Oxford Health NHS
NHS Foundation Trust

PAPER
MC 24/2011

Report to the Meeting of the Members' Council

For Information

8 September 2011

Update Reports

Executive Summary

Attached are the regular update reports on the following:-

- Finance
- Quality and Performance
- Safety and Quality

Given time constraints at the AGM, the reports will not be presented and will be taken as read. Governors are encouraged to contact relevant lead Executive Directors out-of-session with any queries on the report. A small amount of time will be set aside at the meeting for any urgent or pressing questions.

Recommendation

The Members' Council is asked to note the reports.

Author and Title: Justinian Habner, Trust Secretary
Date: 24 August 2011

Oxford Health NHS
NHS Foundation Trust

Report to the Meeting of the Members' Council

For Assurance

8th September 2011

Finance Report

July (Month 4) Position 2011/12

Financial Targets

The Trust is meeting its key financial targets at the end of month 4:

- An Income and Expenditure surplus of **£2.3m**, which is **£0.4m** above plan
- EBITDA (earnings before interest, taxation, depreciation and amortisation) of **£5.0m** which is **£0.4m** above plan
- A period-end cash balance of **£19.8m** against a plan of **£20.2m**
- A financial risk rating of '**4**', which is in line with plan

The forecast year-end position is that the planned Income and Expenditure surplus of **£4.7m** (before exceptional items) will be achieved and that the planned Financial Risk Rating of 3 will be achieved.

A summary of the Trust's Income and Expenditure position for the year-to-date is included as an appendix to this report.

Cost Improvement Plan

The Trust is monitoring the delivery of efficiency savings against an annual plan target of **£12.5m**. At month 4, directorates have identified schemes with a total value of **£13.3m**. However, in previous years the Trust has only achieved around 85% of planned savings so this cushion will be needed to manage slippage and risks to delivery.

- At month 4, savings of **£3.1m** have been achieved**,** which is **£0.2m** below plan
- The forecast is that savings of £11.7m will be achieved by the end of the financial year

Key Risks and Issues

The Trust is meeting its financial targets for the year-to-date and is on track to deliver the year-end financial plan.

However, the Trust is experiencing cost pressures in a number of areas and there are a number of risks to the forecast position. The following cost pressures and risks have been identified at this stage of the year, which have to be effectively managed to ensure that year-end financial targets are achieved:

- Clinical Income – risk to CQUIN funding and underperformance on the community services contract;
- Cost pressures in the Clinical Services Divisions, in particular the Community Services Division due to staffing and drugs cost pressures linked to the demand for beds in Community Hospitals and higher than planned Urgent Care activity;
- Cost pressures in the Facilities Department due to the loss of Service level Agreements;
- Cost Improvement Programme – slippage and delivery risk against the full year target of £12.5m;

Further Information

Any comments or questions regarding the Trust's financial position should be directed to Gareth Kenworthy, Acting Director of Finance at Gareth.kenworthy@oxfordhealth.nhs.uk

Executive Director: Gareth Kenworthy, Acting Director of Finance

Date: 24th August 2011

Appendix

Income and Expenditure Position 2011/12

Month 4 Year-to-date

	Plan	Actual	Variance
	£m	£m	£m
Clinical Income	77.8	77.9	0.1
Other Operating Income	12.9	13.2	0.3
Total Operating Income	**90.7**	**91.1**	**0.4**
Employee Benefit Expenses (Pay)	-62.1	-62.3	-0.2
Other Operating Expenses	-24.0	-23.8	0.2
Total Operating Expenses	**-86.1**	**-86.1**	**0.0**
EBITDA	**4.6**	**5.0**	**0.4**
Loss on asset disposal	0.0	0.0	0.0
Depreciation and Amortisation	-1.0	-1.1	0.0
Asset Impairment	0.0	0.0	0.0
Interest	-0.4	-0.3	0.1
Other Finance Charge	-0.1	-0.1	0.0
PDC Dividend	-1.2	-1.2	0.0
Surplus/ (Deficit)	**1.9**	**2.3**	**0.4**

Oxford Health NHS
NHS Foundation Trust

Quality and Performance Report: Executive Summary

Introduction & Summary

This report provides an overview of Oxford Health NHS FT performance for **June 2011.**

Performance against Monitor targets is positive with the exception of CDiff (SHA) target.

