

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# 

BOD 140/2016

Agenda Item 8

# Board of Directors

**1st December 2016**

**Quarter 2 Highlight Report on the 2016/17 Quality Objectives**

**(Quality Account)**

**For Approval**

**Executive Summary**

The following report provides a summary of progress 6 months into 2016/17 against each of the quality objectives identified in the Quality Account. The Q1 and Q2 update has been considered by the Quality Committee.

The quality objectives are aligned to each of the four quality priorities;

* Enable our workforce
* Improve patient, families and carers experiences
* Increase harm-free care
* Improve quality through service pathway remodelling and innovation

In total there are 35 quality objectives and some progress has been made against all.

Those areas which have made significant progress include;

* Established system and support for nurses to complete revalidation. Revalidation is a new process for nurses from April 2016 to demonstrate their practice is safe and effective.
* Apprenticeship schemes are increasing
* The large range of work being led by the health and wellbeing group
* A team to team peer review programme has been re-established, with 29 peer reviews completed so far in 2016/17.
* Falls resulting in harm in community hospitals and older people mental health wards is reducing
* Buckinghamshire recovery college making good progress to be ready to launch shortly, taster sessions at the college already held
* PEACE trained champions identified across mental health wards and bespoke escalation training trialled on 2 community hospital wards. Total number of restraints reduced as well as number of prone restraints.
* Making families count training delivered to a range of staff around improving how we engage and work with families
* Improvements in GPs being informed of ongoing psychotropic monitoring requirements by adult mental health teams
* Good progress on developing a new eating disorder pathways for adolescents across all counties
* Waiting times for step 4 psychology services has reduced for Oxfordshire adults of working age
* A new ambulatory care model, the rapid access care unit, is to open shortly in Henley.

The following objectives have had some delays; however we still plan for all to be started or completed by the end of March 2017;

* Implementation of the Nursing Strategy objectives for year one
* Introduction of the new appraisal system across the trust
* Roll out of the new staff development pathways
* Introduction of the four day PEACE foundation team training to all mental health wards
* Further developing diabetes care on the community hospital wards

The areas we are experiencing challenges in are;

* Recruitment and high agency use for nurses across all directorates and doctors for some specialisms
* Technical issues with our electronic health record system affecting ease of use and completeness of information
* A large amount of improvement work has been completed to reduce pressure damage across the community hospitals and district nursing teams, however we are currently unable to demonstrate the impact of these actions
* Capacity and patient flow across adult mental health wards.
* Waiting times for step 4 psychology services for Buckinghamshire adults of working age, and older people across both Oxfordshire and Buckinghamshire

**Recommendation**

For the report to be approved prior to circulation to external stakeholders as part of a 6 month update and to start the consultation on the 2017/18 quality objectives.

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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.*

**Q2 Highlight Report on the 2016/17 Quality Objectives**

**(‘looking back’ section in the Quality Account)**

The quality objectives are aligned to each of the four quality priorities;

1. Enable our workforce: 5 objectives with progress detailed from pages 2-17

2. Improve patient, families and carers experiences : 5 objectives with progress detailed from pages 18-22

3. Increase harm-free care: 9 objectives with progress detailed from pages 23-43

4. Improve quality through service pathway remodelling and innovation: 16 objectives with progress detailed from pages 44-57

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| **Number** | **Quality Priority** | **Link to Trusts business priorities for 2016/17** | **Link to CQC quality domains** |
| 1 | Enable our workforce to deliver services which are caring, safe and excellent | - To support teams to improve the safety and quality of care they provide  - To support leaders to maintain a positive culture for teams. | Well led |

