

# PAPER

BOD 19/2013

(Agenda Item: 6)

# Report to the Meeting of the Oxford Health NHS Foundation Trust

# Board of Directors

**Quality and Safety Report**

 **27 February 2013**

**For: Information**

**Report**

This report summarises the activities carried out in the Trust to monitor the patient experience and act on their feedback. It covers the following areas:

* An overview of patient feedback using realtime feedback which indicates that those patients asked “Overall how would you rate the care you have received?” 90% rated it as excellent or good in the last month.
* Summaries of Divisional feedback from patients and actions taken to improve services as a result.
* Information on the “friends and family” test and the implications for Oxford Health NHS Foundation Trust
* Quarter 3 complaints information

The general Quality and Safety Section provides an

* Infection Control status report
* CQC Compliance
* Confidential update on individual cases

**Recommendation**

The Board is asked to note this report.

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**Lead Executive Director:** Ros Alstead, Director of Nursing and Clinical Standards

A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.

This paper provides assurance and evidence against the Care Quality Commission Outcomes: 1 Respecting and involving people who use services and 16 Assessing and monitoring the quality of service provision

**Quality Report: Patient Experience**

Since the RTF devices were implemented in April 2011 they have been used across the Trust services (currently excluding Oxfordshire Community Services) including community and inpatient services in adult, older adult, eating disorder, complex needs psychological therapies, SCAS, and CAMHS.

Since September 2012 there have been two surveys in use, the Mental Health Inpatient Questionnaire, and a Children’s Survey V11, specifically used in CAMHS. Table 1, shows the number of responses from patients for each survey, each month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Survey** | **Sept 2012** | **Oct 2012** | **Nov 2012** | **Dec 2012** | **Jan 2013** |
| Children’s Survey V11 | 53 | 322 | 229 | 144 | 51 |
| Mental Health Inpatient Questionnaire | 67 | 27 | 10 | 7 | 0 |

Table 1: The number of response for each month from September 2012 - December 2012

On the surveys there are 7 key questions which are used for reporting the RTF figures to the Board of Directors, a number of other questions are asked and feedback is used locally by the clinical teams. Table 2, shows the response to the 7 key questions for each month. The percentage of these questions is calculated by comparing the positive responses to the total over all responses, e.g. (positive responses/all responses x 100). The positive responses for the questions are in the bracket for each of the key questions are in Table 2.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Questions**  | **Sept 2012** | **Oct 2012** | **Nov 2012** | **Dec 2012** | **Jan 2013**  |
| Have we helped you to manage your difficulties better? (including CAMHS equivalent question) (yes fully, yes to some extent) | 80% | 80% | 81% | 70% | 90% |
| Were you treated with respect? (including CAMHS equivalent question) (Always, Mostly) | 81% | 73% | 69% | 83% | 96% |
| Did the person you spoke to make you feel safe? (Always, Mostly) | 86% | 85% | 81% | 76% | 86% |
| Were you involved as much as you wanted to be in decisions about your care and treatment? (Yes Definitely, Yes to some extent) | 74% | 79% | 73% | 82% | 86% |
| Do you feel you have trust and confidence in the service and/or your key clinician/worker? (Yes Definitely, Yes to some extent) | 83% | 89% | 81% | 81% | 90% |
| How much information about your condition and treatment has been given to you? (Right amount) | 65% | 72% | 67% | 70% | 76% |
| Overall how would you rate the care you have received? (Excellent, Good) | 75% | 95% | 75% | 95% | 90% |

 Table 2: % of responses to each of the 7 key questions (positive responses in brackets)

Figure 1 shows the responses to the key question “Overall, how would you rate the care you have received from Oxford Health”

The average for this question is 80% since the RTF devices were put into circulation in April 2011; this is a rise on the average reported at the end of September of 77.5%. During April 2012 and May 2012 the machines were not in circulation, these months were omitted from the graph to reduce the data being skewed by these outliers.

Figure 1: % of responses to the question “Overall, how would you rate the care you have received from Oxford Health?” since the devices April 2011.