Performance Highlights

CPA reviews within 12 months (18-65) - Threshold 95%
Following implementation of the recovery plan, the Q1 Monitor target was achieved with performance at 95.41%.

Performance Exceptions

A summary of key exceptions and risks is provided below. Further detail on supporting pages

		Ref	
Quality & Patient Satisfaction	**Monitor**	M2	**CPA reviews within 12 months (18-65) - Threshold 95%** Following implementation of the recovery plan, the Q1 target was achieved with performance reported at 95.41%. The recovery plan will remain in place and will focus on sustainability against the Monitor targets as well as compliance against contractual and CQC indicators which underpin best clinical practice.
		M8	**Clostridium *difficile* - Threshold 20** 1 case reported in Community Hospitals in June which is a decrease on last month (3). A total of 6 cases have been reported YTD. An RCA is underway. No connections have been found between *Cdiff* and incidents to date. Risks: patient safety and *Cdiff* has been agreed as CQUIN gateway (threshold of 20 cases).
	Trust	T30	**MH DTOCs NHS and Social Care**- reduction in the number of DTOCs. Work continues in to improve flow of processes. Training arranged for Bucks staff.
		T31	**Community Hospitals DTOCs - Threshold 12%** There was an average of 43 delays in Community Hospitals in June which equates to 21% of the bed stock. The YTD DTOC position is also 21%. in June, 53% of delays were attributable to S&CS, 31% to NHS and 16% to both. A whole system meeting took place in July to discuss potential resolutions to the sytem wide DTOC issue.
		T34	**Single Sex Breaches** - 4 breaches in month, 2 CAMHS commissioner confirmed permitted. 2 awaiting if commissioner will apply penalty.
		T35 a + b	**Emergency readmissions** - no emergency readmissions for Older Adults MH. Adult MH services by over target by 0.2%**.** Monitoring continues to identify trends.
		T36	**SIRIs**- Only three months data for the integrated organisation so no trends identified to date. Monitoring for trends will continue.

Human Resource	L&D	H64a	**Mandatory training** - The mandatory training information for community services is in the process of being migrated into the Learning & Development database.
	Appraisals	H65	**Organisational wide achievement** - Information on Community PDRs is being input to the L&D database. Data collection to continue through July.

Report produced by:	**Lead Director Responsible**
Charlotte Hunt, Nic McDonald, Helen Millar & Marie Pritchard	**Stephen Cass** Director of Strategy and Commercial Development

Date of report: 15th July 2011 updated 20th July 2011

QUALITY AND PERFORMANCE DETAIL

Oxford Health NHS
NHS Foundation Trust

RAG & Trend key				
⬆		meeting target & trend improving	⬆	failing target & trend improving
⬇		meeting target & trend deteriorating	⬇	failing target & trend deteriorating
⟷		meeting target & no change	⟷	failing target & no change

