

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 83/2018**

(Agenda item: 10)

# Board of Directors

**27 June 2018**

**Quality and Safety Report:**

**Quarterly Clinical Effectiveness Report**

**For: Information**

**1.0 Executive Summary**

This report provides a summary of the Trust’s position, primarily in Quarter 4 (January- March 2017-18) in relation to the Key Lines of Enquiry (KLOE) which are considered by the Trust’s Quality Sub-Committee - Effectiveness (QSCE).

**Governance Route/Approval Process**

This report is a quarterly report providing a summary of escalation reports from the subcommittee’s subgroups shared at the Quality Subcommittee: Effectiveness held on the 12th April 2018.

**Recommendation**

The Board is asked to note the report.

**Author and Title:**

**Rebecca Kelly: Trust Professional Lead Occupational Therapist and deputy**

**chair of the QSCE**

**Dr Mark Hancock: Lead Executive Director: Medical Director and chair of the QSCE**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors*
2. ***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)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*3) Delivering Innovation, Learning and Teaching*

*(Goals: the impact of the AHSN, AHSC and CLAHRC will be maximised; we will collaborate in research and innovation; and we will deliver high quality teaching*

**1.0****Executive Summary**

This report summarises the work of the subgroups that feed into the Quality Subcommittee Effectiveness (QSCE) and highlights areas where we can demonstrate areas of innovation, good practice and assurance about practice and areas where we know we have ongoing work to improve our effectiveness.

The key areas addressed in the report include:

**1.1** Clinical Audit

* 1. Drugs and Therapeutics
  2. Learning and Development
  3. Mental health Act and Capacity
  4. Physical health (including for those with mental health conditions)
  5. Psychological, Occupational and Social Therapies
  6. Public health
  7. Research and Development
  8. Status of clinical policies and procedures

**1.1 Clinical Audit Report**

In January 2018, the Clinical Audit Group (CAG) chairmanship and members of the group were reviewed, in response to the TIAA audit report and due to an internal review by the clinical audit manager of our current processes. The CAG is now chaired by the Deputy Medical Director. The terms of reference were revisited and updated. It was agreed by the group, that appropriate clinical representation for all directorate is required, for the group to function effectively.

At present, the CAG takes place quarterly. The group will discuss whether shorter and more focused monthly meetings will be more useful to support and ensure engagement from clinicians.

**Corporate Audit Team**

The corporate audit team has had staffing and capacity issues in the last 12 months. As a result, the team has often been functioning with very limited capacity. In addition, there has been a lack of admin support for over 12 months.

In February 2018, two full-time audit specialists were successfully appointed, both with good clinical audit experience. There is an advert out for an administrative assistant and a plan to recruit to a new position that would have a leadership role in the clinical audit team.

**Clinical audit training**

The corporate audit team leads on delivering clinical audit training for staff across the Trust. The team has reviewed and made changes to the training material to ensure it is engaging and effective for the wide ranging audience. The audit team received positive feedback from the 14 attendees following the March 2018 training session.

**2018/19 Trustwide Clinical Audit Plan**

In February, a special CAG meeting took place to review, discuss and agree on the 2018/19 Trust wide clinical audit plan. At present the audit plan includes several national audits, CCG requirement audits and high priority internal audits.

As part of this review, any audits that had been removed from previous audit plans (and those that had a negative rating) were revisited and a decision made about whether they were to be included in the new clinical audit plan.

Because of the limited representation during the special CAG, the chairman and the corporate audit manager shared the draft audit plan outside the meeting with the Director of Nursing, Medical Director, Clinical Directors, Head of Nursing, Director of Quality and Improvement Centre, Infection Control team, and Resuscitation Lead for their comments. The 2018/19 Trustwide plan was ratified in the April CAG meeting.

The last Clinical Audit Group (CAG) meeting was held on the 30th April 2018 and is summarised below

**Progress update against the 2016/17 Trust wide audit plan**

There are a total of three national audits still to be published from the 2016/17 audit plan, and the Trust has no control over their reporting timeframes. In addition, POMH have published three reports that are still to be reported internally within the Trust. Further detail is provided in table 1 below.