| **Number** | **Objectives** | **Trust wide/ Directorate** | **Progress up to Q2 2016/17**  **(based on suggested measure)** |
| --- | --- | --- | --- |
| 1.1 | Implement the relevant actions for 2016/17 from the nursing strategy.  The six work streams are;   1. what patients want from nurses, 2. valuing nurses 3. ensuring high professional standards 4. developing career pathways 5. contributing fully to multi-disciplinary team practice 6. developing and supporting professional and clinical leadership. | Trust wide | **Narrative progress report on achievement of actions in strategy for 2016/17**  Progress against the strategy has been delayed however work has commenced across each of the six work streams. The majority of actions are in progress with only 4 out of 65 actions not started yet.  To raise the profile and celebrate 125 years of nursing education a garden party was held by the trust in July 2016. This was used as an opportunity to launch the nursing strategy.  One of the actions in the strategy is to support the 1800 nurses employed by the trust to complete the new revalidation over the next 3 years. To date all nurses who have required revalidation have completed this, with the exception of two nurses who required extensions to complete this process due to personal reasons.  One of the actions is for the trust over the next three years to adopt/ mirror the internal accreditation demonstrating excellence in nursing, Magnet Hospital Standards for Nursing Care. We have carried out a gap analysis against the international Magnet accreditation standards as an initial step.  Recruitment action group  The Heads of Nursing are key members of the reinstated trust wide recruitment action group in Q1 which has prioritised the following actions:   1. Career development 2. Consistent offer on attraction/retention – to include financial incentives 3. Marketing and key attraction messages 4. Accommodation 5. International recruitment 6. Careers/resource centre   The group is reviewing the standard advert text following feedback that it could be improved to increase attraction to roles in the Trust. Marketing and branding is being reviewed to better promote the awards/affiliations/kitemarks held by the trust. This together with the recent CQC inspection outcome of ‘Good’, will be used on websites and NHS jobs to improve employer branding.  Video’s are being produced and used by clinical directorates in specific recruitment activities to attract potential candidates. In 2016 we piloted using local radio adverts for open days for Adults and Older People directorates. A proposal is being considered to engage a social media expert to improve our marketing and branding in all areas, in the meantime we have set up a Twitter and Instagram account and we are attempting to tweet 3-5 times per day and posting a minimum of once a day on Instagram to boost our followers.  A review into the reintroduction of the relocation policy ( for certain difficult to recruit roles such as CAMHS Consultants),  subsidised housing and Refer a Friend/ golden handshake schemes are all being considered to attract the ‘right’ staff.  A schedule of external job fairs and career events has been established with representatives attending each event to promote working for the trust, this includes seven different events in Oct 2016 and four events in Nov 2016.  **Workforce indicators**  Vacancies  Target 9% or less  Sept 2016 9.47% (10.1% Aug 2016)  Trust wide the vacancy rate has reduced over the last few months; this is largely due to an improvement in the older people’s directorate as the adult directorate and corporate services have seen an increase in vacancies. A number of vacancies specific to particular professions (medics and qualified nurses), grades and geographic locations continue to prove difficult to recruit to. The full implementation of an in-house recruitment database, currently being trialled in one clinical directorate, will allow the trust to better manage vacancies and reduce the length of time candidates spend in the recruitment process.      Turnover  Target 12% or less  Sept 2016 14.02% (13.86% Aug 2016)  Turnover has remained static this month, however we have seen a decline over the last five months. There is higher turnover in the adult and older people directorates. Across the professional groups this is highest for support staff, admin and qualified nurses. The trust has introduced a new process to better collect exit reasons the current information is showing the top three reasons as; promotion/ better prospects (n=33), no details provided (n=18) and relocation (n=13).      **Inpatient staffing**  At a senior level we continue to monitor inpatient staffing levels by ward each week. Each ward is taking a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to the needs of patients. When looking at the number of shifts which were fully staffed to expected levels, three wards were identified as having the most difficulties across the last three months (Q2) in achieving expected staffing levels on every shift. However all wards did maintain minimum staffing levels to remain safe to deliver patient care. The three wards which were not able to fully staff at least 85% of shifts were; Abingdon ward one, Ruby and Sapphire, more detail is given below. The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment and retention difficulties in some geographical areas and some specialties which we are giving more strategic attention to as detailed above in the update on the Nursing Strategy and below in the update around the Workforce Strategy. A detailed report is published monthly on safer staffing on the trusts website.  Highlighted wards;   * Abingdon ward 1 (Sept 16 overall 84% of shifts fully staffed) – similar to last month. 5.6 WTE vacancies and high patient need therefore the ward have used a high % of agency staff (8.5%) and sessional staff to try and increase staffing above the normal level. In response the directorate has made a decision to ask a member of staff seconded from the ward to return and the number of open beds has been reduced. * Ruby (Sept 16 overall 74% of shifts fully staffed) – similar to last month. 7.9 WTE vacancies and therefore the ward have used a high % of agency staff (14%). Skill mix in the month has been on average 44% registered and 56% unregistered staff. The ward has struggled particularly for registered nurses on night and day shifts. The ward continues to advertise vacancies however it is challenging to attract registered staff to work on the ward in the context of national nurse shortages and competing with NHS trusts in London that can offer higher salaries. * Sapphire (Sept 16 overall 74% of shifts fully staffed) - similar to last month. 9.5 WTE vacancies and therefore the ward have used a high amount of sessional staff and a number of agency staff (8.6%). Skill mix in the month has been on average 41% registered and 59% unregistered staff. The ward has struggled particularly for registered nurses on night and day shifts. The ward is waiting for new staff to start and also continues to advertise vacancies however it is challenging to attract registered staff to work on the ward in the context of national nurse shortages and competing with NHS trusts in London that can offer higher salaries.   Other wards to note that have high vacancies, have had to use high amounts of agency staff or have made significant changes to skill mix to maintain safe staffing levels;   * Highfield ward (Sept 16 overall 86% of shifts fully staffed) - high vacancies (28.8 WTE) requiring a high use of agency staff, further long lines of agency have been set up. * Kingfisher and Kestrel wards (Sept 16 overall 92% of shifts fully staffed) - high vacancies (31.5 WTE) particularly for registered staff and sickness requiring a reliance on agency staff. Skill mix for last month on average 33% registered staff.   **Staff feedback**  2015 staff survey results had an improved response rate of 48% of all staff. Overall engagement score was 3.81 the same as the average, with the lowest trust at 3.64 and the best trust at 4.02. The questions that form the engagement score are considered a good indicator for trusts and our results broken down by directorate are shown below. The Executive Team held workshops with team/ ward managers and senior managers in June and July 2016 to discuss and identify areas for improvement from the staff survey results. |
| 1.2 | Implement the relevant actions for 2016/17 from the workforce strategy.  key areas identified are to;   * Diversify ways to attract the best staff including considering international recruitment * Expand the types of roles and ways to enter a career in the NHS e.g. graduates, apprenticeships, work experience, school visits * Optimise recruitment processes * Enable and support staff to work in different geographical locations e.g. with housing and introducing financial incentives * Develop our own staff to fill some of the gaps in skills * Retain our staff looking at career paths, variety within jobs, flexibility and support * Develop the current performance development review process and system to fully embed the trusts values and behaviours. | Trust wide | **Narrative progress report on achievement of actions in strategy for 2016/17**  Expanding the types of roles recruited to  The trust has been involved in two intakes of work experience placements in 2016. In addition we have set up a number of school visits and invite schools to visit the trust to see the roles we have available.  Apprenticeships are being increased, we have had two cohorts start in 2016 and currently have 38 apprentices. The next assessment day is being held in Nov 2016.  Peer support workers (people with lived experience) are being employed to work alongside professionals, and through the Oxfordshire mental health partnership information, advice and employment workers are working as part of adult mental health teams.  Attracting staff - Recruitment initiatives  We are currently engaged in a pilot with  JobtheWord who use social media to reach the passive recruitment market. Each clinical directorate will have 5 campaigns over a 3 month period starting in Oct 2016. In August & September 2016 we piloted using Oxford Press online and Oxford Daily Info online to advertise for HCA’s/Support Workers in Oxford.  Readers emailed the Trust direct rather than use NHS jobs and 30 potential candidates were invited to a ‘Come & meet us and learn about the Trust ‘ day in October 2016.  See a summary above of the work being completed by the trust wide recruitment action group to improve how we attract and retain staff.  Recruitment efficiency will be improved with the full implementation of an in-house recruitment database, currently being trialled in one clinical directorate. The database will make the recording of recruitment data quicker for the recruitment team and enhance the process by ensuring the candidate and managers are regularly  informed of progress during the employee checking process. To improve the timeliness of the employment checks for hard to fill vacancies and teams using high levels of agency staff we have recruited a Fixed Term Candidate Manager. By Jan 2017 we will have introduced a feedback questionnaire on the recruitment process to gain an understanding of what works in attracting new staff, in the meantime members of the Recruitment Action Group have been running focus groups in their directorate with new staff.  Values Based Behavioural Framework  14 focus groups have taken place throughout June and July 2016 with a total of 140 staff participating in the groups. The output from these sessions is draft behavioural competencies which are being consulted on for feedback before these are finalised. Once these are agreed a communication plan will be developed to include these updated valued in recruitment, induction, the trusts website and training.  