Monitor and CQC Targets

Lead Divisional Director	Ref	Indicator description	Threshold	April	May	June	RAG	YTD Target	YTD Actual	YTD RAG & 12 month Trend	Comments/Actions
										NOTE: 12 month rolling trend not YTD trend	
Specialised Ox Bucks Mental Health	M1	Admissions with prior access to CRHT	90% (M) 95% (PCT)	**97.7%**	**98.8%**	**98.9%**	●	90% (M) 95% (PCT)	**98.5%**	⬆	April: 97.7%, May 98.84%
Specialised Children & Families Ox Bucks Mental Health	M2	% of adults (18-65) on CPA having a formal review in last 12 months (Monitor are using "date last seen by care coordinator" as a proxy for this indicator)	95.0%			95.4%	●	95.0%	**95.0%**	⬆	Performance Improvement Plan in place. Stage 1 due to be completed end of month - clarification of the indicator definition to ensure accurate reporting; improving reporting/data analysis and data quality and cleansing exercise to eradicate inconsistencies. Stage 2 to focus on clinical best practice indicators.
Specialised Ox Bucks Mental Health	M3	Early intervention caseload	Oxon 135 Bucks 13	**Oxon 148 Bucks 2**	**Oxon 145 Bucks 8**	**Oxon 141 Bucks 13**	●	Oxon 135 Bucks 13	**Oxon 141 Bucks 13**	⬆	
Specialised Ox Bucks Mental Health	M4	Follow up in community within 7 days from inpatient discharge	95.0%	**98.2%**	**97.7%**	**96.5%**	●	95.0%	**97.6%**	⬆	
Specialised Children & Families Ox Bucks Mental Health	M5	Data completeness: Outcomes	50.0%	**64.3%**	**74.3%**	**76.8%**	●	50.0%	**76.8%**	⬇	There has been a further 6.5% improvement in HoNOS coding in the last 12 months. The declining trend is due to low performance in February, March and April 2011.
Specialised Children & Families Ox Bucks Mental Health	M6	Data completeness: Identifiers	99.0%	**99.3%**	**99.1%**	**99.0%**	●	99.0%	**99.0%**	⬇	Although a declining trajectory performance has moved between 99.3% and 99.0% over the last 3 months. There is an issue with purchaser code for Forensic inpatients that is due to the National Spine over writing trust data. Will be liaising with Connecting for Health and the Information Centre for advice.
Specialised Ox Bucks Mental Health	M7	NHS Delayed Transfers of Care (MH NHS attributable only)	<=7.5%	**4.6%**	**6.0%**	**8.6%**	●	<=7.5%	**6.5%**	⬇	Buckinghamshire NHS DTOCs have decreased from 8 (May) to 7 (June) and Oxfordshire NHS DTOCs have decreased from 7 (May) to 6 (June) . Action being undertaken as part of Recovery plan for All DTOCs (ref: T30)
All Divisional Directors	M8	Incidence of Clostridium *difficile*	7	**3**	**2**	**1**	●	3	**6**	⬆	1 reported case in Abingdon in June bringing the YTD total to 6 cases. An RCA is underway. There has been no connection between any cases reported so far this year.
All Divisional Directors	M9	CNST >=1	0-3	**0**	**0**	**0**	●	1	**0**	⟷	The former OBMH and CHO were both previously CNST Level 1. Trusts are assessed every 2 years by the NHS Litigation Authority(NHSLA) to confirm their CNST levels. CHOs last assessment(2010) was not undertaken due confusion about assessment dates leading to new CNST Level 0. CNST scores are amalgamated therefore the score of Oxford Health is now 0. The trust will be formally assessed by the NHSLA 11th and 12th January 2012. This indicator is currently being consulted on by Monitor in the Consultation on community service governance indicators and quality governance assessments in transactions (20 April 2010). Failure to achieve a CNST level of 1 would normally attract a penalty of 2 but the consultation document suggests *where an NHS FT has a CNST level of 0 but where its board can certify that:* *1. the level of 0 is solely due to a delay in the NHSLA assessment process - e.g. in circumstances where the level is a result of acquiring an organisation without a CNST level; and* *2. an NHSLA assessment has been scheduled* Monitor will not apply the score of 2.0 as set out in the compliance framework.
All Divisional Directors	M10	Formal CQC concerns or other activity									1 section 57 (follow up on previous investigations) patient complaint raised by the CQC. No returns to Monitor.
All Divisional Directors	M11	Self certification against requirements relating to healthcare for people with learning disabilities								⟷	Annual Assessment for newly integrated organisation still to be completed.
All Divisional Directors	M12	Never Events	0	**0**	**0**	**0**	●	0	**0**	⬇	Downward 12 month trend reflects 1 Never Event in November 2010.

