 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.

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, 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

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.

Action Plan

The following table highlights details of the nine recommendations were made by the audit commission following an independent audit further to publication of last year's Quality account, together with progress to date. This highlights that we completed all nine of the recommendations made by the audit commission.

Recommendation	Comments	Status
Include the gate keeping indicator (admissions to inpatient services who also had access to crisis resolution home treatment teams) in the 2009/10 Quality report	Updated report sent to Monitor. Achieved	Achieved
Continue to promote and improve staff engagement in data quality throughout the Trust and share good practice	Staff now receive training on PCIS/RIO before they are given access to the system. Data quality is an element of this training. Standardised data quality reports are now circulated to teams. The Trust has commissioned an informatics data warehouse. Teams are now able to access a suite of data quality reports drill down to team level.	Achieved
Ensure all polices procedures and guidance are Trust wide, subject to periodic review and updated on a timely basis	Policy Stream leads maintain up to date register of all policies with agreed timetable for policy reviews. Policy Stream leads ensure that any policy reaching its expiry date is risk assessed whilst review is undertaken. Assurance is provided to Quality Improvement Committee.	Achieved
Seek clarity on the timeframes required by Monitor/Department of Health to measure specific performance indicators such as, gate keeping and delayed discharges	Trust follows DoH guidance regarding Delayed Discharges. Clarity sought from Monitor for gate keeping (access to Crisis prior to admission), who have confirmed that the Trust's approach meets the requirements.	Achieved
Implement a system to review non-breaches to gain assurance that non-breaches are free from significant errors.	Quarterly audit arranged with each of the four directorates the results of which to be submitted by end of March 2011.	Achieved
Ensure that the specifications for the monthly database queries (for seven day follow up and gate	Database specifications in place to agree with local definitions and indicators.	Achieved

keeping indicators) are agreed back to local definitions of indicators		
Align the monthly performance reporting schedule to ensure Executive and Board papers receive: timely data to inform decision making (refreshed if appropriate); assurances on data accuracy; and variations in reporting are clearly accounted for.	Monthly data always refreshed. With breaches and non breaches being validated (R5) there will be more assurance on data accuracy. Variations in reporting accounted for in audit trail	Achieved
Undertake a systems review to establish a clear audit trail from database queries to the Executive and Board papers and the quality report. Ensure all queries are routinely tested to ensure that calculations and categorisations are in accordance with indicators	System of audit introduced and directorates asked to undertake random sampling to provide assurance.	Achieved
Improve and simplify the system to bring together data for the Delayed Transfer of Care indicator so that it is robust, clear and simple to minimise error and ensure that there is an authorisation audit trail.	Now achieved (Ward managers send delays to the Project and Performance Co-ordinator. These delays are now sent to a Modern Matron who validates the material at a local level and returns it to the Project and Performance Co-ordinator. This ensures that there is an authorisation audit trail).	Achieved