Staff health and well being  Work continues led by the trust wide health and well-being group. The group has set the following priorities for 2016/17 which are supported by a health and well-being action plan.  Priorities:   * To support our workforce to be active and healthy, and are able to perform to the best of their physical abilities * To support an inclusive workplace where staff feel safe to raise concerns and are provided with the tools to look after their own emotional and psychological wellbeing * To support an organisational culture where staff feel a strong sense of belonging and view Oxford Health NHS FT as an enjoyable place to work   The trust currently has health and well-being 48 champions. 11 more champions were recruited in October 2016. We continue to recruit a network of wellbeing champions across the trust to engage our workforce. Three networking events are being held in December 2016.  The trust was awarded the Simplyhealth Healthy Workplace Award in June 2016 for our positive approach towards promoting and encouraging health and wellbeing in the workplace.  Recent work by the health and well-being group includes-   * Increasing information available to staff on good nutrition and benefits through stalls/ events and resources on the intranet. * Reviewing the pilot mindfulness sessions to inform a formal proposal to offer mindfulness to staff. * Practical workshops to help staff to manage stress were piloted in Q1 and further sessions are planned to be led by the Occupational Health Team. * #MakeItHappen is an initiative to empower staff to work with the Health & Wellbeing Action Group to bring ideas and initiatives to life. A simple application process has been developed including support that might be required (mentorship, practical assistance and funding). * Bike User Group Breakfasts**,** as part of National Bike Week we supported four bike breakfasts at Blackbird Leys, Abingdon, Witney and Littlemore sites to encourage staff to cycle to work. * Health & Wellbeing Champions, in a recent networking event, the Wellbeing Champions agreed a purpose statement. Champions are currently being contacted to find out more about what they got involved, to raise awareness of the wellbeing #champions as ambassadors for health and wellbeing across the Trust, motivate staff to get involved, demonstrate that the Trust is taking staff wellbeing to heart. * Fair Treatment at Work Champions have been identified and will start taking a more active role from November 2016. * Support the organisation and nominations for the annual staff recognition awards being presented in December 2016, this is in addition to the monthly exceptional staff award. * Supportive leadership & management behaviour training has been set up for line managers between Sept-Dec 2016. * Teams have been supported to review their staff survey results with a focus on looking at how/ where improvements can be made. This has included making the closed question results available at team level on the intranet and holding workshops at the linking leaders events in   Three staff equality networks have been set up to meet bi-monthly with the first meetings being held in April 2016. The networks are around race equity (15 members so far), disability equality (12 members so far) and LGBT inclusion (25 members so far). The purpose of these networks is to create a community of support and the infrastructure for engaging with staff in a meaningful way on related equality initiatives. The theme for the senior leader’s workshop in Sept 16 was equality and diversity.  PDR Review Update  A project to review the appraisal process was formed and embraces both the introduction of the Trust’s values/behaviours and the incorporation of changes arising from Agenda for Change. Key elements of this include:   * The design of an on-line PDR system. * The ability to utilise online PDR and Personal Development Plans to inform future talent management and training needs. * A review process for incremental pay linked to performance.   The new PDR tool has been created in-house which was due to be launched in Q1 but has been delayed and will launch in Q3 in 2016 which will give the trust the ability to better talent manage and develop aspiring leaders of the future.  **Workforce indicators**  See above vacancy, turnover and inpatient staffing level figures.  Agency use  Target 5% or less  Aug 2016 12.42% (11.31% July 2016) *\*note month lag in data due to reporting from invoices\**  Agency spend has increased, although partially due to the summertime period, however this increase correlates with a high vacancy rate. The highest agency use is spread across the clinical directorate and relates mostly to agency registered nurses. In a high number of cases the agency used are employed in long lines to ensure continuity of care is maintained. The trust has created an internal bank ‘staffing solutions’ which is also being well utilised by services. |
| 1.3 | Re-establish a programme of peer reviews to encourage learning and sharing between teams and as an approach to listening to staff about their experiences | Trust wide | The trust has continued with a peer review programme following the CQCs comprehensive inspection in Sept 2015. An update on progress by each directorate is below, the themes and programmes continue to be overseen by the trust wide group focused on Improving Care; 5 questions.  **Older People’s Directorate**  The Older People’s Directorate (OPD) have completed 9 peer reviews since April 2016; there is a plan in place to undertake a minimum of 2 reviews per month till March 2017. The recommendations and actions identified as a result of peer reviews are tracked locally to completion, and feedback is discussed at the OPD Patient Experience Group. The key theme being found is around challenges with staffing to meet demand and difficulties with recruitment.  **Children and Young People’s (CYP) Directorate**  There were no peer reviews undertaken for the directorate since April 2016. The directorate has been heavily supporting and actively involved in supporting other directorate reviews. There has been a lot of cross learning and development from inter-directorate/agency support. The directorate is in the process of finalising a peer review programme for its services.  **Adult Directorate**  A peer review visit was completed for each of the adult mental health wards and community teams (n=14) between April-June 2016. The work and results from the peer reviews was evidenced in the CQCs re-inspection in June 2016. The CQC in June 2016 found significant improvements from Sept 15, with care plans much improved and significant evidence of patient involvement in care planning. In inpatient areas they noted that restrictive practices had gone on the wards; there was good safe access to gardens and patients had keys to their own bedrooms. They were pleased to see patients happy and positive in their feedback about staff and the care they were receiving. In psychological therapies, inspectors saw clear evidence of short and long term plans in place to address waiting times (see detailed below). The CQC observed strong relationships and communications between inpatients and community adult mental health teams, effective multidisciplinary team meetings and positive staff engagement across the board, supported by good supervision and leadership.  The directorate has also been supporting Southern Health NHS trust and carried out a number of peer review visits to the community learning disability teams in Oxfordshire. The directorate is now focusing on establishing peer review visits to each of the forensic wards and community team. |
| 1.4 | Continue to embed and develop the electronic health record to support and enable staff | Trust wide | **System developments**  A number of technical issues with Care notes are still an issue and being worked through with the provider of the software to improve functionality, such as clinics. A detailed list of agreed work is with the software provider to deliver as part of the contract. The trust is not planning to take any further upgrades to the systems until version 5.7 which is likely to be March 2017, this will include issue resolution and some functionality improvements, but not any significant strategic functionality such as patient portal.  **Support and training for staff**  The Electronic Health Record (EHR) team are looking to provide, engage and improve overall communication to end users by attending appropriate groups / meetings / forums, where they will provide an update on overall progress together with focussed relevant updates.  The EHR team has a new training manager seconded from Bucks Healthcare Trust to help employ some of their best practice. The focus moving forwards will be on a role based training approach.  **Revisions to clinical tools**  Work completed by the clinical transformation team includes;   * Revised and implemented new mental health care plan template and risk assessment template * New front page dashboard view for mental health care notes for staff to show the patients assigned to them and whether key documentation is present and date last updated * Baskets of care for community hospital staff. * Forensic assessments and risk management plan introduced   Further work has been identified and being worked on.  Currently there is a review of the number of physical healthcare forms being used across the trust and where physical health information is being recorded. The clinical transformation team have been successfully using workshops with key clinicians from across the trust to rationalise forms and therefore processes cutting across services. This work is on-going and needs support from the services to work.  **Data quality improvements**  Data quality issues around recording/ amending inpatient admission, transfer and discharge dates has been resolved and this is now managed by the health records team.  The last system upgrade had an impact on some national returns which has now been resolved. |
| 1.5 | Implement development pathways for staff, with consideration to identifying talent and succession planning | Trust wide | Following successful pilots for bands 1-4 and band 5, new development pathways have been created for our apprentices through to band 8. These will replace the existing pick & mix selection of courses to provide a clear development pathway.  These pathways have been designed with the trusts values underpinning all the sessions. Healthy Conversations module is the first session for all bands to ensure that all staff are confident and competent to be able to communicate effectively to other staff, patients and carers. This module has been designed to ensure that all staff have a voice and a way to have a meaningful conversation. Effective team based working (Aston Team based working) is another essential element underpinning the development pathways alongside developing quality improvement skills.  These pathways will ensure that we can internally develop our staff and talent manage to develop them further with the National Leadership Academy Programmes. The pathways have been further enriched using MBTI (Myers Briggs Type Indicator) step 1 & 2 to support. The pathways are:   * Apprentices ‘Development Pathway * Bands 1-4 Administration Development Pathway (this has been piloted) * Band 5 Team Leader Development Pathway (this has been piloted) * Band 6 Management Skills Development Pathway * Band 7 Advanced Management Skills Development Pathway * Band 8 Strategic Leadership Skills Development Pathway   The implementation of the new pathways has taken longer than planned. A task and finish group chaired by the Associate Director of Clinical Education and Nursing is overseeing the implementation which will be from March 2017. |