**Mental Health Division**

The Mental Health Division captures feedback from service users via a range of methods. These include:

* Care Plan reviews
* Clinical Reviews
* Patient questionnaires/Surveys
* RFT devices
* Community Meetings \_ (run by ward staff)
* Have your say sessions – (run by patients)

At present the RFT devices are in place within each in-patient unit across Adult and Older Adult services. These devices offer a range of questions for patients, carers and staff regarding their experience and an opportunity to provide feedback to the organisation regarding their experience.

Unfortunately the level of feedback from these devices has been lower than expected within the Mental Health Division over the last few months, with no responses received as yet for January, (however it is understood that feedback responses have been completed, and will be received). Action plans have been completed for the responses received and these action plans are being monitored by the modern matrons.

An alternative more immediate method for obtaining feedback has been developed within Phoenix ward. These ‘have your say sessions’ are run by patients with OT support and are attended by SEAP, with plans for PALs to be involved. The sessions provide patients with the opportunity to focus on any concerns with the availability of advocacy support. This forum has enabled Phoenix ward to focus on these concerns, and early indications are positive suggesting a reduction in the number of complaints.

Finally the mental Health Division are in the process of planning a Patients Council – one for each of the three hospital sites. These are being planned by the lead OT for the division with support from service users.

**Mental Health CQUIN -** The results of the Community Mental Health National Service User Survey (which was undertaken between February and June 2012 by Quality Health), indicate that the Trust scored worse compared to other Trusts on the following four questions;

* for knowing who their care co-ordinator (or lead professional) is
* for having a chance to talk to their care co-ordinator or lead professional before the meeting [CPA] about what would happen (those that had a care review)
* For being asked within the last 12 months about any physical health needs they may have
* for receiving good overall care from NHS mental health services in the last 12 months

One of the Mental Health CQUINs focus on Patient Experience, and identifies six targets to be achived by the end of March 2012. These are to **‘Achieve a score equal to or better than the national average for the question about: - care plan, family involvement, medication side effects, CPA and care and compassion**.

A revised patient experience survey (using questions relevant to the identified areas of concern), is to be distributed by patient perspectives and the results submitted prior to the end of March 2013.

**Community Services Oxford**

Community Services Oxford have completed through the Patient Perspective contract a number of surveys over the last few months a summary of each is given in the table below.

|  |  |  |
| --- | --- | --- |
|  | Actions to improve | What was good? |
| District nursing | Following the last patient survey, the service implemented new care plan templates which aim to improve the patient’s involvement in their care. The number of patients who were aware they had a care plan improved slightly from 58% (December 2011) to 63% (December 2012). Named nursing has now been implemented and this is expected to improve further. | 96% said they were treated with respect and dignity “all of the time” and a further 4% “some of the time” |
| Community hospitals | Following the last survey, the service implemented East Kent Outcome System (EKOS) method of care planning, which improves patient involvement in goal setting. The results show that 55% of patients were said their plan for care and treatment was discussed with them[[1]](#footnote-1) in December 2012, compared to 28% of patients who were aware that they had a care plan in October 2011. Further improvements are anticipated following full EKOS implementation. | “I felt very much at home. Excellent staff who were most helpful and kind, they knew their jobs very well and were cheerful.” |
| Podiatry | Following the last survey, staff were reminded to keep patients informed of any delays to appointments – clinic assistants in particular trained and this added to their ‘daily tasks’ list. There was a slight improvement between December 2011 and December 2012: in patients being told how long they had to wait (from 28% to 40%) and why (from 43% to 55%). Further actions are needed to ensure this continues to improve; an action plan has been requested. | “The nurse told me everything she was going to do and why she was doing it and all the questions I had in an easy and friendly manner.” |
| MSK physiotherapy | In December 2012, 47% of patients waited longer than 1 month for their first appointment. To improve, the following actions will be implemented: 1) Introduction of text message reminder system in order to reduce DNAs and increase availability of appointments. 2) Introduction of Choose and Book 3) Trial of telephone triage pilot. 4) Introduction of coloured appointment cards to make the card more obvious to patients. 5) Create poster for waiting room politely asking patients to value their physiotherapy appointments.  | In response to “Did the physiotherapist listen to what you had to say?”, 90% said “yes, definitely” and 10% said “yes, to some extent” – 0% said “no”. |
| Hospital at home | In December 2012, 10 out of 12 patients (83%) said they were “definitely” involved as much as they wanted to be in decisions about their care. the care plan template has been amended to include a section on discussion with the patients, and a leaflet is being developed explaining to patients how they can be involved in care planning. | All 13 patients said they had an assessment of the help and support they needed on the first visit. |
| Home IV team | In May 2012, 10 out of 12 patients said the information they were given on administering the antibiotics was “very” easy to understand and 2 said the information was “fairly” easy to understand. The 10 most common sets of instructions will be reviewed to see if they can be made clearer, e.g. number each step, split instructions into stages, possibly include diagrams. Aim to complete by February 2013. | 32 out of 33 patients (97%) said the home IV team “definitely” listened to what they had to say. |
| Community Matron | All the results were good, but in response to “did the input from the Community Matron help you to understand or manage your health or medical condition better?”, 11 out of 13 patients said “yes, definitely” and 2 said “yes, to some extent”. The results will be reviewed by the team to see if there is anything that could be done to improve. | 100% of patients said the information they were given was “definitely” helpful.One of the comments said “All meetings have been excellent – unhurried, informative and very helpful and friendly.” |

