

**Report to the Meeting of the**

 **BOD 107/2016**(Agenda item: 8)

**Oxford Health NHS Foundation Trust**

**Board of Directors**

**28th September 2016**

**Quality and Safety Report**

**Quarterly Clinical Effectiveness Report**

**For: Information**

**Executive Summary**

This report provides a summary of the Trust’s position, primarily in Quarter 1 (April to June 2016) in relation to the Key Lines of Enquiry (KLOE) which are considered by the Trust’s Quality Sub-Committee - Effectiveness (QSCE).

The QSCE is now fully functioning and has reports from all meetings in relation to the Key Lines of Enquiry. The following issues are highlighted to the Board:

* Last year’s audit plan (2015/16) has 16 audits which are in progress but not yet reported and 7 audits were carried forward to the 2016/17 audit plan. At the moment there are 95 proposed audits on the 2016/17 audit plan.

A further extraordinary meeting of the CAG was scheduled to allow time for discussion around the plan to make recommendations about priorities and proposals to reduce the number of audits undertaken without losing the assurance. It is still unclear how the audit plan will progress

There was an increase in the number of audits without improvement plans from 1 to 6, while the number of outstanding actions increased from 0 to 6.

Result of audits reported in Q4 and given within the report.

Noted themes arising from clinical audit were as follows:

* Sharing information with patients and carers
* Deteriorating patients
* Monitoring of physical health checks
* Lack of resuscitation equipment checks.
* In relation to CQC visits there has been an increase in compliance with recording of leave and presenting rights.

The main concerns continue to be related to care planning and patient involvement. The MHA Office continues to escalate weekly to Associate Medical Directors and Heads of Nursing and details are reported to the corporate Weekly Review meeting each week.

* A new L&D portal has now been launched which integrates OTR with Moodle.

Information Governance training was at 87% at the end of Q1 (target 95%) and Resuscitation training was at 79% (target 90%). Infection control training was at 77% at the end of Q1 (target 90%).

The launch of the new online PDR system has been delayed whilst it is piloted with selected service leads.

HETV are required to make significant savings which will have an effect on personal and professional development for non-medical staff.

The government is introducing an ‘Associate Nurse’ role. The Trust plans to train 30 new Associate Nurses across the 3 Directorates.

* There is good compliance in medication management around:
* Patient safety alert and CAS alerts which have all been implemented
* Shared care guidelines are all in date
* PGDs are all up-to-date. Adult ADHD current guidelines are being updated to reflect new medicines available.

Results from POMH-UK audit on Valproate were rated inadequate. It is unclear whether this is an accurate reflection of practice or due to poor recording.

There is ongoing work with commissioners looking at whether GPs or secondary care are responsible for physical health test requirements.

DTG have approved the use of oral ketamine for maintenance treatment in resistant depression (rare). QSCE validated the decision by DTG.

* The Health Research Authority (HRA) is now providing NHS permission for studies rather than the Trust. This could cause problems for the Trust if researchers are able to bypass R&D to undertake research.
* There continues to be no clearly identified themes within the quarter from HR casework with the exception of managing HR processes. In Q1 there were two dismissals and one concluded investigation and action plan following a management of concern issue raised.
* The current Estates self-assessment continues to indicate that they have self-rated as GOOD. No areas of risk have been identified.

**Recommendation**

This report is for information.

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**Lead Executive Director: Dr Mark Hancock, Medical Director**

*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 (including all appendices) has been assessed against the Freedom of Information Act and the following applies:*

*THIS PAPER MAY BE PUBLISHED UNDER FOI*

**1.0 Progress update against the Trust wide audit plan for 2015/16**

It was reported to CAG in April 2016 that there were a total of fourteen audits from the 2015/16 Trust wide clinical audit plan that had not started. Since April, seven of the fourteen audits have now started and a total of seven audits have been carried forward to the 2016/17 Trust wide clinical audit plan, as listed below:

1. Mental Capacity Act re-audit
2. Re-audit of NICE Clinical Guideline 133 Self – Harm : Longer term management
3. Re-audit of the self-assessment of how ‘family friendly’ mental health wards are
4. Baseline audit of Rapid Tranquilization (this will be replaced by the POMH national audit planned for September 2016)
5. Audit of the prescribing and monitoring of patients on Insulin
6. Audit of the quality of prescribing for high risk medicines - Warfarin & Low Molecular Weight Heparin
7. Medicines Management - re-audit of Allergy/sensitivity recording

There are currently a total of sixteen audits that are in progress but not yet reported from the 2015/16 Trust wide audit plan, as shown in table 1 below. The Trust has no control over when the national audits are reported as they have their individual time frames set nationally.