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| **Number** | **Quality Priority** | **Link to Trusts business priorities for 2016/17** | **Link to CQC quality domains** |
| 2 | Improve patients, families and carers experiences through involving people in their own care and how services develop | To make care a joint endeavour with patients, families and carers | Caring and Responsive |

| **Number** | **Objectives** | **Trust wide/ Directorate** | **Progress up to Q2 2016/17**  **(based on suggested measure)** |
| --- | --- | --- | --- |
| 2.1 | Implement the relevant actions in 2016/17 from the patient involvement and experience strategy.  The aims of the new three year strategy are to;  i) Develop a culture which encourages, supports and develops effective partnerships between people who use Trust services and their carers/ families and professionals,  ii) improve the experiences of people who use services and their carers/ families, and  iii) improve the opportunities of how people are involved to identify issues and actions to improve services | Trust wide | **New Strategy**  The strategy was co-developed with patients, families/ carers and staff and finalised in April 2016 by the board of directors. The taking action on patient feedback group has had two workshops in May and July 16 to develop and prioritise a work plan for the next 3 years. This work plan has been agreed however further work is needed to identify the additional resources needed to fully deliver the strategy. 11 objectives have been identified for 2016/17.  A number of the actions in the work plan have started already, one of the key areas in year 1 is the re-tender of how we collect and report on feedback. Additional funding has been committed to the tender to improve the access, timeliness and format of how feedback is given to teams to enable change. The tender application closes in October 2016 with shortlisting and interviews planned for Nov 2016 so that a new contract can be agreed from Jan 2017.  The iwantgreatcare pilot continues to spread across services within the Trust. Currently 57 teams (13 different services) have been set up and supported to access the patient surveys and to access reports in near real time. The initial 6 month trial has been extended to inform and ensure continuity until the new patient experience feedback contract is in place  **Feedback received**  The CQCs recent re-inspection of adult mental health services in June 2016 recognised the significant improvements made and has re-rated the trust as overall Good. The CQC rated the domain of caring as good for the following reasons;  • Across all core services we rated the trust as good or outstanding for caring and found that people were treated with dignity, respect and kindness.”  • Patients and carers we spoke with commented that the staff were extremely caring and reassuring even during times of restraint.  • In mental health inpatient services carers we spoke with said they felt highly involved and regularly updated by all of the MDT teams on the wards. Carers and family members, with patient consent, were invited to MDT meetings and ward rounds. Some wards offered family support group sessions and most held monthly carers groups. Carer assessments were offered to carers by the patients care coordinator.  • The majority of patients we spoke with were aware of their care plan and said that they were involved with devising one and felt they received sufficient information to make informed decisions about their care.  The latest national community mental health survey 2016 (sent to people treated in Nov 2015) indicates an improvement compared to 2014 and 2015 and positive results in comparison to other mental health trusts. However we recognise there is lots more to be done, which needs to be focused around improving communications, time to explain treatment/ care/ goals and ensuring people feel fully involved particularly in decision making.  Overwhelming the feedback we have received from patients, families and carers is very positive with patients reporting feeling cared for by staff and that as a result they highly value the service provided. However some people do not receive the positive experience we expect every person to have and therefore we have more work to do. The themes highlighted from complaints mirror the key areas for improvement identified from the feedback we receive, and are focused on communication and sharing information with patients and their families/carers to enable joint decision making and full involvement in care. In response to the question would you recommend the service received? across the trust on average between April to Sept 2016 94% of people said extremely likely or likely (based on 4627 people who answered this question).  The 2015 staff survey asks about how effectively staff use patient feedback, we have improved from 2014 to 2015 and are slightly above the national average, detailed by the graph below. |
| 2.2 | Maintain the ‘Triangle of Care’ external accreditation, actions for 2016/17 will include:  i) ensuring all teams/ wards complete a self-assessment  ii) carer/ family awareness training is rolled out  iii) information provided to carers/ families is reviewed including the information available on the Trust’s website. | Trust wide | C:\Users\jane.kershaw\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\G25KXEJ3\Triangle of Care kite mark 2 star.jpg  The trust has been a member of the national triangle of care scheme since May 2014, recognising the importance of carers, families, patients and staff. The teams have been working hard over the last 18 months to implement and demonstrate meeting the national carer standards within the triangle of care. Carers and voluntary organisations have been involved in the process from the start and their feedback has been important to identifying and monitoring actions. All of the children, adult and older people mental health community and inpatient teams have completed at least one self-assessment against the national standards which has been presented to the Carers Trust. In addition some of the physical healthcare teams have also completed a self-assessment to identify how they can improve working with families, parents and carers.  Following the self-assessments local actions have been taken for example; identifying carer/ think family leads in teams, establishing carer lead forums, reviewing information given out by teams, recognising the changing role of parents/ carers in the transition planning from children and adult services, setting up new carer groups, and carrying out regular telephone surveys with carers.  In December 2015 the Carers Trust accredited the trust with two gold stars, the third (and last star) will be achieved when all mental health and community physical health teams/ wards have completed the self-assessment and identified/ addressed any gaps. This has not yet been achieved by any Trust nationally.  Progress has been slow so far in 2016 due to a number of key staff changes. However the Carers Strategy Forum continues to monitor progress and themes from the self-assessments, and work continues across the Trust to develop carer specific information within teams, on our website as well as training for staff around carer awareness. Carer awareness training has been rolled out to adult mental health teams in conjunction with Rethink following positive feedback from the pilot sessions and tailored training for staff within the children and young people directorate has just been finalised and due to be rolled out in Q3.  The trust is presenting an update on our progress to the Carers Trust at a regional review meeting in November 2016.  In addition the trust has started a piece of work with carers, Oxford University Hospitals NHS FT, Oxfordshire county council, Oxfordshire clinical commissioning group and a number of voluntary carer organisations to develop a carers charter which would be implemented across the organisations in Oxfordshire. |
| 2.3 | Young people and their families involved in designing and delivering safer care work | Children and Young People | The Marlborough House CAMHS wards safer care team have recently reformed with new members and are thinking about immediate priorities alongside how they involve parents and young people as fully as possible in the process. In recent weeks the focus has been on involving parents more fully in safety care plans before young people go on home leave for the weekend. This has involved the nurses planning time with both parents and their child to review these plans each week so it is done in a more structured and collaborative way. |
| 2.4 | Introduce the Buckinghamshire Recovery College ensuring we have co-design and co-production as standard practice | Adult | The trust, Buckinghamshire MIND and Buckinghamshire Adult Learning are working together to open the Buckinghamshire recovery college. The structures and planning behind setting up the college are well progressed with key leadership posts in place, and here has been good patient and carer involvement in the steering groups to set up the co-designed and co-delivered courses and to look at the promotion and advertising for the college. Two weeks of taster sessions at the Whiteleaf centre hub have been held, with a huge response for trainers both professional and people with lived experience, over 200 applications. The college has not yet opened; although it is planned courses will range from recovery focused and psycho-educational to arts, crafts, gardening and living skills.  The Oxfordshire recovery college continues to grow and the college is currently promoting new spring term courses. |
| 2.5 | Promoting effective use of ‘Knowing Me’ passport in older people inpatient and community mental health teams | Older People | Knowing me is completed for all patients with dementia with the family where possible and kept in their rooms. The passports remain with patients on discharge. Families continue to provide positive feedback about completing this tool which is also helpful in facilitating further admissions to nursing homes.  The completion of the ‘Knowing Me’ passport is monitored for the mental health wards via a clinical audit, for the last three audit cycles covering Feb-June 2016 the wards have achieved 100% (with a sample of 5 records per ward being reviewed at each audit cycle). |

