

# PAPER

BOD 20/2015

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**25 February 2015**

**Chief Operating Officer’s Report**

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**For Information**

This month’s report provides the Board with an update on:

* Mental Health Services in Schools
* Accreditation for Inpatient Mental Health Services (AIMS)
* District Nursing

**Recommendations**

The Board is asked to note the report.

**Lead Executive Director: Yvonne Taylor, Chief Operating Officer**

1. **Mental Health Services in Schools**

It is essential that the emotional wellbeing and mental health of children and young people is promoted and supported at the earliest opportunity. Staff in schools will often be the first to notice that there may be a problem developing but may lack the confidence to know how best to help.

Working with colleagues in the Oxford University Department of Psychiatry, CAMHS is piloting a project in Oxfordshire where a CAMHS member of staff has a set time of half a day a week in the pilot secondary schools. The role of the CAMHS worker is agreed by the specific school, the school nurse and the CAMHS worker and their work includes:

* the direct assessment and treatment of children
* discussion of urgent cases
* consultation with staff on specific children and on mental health issues affecting the whole school
* developing links with the pastoral support staff already working in schools
* discussing and processing routine CAMHS referrals

Working with the Academic Health Science Network, the Directorate is embarking on a project across Oxfordshire, Buckinghamshire and Berkshire to deliver evidence based teaching sessions into schools about common mental health issues such eating disorders, depression and self-harm. The AHSN are working with the Charlie Waller Institute to develop teaching sessions on emotional resilience.

Every secondary school in Oxfordshire and Buckinghamshire now has a CAMHS link worker who acts as a point of contact for the school, enabling them to get support quickly, develop good working relationships and identify any emerging mental health or emotional wellbeing issues within school.

The Local Authority in BaNES are creating emotional wellbeing hubs in schools and Schools are funding a CAMHS nurse to work in the hubs, providing support, advise, consultation and training to staff. They will also raise awareness of emotional wellbeing in PHSE lessons.

1. **Accreditation for Inpatient Mental Health Services (AIMS)**

Accreditation for Inpatient Mental Health Services (AIMS) is a standards-based programme designed to improve the quality of care on inpatient mental health wards and assures staff and patients and carers as well as our commissioners and regulators about the quality of service that is being provided. It is important to note that AIMS operates at an individual ward level on the basis that standards of care can vary within the same organisation due to different environments, leadership and ward cultures. We are seeking accreditation for all our wards so that we can demonstrate high standards of care across all our units.

AIMS looks at five areas:

* General Standards – how well the ward is managed and if staff are appropriately supported to be able to deliver high quality and safe care.
* Timely and Purposeful Admission – this includes the initial admission process and assessment, how handovers are managed, and the wider aspects of care planning including leave arrangements and support for managing the discharge process.
* Safety – monitors how safely the service is delivered including observation practice on the wards and how issues such as alcohol and illicit drugs and violence and aggression on the wards are managed.
* Environment – this covers a number of areas including privacy and dignity, what information is available for patients, catering arrangements and do patients have access to appropriate space on the ward, including secure and private outdoor space.
* Therapies and Activities - this area focuses on what is provided for patients both on the ward and outside of this environment and also looks at medication management and how engaged patients are with staff both and whether they are offered enough one to one and group activities for therapeutic support and review of their individual progress.

The accreditation process includes a self-review where wards report on their own standards and staff, patients and carers are asked to complete questionnaires about the five areas. This is followed by a peer review where the wards are visited by AIMS assessors including patient and carer representatives before recommendations are put before the Royal College of Psychiatrists Accreditation Committee and our formal accreditation received.

Our adult mental health inpatient wards across Oxfordshire and Buckinghamshire have all completed self-reviews and are waiting on the formal feedback from the assessing teams who came and undertook the peer reviews. We have had some very positive preliminary feedback, particularly about Opal Ward, Buckinghamshire, which has been cited as an exemplar of a rehabilitation ward and we hope Opal will be our first ward to achieve accreditation.

Following the changes to enhance the clinical leadership on our wards with dedicated Consultant Teams and Modern Matrons, the AIMS accreditation process has provided a framework for these leaders and their teams to examine and improve how we deliver inpatient care. For example, initial feedback suggested that we needed to review the psychological therapy input that was available on the inpatient wards and we have been working to ensure that we have dedicated therapists working as part of the ward MDTs.   
  
Patients and carers have continued to be involved with these changes through the AIMS process and have really contributed to the changes we have been making within our wards.