Table 1

|  |  |
| --- | --- |
| **Type of audit** | **Number of audits** |
| National audits | 6 |
| Quarterly reporting audits | 2 |
| Annual internal audits | 8 |
| **Total** | **16** |

Table 2 below provides further details of the audits from 2015/16 that are in progress but not yet reported.

Table 2

|  |  |
| --- | --- |
|  | **Total number of audits** |
| **National audits still to report** | **6** |
| 1. CQUIN Mental Health - Cardio Metabolic assessment and treatment for Patients with psychoses
 |
| 1. National audit of Early Intervention in Psychosis (report published 5/7/16 and with audit team for summarising)
 |
| 1. NCEPOD - Mental Health Conditions in Young People
 |
| 1. POMH-UK Topic 14: Prescribing for substance misuse: alcohol detoxification in adult acute & PICU wards (re-audit) (report published 23/6/16 and with audit team for summarising)
 |
| 1. POMH-UK Topic 15: Prescribing for bipolar disorder - use of Sodium Valproate (report published 12/5/16 and with audit team for summarising)
 |
| 1. Sentinel Stroke National Audit Programme (SSNAP) (report dependent on numbers submitted)
 |
| **Quarterly reporting audits** | **2** |
| 1. Medicines Management - Quarterly Antimicrobial prescribing audit (Q3 & Q4)
 |
| 1. Medicines Management – Quarterly Controlled Drugs audit (Q3 & Q4)
 |
| **Annual internal audits** | **8** |
| 1. Audit of MEWS – Trust wide
 |
| 1. Baseline audit of Long Term Segregation
 |
| 1. Non-medical prescribing
 |
| 1. Re-audit of care standards for non CPA cases
 |
| 1. Re-audit of the management of violence and aggression
 |
| 1. Review of all cardiorespiratory arrests during 2015
 |
| 1. Trust wide audit of Health Records
 |
| 1. Inpatient Discharge Summary Audit – Mental Health
 |
| **Total number in progress but not yet reported** | **16** |

**Progress update against the Trust wide audit plan for Quarter 1 of 2016/17**

There are currently a total of 95 proposed audits on the 2016/17 plan which has not yet gone out to the relevant stakeholders for consultation. Table 3 below provides further details of the types of audit.

Table 3

|  |  |  |
| --- | --- | --- |
| **Type of audit** | **Number of audits** | **Total** |
| National | 13 | 13 |
| Internal - Quarterly reporting | 13 | 52 |
| Internal Bi-monthly | 2 | 12 |
| Internal - 6 monthly reporting | 2 | 4 |
| Internal – one off | 14 | 14 |
| **Total** | **44** | **95** |

There were a total of 16 audits scheduled to be undertaken during quarter 1:

* 1 national audit
* 2 bi-monthly audits
* 13 quarterly audits

The national audit and the 2 bi-monthly audits are in progress and on schedule. The audits that are falling behind their scheduled time frame are the quarterly reporting audits. Table 4 below provides further details.