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| **Number** | **Quality Priority** | **Link to Trusts business priorities for 2016/17** | **Link to CQC quality domains** |
| 3 | Increase harm-free care | To support teams to improve the safety and quality of care they provide | Safety |

| **Number** | **Objectives** | **Trust wide/ Directorate** | **Progress up to Q2 2016/17**  **(based on suggested measure)** |
| --- | --- | --- | --- |
| 3.1 | Reduce the need for restraint and monitor the use of seclusion and long term segregation by implementing the actions from the PEACE (positive engagement and calm environments) project for 2016/17.  The actions are set against the following areas:  i) workforce development, ii) leadership, iii) service user/ patient involvement, iv) use of data to inform practice, v) rigorous debriefing, vi) development of resources, vii) identify and minimise other restrictive practice | Trust wide | **PEACE Training**  In 2015/16 the trust carried out an extensive review of all available national training programmes and we developed a tailored programme called PEACE (positive engagement and calm environments) to support staff and at the same time reduce the need to use restrictive interventions. The training also includes principles of positive support planning and trauma informed care, and the establishment of a PEACE champion in every inpatient ward. From 1st April 2016 the previous PMVA training was revised and rebranded as PEACE training. The training includes four day training for new starters and a 1 day refresher for existing staff. In addition there will be a four day PEACE foundation training delivered and tailored to teams to support a change in culture. The Highfield ward team successfully piloted the new four day PEACE foundation team training. The role out of the four day PEACE foundation team training has not been progressed in the proposed format of taking teams out together due the logistics of services to be able to facilitate this. Further discussions are required about how to take this forward.  Following recent feedback from staff on some wards which have received the new starter and refresher PEACE training (although not the foundation team training), there are concerns the number of violence and aggression incidents have increased and that staff are feeling more vulnerable/ unsafe. In response to this feedback the head of nursing which leads on restrictive practice is working with the specific wards and the PEACE training team.  **PEACE Champions**  Following completion of the last scheduled training PEACE champions are now in place the majority of the mental health inpatients areas. There is further training planned for February 2017 to ensure that all mental health inpatient areas have champions in place. Each local champion has developed an action plan which will support the implementation activities which are evidenced to reduce restrictive practices and interventions to a level of absolute necessity and safety. Each champion will have access to link days and the support of the leadership in the wards and the PEACE team. The views of the services users will be sought to ensure that they are at the heart of each activity. The first champions have been in situ since the pilot of PEACE in the Highfield unit, where they have been able to support significant reductions of prone restraint, implemented positive support planning, systematic approaches to debriefing and developed annual team based training days led by the champions to look at their local incident data and tailor their training needs accordingly.  **PEACE work with Community Hospitals**  Discussion with Community Hospitals about their needs for training on de-escalation has taken place and a bespoke training for them using some of the practices under PEACE has been devised. The first pilot on two wards has been evaluated and there has been expressions of interest to become PEACE champions from senior and support staff from the two wards to enhance the work of the Dementia Nurse Specialist and link with the PEACE team. The goal will be to implement a similar programme of activities relevant to each clinical area in the coming months and forge closer networks with mental health services to enhance the skills that exist across both working groups.  **Monitoring and Figures**  A weekly report of all episodes of restraint, seclusion and long term segregation is discussed at the weekly senior clinical review meeting chaired by a member of the Executive Team. The meeting is advised of the number of restraints by ward, and the number of prone (face down) restraints. Any concerns for follow up are highlighted to the relevant head of nursing to review practice was and is appropriate. Debriefing following incidents is a key part of the trusts approach to the overview of restrictive interventions and is available from matrons or the chaplaincy service. The PEACE team regularly attend areas experiencing an increase in the level of restraints to help with individual patients’ care plans or the team’s overall resilience and training needs.  Restraints  The pattern by quarter (below) shows a gradual reduction in restraints over the last three quarters. There were 407 physical restraints in Q2. The three wards with the highest number of restraints are Highfield, Kestrel and Sandford; these wards cover a range of services, adolescent, female forensic and older peoples. The high reporters, are related to the presence of individual patients who required multiple restraints. The number of patients restrained five times or more is 21 this quarter (three less than last quarter), with one person being restrained 56 times.  The patient restrained 56 times on Highfield has been highlighted previous, as she was restrained 34 times in Q1. She is a 16 year old girl with Autistic Spectrum disorder. She also has a history of self-harming behaviours. The restraints related to her stating she wished to leave the unit and accessing stairwells, the airlock and attempting to take staff badges and keys. Due to the risk to herself the team needed to intervene to prevent her from doing this. They worked with her on an incentive plan to encourage and reward her managing her behaviours which has reduced incidents. She has not had an episode of restraint since early September 2016. The care for each patient restrained multiple times is reviewed by senior clinicians.  The number of incidents reported using the highest level of hold – thumb-wrist hold has remained low at 2% maintaining a fall in high level holds. The application of pain by hyperflexion whilst in this hold is no longer taught in training or supported to be used.    There has been a reduction in the number of prone restraints across inpatient areas and we are now looking at the detail around the length of time that patients are restrained in the prone position. In Q2 16% of the restraints were in prone position. The most common position for restraint is with the patient standing.    Rapid tranquilisation  Due to improvements to the incident reporting system we are now able to collect data on the use of rapid tranquilisation. This will be the second quarter we are able to report on data in this area. In Q1 and Q2 there have been 118 episodes where rapid tranquilisation has taken place. All of these occassions have required restraint, and 43 (36%) have required prone restraint.  Five wards have over ten episodes of rapid tranquilisation; Kestrel, Highfield, Kingfisher, Wintle and Allen. Like restraints these can be attributed to a few patients who have required rapid tranquilisation four or more times.  Seclusions  The total number of reported seclusions in Quarter 2 was 126 compared to a mean average of 103 incidents a quarter over the previous three years. This quarter has seen an increase in all three months having the highest numbers in the last year. This has been largely due to two patients who have required seclusion a high number of times. In Q2, a total of 57 different patients were secluded, with 25 patients being secluded more than once.  Nearly all incident reports continue to detail violence and aggression as the cause for seclusion.    Long Term Segregation  The Trust has five areas where patients may be placed in long term segregation. At present there is only two quarters worth of data so it is impossible to draw any comparisons at present but this will be monitored going forward. The significant difference between the two quarters can be attributed to multiple patients requiring significant periods of long term segregation within Kennet, Watling and Kestrel (all forensic wards). All three wards have had increased acuity in terms of the requirement of ICU. Kennet ward has two patients who have been in long term segregation for over 50 days; both are being closely monitored by the senior clinical team to find the least restrictive option. The below graph shows the total number of days of long term segregation in the trust, each quarter. |
| 3.2 | Prevention of suicide | Trust wide | **Narrative**  Suicide awareness and prevention training for mental health and community health staff, emergency practitioner and minor injuries students (including paramedics), pre-registration mental health nursing students, GPs and partner organisations has been provided internally and externally and is consistently well evaluated.  In 2015 the training received a highly commended in the HSJ awards. The suicide prevention lead nurse is in the process of developing a proposal for training suicide prevention champions/trainers to take the training forward.  This proposal will be submitted to Health Education Thames Valley for consideration.  The adult and older people directorates have agreed to pilot team based multi-disciplinary reviews after every suspected suicides and incidents of serious self-harm/ near misses.  The same guidance will be introduced to the children and young people directorate at a forthcoming suicide prevention training day with the aim of this directorate also taking on the initiative.  These reviews are team owned and independent of Serious Incident reviews, however they may inform investigations.  The trust provide leadership to the Thames Valley Suicide Prevention and Intervention Network (SPIN) and hosted a successful conference in September 2016. As part of SPIN we have worked with Oxon Cruse to establish a face to face supportive signposting service for people bereaved by suicide in addition to an initial letter and leaflet sent to help signpost people to support available. This will benefit families in Oxfordshire who are bereaved by suicide, which will include families of our service users.  It is also a preventative intervention as we know that those bereaved by suicide are at high risk of mental health problems and suicide themselves.  The staff psychological debriefing service is well established and the practice of offering psychological debriefs to teams (and partner organisations) after serious incidents including suicides is becoming embedded.  More staff have been trained and included in the team so we have a good critical mass of debriefers across the trust.  A small group, including the psychological debriefing leads has identified the need to develop guidance for supporting staff/teams/managers after the suicide of a staff member.  This work is in very early stages but it is a worthy area given that doctors and nurses are identified as high risk occupations and stress, which can lead to them suffering from depression.  The trusts suicide prevention strategy is in development and will be consulted on in Q3. One key area of this strategy is to look at collaborative intervention for suicidality that involves the practitioner and patient working together.  **Figures**  The number of suspected and confirmed suicides for people know to our services is shown in the graph below. There was a downward trend in 2015/16 and the first quarter of 2016/17, however quarter 2 has increased with 10 people suspected of taking their own life. The majority of suspected or confirmed suicides in quarter 2 occurred in August 2016, 8 out of 10 suspected suicides related to people being seen by adult community mental health teams. There does not seem to be a pattern based on where the person lived or the team they were being treated by.  cid:image002.png@01D2353A.822A9610 |
| 3.3 | Implement learning from incidents (including serious incidents) | Trust wide | **Analysis of all incidents**  The number of incidents reported during Q2 was 3334, a similar number to Q1 at 3414 incidents; this is the third highest number of incidents reported in the last 13 quarters.  We have a positive culture in identifying, reporting and wanting to learn from incidents and deaths. Informed by a continuing increase in the number of incidents reported and the last annual ‘learning from mistakes’ league table produced by Monitor (now called NHS Improvement) based on the staff survey and information submitted to the national reporting and learning system (NRLS), which the trust was rated as good.  We continue to introduce local and trust wide innovations to address barriers to reporting incidents. Recent internal developments to improve how we use the incident reporting system have included;   * Shortening and making incident report forms specific for up to 20 incident types * Improving the overall usability of the reporting form * Enabling incidents to be reported on iPads * Enabling initial reviews to be automatically generated from the incident form and other information collected about incidents relating to skin integrity/ pressure damage. This removes duplication and makes better use of the information we collect. * Developing reporting around restrictive interventions * Developing and improving the presentation and accessibility of information being reported. Dashboards have been created for services and directorates presenting incident information in an easy visual format to enable improvements to be identified and actions to be taken.   The numbers of reported green and yellow incidents (low/minor injury or property damage) continues to represent the highest proportion of total reported incidents in Q1 and Q2.    The top three types of incidents are:   * Violence and aggression (mostly patients on staff with no injury, see work mentioned in report around PEACE) * Skin integrity (relating to older people services, see detail about pressure ulcers in this report) * Communication or confidentiality (ranging from poor communications with patients and families, inadequate discharge arrangements, IT failures, and breach of confidentiality)   **Serious incidents (SI)**  We have categorised and investigated a higher number of Serious Incidents (SI) in Q1 and Q2, and a higher proportion of more intensive comprehensive reviews over concise reviews. The cause of this increase is still being analysed however it seems the change in the national SI framework has had an impact and explains the increase in agreed downgrades following completion of the work. By investigating more incidents more thoroughly we are able to better identify review care and identify and share learning and take action. We have identified and reported 27 SI in Q2 mostly relating to suspected suicide (see work in report on preventing suicides).  All reported orange incidents, serious incidents and unexpected deaths are reviewed weekly in a meeting by senior clinicians. Quick time learning is identified each week and immediate actions are identified and taken as required.  We started work with the Oxford Academic Health Science Network in June 2016 to improve the quality of SI investigations, initially this has started with a review of a sample of SI reports and feedback and a workshop with two other NHS Trusts to share good practice and to identify improvements.  The overall themes coming from completed SI investigations are;   * Inadequate or lack of documentation around care planning and risk * Family engagement and communication * Team leadership and management e.g. supervision arrangements, staffing levels * Communication and joined up care between teams, services and agencies at points of transition   Making families count training was delivered to a large number of staff in the trust in Q2 with the aim of improving the way we involve families in investigations and support them through a very difficult time.  We are working on a business plan for a family liaison role to carry out the supportive component for families.  **Learning**  Centrally the Quality and Risk Team monitor the progress and completion of actions identified following SI investigations. There are currently some outstanding actions although these are reducing each month and continue to be actively followed up. Testing of completed actions is due to commence to ensure that actions have the impact required and are sustained. A piece of has started with the clinical directorates to improve the actions identified.  A range of mechanisms are used to share and embed learning e.g. key learning posters, written reports, attending clinical governance meetings, newsletters, risk notes, feeding into staff training etc... The internal SI panels held to review every SI investigation, scrutinise the actions identified, help to share learning and ensure we make every effort to involve and work with the person and/ or their family involved. We need to continue to improve how we learn and embed changes, which will be linked to objective 4.1 below. |