Table 1

|  |  |
| --- | --- |
| **National audits** |  |
| 1. CQUIN Mental Health - Cardio Metabolic assessment and treatment for Patients with psychoses | Awaiting publication of national report (NHS England have only provided an overall percentage compliance figure). |
| 1. National Chronic Obstructive Pulmonary Rehabilitation (COPD) | Publication of the report was due in Feb 2018; this has been delayed until March 2018 |
| 1. POMH-UK Topic 1&3 Prescribing high-dose and combined antipsychotics | Report published September 2017. Pharmacy have reviewed and are due to send to corporate audit team. |
| 1. NCEPOD Young People's Mental Health Study | Awaiting publication of national report. |
| 1. POMH re-audit of monitoring of patients on Lithium | POMH published report in February 2017. Pharmacy have sent draft report to corporate audit team which will be sent out. |
| 1. POMH-UK 16 - Rapid tranquillisation | POMH published report in June 2017. Pharmacy have reviewed and are due to send to corporate audit team. |

**Progress update against the 2017/18 Trust wide audit plan to the end of Quarter 4**

There were a total of 26 audits due to be completed by the end of Quarter 4

* Nine national audits
* Two CQUIN audits
* One CCG commissioning audit
* Fourteen high priority internal audits

Owing to the frequency of some of the high priority internal audits, the 26 audits will produce a total of 72 audit reports for review, as shown in table 2 below.

Table 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Frequency of audit** | | | | | |  |
| **Type of audit** | **Annual** | **4 monthly** | **Bi-Annual** | **Bi-monthly** | **Quarterly** | **Total number of audits** | **Number of reports** |
| National Must Do | 8 | 1 |  |  |  | 9 | 11 |
| CQUIN | 1 |  |  |  | 1 | 2 | 5 |
| CCG Requirement |  |  | 1 |  | 0 | 1 | 6 |
| High Priority Internal Audit | 2 |  | 2 | 2 | 8 | 14 | 50 |
| **Total** | **12** | **1** | **3** | **2** | **9** | **26** | **72** |

Despite staffing capacity issues within the Corporate Audit Team, a total of 24 out of the 26 (93%) audits were completed. This includes participation in the ten national audits and the two CQUIN audits.

Table 3 below provides further details of the audits that are either in progress or behind schedule.

Table 3

|  |  |
| --- | --- |
| **CCG audit requirements** |  |
| **Audit Title** | **Current status** |
| Quarterly Antimicrobial prescribing audit | Currently being reported via Infection control committee |
| Review of cardiorespiratory arrests | In progress but behind schedule.  The infection control lead has confirmed that this will be reported soon. |

**Changes to audit requirements**

A total of two audits were reviewed and amendments made to the requirements. One audit was no longer required to be completed and the frequency for the second audit was reduced (from twice yearly to once). See table 4 for further details.

Table 4

|  |  |
| --- | --- |
| Inpatient Discharge Summaries to GP (quarterly) | This audit was not undertaken on the advice of the Clinical Director at the January CAG and was re-negotiated with the CCG by the head of governance, as work is underway towards electronic discharge summaries. CCG agreed for this audit to not take place in the 2017/18 financial year. |
| DNACPR audit | This audit was scheduled to be undertaken 6 monthly but has only reported once in 2017/18, as agreed by deputy director of nursing. This audit is now scheduled to be undertaken bi-annually in the 2018/19 financial year. |

There is a total of fourteen audits still to report from the 2017/18 audit plan: seven national audits and seven internal high priority audits. Table 4 below provides further details.

Table 5

|  |  |
| --- | --- |
| **National audits still to report** |  |
| **Audit Title** | **Current status** |
| POMH 17 Use of depot/LA antipsychotic injections | Awaiting publication of national report, due April 2018 |
| UK Parkinson’s Audit | Awaiting publication of national report, due April 2018 |
| Physiotherapy Hip Fracture | Awaiting publication of national report, due June 2018 |
| National Audit of Psychosis | Awaiting publication of national report, due June 2018 |
| National EIS audit | Awaiting publication of national report, due June 2018 |
| POMH 15 Prescribing valproate | Report published Feb 18, currently with Pharmacy to review draft report. |
| Sentinel Stroke National Audit Programme (SSNAP) | Data has been submitted, currently with OPD Quality & Clinical Standards Facilitator to produce report. |
| **Internal Trust wide Audits** |  |
| Quarterly CQUIN 9 Smoking & Alcohol screening and interventions | In progress and on schedule |
| Quarterly CPA audit | In progress and on schedule |
| Quarterly Infection Control Summary | In progress and on schedule |
| Quarterly Community Hospitals Documentation Audit | Completed for Q3. It has been agreed that this audit, which is based on their paper documentation, does not need to be undertaken in Q4 as Community Hospitals have gone live on Carenotes. The audit will be re-designed for Q1 2018/19. |
| Quarterly NEWS audit in Community Hospitals | In progress and on schedule |
| Safe & Secure storage of medication | All inpatient units (plus Urgent Care and Emergency Medical Assessment Units) have been audited for the safe and secure handling of medicines standards.  Overall the compliance with standards is good and there are no major risks or concerns.  Local issues are addressed through an improvement plan for each unit, co-ordinated by the Medicines Safety Team.  The most common local issue is about temperature monitoring in clinic rooms and medicines fridges; most units use digital data loggers, which are more accurate than manual thermometers but are not automated.  A business case is being developed to see whether a fully networked temperature monitoring system may be beneficial to the trust. |
| Controlled Drugs Audit | This audit is completed quarterly, and is reported 6 monthly.  All units have had a quarterly controlled drugs audit and the improvement in results seen over the previous quarters has been sustained.  The trust has attended all relevant Controlled Drugs (CD) Local Intelligence Network (LIN) meetings and provided quarterly returns to NHSE. A new national reporting system for CD incidents and concerns is being implemented. |