Table 4

|  |  |
| --- | --- |
| **National audit** |  |
| POMH-UK Topic 11c Prescribing antipsychotic medication for people with dementia (data collection April 16) | In progress and on schedule |
| **Bi-monthly audits** |  |
| Essential Standards (Bi-monthly reporting) | In progress and on schedule |
| Infection Control Programme: bi monthly hand hygiene audits  | In progress and on schedule |
| **Quarterly reporting audits** |  |
| Audit of MEWS (OAMH - Quality Account requirement in 15/16) | In progress and on schedule |
| Community Hospitals documentation audit | In progress and on schedule |
| Infection Control Programme: annual infection control audits | In progress and on schedule |
| Safety Thermometer Adult Mental Health - reduction in harms | In progress and on schedule |
| Safety Thermometer Classic - reduction in harms | In progress and on schedule |
| Sentinel Stroke National Audit programme (SSNAP) | In progress and on schedule |
| Track and Trigger (Community Hospitals) | In progress and on schedule |
| Full CPA Audit for Community Teams | In progress but behind schedule |
| Medicines Management - Bi-annual reporting of rolling audit of safe and secure storage of Controlled Drugs | In progress but behind schedule |
| Medicines Management - Quarterly Antimicrobial prescribing audit | In progress but behind schedule |
| DNACPR quarterly audit | Not yet started |
| Resuscitation equipment audit | Not yet started |
| Review of cardiorespiratory arrests | Not yet started |

**Changes to the 2016/17 Trust wide audit plan**

There are no audits to be removed or added to the 2016/17 audit plan

**Reported audits with no improvement plan in place**

It was previously reported to the Quality Sub-Committee: Effectiveness in April 2016 that there was 1 improvement plan that had not yet been completed and returned within the 6 week time frame; this figure has increased to 6.

**Monitoring of actions from improvement plans**

The number of audit actions currently in date has reduced from 50 at the end of quarter 4 to 27 at the end of quarter 1.

 **Summary of the results from the clinical audits reported and rated since the last Clinical Audit Group meeting in July 2016**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit name** | **Directorate** | **Baseline / Re-audit** | **Audit Rating** | **Date action plan to be developed by** | **Date action plan received** |
| **Baseline audits 2015/16 audit plan** |
| National audit of Pulmonary Rehabilitation Services  | Older People | Baseline | Not applicable as service mapping around the resourcing and organisation of services | In progress |  |
| National Audit of Intermediate Care (Reablement Service) | Older People | Baseline | Not applicable as this audit does not measure pre-defined audit standards | Not required |  |
| Resuscitation Equipment Audit 2015/16  | Trust wide | Baseline | Not compliant | 22/7/16 |  |
| Inpatient physical health assessment  | Mental Health  | Baseline | Requires improvement | 27/7/16 |  |
| Seclusion Audit 2015/16  | Mental Health | Baseline | Requires improvement | 22/7/16 |  |
| **Re-audits 2015/16 audit plan** |
| GP Discharge summaries | Community Hospitals | Re-audit | 2014/15 | 2015/16 | In place |  |
| Requires improvement | Requires improvement |
| CPA Quarter 4 results | Mental Health | Quarterly re-audit | Q3 15/16 | Q4 15/16 | 16/8/16 |  |
| Requires improvement | Requires improvement |
| Community Hospitals Documentation audit - results for Q4 15/16 and Q1 16/17 | Community Hospitals | Quarterly re-audit | Q4 15/16 | Q1 16/17 | In place |  |
| Good | Excellent |
| Eliminating Mixed Sex Accommodation | Mixed sex inpatient wards | Re-audit | 2013/14 | 2015/16 | In place |  |
| Good | Good |
| Infection Control Audit programme – Q4 summary | Trust wide | Quarterly reporting | Q3 2015/16 | Q4 2015/16 | Actions plan are monitored through the Infection Control Committee |
| Good | Good |
| **Audit name** | **Directorate** | **Baseline / Re-audit** | **Audit Rating** | **Date action plan to be developed by** | **Date action plan received** |
| **Re-audits 2015/16 audit plan** |
| Track & Trigger – Q4 results (includes Q3) | Community Hospitals | Quarterly re-audit | Q3 2015/16 | Q4 2015/16 | In place |  |
| Excellent | Good |
| MEWS – Q4 results | Older Adult Mental Health Wards | Quarterly re-audit | Q3 2015/16 | Q4 2015/16 | In place |  |
| Good | Good |
| Safety Thermometer – Mental Health Q4 report | Adult mental Health | Quarterly audit | Not subject to audit rating matrix as point prevalence audit | N/A |
| **Re-audits 2016/17 audit plan** |
| Essential Standards | All Mental Health Wards | Bi-monthly audit | Feb 16 | Apr 16 | Actions taken at the time of the audit |
| Good | Requires improvement |

**2.0 Mental Health and Mental Capacity Acts**

There has been one visit to the Highfield Unit in Q1 16-17. Two issues were raised in relation to the high dependency unit (HDU) around concordance with the code of practice and access to the garden.