| 3.4 | Improve analysis, review and learning from unexpected deaths by implementing the work streams below;   * + Establish a new trust-wide mortality review group   + Review and communicate agreed definitions, expectations for reporting and investigation   + Agree system-wide approach for review and learning from deaths with relevant external partners   + Improve accuracy of data on deaths   + Improve the use of data on deaths   + Bring consistency to thematic reviews   + Review timeliness and completion of duty of candour | Trust wide | The trust reviews expected (mental health) and unexpected (mental health and physical health where appropriate) deaths through a weekly senior clinical review meeting which is informed of all deaths reported on the incident reporting system. The meeting reviews information on the death and will ask further questions, wait for a coroner’s verdict or commission a further root cause analysis investigation as appropriate. The purpose of the investigation is to identify any contributory factors and to look at how we can learn and improve. All unexpected child deaths are reviewed through the multi-agency child death overview process (CDOP) led by the safeguarding boards which the trust is involved in within each county we provide services.  About half of all deaths for current and recently seen patients (within the last six months) are reported on the incident system, shown through comparison with extracts of the patient electronic systems checked against the national deceased database. Although we would not expect all deaths to be reported on the incident system e.g. expected natural deaths, the number of deaths reported and being reviewed will increase in the next year as work is carried out to improve reporting. Cross referencing between the patient electronic systems and the incident system is now happening. The Trust started working with the Mazars Group in July 2016 to improve how we identify, report, review and investigate deaths from all of the trusts services. This work has included two workshops with staff around data sources and data quality as well as a workshop with clinicians on categorizing and screening deaths. In addition Mazars have reviewed a sample of our SI and IR investigation reports. A trial is going to be completed with teams over the next few months around categorising, screening and revising reporting of deaths on the incident system. Following the trial a proposal around the changes will come to the next Quality Committee meeting.  This work has been alongside establishing a new trust wide mortality review group, the group has met three times since June 2016 and agreed terms of reference. The group are starting to identify themes to commission the first thematic reviews, the first reviews are likely to be focused on physical health needs in mental health, transitions in care and/ communication with families/ carers/ partners. In addition the trust is involved in a system wide piece of work being led by Oxfordshire CCG to review and learn from deaths of patients treated by Southern Health NHS Trust.  There is clear commitment to being open and involving families in investigations and we have some highly skilled staff that do this well. However much more needs to be done to more effectively and fully involve families, the Mazars Group has made some helpful suggestions to develop this area. We continue to work on improving confidence across a wider range of staff, through training (making families count training has been delivered), so staff can feel confident to make contact and engage in meaningful and supportive conversations. Family engagement is promoted for all investigations managed through the SI process, although more work is needed to better understand and personalise the experience of a family member during an investigation. |
| 3.5 | Improving physical healthcare across the mental health pathway | Adult | **Inpatient**  Physical healthcare leads are now in place on each of the wards and their main role is to keep up to date with physical health training and cascade information back to the ward team. They also facilitate the well-being groups where they and medical staff review admission paperwork to ensure that that all relevant and required information is captured; and then use the clinic to offer advice and support when it is required.  The adult acute ward performance on the bi-monthly essential standards audit continues to show positive results around physical health assessment and monitoring, evidence below.    **Community teams**  We are developing the use of electronic correspondence with GPs to improve communication around physical health. This includes all teams having an nhs.net email account and with practices agreement we send and receive information electronically.  The trust is exploring;   * The ability to view limited data collected by GPs for the same patients we see, following consent from the patient. * Use of standardised e-referral forms from GPs * Use of my physical health care booklet with patients (which patient carries)   A physical health training plan has been developed for community staff (4 day course for qualified staff and a separate course for support workers) and a number of staff have completed this training. Well being clinics have been put in place, at varying stages of development. These clinics have been put in place to target difficult to engage service users whom for varying reasons do not attend their GP surgeries.  The adult mental health teams and forensic community team performance on the CPA quarterly audit show positive results around identifying and monitoring patients physical health needs, including how we communicate with GPs.  A summary of the results are below;   * Where physical health needs have been identified for patients, the standard for the care plan addressing the physical health needs has consistently been rated as good. * For service users who are on psychotropic medication, the standard relating to the care plan detailing the medication prescribed was also rated as good in both Q4 15/16 and Q1 16/17. * Informing the GP about the need for ongoing monitoring of psychotropic medication issues has improved from requiring improvement (70%) in Q3 15/16 to a rating of excellent (95%) in Q1 of 16/17. * Ensuring that the care plan details the side effect monitoring requirements relating to psychotropic medication remains an area rated as requiring improvement; however this has improved from 61% in Q3 15/16 to 70% in Q1 16/17.     **Initiatives**  In addition the following initiatives are also being completed.  As part of the work to support long term conditions, the IAPT team are also working in partnership with Parkwood Healthcare, Buckinghamshire Healthcare NHS Trust and Weight Watchers as part of the Live Well Stay Well initiative, which supports individuals who need help to lose weight and become more active, stop smoking or receive support for the emotional challenges which are experienced when managing a long-term condition. The team have been working closely to understand how a single point of access will enable people to self-refer to the hub as well as allowing professionals to sign-post patients to the service if they could benefit. The service will commence later in 2016 though has been operating in part during Q1. Alongside this, the IAPT service is also working with CV Health to support the Weigh Forward Bucks; this is a specialist weight loss service in Buckinghamshire with a dietician, CBT practitioner, psychology assistant and exercise specialist. Groups are offered in the community for patients as well as one-to-one sessions for those requiring more intensive support.  The directorate is involved in the work mentioned elsewhere in the report to review and improve the number of forms and places to record and monitor physical health on Care notes. Four workshops have been held with clinicians between June-August 2016 with the following outcomes so far;   * A new electronic physical health initial assessment has been developed and its content agreed. The Assessment form has now been built by our system developers and is due to be tested by clinicians imminently. Based on the outcome of testing the form will be revised and retested before deployment into the live system can occur. * A new electronic baseline observations and ongoing monitoring form is being developed, previously this has been captured on paper. * Agreement of the five physical health specialist assessment forms which need review/ development. * A new area (tab) within Carenotes titled “physical health”. All physical health clinical information will be located in one dedicated area of the system which means staff will be required to check only one area of the record to input and access all physical health information. |
| 3.6 | Reduce the number of grade 3 and 4 pressure ulcers deemed a serious incident (where we have found contributory factors in care delivered), through delivering the actions identified for 2016/17 in the pressure damage improvement plan | Older People | The following outlines progress against key actions in the pressure ulcer improvement plan:  **QTL – Quick Time Learning:**  Six teams are currently piloting QTL. Should one of these 6 teams report a pressure ulcer incident then the tissue viability team will contact them to arrange a quick learning/feedback session via Face Time ideally within 3 working days of the incident occurring. As many of the district nursing team members as possible are expected to attend; the Clinical Development Leads (CDLs) are also encouraged to attend. Once a session has been completed, then the agreed actions for the district nursing team are documented.  Data is collected by the tissue viability team regarding the meeting times, Face Time connectivity issues and the number of participants. Currently work is being carried out with teams to provide assurance to the Pressure Damage Prevention Project (PDPP) meeting that the agreed actions are being completed. Once this process is fully embedded, plans are for the CDLs to lead on these sessions with the monitoring of action plans by the PDPP. The next stage will involve the Tissue Viability team working with a new set of 6 teams to introduce this process for further roll out.  **React to Red/SKIN bundles:**  This was a project with Reablement in the Didcot but was unfortunately discontinued due to the service moving to be provided by the Oxford University Hospitals NHS FT. We are liaising with the tissue viability lead at the trust that hopes to take this work forward and has already introduced the react to red theory to the newly formed service, which brings together the previous reablement service and a service already provided by Oxford University Hospitals NHS FT. The Matron for the SE/SW localities will be taking the project forward within our trust, focusing on the Didcot district nursing teams as a pilot and support staff within community hospitals/within the locality.  **Braden Assessment Review**  The tissue viability team is leading on this to ensure that patients with existing or previous pressure ulcers are assessed as high risk. A review of incidents identified some issues in how the current Braden tool was used by some staff; the tissue viability team will apply some modifications to the format of the tool to ensure patients with existing and previous pressure damage are identified as high risk. The modified tool will be trialled with a few district nursing teams to provide assurance that the Braden tool assessments are being completed accurately.  **Safer Care work**  The Safer Care team is working with 6 district nursing teams to identify improvement plans relating to pressure ulcer prevention using the safer care methodology. A launch event was delivered in September 2016 which was attended by the pilot teams. Each team started collecting data using safety crosses, with the majority of them measuring if the Braden assessment tool was completed on the first visit.  **Incident system Developments**  To improve the quality of pressure ulcer incident reporting and improve the data available to identify improvements, the team devised a pressure ulcer specific reporting form which includes key information about assessing the risk of pressure damage and key interventions. This will facilitate and partially automate the initial review process and improve timely decision making regarding levels of investigation and interventions needed by managers who review the reported incidents.  **Training**  As of Oct 2016, 84% of staff across the community hospitals and older people community teams had completed the pressure damage prevention and management training. This is a small improvement from Q1 however still below our internal goal of 90%.  **Analysis of data**  In Q2 513 pressure ulcer incidents were reported compared to 568 in Q1. All but 3 of these were reported in the Older People directorate. The majority of damage is grade 2 (pressure damage is graded on a scale from 1-4, with grade 4 being the most serious).    In Q1 we had 150 grade 3 and 4 pressure ulcers identified and reported and in Q2 this figure is similar at 153. In a high number of these incidents (46%) the person acquired the pressure ulcer before being seen or treated by any of our services. Across Q1 and Q2 the number of grade 3 and 4 pressure ulcers categorised as meeting the national serious incident criteria for further investigation is 4%.  In Q2, 7 new incidents of pressure ulcers grade 3 or 4 were reported as a serious incident and are being investigated to identify any learning and actions. There were 7 serious incident investigations completed relating to pressure ulcers in Q2, of which 2 identified no care or service delivery concerns. The other 5 investigations identified missed opportunities and made recommendations relating to; insufficient time allocated for initial visit and re-assessments, working with patients/ families to improve education so that advice is understood and can be followed, and improvement of sharing information to ensure continuity of care. Across the large number of district nursing teams in 6 localities, 2 teams had more than 1 serious incident in the last 9 months. |
| 3.7 | Improving the physical health assessment and monitoring in community hospitals to detect and manage deteriorating patients | Older People | A revised National Early Warning Score (NEWS) tool was piloted in early 2016 and rolled out across the community hospital wards from July 2016. The roll out of the revised tool has been audited twice; the most recent results for Q2 are below which are positive with more focus needed on a couple of wards. The tool is to support staff on identifying, tracking and managing a patient when their physical health deteriorates.    Alongside this custom made training has been developed and due to start shortly about “early recognition, escalation and treatment for the deteriorating patient" for community hospital. This training is being delivered in collaboration with OxSTaR, the University of Oxford’s medical simulation teaching and research unit.  There have been no new SIs around a deteriorating patient reported in Q1 or Q2 relating to the community hospital wards. |
| 3.8 | Review the diabetes care provided across community hospitals and implement the actions identified | Older People | A new post has been developed for a diabetes specialist nurse, with interviews planned for Oct 2016. This post will lead on diabetes training. In the meantime we have purchased e-learning for staff on diabetes care and recorded an education film on use on insulin pens. Uptake with the e-learning course has been low so further promotion is being planned.  Over the last year the diabetes care pathway across Oxfordshire has been reviewed by commissioners. |
| 3.9 | Reduce the number of patients harmed by a fall while an inpatient on an older people physical health or mental health ward | Older People | The graph below shows the number of falls resulting in moderate and major harm over the last 2 years. Further monitoring is needed to see if the reduction from March-July 2016 can be sustained.    Between April to Aug 2016 there have been 5 falls resulting in moderate harm e.g. a bump/ bruising etc…, all relating to different patients and on different wards, but the majority (n=3) occurring in Aug 2016 which needs understanding further. 4 out of the 5 happened when the patient was not with a member of staff. In the same period (April to Aug 2016) there was 1 fall in May 2016 which resulted in major harm, a fracture to shoulder and wrist.  \*We have also been recently informed of an additional fall with major harm, fractured hip, which happened late Aug 16 but will not appear in the graph above until the information is refreshed in the next quarter. The 2 falls with major harm occurred on different community hospital wards.\*  A working group has been set up which includes a representative from the Academic Health Science Network to address interventions that should be carried out in relation to falls across the services. The group has recently agreed their objectives. The falls assessment on Care notes has also been reviewed by the group. The work that is agreed will be piloted at the Fulbrook Centre in 2 mental health wards and 1 community hospital ward, and then if successful rolled out across all other areas/services.  Since June 2016, both Wallingford and Didcot Community Hospitals have introduced a falls bundle as part of the individual care and comfort rounding assessments to support patient assessments hourly. There are specific falls prompts to enable conversation with patients to promote self-awareness and education and support the introduction of safety elements to reduce risk of falls and determine quick reference prompts enabling early diagnosis tic prevention i.e. urinalysis and postural drops in blood pressure. These charts will be rolled out across all older people wards by December 2016.  A baseline audit was carried out prior to the roll out of the new falls bundle, as described above, the results showed 47% of community hospital ward patients and 62% of older people mental health ward patients had a completed falls risk assessment on admission (this improves to 87% when looking at whether risk assessment was repeated after 28 days); it is expected that this will notably improve once the new charts are in use. In the wards using the new falls bundle 100% compliance was found with falls risk assessments.  As of Oct 2016 94% of staff across the older people mental health wards and community hospital wards (n=352) have received training on the management of falls. |