Trust wide indicators											
Lead Divisional Director	**Ref**	**Indicator description**	**Threshold**	**April**	**May**	**June**	**RAG**	**YTD Target**	**YTD Actual**	**YTD RAG & 12 month Trend**	**Comments/Actions**
										NOTE: 12 month rolling trend not YTD trend	
All Divisional Directors	T23	Incidence of MRSA Bacteraemia	0	**0**	**0**	**0**	●	0	**0**	⟷	
Community Services	T24	% complaints responded to within agreed timescales	95.0%	**100.0%**	**100.0%**	n/a					June data not available. Will receive on Friday 22nd July. Target will be measured as part of whole organisational target in T25 from July 2011
Specialised Children & Families Ox Bucks Mental Health	T25	Complaints per 1,000 appointments and bed days (3 month rolling average)	0.3	**0.3**	**0.3**	**0.4**	●	0.3	**0.3**	⟷	
All Divisional Directors	T26	Number of patients transferred between wards for non clinical reasons	10	**6**	**10**	**16**	●	0	32	↑	Plan in place to monitor reasons for transfers (ie whether clinically necessary, due to Male/Female bed pressures) and ascertain whether rise in transfers is cause for concern. (Timescale end Aug)
All Divisional Directors	T27	Trust cancelled appointments	n/a	**n/a**	**6.4%**	**7.4%**		**n/a**	**6.9%**		
Specialised Children & Families Ox Bucks Mental Health	T28	Patient Feedback- overall how would you rate the care you are receiving from the MH service?	80.0%	**77.0%**	**82.0%**	**78.0%**	●	80.0%	**78.0%**	↑	Each team develop a action following collection of real time feedback. The action plans are monitored by regular patient experience leads meeting. Quarterly Patient Experience report goes to the Information Governance Committee. Target under review.
Community Services	T29	Patient Feedback- overall how would you rate the care you are receiving from the Community service?	Service specific			**79**	●	Service specific	**79**		Targets are service specific with the expectation being that all services achieve an improvement on the overall satisfaction score they achieved last year. This score reflects results received to the surveys for Children's Therapies and School Health Nursing both of which achieved an improvement on last year, thereby exceeded their overall satisfaction score target.
Specialised Ox Bucks Mental Health	T30	MH Delayed transfers of care (NHS and Social Care)	<=7.5%	**12.5%**	**13.3%**	**16.0%**	●	<=7.5%	**14.1%**	↓	Action plan in place aimed at improving patient flow through improving working and procedual arrangements between organisations.
Community Services	T31	Community Health Delayed transfers of care (NHS and Social Care)	12.0%	**19.0%**	**22.0%**	**21.0%**	●	12.0%	**21.0%**	↓	31% of DTOCs were attributable to health, 53% to S&CS and 16% to both. A whole system meeting took place on 8 July to discuss a resolution to the system wide DTOC issue. Defining what a 'community bed' is and a clear admission criteria were being worked up.
Specialised Children & Families Ox Bucks Mental Health	T32	Compliance with CPA metric	100.0%	**71.0%**	**84.0%**	**79.0%**	●	100.0%	**77.4%**	↑	Actions include each Division following up with individual teams areas of underperformance; review recording and reporting of CPA elements on new patient information system RiO; additional team level training sessions on the clinical use and recording on RiO.
Ox Bucks Mental Health	T33	HoNOS Paired scores									This indicator is reported under CQUIN Q41
All Divisional Directors	T34	Single sex breach	0	**6**	**1**	**4**	●	0	**11**	↓	Commissioners have agreed that 2 of these breaches were permissible and will not incur financial penalties. See recovery plan
Ox Bucks Mental Health	T35a	Adult Emergency readmissions within 28 days of discharge	10.3%	**9.3%**	**15.6%**	**10.5%**	●	10.3%	**10.7%**	↓	Work continues in accordance with action plan to monitor reasons for readmissions and ascertain whether this is cause for concern. Oxford Adult and Older Adult and Buckinghamshire Older Adult are all under target in June. Percentage compliance affected by relatively low number of patients discharged. (Timescale end July)
Ox Bucks Mental Health	T35b	Older Adult Emergency readmissions within 28 days of discharge	5.3%	**3.0%**	**3.4%**	**0.0%**	●	5.3%	**2.3%**	↓	
All Divisional Directors	T36	SIRI (Serious Incidents Requiring Investigation)	n/a	**12**	**14**	**6**		n/a	**32**	⟷	There were 2 additional SIRIs last month bringing the total to 14. In June, 2 in community services and 4 in Mental Health . Comparison to previous year will be provided in next report.
Specialised Ox Bucks Mental Health	T38	Ward closures due to infection	0	**4**	**0**	**0**	●	0	**4**	↑	There were no ward closures due to control of infection but there was a suspected outbreak of noroviris on Watling ward that affected 4 patients and 1 member of staff.

