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**Report to the Meeting of the**

**Oxford Health NHS Foundation Trust**

**Board of Directors**

**BOD 75/2014**  
(Agenda item: 7)

**25 June 2014**

**Quality and Safety Report**

**Quarterly Clinical Effectiveness Report**

**Introduction**

Ensuring patient outcomes are clinically effective and helping people to recover or live a better life with their long term conditions are core components of our Quality Strategy. This report focusses on the standards of care achieved primarily in Quarter 4 January to March 2014 and includes reports on clinical audit, essential standards audits for our inpatient wards, and audits of community team quality standards. New areas included in the report detail the joint review of Community Nursing with Oxfordshire CCG and improved patient outcomes for the Oxfordshire Reablement service

The paper also provides a monthly general update on quality and safety including infection prevention and control, CQC outcomes and individual safety and quality issues.

**Executive Summary**

**Clinical Audit**

Fourteen trust wide audits have been reported upon in Q4; seven have been rated good, five have at least some aspects that require improvement, three have incomplete action plans. The older adult mental capacity audit was rated unacceptable because all standard statements should achieve 100% and this was not demonstrated. Following this audit, further checks shown in the table (page 9) provided assurance regarding compliance and immediate action has been taken to address the shortcomings which are detailed in the report. Twenty-five local audits in the older people’s directorate were rated as good or excellent, however thirteen require improvement. This highlights the need for clinicians and managers to focus on ensuring reliable care process are the norm to improve the individual standards of care clinical staff are responsible for.

**Inpatient standards of care**

Twenty-five mental health wards have completed the Essential Standards Audit. The results are mixed, it is disappointing that the care planning standards particularly patients involvement in care planning has deteriorated this quarter. The new leadership teams of ward based consultant matron and ward manager are all appointed in adult wards with additional Band 6 staff. Establishments in older adults wards have also been improved and in some forensic wards. Improving the core standards is expected within the next quarter.

The Community Hospital audit for Q4 highlights eight ward rated as good while two City and Witney Wenric requiring improvement. Improvement plans to raise standards in the two wards are in place.

The standards which are requiring improvement have been captured in the action plans which were used to address the issues of concern are:

* Recording patient contact numbers
* MUST recording, and subsequent care plans
* Walsall (re)assessments, and subsequent care plans
* Memory screening
* Falls care planning
* Review of care plans
* Communicating discharge details to patients
* Absence of staff photo boards

**Community Teams standards of care**

The quarterly audit of all mental health community teams standards has not taken place while the tool has been reviewed. The next cycle is taking place now.

District Nursing dashboards and the safety thermometer show that there are some teams where there is too much variation in practice. These are a priority to ensure greater consistency over the next quarter. The link to high workload and staffing and ensuring that temporary staffing solutions are jn place to maintain standards is a challenge hence the need to jointly review the District Nursing service with Oxfordshire CCG

**Oxford Reablement Service (ORS)**

The ORS service continues to play a major role in the whole system joint working to reduce delayed transfers of care, including:

* Streamlining the supported discharge pathway (joint working between ORS and the OUH’s supported hospital discharge team)
* Current whole system audit on readmission to acute from supported discharge pathway (ORS / SHDs, community hospitals, ICBs, restart of domiciliary care, admission to residential / nursing home bed)
* Development of a whole system bariatric pathway for supported discharge (home and bed-based)

ORS is now in the second year of a 2 year contract .

The service is set up to work with individuals to increase functional ability after deterioration in health, trauma or a hospital admission which has resulted in a reduction in their level of independence.

The success of the service is measured by the following outcome indicators

1. The percentage of people who are discharged from the service needing no ongoing domiciliary care
2. The percentage of people leaving the service needing a lower level of domiciliary care than when they entered the service
3. The percentage of non-completers i.e., people who do not complete their ORS episode

ORS is demonstrating that it is meeting all three outcome measures and this has been recognised by peer comparators in benchmarking and also by Oxfordshire County Council who commission it

**Conclusion**

These reports are a snapshot of clinical effectiveness covering a significant proportion of our services. Other high volume services such as Urgent Care was the subject of a dedicated report in May 2014. Reducing avoidable variation and aiming for greater reliability in care standards and care processes remains a key priority for individual clinicians and the managers and leaders supporting them

**Recommendation**

For information

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