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| **Number** | **Quality Priority** | **Link to Trusts business priorities for 2016/17** | **Link to CQC quality domains** |
| 4 | Improve quality through service pathway remodelling and innovation | - To improve the quality of care by transforming services  - To lead research and adopt evidence that improves the quality of care  - To embed and enhance the electronic health record. | Effective and Responsive |

| **Number** | **Objectives** | **Trust wide/ Directorate** | **Progress up to Q2 2016/17**  **(based on suggested measure)** |
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| 4.1 | Learn from the many improvements already made and improve on a larger scale. This will be achieved by adopting a single model for improvement, learning from partners outside the organisation, and encouraging and supporting staff to identify areas for improvement. | Trust wide | The trust is establishing an Institute/ Centre for Safety and Quality Improvement. Partners of the Centre will include patients, Institute for Health Improvement, Oxford Universities Hospital NHS FT, NHS Elect, University of Oxford, Oxford Brookes University, Said Business School, the South of England Mental Health Collaborative…Measurement will be at the heart of the work lead by the Quality Centre to ensure a focus on impact and outcomes. The current resources used for patient safety and quality improvement within the trust are being aligned and additional resource for medical staff and researchers will be included to form the leadership of the Quality Centre. Recruitment is the next stage being completed. |
| 4.2 | Continue to roll out and evaluate Cognitive Behavioural Therapy (CBT) service in Oxfordshire dentist service to reduce the need for sedation | Children and Young People | So far since the beginning of the pilot (Oct 2015) 55 patients have been referred to the CBT dental service; 5 patients have been successfully treated without the use of sedation or a general anaesthesia, 11 patients are currently in treatment, 2 patients have been referred to Talking Space as too complex for the trained dental nurses, 14 patients are pending treatment, 21 patients did not engage with or complete treatment, 2 patients were not appropriate as under the 18 years of age.  In total 12 dental staff have received training in CBT techniques. 2 staff have subsequently left the service.  The outcomes for the patients that have been successfully treated with CBT have been very positive with them being able to have dental treatment without needing sedation or general anaesthetic.  The main challenges of the pilot have been 1) Patient selection and engagement - a number of patients who were initially keen to have CBT have either failed or it has not been possible to subsequently contact them. 2) Capacity – to date the trained dental nurses have been providing CBT appointments for patients with no backfill. If the CBT service continues beyond the pilot end (Oct 2016) then backfilling the trained dental nurses will need to be considered.  The dental commissioners have indicated that there may be non-recurrent funding available to continue the pilot until the end of March 2017 further to a bid submitted in June 2016. An additional bid will need to be submitted for non-recurrent funding 2017/18. |
| 4.3 | Buckinghamshire Speech and Language Therapy - increase the support for self-management and use of assisted technology to improve care and patients outcomes, measured through Therapy Outcome Measures (TOMs) | Children and Young People | TOMs is a way for rehabilitation professionals to describe the relative abilities and difficulties of a child in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time.  The last update showed 125 children had completed the TOMS at least twice to enable early monitoring over time. Information about the % of the case load this represents will be provided in Q3.  The team are still looking at how to present the descriptive outcomes in a meaningful way; however we have shared some case studies with our commissioners to demonstrate the types of outcomes and improvements children have made. |
| 4.4 | Implement new Oxfordshire Phoenix team for children in special circumstances (bringing together Looked After Children, Youth Offending Service, Kingfisher and Residential Edge of Care teams) | Children and Young People | The team are at full establishment and working across the four areas covered by the team LAC, Kingfisher, YOS and Residential Edge of Care. Two out of the four new homes are now open and we are in the process of developing pathways with them. All have a named nurse which they link with. We continue to work with the Children in Care Council to look at ways of gaining feedback. |
| 4.5 | Implement new Oxfordshire service model through Horizon team for young people and their families who are experiencing distress as a result of sexual harm | Children and Young People | Horizon (Supporting Young People and Families Affected by Sexual Harm) started to accept referrals on 18th January 2016.  Since then, we have received 102 referrals, 46 of whom have since been closed to Horizon following successful consultation, direct intervention, or having been passed to SAFE! (a third sector organisation).  Feedback from young people, families, and professionals have been positive so far, for example, one young person provided the following feedback after input from Horizon: “Amazing service, were great listeners, were understanding and listened to my opinion, very helpful in wanting to move on”.  Professionally, Horizon has made positive links with partnered services and organizations, including other CAMHS teams, social care, and third sector organizations.  In particular, we have worked closely with SAFE! – a third sector organization dedicated to working with young people affected by crime/sexual harm.  In this partnership working, young people and families have experienced a seamless process, ensuring that they receive a service that is best suited to their needs without any delay.  Horizon also provides the SAFE! organisation with clinical supervision, which has allowed for helpful and productive peer learning.  The following are examples of particularly strong clinical and partnership working:   * Together with Barnardo’s, Horizon has facilitated two workshops for parents’ whose children have experienced sexual abuse.  These have been well-received. * In response to increasing evidence of a group of young people affected by CSE, Horizon has worked closely with Kingfisher to provide a quick multi-agency response and risk management, which has included the co-ordination and overseeing of services provided by CAMHS for these young people. * Horizon’s partnership with SAFE! has been strong and productive.  Feedback from both services has been positive – SAFE! has particularly found having a ‘consultation service at hand’ especially useful. * Links with other allied services have been fostered and strengthened, particularly with social care, Kingfisher, and Donnington Doorstep.” |
| 4.6 | Improve quality of service for children and young people with a learning disability and mental health condition across all five counties, by increasing staff skills through providing evidence based training on Positive Behaviour Support (PBS) [[1]](#footnote-1) | Children and Young People | 28 community team staff attended a 5 day PBS training session at end of June/ beginning of July 2016, based around;   * Understanding persons behaviour and interactions with environment * Teaching person (patient) new ways to communicate needs   28 was made up of 16 staff from Swindon, Wiltshire and BaNES and 12 staff from Oxfordshire and Buckinghamshire.  The team have been using some of these approaches previously but have not completed formal training. |
| 4.7 | Child and Adolescent Mental Health Services (CAMHS) across all five counties; implement the newly remodelled pathways for Adolescent Eating Disorders | Children and Young People | Oxfordshire and Buckinghamshire;   * 80% of posts are recruited too, still gaps in nursing, medic time and family therapy. Continued rolling recruitment. Permanent medical time will be established from Jan 2017 so looking for interim support. * Role has been created for a Band 7 Deputy Team Manager covering Oxfordshire and Buckinghamshire - out for advert * Operational Policy in draft- waiting to be approved by the directorate governance structure * Internal service launch with stakeholders across Oxfordshire and Buckinghamshire, Wednesday 12th October, approx. 170 in attendance from GP’s, schools, 3rd sector, health providers. BEAT supported the day and included an ambassador who spoke at launch event, also participation via video audio links from service user and parent. * Leaflets for local schools have been developed and disseminated. * Leaflets for GP’s are designed and will be sent out shortly. The Consultant lead for eating disorders has a series of visits with the GP consortiums to launch the service. * Buckinghamshire Paediatrician interest from 3 perspective applicants * Oxfordshire Paediatric input is still in discussion with Oxford University Hospitals Trust * Buckinghamshire CAMHS Single Point of Access is working well in screening referrals and directing into pathway * Oxfordshire caseload transfer from Tier 3 to eating disorder team has commenced, this has started later than planned due to continued recruitment drive * Oxfordshire estates is a challenge with possible move from current premises   Swindon, Wiltshire and BaNES;   * Successful appointment to all eating disorder posts across clinics and outreach services, doubling clinical capacity overall * Operational Policy approved * Online referral (to enable self-referral) – options appraisal paper to go to Transformation Board on 14th October and directorate governance structure on the 18th December * Internal service launch (full day way day for all eating disorder staff) took place on the 29th September and included an ex service user’s perspective on helpful and unhelpful interventions * Registration completed for QNCC-ED * Training – 3 staff attended MFT training in London in August and 30 staff due to undertake SFT 3 day training during Oct and Nov.  Facilitators secured from SLAM. * Internal eating disorder newsletter launched during summer 2016.  Two editions have already been published. * SOP created for SWB wide service – to be ratified/ approved in October 2016 * Paediatrician engagement and training has commenced with neighbouring acute trusts * New systems created for managing referrals on day to day basis and managing capacity across the team.  New eating disorder co-ordinator in post from July 2016. |
| 4.8 | Adult Mental Health Teams (AMHT) will be moving to a Flexible Assertive Community Team (FACT) framework using smaller sub-teams, within their treatment functions, which are aligned to specific GP surgeries within certain geographical areas within the AMHT catchment areas. | Adult | In Q1 the directorate reviewed the operational model for each team and a Monday to Sunday FACT model and identified a clear plan to agree and progress the model  Each of the adult mental health teams have divided into FACTs within the treatment function, led by a deputy Team Manager, Consultant and a skill mix of staff aligned to a group of GP surgeries. The assessment function remains the single point of access for all new referrals and offers assessments and step up care.  The clinical model continues to be evaluated following feedback from staff and patients, the outcomes of which will be incorporated into the current psychological services integration project work, as detailed below. |
| 4.9 | Service model for psychological therapies to be reviewed and developed to improve access (reduce waiting times) for patients needing specialist psychological interventions. | Adult | The review of our Step 4 Psychological Therapies services has started with the aim to integrate the service within the adult mental health teams so that any patient requiring psychological therapies accesses this through a single point of access, via the mental health assessment function. The proposed new clinical model went out to formal consultation in Oct 2016 to those staff affected by the changes.  Alongside this work, the team have also been reviewing the waiting list for the different therapies offered and have been working a solution to address these and reduce the waiting times. This is being monitored each week as part of the project work and we have been regularly updating our commissioners so they are aware of the improvements being made. This work is planned to be completed early 2017.  **Waiting times for Psychological Therapies - Step 4 specialist treatment**  There continue to be people waiting more than 18 weeks for treatment to start. Additional psychological therapists/ psychotherapists and CBT trained staff have been recruited to work in the adult mental health teams from July 2016 to address these waiting times and interviews continue to recruit permanent staff. Alongside recruitment, work has been completed to clinically review all people waiting to ensure the right treatment is identified.  The table below shows the number of people waiting has fluctuated over the last three months particularly in the Buckinghamshire older people service (worsening) and Oxfordshire adults of working age service (improving). |