Trust wide indicators

Lead Divisional Director	Ref	Indicator description	Threshold	April	May	June	RAG	YTD Target	YTD Actual	YTD RAG & 12 month Trend	Comments/Actions
										NOTE: 12 month rolling trend not YTD trend	
Specialised Children & Families Ox Bucks Mental Health	T39	Bed Occupancy	86.0%	**89.3%**	**89.1%**	**90.3%**	●	86.0%	**90.9%**	↑	Trust wide MH bed occupancy was 89.3% in April and 89.1% in May.
Specialised Children & Families Ox Bucks Mental Health	T40	Mental Health PEAT - Reported quarterly	95.0%			**97.0%**	●	95.0%	**97.0%**		Across Mental Health wards 23 of the 26 wards achieved 95% or over with three ward achieving 100%. Three wards failed to meet the target of 95% - Harding 94%, Glyme 91% and Phoenix 77%. Housekeeping teams have already started programmes of work including deep cleaning and this will be kept under review by the Modern Matrons. All community hospital achieved 95% or over.
Community Services		Community PEAT - Reported quarterly	95.0%			**97.0%**	●	95.0%	**97.0%**		All community hospital achieved 95% or over. Wantage ward achieved the highest score at 99%.

Human Resources

Indicator	Ref	Indicator description	Threshold	April	May	June	RAG	YTD Target	YTD Actual	YTD RAG & 12 month Trend	Comments/Actions
Sickness	H61		3.5%	**3.8%**	**3.5%**	**3.4%**	●	3.5%	**3.5%**	↑	
Vacancy Rate	H62		9.0%	**8.0%**	**7.9%**	**7.6%**	●	9.0%	**7.6%**	↑	
Mandatory Training - MH Services	H63										Reported trust wide below
Mandatory Training - Community Services	H64										Reported trust wide below
Mandatory Training - Trust wide	H 64a		85.0%	**85.0%**	**71.0%**	**72.0%**	●	85.0%	**72.0%**	↓	The mandatory training information for community services arebeing migrated into the Learning & Development (L&D) database with validation of records to provide an accurate status for community services and enable identification of training gaps.
Appraisals	H65		85.0%	**67.6%**	**69.0%**	**59.0%**	●	85.0%	**59.0%**	↓	Former Community services data was not recorded centrally. PDR dates by individual staff member are being collated with 35% requests returned to date. Data collection process will continue during July.
Leadership Training	H67										target and reporting under development
Turnover (12 month rolling)	H68		12.0%	**10.9%**	**10.7%**	**10.5%**	●	12.0%	**10.7%**	↑	
Workforce planning	H69										Reporting from July 2011
Use of bank and agency across organisation	H70	Actual spend against plan	5.0%	**2.2%**	**2.7%**	**3.1%**	●	5.0%	**2.7%**	↓	
Use of sessional contracts across organisation	H71		n/a	**1.6%**	**1.7%**	**1.7%**		n/a	**1.7%**		

Oxford Health NHS
NHS Foundation Trust

Report to the Meeting of the Members' Council

For information

8 September 2011

Safety and Quality Q1 2011 Report

1. Introduction

This report provides Governors with an update on Safety and Quality for Q1 2011/12

2. Safety

2.1 **Themes from serious incidents**

Our Action Plan has been reviewed demonstrating progress in the following areas:

- Co-ordinating work on improving risk assessments
- Increasing the pool of staff trained as part of the Leading Improvements in Patients Safety programme (LIPS) and integrating this work with Productive Wards.
- Training staff in physical healthcare and implementing the Early Warning Signs Observations package.
- Implementing actions identified in the Carers survey and action plan
- Improving our links with acute hospitals

Serious incidents in the community division are now using the same Trust process of investigation and panel review. It is too early to identify themes but the incidents reviewed to date concern pressure ulcer prevention and the organisation and work load of district nursing teams.

2.2 Incidents

A new safeguard incident reporting system is in place across all four divisions and corporate teams. This will include an improved function for reporting on trends in less serious incidents.

2.3 Leading Improvement in Patient Safety (LIPS) .

This work programme aims to reduce avoidable harm and improve patient safety. Mental health measures include:

This programme has been formally established and a mental health nurse consultant Jill Addis has moved from the Productive programme to lead this project.

- There have been no inpatient deaths in Q1 (mental health)

- Community deaths – No Coroners Inquests have been held for community deaths occurring in Q1.