Table 3 - Summary of survey results from Community Services Oxford

**Productive Ward CSO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ward** | **Quarter1** | **Quarter 2** | **Quarter 3** |
| **Abingdon Ward 1** |  | 80% | 79% |
| **Abingdon Ward 2** | 89% | 81% | 81% |
| **Bicester** | 97% | 92% | 93% |
| **City** |  | 70% | 81% |
| **Didcot** | 82% | 75% | 80% |
| **Townlands** | 96% | 95% | 93% |
| **Wallingford** |  | 83% | 78% |
| **Wantage** |  | 85% | 78% |
| **Witney Linfoot** |  | 84% | 83% |
| **Witney Wenrisc** |  | 82% |   |

Community services have been participating in the productive programme for two years now and have routinely undertaken patient surveys. Following each survey each ward identifies an area from their feedback to work on to improve the patients’ experience of their care. In the last Patient Experience report to the Board of Directors comparisons of staff to patient sat faction showed that “generally patients are more satisfied with their care than staff are with their work, with the exception of City and Didcot”. It can be seen from the quarter 3 feedback that overall patient satisfaction in these areas has risen. There has not been notable changes to staff satisfaction scores.

The City Community Hospital action plans to improve the overall patient satisfaction rate focus on:
• Encouraging nurses to explain to patients the purpose and side-effects of their medication.
• Continuing with intentional rounding ensuring patients are pain free and that patients are aware a nurse will return to them at a set point in the day.

Beginning a revised cleaning audit from January 2013 which will empower the ward to challenge weaknesses in the contract cleaning.

* Asking patients during weekly doctor ward rounds, discharge meetings and other activities if they have any questions regarding their condition or discharge plans.
* Minimising staff nocturnal noise as much as possible.

Didcot Community Hospital is focusing on recruiting up to allocated level of staff by focussing by:

* Advertising vacancies on internet and local papers.
* Encouraging sessional and part-time staff to fill vacancies temporarily.
* Using Patterson Rapid response whilst awaiting vacancies to fill.

Two Community Hospital patient satisfaction scores worsened in quarter 3, Wallingford and Wantage, Wallingford Community Hospital productive improvement has not yet been developed but Wantages improvement plans is:

Wantage Community Hospital is aiming to improve their scoring on ensuring patients are informed of any possible side effects of their medication by focussing on:

* Nurses to spend time with patient explaining any new medications that they have been prescribed including possible side effects.
* Encouraging patient to let staff know if they have any concerns about their medication.
* On discharge - staff nurse to show patient the information that is included by pharmacist explaining discharge medications

**Specialist Services**

**Forensic Mental Health Services**

A Patient Satisfaction Survey was conducted in September 2012 across all Forensic Inpatient Wards. A total of 67 (47%)inpatients completed the survey this was an increase of 4 (3%) from the 2011 survey. Results have now been collated and a summary was presented at the Low and Medium Secure Clinical Governance Committee (24 January 2013). The final report is expected to be completed by the end of February 2013.

