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

**Board of Directors**

**For information and assurance**

**BOD 28/2017**
(Agenda item: 7)

**29th March 2017**

**Quality Account Update**

**Executive Summary**

The following report provides a summary of progress against the 2016/17 quality objectives identified in the trusts Quality Account. The report also outlines the timeline for developing the annual Quality Account and the proposed overarching quality priorities for 2017/18 (the detailed quality objectives are still in development).

**Governance Route/Approval Process**

This report follows the detailed progress update after six months against all the quality objectives presented at the Quality Committee in November 2016 and Board of Directors in December 2016. The quarter 2 update was also shared with the Council of Governor’s as well as external stakeholders including our main Commissioners, Health Overview and Scrutiny Committees and Healthwatch organisations.

**Strategic Objectives**

This report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust

1) Driving Quality Improvement

(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)

**Recommendation**

The Committee is asked to note the report.

**Author and title:** Jane Kershaw, Head of Quality Governance

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

**Progress against current quality objectives (2016/17)**

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

The quality objectives are aligned against the below four overarching quality priorities;

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

Those quality objectives we 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.
* A large range of work has been led by the staff health and wellbeing group
* Falls resulting in harm in community hospitals and older people mental health wards is reducing
* The trust, Buckinghamshire MIND, Buckinghamshire Adult Learning and the University of Bedfordshire are working together and launched the new Buckinghamshire recovery college in January 2017. This follows the success introduction of a recovery college in Oxfordshire in 2015.
* PEACE[[1]](#footnote-1) trained champions have been identified across all mental health wards and bespoke escalation training trialled on two community hospital wards to reduce and provide more alternatives to restrictive practice. As a result we have seen a reduction in the total number of restraints as well as the number of prone (face down) restraints.
* Making families count training has been delivered to a range of staff as part of improving how we engage and work with families. In addition the trust’s external accreditation with the Carers Trust was renewed in December 2016 which has driven work in the last 12 months on delivering carer awareness training to staff and developing a statement of expectations (also may be known as a carers charter) with carers that will go across organisations in Oxfordshire.
* Improvements in GPs being informed of ongoing psychotropic monitoring requirements by adult mental health teams, although more work is needed.
* Good progress on developing a new eating disorder pathways for adolescents across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset
* 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, opened in January 2017 within the Townlands Memorial Hospital in Henley-on-Thames
* Improving physical health care to patients being treated by mental health services
* Continuing to roll out a cognitive behavioural therapy service in Oxfordshire salaried dental service to reduce the need to use sedation
* An internal quality peer review programme is established across clinical services, with over 50 reviews completed.

The following objectives have had 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 a new trust wide electronic appraisal system (being piloted at the moment)
* Roll out new staff leadership development pathways (pathways are developed but will not start until 2017/18)
* Developing diabetes care on the community hospital wards
* Increasing the number of apprenticeship schemes

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
* Waiting times for step 4 psychology services for Buckinghamshire adults of working age, and older people across both Oxfordshire and Buckinghamshire
* Introduction of the four day PEACE foundation team training to all mental health wards

**Quality priorities and objectives for next year (2017/18)**

The quality objectives for 2017/18 have not yet been fully consulted and approved, however we will continue to focus on four overarching priority areas with a proposed slight amendment to two of the priority areas as below;

* Improve staff engagement
* Improve patient, families and carers experiences
* Increase harm free care
* Promoting health and wellbeing for patients, service users, clients, and staff

**Timeline for developing the Quality Account**

We are currently preparing the annual Quality Account which will include a detailed review on our quality achievements and successes over the past year (2016/17), as well as to identify areas for further improvement, including our quality priorities and objectives for the year ahead (2017/18).

The Council of Governors have selected one of the 2016/17 quality objectives from the Quality Account for testing by the external auditors (3.3 implement learning from incidents). In addition the trust has selected two national indicators for testing. This testing is a mandatory requirement for NHS organisations based on assessing data quality and accuracy of reporting for that indicator by looking at the key processes and controls.

The final draft annual Quality Account will be sent out for comment to the Board of Directors virtually on 13th April 2017 (with fuller discussion planned at the board meeting at the end of April 2017) and discussed in the Executive Team meeting on 18th April 2017 prior to being circulated to external stakeholder from 19th April 2017. Comments will be due back from stakeholders by 12th May 2017 so that the document can be finalised and then approved through the Audit Committee and Board of Directors meetings in May 2017. The Quality Account has to be submitted to NHS Improvement as part of the Annual Report by 31st May 2017 and published as a stand-alone document on NHS Choices by 30th June 2017.

1. PEACE stands for Positive Engagement and Calm Environments. [↑](#footnote-ref-1)