Community Health Measures:

- Preventing avoidable skin breakdown which leads to pressure ulcer risk requires prompt assessment and preventative measures to be put quickly into place. Q1 Audit identified a compliance level of 33% from 56% previous audit, where the timeliness standards were not always met

- Reduction in falls in community hospitals . Fewer falls have taken place over the quarter 59 reducing to 30 in June. Falls assessments in community hospitals are at 96% well above the national target of 85%

2.4 Environmental improvements in mental health inpatient wards

The Chief Executive has led a programme to put in place environmental improvements in the mental health adult and older adult inpatient wards. Improvement programmes for Vaughan Thomas, Wintle, Ashurst, Allen and Phoenix wards in Oxford and Kimmeridge ,Portland and Cromwell and Harding in Buckinghamshire have been agreed.

2.5 Single Sex Breeches.

A small number have arisen in the John Hampden Unit and Cotswold House Oxford over Q1. Commissioners have visited these areas and confirmed there will be no penalties. Environmental improvements coupled with changes in practice are in progress to improve dignity in Vaughn Thomas, Ashurst, Cromwell , Harding and Cotswold House (Oxford). The works in Henley Community Hospital continues to await capital funding from the PCT.

2.6.Health Care Associated Infections

Clostridium Difficile infection rates for our Community Health Division for Q1 was 6 cases. The Annual Health Economy Target is 13 and the CQUIN Target has been agreed as 20 cases per anum. Antimicrobial prescribing by GPs is the one area identified for further improvement.

3. Clinical effectiveness.

3.1 The Productive Programme.

47 community and 37 hospital teams are now participating in the productive series programmes. There is evidence of sustained improvement in the majority of areas including the majority of community hospital wards. Sustained improvement is less evident in mental health wards with some notable exceptions including Coswold House Marlborough, Mandalay and Kennet ward. Rapid movement of staff around the mental health division is cited as the major barrier to sustaining improvement.

3.2 Care Programme Approach (CPA) compliance including risk assessment and care planning

The four measures we use to look at standards for care planning are showing improvement.

- Service users with a current care plan
- Having a care co-ordinator, having a risk assessment. Having a care review within 6 months.
- Performance has improved June 79% average for Q1 65%

3.3 Care Cluster Project

This is an important area of work for the future as mental health services move towards payment by results. By assigning each episode of care to one of 21 national clusters it tells us much more about the mix of service users and the needs they have. 50% of all service users we see have been assigned to a care cluster.

3.4 RIO implementation

RIO is now in use across all wards and teams in mental health divisions. The clinical implementation group has changed its focus to resolve clinical implementation issues and support staff through the transition phase. Until staff become accustomed to using the new system, more time is being spent on documenting and recording care.

4. Patient experience

4.1 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.

During 2010-11 our Trust used a variety of ways to collect patient feedback:

- 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 Council

4.2 National Community Mental Health Service User Survey 2011

This survey was undertaken during the January to May of 2011 and sampled patients that were seen by the Trust during July to September 2010. There had been an improvement plan following the 2010 survey that focussed on strengthening our adherence to CPA procedures, including demonstrating engagement with patients in collaborative care planning and engagement of carers. Our 2011 results have shown an improvement in service users being given or offered a copy of their care plan, having a care review in the previous 12 months and having an out of hours number to call. Unfortunately the number of service users who knew who their care coordinator was deteriorated. Overall the Trust performance was about the same as other mental health providers but there were a number of areas where the Trust compared less well and an improvement plan is being developed that will concentrate on these areas.

4.3 National Acute Inpatient Mental Health Survey 2010

The acute inpatient mental health survey was undertaken as a CQC requirement in 2009. Along with many other mental health providers, the Trust repeated it in 2010 and we were able to compare our results with those of the other organisations. There was a small improvement from the previous year's results, which overall meant we were about the same as other mental health providers. The improvement plan developed included improving information provided on

medication, 1:1 time with staff, and how safe patients felt. This survey is being repeated in 2011 and the results compared to other mental health providers.