A Wider Service User Forum was held on Tuesday 29 January 2013 with representatives from forensic wards and the senior management team. The main concerns from patients remained around ward telephones and the patient shop. The Trust is reviewing inconsistencies with regard to the use of inpatient forensic ward telephones and the related policies. A decision with regard to the use of ward telephones is due by the end of FY12/13. The patient shop is now open on the Littlemore site. This is being run by ‘Restore’ in partnership with the Specialised Division. Interviews have been conducted and a number of inpatients have been selected to work in the shop. Inpatients commenced work in late January early February 2013.

**Prison Service**

Amended Patient Satisfaction Surveys were disseminated by Patient Perspective in HMP Bullingdon and HMP Huntercombe the week beginning 28 January 2013. The surveys are being rerun due to a typo in the original survey (disseminated week beginning 13 August 2012), in order to remain in line with CQUIN requirements. Once completed the survey results will be reported through the Prison Service Clinical Governance Committee and action plans will be developed accordingly.

**Salaried Dental**

Patient Perspective have been commissioned to run another Dental 2012/13 survey during January 2013 with a sample size of 200 patients across 10 clinical sites. In addition this year a sample of orthodontic patients across primary and secondary care will be surveyed to compare the patient experience with the same Specialist but across primary and secondary care.

**Forensic Community MH Team**

Following the patient survey for Forensic Community Patients conducted in August 2012 the results were fed back during the Specialised Community Clinical Governance meeting on 11 September 2012. An action plan was developed to address areas in need of improvement including ensuring service users know who to contact out of hours - this was highlighted as a concern in the free text comments and by the responses to the questions. As a result forensic community staff were requested to reiterated points of contact for community patients during out of hours.

**Luther Street Medical Centre**

In November 2012 a patient survey was conducted at Luther Street with the support of Patient Perspective. A total of 43 patients completed the survey, with the support of a Patient Perspective representative based in the Luther Street Medical Centre reception area. A high number of positive comments were received some examples of which include, “Very supportive to people who have no stable home, less prejudiced against homeless people. Good working team”, and “They're understanding, explain conditions and put words to our emotions.” Comments for consideration centre on opening times and the possibility of providing a weekend service. This will be fed back to the Practice Manager and Head of Service for consideration.

**Harm Minimisation**

The service developed a new questionnaire for service user feedback with a shorter version for the drop in clients. The questionnaire was implemented throughout November and December 2012, the results of which have been submitted to the Business & Support Services team for impartial analysis. Data analysis and a final report is expected to be completed by the end of FY12/13.

**Child and Family services**

Children and Adolescent Mental Health Services have been consistent users of the handheld devices since inception; this division really embraced the opportunities that real time feedback presented. Their quarter 3 2012/13 highlight results were:

*“Would you like to take part in our Patient Experience Survey?” 72*% of patients asked this question responded with “yes.”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity:** | **White** | 87% | **Black** | 1% | **Asian** | 3% |
|  | **Mixed** | 5% | **Other** | 1% | **Prefer not to say** | 3% |
| **Age:** | **0-8** | 7% | **9-11** | 18% | **12-14** | 25% |
|  | **15-16** | 28% | **17+** | 21% |  |  |
| **Gender:** | **Boys** | 46% | **Girls** | 54% |  |  |

* *“Can you tell us if you are registered disabled?”14* % said yes and 82% of those said their needs were catered for
* *“Do you feel the person you talked to were kind to you?” 91*% answered positively
* *"Do you feel the person you talked to understood you?” 80*% answered positively
* *“Do you feel the person you talked to made you feel safe?” 86*% answered positively
* *“Do you feel the person you talked to explained your treatment well?” 79*% answered positively
* *“Do you know who will have access to information about your care?” 61*% said no or not sure
* *“Have you been given information about advocacy services?” 22*% said yes, 37% could not remember
* *“Overall how would you rate the care you are receiving form mental health services?” 93*% answered positively

***“Please tell us things you like about the service?”***

*“Very helpful, has enable me to become more understanding of myself and change for the better, without CAMHS I would be lost”, “Safe environment, friendly, constructive.”*

 ***“Please tell us things that you don't like about the service?”***

*“Worried about what will happen when I’m 18”, “The only criticism is I miss some school to come here.”*

 ***“How could this service be improved for under 18's?”***

*“More appropriate appointments to fit in with school times”, “Meet in different places”, “A clock.”*

**Issue:** Sue Nicholls Centre - Temperature, reception area, poor furniture, decoration, notice boards

**Action:** Ask Facilities fix heating system, furniture requested, notice boards ordered, request drinks machine and radio

**Result:** New receptionist responsible for notice boards, heating fixed, drinks machine order placed.

**Issue:**               Patients requesting a clock in waiting area

**Action:**             Admin to order a clock

**Result:** Clock now in waiting area

**Issue:** Toys for different age groups

**Action:** Ask Friends of Melksham Hospital if they would be prepared to fund some new toys

**Result:** We have new toys

A Schedule of Consultations/participation meetings with young people is in progress for all CAMHS sites to discuss waiting areas.