With respect to the code of practice it was noted that there was no ability to distinguish between capacity and competency and the form has subsequently been changed. With respect to the garden, the service have provided the CQC with the purpose and definitions of the HDU and requested their input into the definitions and operations of the HDU.

Associate Medical Directors are actively taking ongoing issues raised to their respective Directorates and believe there is evidence that this is resulting in improved compliance by staff. The presentation of rights under Section 132 has improved but continued improvement is in action. Compliance in recording of leave/CTO consideration and consent to treatment has improved.

CQC visits have resulted in a number of recommendations relating to care planning and patient involvement. Risks remain in that compliance is not consistent or comprehensive. Areas of concern are in relation to the recording of leave, rights, consent to treatment, and patient involvement and empowerment with respect to care planning. The CQC continue to make recommendations with respect to these areas of practice requiring improvement.

The main concern is that although corrective actions are taken at the time, these are not yet consistent at ward/team level. This leads to the same issues being frequently raised by CQC.

Action taken: in addition to MHA Office processes, escalation to clinical director and medical director, AMDs and Heads of Nursing are provided with information relating to omissions or gaps on a weekly basis.

Key recommendations from the group are as follows:

* Directorates treat the CQC visit reports as working documents and monitor their areas on a regular basis against these, and ensure that actions are completed.
* Where the same issues continually arise, Directorates ensure consistent management; staff awareness and monitoring is provided; and action taken by ward managers, modern matrons and responsible clinicians to ensure consistent practice.

**3.0 CQC Progress**

The Oxfordshire and Buckinghamshire adult mental health services were re-visited by the CQC in June 2016 to demonstrate the improvements made since the comprehensive inspection in September 2015. The core services re-inspected were the seven adult acute mental health wards/ PICU, our rehabilitation ward at Whiteleaf and our five adult mental health teams. The outcome was a change in rating for each of the three core services and the Trust as a whole from requires improvement to good. The CQC published the outcome on 24th August 2016.

Monitoring Arrangements

Internal progress with the improvement plans is monitored through an action plan review group on a 3 weekly basis (last meeting 12th August 2016), which includes testing the completion of actions. The extended executive team meeting receives a monthly update on progress against the improvement plans; in addition the four quality sub-committees receive a quarterly update on applicable actions.

The peer review programme is also continuing to review the outcomes of the actions. There are plans to undertake internal mock CQC inspections for community hospitals to review the progress made against the action plan following the comprehensive CQC inspection in September 2015 and to identify further support that may be required to achieve full compliance with the CQC standards.

The Oxfordshire CCG is the lead commissioner to sign off the completion of actions across all three improvement plans through the existing quality review meetings, on a quarterly basis.

**4.0 Infection Prevention and Control**

There have been one case of *Clostridium difficile* infection (CDI) in July 2016 and three in June 2016.

Below is a summary of the review meetings for the cases.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | Location  | Running total of cases | Identified lapses in care | Avoidable/Unavoidable | Running total of avoidable |
| April 2016 |  | 0 |  | No cases | 0 |
| May 2016 | Ward 2 Abingdon hospital | 1 | No lapses in care | Unavoidable | 0 |
| June 2016 | Wenrisc ward, Witney hospital | 2 |  | Unavoidable | 0 |
| City ward, Fulbrook centre | 3 |  | Unavoidable | 0 |
| Linfoot ward, Witney hospital | 4 |  | Unavoidable | 0 |

* There have been no Trust attributable MRSA or MSSA bacteraemia cases in June.
* There was one community CCG E.Coli bacteraemia identified on the EMU, Abingdon hospital. An RCA has been completed
* There was a possible norovirus outbreak on Ruby ward, Whiteleaf centre between 23rd-27th June affecting five patients and two staff. The ward was closed during the outbreak and underwent a full terminal clean before resuming normal operations.
1. **Learning and Development**

The Learning Advisory Group (LAG) meets quarterly. However, as the group was not quorate, the meeting scheduled for 24th May 2016 was cancelled.