**3.0 Reported audits with no action plan in place**

There are a total of 7 outstanding improvement memos.

Further details are provided in table 5 below.

Table 5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Older People** | **C&YP** | **Adult** | **Total** |
| Number of reported audits in date within the 6-week time frame for action planning | 8 | 16 | 0 | 24 |
| Number of reported audits that have past the completion timeframe of 6 weeks | 6 | 1 | 0 | 7 |
| Total | 14 | 17 | 0 | 31 |

**Action Plan Monitoring**

In Q 3 2017/18 there were a total of six actions that were out of date; there are now eight. Table 6 below provides a breakdown of the number of audit actions outstanding. The information has been extracted from Ulysses and relies on the audit leads updating the information.

Table 6

|  |  |  |  |
| --- | --- | --- | --- |
| **Division** | **Total number of actions recorded** | **Number of actions in date** | **Number of actions out of date** |
| Trust wide actions relating to all directorates | 1 | 0 | 1 |
| Adult Directorate | 0 | 0 | 0 |
| Older People’s Directorate | 14 | 8 | 6 |
| Children & Young People | 17 | 16 | 1 |
| **TOTAL** | **32** | **24** | **8** |

**1.2 Drugs and Therapeutics Group (DTG)** *–*

The last meeting was held on 20th March 2018.

There has been some national guidance from NHSE to all Trusts regarding a regulation 28 coroner’s report highlighting risks in relation to benzodiazepine prescribing and withdrawal and suicide. This has been reviewed, and DTG were satisfied that current prescribing guides (NICE; BAP etc.) were available and being followed. GPs do, however, often ask for advice on this, and it has been highlighted as a potential commissioning gap as AMHTs will advise but do not prescribe.

NHSE have advised the need for clear dosing instructions for controlled drugs following a coroner’s Regulation 28 report. A risk note has already been issued by the Medicines Safety Team.

The Royal College of Psychiatrists’ guidance on off-licence prescribing will be shared more widely with clinical staff in the trust. The guidance reflects current OHFT practice.

Rapid Tranquilisation Policy (CP04) – this policy had been updated to reflect use in LD services. However, it is known that BAP will be issuing new clinical guidance in June 2018. The policy was tentatively approved but will not be submitted to QSCE for formal ratification until it is known whether it is in line with BAP guidelines.

The e-Burn project to use e-cigarettes in the Forensic Services has been endorsed.

The updated standard operating procedure for sub-cutaneous fluids was approved.

The drug lis-dexamfetamine is now included in the Oxfordshire and Buckinghamshire CCGs’ formularies (Amber – Shared Care status). For children and adults, this now means that GPs can prescribe following issue by a specialist.

Valproate Patient Safety Alert – as part of the trust action plan for this alert all consultants will be provided with a list of their patients on valproate and whether the appropriate tests have been documented. This will allow a much more targeted improvement response than a blanket reminder.

There has been a lack of clarity around adrenaline dosing in underweight CAMHS & Adult Eating Disorder patients. Whilst national guidelines use age as the basis for dosage, bodyweight is generally considered to be a more appropriate measure for very underweight patients. However, in an emergency a standard dose is better to avoid any potential delay and confusion. This will now be reflected in training and trust-wide communication.

Melatonin Shared Care Protocol (SCP) in Oxfordshire – as reported previously, OCCG have approved a SCP for melatonin with the acute trust, but not with Oxford Health, even though the indications are the same. Their reasons for not approving the SCP with OHFT have been challenged. This has been escalated through meeting with the CCG.

Overarching shared care guidance for primary and secondary care has been updated and distributed.

Pilot agreed for nursing students to undertake venipuncture and cannulation has been agreed

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**1.3 Learning Advisory Group (LAG)**

The second cohort of nursing associate apprentices are due to start. The programme is generic with external placements. The Trust is advertising externally for these posts. The apprenticeship will be jointly delivered by Bucks New University and Oxford Health. 100 apprenticeships are planned over the year in two cohorts. Mental health services will be changing establishments to reflect this.