4.4 Real Time Feedback

From July 2010, the adult, older adult and children and adolescent (CAMHS) mental health services started a schedule of surveying inpatient and community patients using electronic devices. The surveys were largely devised and agreed by the services and their directorate management teams so that they could reflect local issues. Having surveyed their patients, services were asked to develop action plans. The following are a few examples of how patient feedback led to changes being made:

- Signage was put on most doors on a ward to distinguish between the dining room, toilet and the female and male corridors. The signage was in both words and picture formats.
- An underutilised room on a ward was been turned into a sensory room.
- The toys and books in a waiting area were reviewed and a wider range of toys and books provided to suit all ages.
- A map of an area near a community team base was developed highlighting local car parks and on street parking

There were 4 trust wide questions on each survey undertaken. These were slightly modified for our CAMHS patients. The table below shows the response to those questions from July 2010 to the end of March 2011

Directorate	Question	Number of responses	% positive response
Adult, Older Adult and Forensic	Have we helped you to manage your difficulties better?	429	91%
CAMHS and Specialist Services	Do you feel the person you talked to identified your needs?	629	85%
Adult, Older Adult and Forensic	Have we treated you with respect?	572	91%
CAMHS and Specialist Services	Was the person you talked to kind to you?	529	93%
All areas	Have we done everything we can to make you feel safe?	1041	88%
All areas	Overall, how would you rate the care you are receiving from the mental health services?	986	77%

4.5 Article 12 Young People's Council

Oxford Health NHSFT 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 the Trust to help to develop services and work with CAMHS to get feedback about services from young people. The panel's motto is "serious about being heard".

4.6 Forensic Mental Health Services

The Forensic Service operates patient council meetings across all 9 inpatient wards. The meetings occur once in every two week period and every six months there is a wider patient council meeting in the Directorate, which is available for all patients who are able to attend to discuss issues relevant to the service as a whole. The forensic service has recently implemented the use of the EssenCES scale to assess patient and staff perceptions of the ward atmosphere. This questionnaire is planned to be implemented once a year. The forensic service also conducts an inpatient internal survey on an annual basis to obtain the views of patients with regards to the service they receive. Some examples of issues raised and actions being taken are given below:

- Patients wanted more information on accuracy of drug testing and we are awaiting information from the substance misuse lead.
- Communicating with patients about the summer trips/activities that occupational therapy is organising. Patients have been requested to tick the list on the occupational therapy board regarding which activity they would like to participate in.
- Since the new fencing has been installed television reception has been lost in some patient bedrooms. Estates have looked into this but have now requested specialists to investigate further.

4.7 Community Health Oxfordshire

Community Health Oxfordshire (CHO) became part of Oxford Health NHS Foundation Trust in April 2011. CHO had a schedule of paper based surveys to deliver a system of proactive patient feedback from across its services from 2008-9. This was expanded in 2009-10 and again in 2010-11. The delivery of this proactive survey programme was particularly important as the national patient survey is not applicable for the CHO service profile and therefore there was no alternative feedback mechanism is available. CHO planned to survey 28 of its services and develop action plans as a result. This was achieved and patients gave the services an overall 88% satisfaction rating which was a good result compared to national NHS surveys. It is planned to survey 29 community division services in 2011-12.

4.8 Aims for 2011-12

- Improve the percentage of mental health patients that 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

- Our Trusts score better than the average of other organisations in the National Community Mental Health Service User Survey 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

- The Community Service Division aims 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 of the Community Service Division services that did not achieve a 90% overall satisfaction of care rating in 2010-11 has committed to an improvement target based upon those results.

5. Quality Account

Progress in Q1 in Safety and Quality outcomes outlined in the Quality Account have been summarised for Q1 in this report. A detailed report on all the quality dimensions has been developed and is awaiting approval from the integrated Governance Committee in September before it can be sent to Governors.

Care Quality Commission/ Risk and Quality Profile

This is the national system developed by the CQC to rate Compliance risks in meeting the 16 essential standards of safety and Quality. The QRP shows ratings for all outcomes as either green or amber/neutral which indicates a reducing risk of non-compliance (see below).

Some data is available, but it is not sufficient to calculate a risk estimate.

There is no data available to inform this outcome or group of outcomes.

This profile, along with our other internal assurance systems are reviewed by each Quality Improvement Committee (chaired by an executive director)and quarterly by the Integrated Committee. The internal Q1 report reviewing compliance with CQC Outcomes will be discussed and approved at the next Integrated Governance Committee.

Reporting on Quality and Safety

Governors briefing will continue on a Quarterly Basis.

Executive Director: Ros Alstead, Director of Nursing and Clinical Standards
Date: 26 August 2011