1. **District Nursing**

The district nursing service continues to over-perform in terms of contracted activity, with a year-end forecast position of 6.5% over performance (circa 11,000 home visits above contracted activity). Negotiations are ongoing with the CCG around their implementation of the actions agreed in October 2014 to improve alignment between commissioned capacity and actual demand; in the meantime, interim funding arrangements are in place to partially mitigate this demand pressure.

This, together with defining and agreeing the scope for an integrated community nursing model of care (generalist and specialist community nursing services, ie district nursing and specialist nursing such as respiratory and heart failure) will underpin the ongoing service review with the CCG.

Recruitment has improved slightly (as expected in Q3), and there a high number of new starters coming into the service. However, in line with the national shortage of experienced community and district nurses a higher proportion of new starters is newly qualified. This places an additional challenge on the district nursing service in terms of induction, preceptorship and staff development. The DN bespoke induction programme continues to be highly rated by participants and internal and external development programmes are also in place. Releasing staff to attend, given the high levels of patient demand and relative proportion of new starters in some teams, continues to present a challenge. Monitoring is in place as the success of these initiatives is crucial to improve retention, and bring the turnover rate across the service to a consistent level in line with the Trust’s strategic aims.

In spite of these challenges, within the service itself good progress is being made in strengthening clinical leadership, embedding outcomes-focused pathways of care, reducing avoidable harm and improving patient experience of care. Recent actions include;

**“You said, we did” – acting on patient feedback**

Following the successful making of the patient experience DVDs the Directorate has developed a DN patient experience action group and are progressing the improvement actions identified through the film, including;

* Reviewing a variety of pain assessment tools and developing a person centred care plan to help improve our management of pain for patients.
* Patients’ assessment sheet - this now contains a section to ascertain whether patients would prefer a morning or afternoon visit or have no preference. We plan to audit this locally in 6 months’ time, reviewing if the timing of the visit has coincided with their expressed preferences.

**Reducing Avoidable Harm**

The Service continues to focus reducing avoidable harm. Current actions underway include;

* Enhancing continuity of care – actions are continuing to embed named nursing consistently across all teams continues to progress and is now linked to a risk stratification tool so that those patients who are highest risk are always allocated their named nurse.
* Skintelligence - this is a proactive programme that contributes to the reduction in harm to patients from pressure damage using evidence based improvement methodologies which has been introduced into 20 teams with plans to roll out to a further 20 teams in 2015.This is contributing to an overall reduction in avoidable pressure ulcers in DN teams.
* Improving the standards of documentation - the SOAPIE model (subjective opinion, objective opinion, assessment, plan, intervention and evaluation) for record keeping has been piloted and staff have felt this a very helpful framework to ensure they document relevant information and the records capture the patient’s perspective on their health. The initial audit results were positive and the annual service documentation audit will be carried out in June which will allow time for the pilot to be rolled out and improvements embedded.
* Patient safety - T boards are now being used in some DN teams which help staff to plan visits and review caseloads at a glance. This is proving invaluable in bigger teams and expected to reduce incidents of missed or delayed patient visits as this works as a fail-safe to support handover.
* Teams are implementing a two minute safety briefing at each morning handover where immediate risks are identified, discussed and actions taken.

**Improving Patient Outcomes**

* A new and consistent model of clinical supervision for band 5 nurses is almost fully embedded within the service and staff are beginning to report the benefits of this. Two band 5 nurses have volunteered to participate in a video for the Trust advocating the positives of effective clinical supervision.
* Raising dementia awareness - the second dementia conference 'Living Well with Dementia' is being delivered in March and take up for places to date is good. Speakers from a variety of services are included as are carers to ensure we embed learning from the family’s perspective.
* District Nursing induction programme - this continues to be extremely well evaluated and all new starters attend this induction programme.

**Extending Clinical Leadership**

As well as on the ongoing internal skills development programme and the specialist practitioner programme for district nursing, the service continues to develop its clinical leadership to drive patient-centred clinical improvements. These include;

* Appointment of a senior clinical lead for community nursing (part of the recent leadership restructuring to align clinical and operational leadership to integrated locality teams, and to increase the proportion of clinical leadership in the Directorate
* Personalisation of care – one of the community nurse clinical leads has been accepted onto the frail older persons nurse fellowship at King’s College. The project centres on personalisation of care within community nursing. The initial phase of the project will run until November; learning from this will then be reviewed, and a plan to implement best practice identified across the service will be undertaken.
* Another clinical development lead (CDL) in the district nursing service has been awarded the Queen’s Nurse award, and will therefore benefit from the national development programme
* Another CDL has been accepted on the national leadership programme; Elizabeth Garrett leadership course.