The new L&D portal has launched. This integrates the Trust’s Online Training Records (OTR) system with a Modular Object Oriented Dynamic Learning Environment (Moodle). Moodle is a learning platform designed to provide educators, administrators and learners with a single robust, secure and integrated system to create personalised learning environments. Moodle delivers a powerful set of learner-centric tools and collaborative learning environments that empower both teaching and learning. The use of a virtual classroom has the potential to save on travel costs as well as time lost in delivering patient care whilst attending training. Supporting the delivery of the Advanced Practice in Minor Illness and Minor Injury programmes to internal and external students is an early example.

Performance attendance training targets represent an ongoing challenge to meet;

* Information Governance - National target 95% - 87% achieved end of Q1. 89% (26 Jul 16) Red (below 80%):
* Resuscitation - Trust target 90% - 79% achieved end of Q1.
* Infection Control - Trust target 90% – 77% achieved end of Q1.

The new online PDR system, delayed planned launch for May 2016, currently (26 July 2016) is being piloted with selected service leads.

Health Education England (Thames Valley office) 2016/17: Salary Support & Continuing Professional Development (CPPD) Allocation.

* Health Education England Thames Valley (HEE TV) is required to achieve considerable cost savings from the non-medical salary support contributions provided to non-medical commissions and to its overall workforce development budgets. This has impacted on both the salary support allocation and funding for Continuing Personal & Professional Development for 2016/17
* Non-medical salary support funding for 2016 was reduced from an expected £684,825 to £542,913, a reduction of £141,912. This funding supporting the trust’s seconded nursing student scheme, the Foundation degree and Specialist Community Public Health programmes.
* This Health Education Thames Valley funding allocation is an annual resource which supports non- medical, non-mandatory training opportunities for staff development across the trust. It supports the trust’s strategic priorities, the transformational agenda and service redesign training requirements. HEE TV funding received in 2015/16 was £539,367 while the funding allocation for 2016/17 was £299,018. This reduction in funding will have a significant impact on training priorities and opportunities for the trust in the forthcoming year.

The Associate Nurse is a new role that will sit alongside nursing support workers and registered nurses to deliver front line health care. Oxford Health NHS FT in partnership with other NHS Organisations and Universities within the Thames Valley is applying to be an early Implementer test site for the new programme. If successful, the programme will be introduced in January 2017. The trust plans to train 30 new Associate nurses across the three clinical directorates as part of this pilot programme.

1. **Psychological, Occupational and social therapies group (POSTG)**

Identified actions were identified to take work to existing groups and to revise paperwork to require evidence of PPI involvement in innovation proposals and reviews.

New Innovations were reviewed (Music Therapy was approved for use in forensic service while RO-DBT proposal in the Eating Disorders service is to be updated and reviewed through fast track.)

Mindfulness curriculum for teachers – requirements for Adult and CAMHS provision has been identified and will be uploaded to the intranet.

Complex Needs Service Objectives Group, as a previous innovation, is now part of the routine service.

An updated document for competencies and training for Family Therapy is now on the intranet while an updated paper on counselling was approved and placed on the intranet.

Actions/highlights agreed were:

* New committee membership provides better representation to directorates and professions to improve involvement and dissemination
* Improved mechanisms for ensuring PPI
* Update on innovations enables review of local practice based evidence and review of changing national evidence
* Review of training frameworks for therapies enables identification of standards and discussion of variations in practice

It was noted that the quality of reports of innovation updates is variable (low risk). As a result a process to support authors of updates has been identified and it was agreed to require evidence of wider service team involvement, which would require sign off by service/team lead prior to POSTG review.

1. **Innovations Subgroup**

The subgroup reviewed the proposal for use of oral ketamine for treatment-resistant depression with responders to injectable ketamine to see if it would be possible to maintain them on oral ketamine. The evidence base and practice supports this.

Approval for the use of oral ketamine was given by the Group.