**1.4 Mental Health Act/ Capacity Legislation Group *–***

The Trust is in a good overall position. CQC visits generally result in positive comments and reflect good quality patient care. However, small numbers of ongoing issues have been raised, usually about documentation.

The MHA office is currently under resourced and 25% below capacity (equating to two staff). Training for MHA training was currently at 66% (April) with ongoing issues around non-attendance.

The MHA is currently under review, with reports due in October 2018.

**1.5 Physical Health Group**

The completed Physical Health Strategy was received and ratified by the Trust board on 29th March. There are three key elements around the strategy

* Drivers and local context;
* Comparators, commitment;
* prevention and empowerment.

The work plan builds on the current actions in first year with five key work streams. Some more information about working with primary care will be developed with reference to the Five Year Forward View.

Plans are in place regarding Dying Matters Week. The Health bus has been around to various sites across the county.

Work is ongoing to ensure that the location of drugs and equipment meets CQC requirements.

There remain challenges around the capacity of the Resuscitation team to deliver Immediate Life Support training (ILS) – rather than Basic Life Support training – and to undertake recertification of those already trained. This also impacts upon the ability to undertake drills in clinical areas. The Trust programme to achieve compliance in relation to ILS training continues with funding identified. External support is being considered to help move this along.

The Nutrition and Hydration Policy and Mental Health and the use of Must screening tool is under review by the lead for Dietetics with some minor amendments made.

**1.6 Psychological, Occupational and Social Therapies Group (POSTG) *–***

The last meeting was held on 20th December 2017. The March meeting was not quorate. However, it was agreed that any items needing fast-tracking would be undertaken before the next meeting. There were no issues for escalation.

**1.7 Public Health Group**

The STP Making Every Contact Count lead (MECC) updated the group on the Prevention work stream. The launch was completed in March 2018. The lead will also visit the City AMHT physical health clinic (currently exploring possible accreditation) and support the new Physical Health Lead. Making Every Contact Count online training has had some positive feedback, and agreement has now been reached to make this part of the staff training curriculum via a task and finish group linked to the wellbeing group.

### Artscape, the Trust arts based project to improve health and mental wellbeing, have nine projects in progress. There is a new programme of chapel concerts being agreed which will support the NHS 70 celebrations. The Warneford Hospital will be participating in ‘Open Doors’. This is run by the Oxford Preservation Trust and the University of Oxford who organise this annual event every September.  It is a weekend when we celebrate the city’s places, spaces and people.

Artscape continues to deliver a co-produced programme with the Recovery College in Bucks and are exploring possibilities with The Oxford Recovery College.

The possibility of direct referrals to the National Diabetes Prevention Programme by the AMHTs is being explored by Oxfordshire Public Health. This already happens in Bucks.

The Public Health Intranet development progress is ongoing. Intranet access is via: <http://intranet.oxfordhealth.nhs.uk/publichealth/>

Smoke free initiatives – An eBurn project is underway with a pilot being approved and undertaken in forensic services. The policy will be reviewed as part of this work.

**1.8 Research Management**

There is no significant new information to report. The Research Management Group continues to meet and reviewDashboard reports of activity from the various components of research that the Trust and its partners are engaged in, including the Biomedical Research Centre (BRC), Clinical Research Facility (CRF), Collaborations for Leadership in Applied Health Research and Care (CLAHRC), Diagnostic Evidence Cooperative (DEC), Clinical Research Network Thames Valley and South Midlands (TV&SM CRN), Case Records Interactive Search (CRIS), Research Feasibility, Set-Up, Delivery and Management (including quality assurance).

The new process (Pipeline) for assessing all studies for feasibility and public engagement is going well. This was implemented to ensure the best use of resources was made following cuts to funding.

OHFT continues to meet targets for the National Institute for Health Research (NIHR) metrics in Performance and Delivering studies although numbers of patients being recruited to studies has fallen slightly.

Funding for CRN has been reduced this year and the research and development (R&D) senior management team are looking closely at requirements for R&D going forward.

**1.9 Policies**

Several policies and procedures due for renewal were considered:

* RMHS2: The Animal associated activity policy is now complete and signed off
* CP 11: Resuscitation Policy has now been amended and signed off
* CP 19: Consent to Examination or Treatment is now Complete and signed off
* CP 87: Do Not Attempt Cardiopulmonary Resuscitation Adult policy, No major changes are required the policy if deemed to be fit for purpose. Some clarification from the Trust resus lead and an extension was agreed until July 2018.
* CP 13: Non Attendance for Appointments policy to be followed up