**Complaints - Quarter 3**

Acknowledgement times

212 cases received (includes those withdrawn) of which 95% acknowledged within 3 working days. 10 cases were not acknowledged in time: 4 were from an MP and 6 from a complainant directly. There is no significant pattern of when the complaints were received or which Division they related to and an acknowledgement not being completed within 3 working days. However 5 fell during Sept-Nov 2012 when a high number of complaints were received. The range for the acknowledgements outside 3 working days is from 4 to 11 working days.

Response Times

170 cases received and closed (excludes those withdrawn) of which 82% of closed cases (140) have been responded to within the agreed timescale with the complainant, this includes extensions agreed with the complainant. The range for the responses outside agreed timescale is from 1 to 28 working days with an average delay of 4.9 days. The majority of the delayed responses were for complaints received between Sept to November (18 out of 30 late responses) when a high number of complaints were received. See graph below which maps the number of complaints and MP concerns received and also the number of late responses per month.

Numbers Received

Between April to Dec 2012 196 complaints and MP forwarded concerns have been received (excludes those withdrawn), this breaks down as 42 in Q1, 68 in Q2 and 86 in Q3. The graph below shows the number received by month, the average number received from April 2011 to Dec 2012 is 19 per month. Out of the 196 cases received, 32 were received via an MP.

Between Nov 2012-Jan 2013 a programme of data quality work has been completed to test and ensure the accuracy of the complaints data held on the Safeguard System between 1st April to 31st Dec 2012. This work has included ensuring formal complaints and MP concerns are recorded correctly, identifying and completing any blank key fields, ensuring withdrawn complaints are recorded correctly and therefore excluded from reporting and adding MP patient concerns to the report specification. A monthly data quality exercise has now been introduced and all figures reported on a monthly and quarterly basis are refreshed back to 1st April 2012 each time.



The below graph shows a breakdown of the number of complaints received by Division by month.



Sources

The below pie chart shows the sources of where complaints were received from between April to Dec 2012. The largest group of complaints is from service users (52) with an additional 26 complaints from parents of children.



Categories of complaints (based on primary element of each complaint)

The primary categories of the complaints (upheld and not upheld) received across the Trust between April to Dec 2012 are: poor/ inappropriate communication (with carer/ relative and or service user) insufficient care in the community, medication and breach of confidentiality.

Teams which have received the highest complaints- Confidential until approved for public domain

The following 12 teams have received 5 or more complaints in the last 12 months or more than 3 complaints in the last 3 months:

| Team | Number | Any common themes | Outcomes |
| --- | --- | --- | --- |
| Aylesbury CAMHS | only 4 complaints received, however 3 complaints in the last 3 months | 2 complaints were about assessment approach, adequacy of care and communication with patient and their family. | 1 of the 4 complaints is closed. For the closed complaint one complaint had an element upheld relating to better coordination of appointments with family and to inform family about decisions made by the team. |
| Oxon City East CMHT | 5, of which 3 in the last 3 months | 2 complaints were about sharing/ where information sent which the complainant thought was a breach of their confidentiality. 2 complaints were about level of support provided.  | 4 of the 5 complaints are closed. One complaint was upheld relating to a potential breach of information. |
| Oxon South East CMHT | 7, of which 0 in the last 3 months | No correlation across complaints; issues range from timeliness of sharing information with GP, dissatisfied with the move from Henley, staff ignored calls for help, adequacy of care | 4 of the 7 complaints are closed. For the closed complaints no elements have been upheld. |
| Crisis Service Oxon | 7, of which 3 in the last 3 months | All 7 complaints relate to access problems, delays in response or lack of perceived support. | 4 of the 7 complaints are closed. For the closed complaints 2 have upheld elements about communication inconsistencies and not explaining the new access pathway. |
| Phoenix Ward | 8, of which 0 in the last 3 months | A number of common elements were raised in the 8 complaints, these include: 3 times force used during a restraint was mentioned, 2 times being given inaccurate medications was mentioned, 3 times being assaulted by another patient was mentioned and 2 times poor communication with family was mentioned (in 1 case this was specifically about not being informed when patient went AWOL). | 6 of the 8 complaints are closed. For the closed complaints 2 elements in 2 different complaints were upheld relating to communication with family. |
| Allen Ward | 13, of which 5 in the last 3 months | A number of common elements were raised in the 13 complaints, these include: concerns about personal care, lost property, felt trust in Consultant betrayed, 2 times excessive force used during a restraint was mentioned, organisation of an admission and initial welcome, discharged too quickly, wrong medication administered, 3 times unlawful detainment mentioned and delay/ communication regarding transfer to another NHS Trust. | 7 of the 13 complaints are closed. For the closed complaints 1 had elements which were upheld relating to delay in referral/ transfer to another NHS Trust. |
| Vaughan Thomas | 8, of which 3 in the last 3 months | A number of common elements were raised in the 8 complaints, these include: unlawful detainment, delay in discharge, loss of art work, dietary provision, supervision at mealtimes denied access to interview rooms on ward, 3 times poor communication with family mentioned (in 2 cases this was specifically about not being informed when patient went AWOL) | 6 of the 8 complaints are closed. For the closed complaints 5 had elements upheld these were 2 about Communication with family when patient went AWOL, supervision at mealtimes, dietary provision and loss of art work. |
| Wintle Ward | 11, of which 2 in the last 3 months | A number of common elements were raised in the 11 complaints, these include: consultant cover arrangements, 3 times communication from staff mentioned, over use and side effects of medication, rude behaviour of member of staff, physical assault by other patients, unlawful detainment, receiving post on the ward and meeting physical health needs. | 8 of the 11 complaints are closed. For the closed complaints 3 had elements upheld these were 2 about communication from staff, patient had been assaulted and the patient who made the attack was transferred from the ward but then re-admitted. |
| Continuing Care Services | 9, of which 3 in the last 3 months | A number of common elements were raised in the 9 complaints, these include: 2 times a delay in progress of assessing CHC funding was mentioned, appealing a funding decision, 3 times decision making process for deciding who receives funding was mentioned, completion of actions following post independent review panel, communication with care home, and feeling of a lack of support. | 5 of the 9 complaints are closed. For the closed complaints 3 had elements upheld. All 3 complaints upheld elements about information/ communication regarding process and 1 about a further review of the checklist. |
| Kingfisher Ward | 5, of which 1 in the last 3 months | A number of common elements were raised in the 5 complaints, these include: given food she is known to be allergic too, meeting physical health needs, collective complaint by a group of patients about the behaviour of 3 members of staff, conduct of a staff member during escorted leave to a food shop and a staff member breaching a patients confidentiality. | 4 of the 5 complaints are closed. For the closed complaints 1 was upheld about a staff member breaching confidentiality. |
| HMP Bullingdon | 11, of which 0 in the last 3 months | A number of common elements were raised in the 5 complaints, these include: 2 times type of medication mentioned, support to stop smoking, access to psychiatric assessment and support, 2 times insufficient provision and delay in provision of specialist equipment mentioned, access and information about rights and how to make a complaint, breach of confidentiality, 2 times attitude of health care staff mentioned, 2 times lack of healthcare provision mentioned and 2 times access and delays in getting external appointments for treatment mentioned. | 11 of the 11 complaints are closed. For the closed complaints 4 had elements upheld these were 2 about insufficient provision and/ or delay in provision of specialist equipment, delay in getting an external appointment for treatment and providing courses to support prisoner to stop smoking. |
| Watling Ward | 5, of which 4 in the last 3 months | A number of common elements were raised in the 5 complaints, these include: historic risk information used in tribunal report and support from staff before/ during tribunal, assault from another patient, and 3 patients made complaints about the aggressive and intimidating behaviour of a member of staff. | 4 of the 5 complaints are closed. For the closed complaints 3 had elements upheld these were about the behaviour and conduct of a member of staff. |

PHSO

12 complaint cases have been referred to the PHSO from 1st April 2012, however note the level of review and involvement from the PHSO varies from a small review just requesting a particular piece of paperwork to a full investigation which has involved interviewing staff and complainant.