| 4.10 | The Oxfordshire Mental Health Partnership will be introducing a single point of access in 2016 for all patients accessing the six partnership organisations. | Adult | During its first year (Oct 2015 to Oct 2016) the Oxfordshire Mental Health Partnership (OMHP) has delivered a number of achievements, all with the aim of improving access to services and integrating appropriate and meaningful interventions to achieve better health outcomes. An evaluation of the new and innovative partnership will be completed at the end of 2016.  We now have an established Oxfordshire recovery college (hosted by Restore) which provides a number of courses for patients, carers and staff linked with any one of the six partner organisations. The recovery college from its original design to its current operational management is fully co-produced and co-run by people with both lived and professional experience of mental illness and takes an educational approach to empowering people to better manage their own recovery.  We have also implemented the Recovery Star across the partnership meaning that any patient aligned to any of our services now has a single measure of recovery which can be accessed by any member of staff allocated to work with them. This ensures that there is an agreed approach which is personalised to provide effective and meaningful support around a patient’s health, social care and wellbeing needs. Over the last year there has also been a greater focus on the important role that carers have and the Triangle of Care has now been rolled out across all partnership organisations. This ensures that there is a therapeutic alliance between the patient, the staff working with them and their named carer/s in order to promote safety, support recovery and monitor and maintain carers wellbeing.  Creating a single point of access is being worked on across the adult mental health teams and the third sector partners due to be implemented from early 2017. Workers from Oxfordshire Mind and Connection Floating Support are already part of adult mental health teams to provide expert advice in housing and floating support. We have also co-located the management teams of Connection and Elmore Community Services in Cowley and the Oxford Health adult directorate management team and Response in AG Palmer House which has not only bought about efficiencies but has allowed staff to work much more closely than previously. The integration of peer support workers across the partnership is progressing, and the apprentices have now joined several of the teams across the partnership, all of whom have been paired with a mentor to support them in their roles.  There is still much work to be achieved as we move into the second year of the five year contract, but this year we are looking to focus on being able to provide a range of better alternatives to hospital admission as well as having a process that improves our discharge planning by working more collaboratively with our housing providers. There will also be an emphasis on working better to improve the physical health of our patients as well as supporting them to undertake more meaningful activity as part of their long term recovery. |
| 4.11 | Unification of the current mental health services provided out of hours in Oxfordshire by bringing together the management to improve the urgent care mental health pathway for referrers, patients and staff.  Services; emergency department psychiatric services in Oxfordshire and the psychiatric in-reach liaison service in Buckinghamshire, the street triage teams in both counties, the night teams in both counties and the South Central Ambulance Service mental health controller working in the 111/999 call centre. | Adult | The management of the mental health services provided in Oxfordshire out of hours has been brought together to improve coordination, management of capacity across teams and sharing information across teams. Practitioners are now employed to work across the services in order to develop a more robust service across the pathway.  The night team provides senior nursing support and leadership to in-patient wards and community team caseloads overnight as well as providing emergency assessment on site at the Warneford Hospital. The team consists of 7 clinical staff that provide a 7 day a week service from 20:00-07:45.  The street triage team provides mental health support to Thames Valley Police to ensure individuals in crisis receive the most appropriate support and signposting to the least restrictive pathway. The team consists of 2 clinical staff that provide a 7 day a week service from 18:00-04:45.  South Central Ambulance triage services provides mental health support and telephone assessment for both members of the general public and ambulance crews in order to identify the most appropriate care pathway and improve outcomes for those with mental health problems using the ambulance service. The service consists of 1 clinical member of staff supported and covered by the night team and street triage team. The service is soon to move to 7 days a week from 18:00-04:45. Outside of these hours the crews have access to a dedicated phone line answered by the night team to ask for advice.  The psychiatric liaison team provides a prompt, effective and evidenced based psychiatric service to Oxford University Hospitals (OUH) Emergency Departments (at the John Radcliffe and Horton Hospitals) to ensure that individuals mental health needs can be identified through a comprehensive psychosocial assessment and that they are discharged with a clearly communicated plan of follow up and care appropriate to those needs. The team consists of 13 clinical staff providing a service 24 hours 7 days a week. |
| 4.12 | Patient flow and development of the bed management system to ensure timely admission and discharge | Adult | A project called ‘Right time Right Place’ began in April 2016, this focuses on standardising processes across all wards and adult mental health teams across both counties. The main focus in phase 1 is to implement daily rapid reviews, daily teleconferences with all teams to ensure good communication with regards to patient movement, and ‘zoning’ of patients to ensure there is a consistent understanding on the progress of each patient.  It is too early to say at this stage the impact this is having on patient flow as it only went live across both counties in September 2016...  Feedback so far from clinicians and medics is that it is effective. A workshop was held in October 2016 with staff to develop the next phase of managing patient flow, the output of this workshop will inform the basis of a directorate wide programme to better manage patient flow and reduce the number of out of area placements.  In addition, work within the Oxfordshire Mental Health Partnership has identified the need for more supportive housing within Oxfordshire, and a work stream is in place developing a business case.  The directorate continues to monitor the following measures to review patient flow and to identify pressures;   * Length of time patients spend on the assessment function caseload of adult mental health teams * Ward to ward transfers * Delayed transfers of care/ timely discharge from wards * Out of area placements, details below.   **Out of area placements**  Below is a summary of the out of area placements from adult and older adult mental health wards due to demand and capacity from April 2016 (this excludes out of area specialist placements as clinically appropriate). For patients still out at the time of this report, the number of days has been calculated up until 30/09/16. The Directorate have recently started further work to review current service models. |
| 4.13 | Improving productivity & retaining quality in community and district nursing | Older People | We are working with Newton Europe and Oxfordshire Clinical Commissioning Group on improving quality in the district nursing and specialist community nursing services, e.g. diabetes; tissue viability; end of life community matrons; heart failure and core respiratory. The overall aim of the project is to maximise efficiencies and measure the opportunities to release clinical time to care within the District Nursing Service, by standardising methods and processes, piloting, reviewing, and implementing the improvements identified as part of the Newton Europe District Nursing review. Work includes standardising handovers, caseload review, reducing travel time, standardising clinical pathway, introducing district nurse duty desk and co-locating district nursing teams into larger teams.  The work completed so far and the next steps for the project by work stream are detailed below; |
| 4.14 | Implementing a new outpatient ambulatory care clinic and service 7 days a week for South East Oxfordshire patients | Older People | The operational service specification has been agreed with clear defined referral pathways. On opening, the Rapid Access Care Unit (RACU) will be available 7 days per week, 365 days per year and the opening hours will start from 8am to 8pm, Monday to Sunday and will be reviewed once the service is running. There will be access to the RACU facilities and equipment at the weekend for the other hospital services on site.    The RACU medical team will consist of two doctors – an Associate Specialist and a Consultant. This model offers RACU guaranteed medical cover, medical clinical leadership and service developments that ultimately bring reliability and sustainability for the operations of RACU. Unfortunately recruitment to date for permanent medical staff has been unsuccessful which mirrors the national picture for recruiting medical consultants where currently only 52% of all vacancies are filled. However we have successfully secured a part-time locum consultant who will be supporting the RACU team as of 1st Nov 2016. There are on-going efforts to recruit an Associate Specialist doctor and a full-time consultant.  The Clinical Lead (Nurse), nursing and therapy workforce have been successfully recruited; the majority of these staff joined the RACU in Oct 2016. The nursing and therapy staff are currently working in existing Emergency Multidisciplinary Units (EMUs) and Hospital at Home service to ensure and enhance relevant competencies and skill sets in preparation for the RACU opening.  Some estates issues, outside the control of the trust, need to be overcome before the new unit can open. |
| 4.15 | Achieving & maintaining accreditation for each of the mental health services (memory services and older people wards) | Older People | **3x Inpatient wards - AIMS[[2]](#footnote-2) accreditation**  The AIMS accreditation inspections have taken place for all three wards during Aug 2016, and the draft reports have now been received. The team are currently developing responses to the draft reports and compiling evidence for those Level 1 standards that the Royal College of Psychiatry felt we did not meet. The only outstanding issue with meeting the accreditation is that there is no dedicated psychological interventions on each ward (at least 4 hours per week on each ward); there are plans in place to address this.  **5x CMHT teams - MSNAP[[3]](#footnote-3) accreditation**  All the memory clinics obtained accreditation as follows in 2015/16:  • South Bucks: accredited  • North Bucks: excellent  • South Oxon: excellent  • Central Oxon: excellent  • North Oxon: accredited  A working group of all relevant parties and all CMHT's are meeting and reviewing current position against all standards to ensure accreditation is maintained. |
| 4.16 | Improving inpatient identification & management of depression in older people mental health wards | Older People | The following actions have been taken so far;   * The Montgomery and Asberg Depression Rating Scale (MADRS) was identified as the agreed depression rating scale tool to be used. * The above tool has been rolled out and is in use across all mental health older people wards. * Baseline audit was completed in Q1, results below.   Baseline Q1 audit results;   * Has the patient got depression – Yes 44% * Was the depression tool used on admission within 72 hours– Yes 8% * Was the depression tool used again on discharge or 2 weeks later if applicable – Yes 9%   A follow up audit is planned for Q3 to look at how fully the MADRS is being used on admission and regularly during an admission. |

1. The training will exclude covering the use of restrictive practice as this is not appropriate for a community based staff. [↑](#footnote-ref-1)
2. AIMs stands for accreditation for inpatient mental health services [↑](#footnote-ref-2)
3. MSNAP stands for memory services national accreditation programme [↑](#footnote-ref-3)