1. **Drugs and Therapeutics group**

All Patient Safety Alerts and CAS Alerts have been implemented

There has been full Implementation of all current NHSE Patient Safety Alerts

All shared care guidelines are all in date and effective.

MSGG is effectively reviewing trends of medicines incidents

PGDs are all up to date, including those developed by NHSE for national immunisation programmes.

The group does not yet have a patient / carer representative as per its terms of reference.

The results for the POMH-UK audit on valproate prescribing were rated as inadequate.

Deviation from NICE Guidance:

NICE MPG2 on Patient Group Directions published in 2013 recommends:

*“Do not jeopardise local and national strategies to combat antimicrobial resistance and healthcare-associated infections. Ensure that an antimicrobial is included in a PGD only when:*

*•clinically essential and clearly justified by best clinical practice, such as Public Health England guidance*

*•a local specialist in microbiology has agreed that a PGD is needed and this is clearly documented*

*•use of the PGD is monitored and reviewed regularly”*

The Urgent & Ambulatory Care service of the trust uses several PGDs for antimicrobials, which reflects the clinical model of the service whereby it is led by Emergency Practitioners rather than medics. DTG supported the use of PGDs for antimicrobials in the Urgent Care setting as the benefits outweigh the risks, and the governance systems for PGDs in the trust will ensure we are consistent with the intent of the NICE guidance.

Controlled Drugs (CDs)

* Although compliance generally with the various elements of CD governance across the trust is good, there remain some aspects of practice which require improvement as identified through the quarterly audits. These relate mainly to documentation (authorised signatory lists, register annotations etc.). The feasibility of an electronic ordering and recording system for CDs is being investigated.
* An issue has been raised regarding the legitimacy of paramedics to possess and supply controlled drugs other than diazepam and morphine. This is being investigated further and in the interim has been escalated to the Quality Committee.

Lack of ePMA (Electronic prescribing)

* The recent POMH-UK audit on valproate prescribing has highlighted again the risks of not having an effective and extensive electronic prescribing and medicines administration system. The inadequate results of the audit were due to the required tests not being done when valproate was initiated – ePMA would ensure that prescribers are prompted to undertake appropriate checks and tests at the point of prescribing.
1. **Research and Development**

Full BRC application has been submitted and preparation for the interview on 20th July 2016 continues.

Full CRF application has been submitted to retain existing infrastructure and expand into sites within OUH to bring together both NHS organisations (OUH and OHFT) BRC “brain” themes. If the CRF and BRC applications are unsuccessful this may cause cost pressures within R&D from April 2017.

A senior Research Nurse Fellow has been appointed and due to start in July 2016.

Integration with new HRA processes ongoing with internal documents being drafted to communicate the changes and potential impacts to researchers.

Agreement has been reached regarding the sponsorship and monitoring of Clinical Psychology Doctorate student projects, with the majority now being sponsored via the University of Oxford, who supported the educational program.

UK CRIS now expected to be live in September, although discussions between all interested NHS organisations regarding federation are still ongoing.

**10.0 Public Health**

Links have been made with Oxfordshire Sport and Physical Activity ( OXSPA) and Artscape and there is a plan for OXSPA to link with the long term condition and diabetes redesign work.

Continued work is required on Smoke Free with Smoking Cessation training for staff

The breadth of public health work is large – the group will continue to focus on identified priorities to manage this.

1. **Human Resources**

The report to the QSCE is linked to the weekly HR update that goes to the corporate weekly review meeting. The latter report reviews each newly opened and concluded HR case, whilst the former has a focus on outcomes and learning from key cases. However, lower level themes and issues are noted in Section 3 below.

As with Q4 2015-16 there continues to be no clearly identified themes from HR casework with the exception of managing HR processes.

In Q1 2016-17 there were two dismissals and one investigation under the Management of Concerns Policy. The latter resulted in a detailed and comprehensive plan for the ward which is actively being addressed.

1. **Ethics**

There is nothing of note to report. The group continues to meet regularly to discuss challenging ethical issues.

1. **Estates**

The Trusts current self-assessment indicates that Estates score a GOOD rating. No areas of risk have been identified**.**