Compliments

The Complaints and PALS Team collect the compliments sent to teams within the Trust including thank you letters and cards. The number of compliments received can be seen in the table below, work continues to ensure all teams share the compliments they receive.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ward/Team | Apr-12 | May | June | July | Aug | Sep-12 | Oct-12 | Nov-12 | Dec-12 |
| 2012 | 2012 | 2012 | 2012 |
| Specialised Division | 12 | 4 | 14 | 17 | 22 | 20 | 46 | 46 | 30 |
| Children and Families Division | 41 | 16 | 21 | 32 | 41 | 54 | 34 | 41 | 91 |
| Oxfordshire Community Services Division | 115 | 90 | 215 | 265 | 258 | 70 | 43 | 78 | 77 |
| Mental Health Division | 9 | 16 | 16 | 30 | 26 | 45 | 45 | 63 | 93 |
| Trust wide | 177 | 126 | 266 | 344 | 347 | 189 | 168 | 228 | 291 |

**Infection Prevention and Control**

There has been a new case of *Clostridium difficile* infection (CDI) on 12th February on ward 2 at Abingdon hospital. The patient is under the care of EMU and was admitted on 5th February 2013. A full RCA has been requested and the patient is on treatment.

The Trust had had 10 cases of CDI in community hospital wards to date.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Apr12 | May12 | Jun12 | Jul12 | Aug12 | Sep12 | Oct12 | Nov12 | Dec12 | Jan13 | Feb13 |
| **Monthly total** | 2 | 2 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 1 |
| **Monthly limit** | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1 |
| **Monthly status** | 1 | 2 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 |
| **Cumulative total** | 2 | 4 | 4 | 4 | 4 | 5 | 7 | 8 | 8 | 9 | 10 |
| **Cumulative limit** | 1 | 2 | 3 | 4 | 5 | 6 | 6 | 7 | 8 | 8 | 9 |
| **Cumulative status** | **1** | **2** | **1** | **1** | **0** | **0** | 1 | 1 | **0** | 1 | 1 |

**Outbreaks**

There have been no outbreaks to report. There is still norovirus in the community and Stoke Mandeville have reported a large outbreak there.

There have been no CDI cases so far in February in the Trust.

There have been no MRSA or MSSA bacteraemias in either community or mental health services.

**CQC Inspections**

No further announced or unannounced inspections. The final report for the HMP Huntercombe inspection has been received and will now be available to the public on the CQC website.

The action plan for both the Wintle and HMP Huntercombe inspections have been submitted to the CQC in line with their reporting requirements.

**Confidential - Incidents or activities to note**

In January there has been an increase in the number of SIRIs some of which occur rarely. The number and nature of these rare incidents has been looked at by the CEO medical Director of Nursing and COO. There is no apparent trend that is new to note, however the recurrence of SIRI’s in older adult inpatient wards, adult mental health wards and community services and Marlborough House MK reveal individual serious incident that are of concern. We are undertaking root cause analysis to understand at the human task and other factors in all of our SIRI’s including these.

In Sandford ward there was a lapse in observation practice and a male patient was sexually inappropriate with another male patient.

In the Fiennes ward a HCA immediately following a restraint apparently pushed a patient over. An apparent homicide has occurred in the Bucks AOT although the patient has not yet been charged with the offence. A patient who was missing from Kimmeridge ward was found dead on Beachy Head several weeks after going missing. A patient that was missing from Marlborough House MK assaulted a member of the public; this is the fourth serious incident in Marlborough House in four months.

The Safer Care Work will focus on reducing harm from people who go missing from inpatient wards. This commences in March across the South of England.

There have been two information governance breeches one of which was in the Oxford Mail and both may result in a fine from the Information Commissioner.

1. This question was changed from “*Have you been given or offered a care plan?”* to “*Did someone discuss with you a plan for your care and treatment?*” to make it clearer, as some patients may not understand the term "care plan". This may have had an effect on the results. [↑](#footnote-ref-1)