

Title:	Quality Account 2013-2014 mid-year update report
Report to:	Health Overview and Scrutiny Committee
Date:	November 2013
Security Classification:	For committee members only
Purpose: To summarise the Trust's current position with regards to Quality indicators for the 2013-14 Quality Account	
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Report History	First Report
Budgetary, Financial/Resource Implications:	Resource and financial implications for implementation of quality improvement are assessed by service lines
Equality & Diversity Implications:	none
Trust Objectives & Risk Implications – link to Board Assurance Framework and/or Corporate Risk Register:	Links to all Trust core strategic objectives. Financial implications related to CQUIN payment for associated quality targets.
Action required:	To provide feedback and suggestions for development of the final quality account

QUALITY ACCOUNT 2013-2014 MID-YEAR UPDATE

1. Introduction

1.1. The following is a mid-year summary report in preparation for the year end quality account. This report includes all nationally mandatory and internally agreed quality indicators, and actions in place to achieve the targets set for year end.

2. Summary of 2013 - 2014 performance

2.1. The following information is a mix of Trust, National and Mandatory reporting on a core set of three quality indicators. We have selected within these three quality indicators a number of topics to help monitor and compare the quality of our services year on year and against targets or benchmarks, and in each section is included one of the Trust's key priorities as agreed with our commissioners.

Table 1 – Quality Indicators for April 2013 – September 2013, including previous achievement and benchmarking or internal targets. The last column shows national benchmarks indicated in white text, and internal targets in black text where no national benchmarks are available.

Safety		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014 Q1-2	National Benchmark / Internal Trust Targets
GP Communications	Discharge letters within 1 week of discharge from inpatient services (previous target)	55%	75%	79%	n/a	95%
	Assessment, review and discharge letters sent within 24 hours based on a sample of 160 records audited in Q1-2 2013-14.	n/a	n/a	n/a	58%	98%
	GP survey based on 72 surveys returned in Q1-2 2013-14.	n/a	n/a	n/a	45%	80%
Patient Safety Incidents -	Number of incidents reported monthly (pcm) - based on a total of 3542 in Q1-2 2013-14.	369 pcm	408 pcm	472 pcm	590 pcm	10% Increase in reporting
	Percentage patient safety incidents of which were severe or death - based on a total of 1882 incidents in Q1-2 2013-14.	n/a	n/a	0.2% Severe or Death	1.06% Severe or Death	<National benchmark not yet available
7-day follow up after discharge from inpatient care - based on 866 service users discharged from inpatient services in Q1-2 2013-14.		99.98%	99.81%	99.40%	99%	97.44%
Experience		2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014 Q1-2	National Benchmark / Internal Trust Targets
Triangle of Care – An evaluation of involvement and support offered to carers based on carer surveys, record keeping audits, team observations and interviews with staff, patients and carers in Q1-2 2013-14.		n/a	n/a	n/a	83%	80%
Patient and Carer Experience	Based on 221 responses to national mental health survey in 2012 (data issued in 2013)	n/a	66%	67%	65%	67%
	Based on 10,184 responses to internal patient and carer survey in Q1-2 2013-14.	MH: 81% ECS: 90.5%	MH: 77% ECS: 90.5%	All Services 87%	90%	80%

Staff Survey - Staff would recommend this Trust - Based on 464 responses to national staff survey in 2012 (data issued in 2013)	66%	65%	70%	70%	71%
Staff training – compliance with mandatory training in Q1-2 2013-14.	n/a	n/a	n/a	79%	85%
Crisis Resolution Home Treatment Team Assessment – the percentage of admissions to acute wards for which home treatment teams provided initial assessment out of 793 inpatient admissions in Q1-2 2013-14.	n/a	n/a	98.7%	97%	95%
Effectiveness	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014 Q1-2	National Benchmark / Internal Trust Targets
Trust wide PROMS – SWEMWBS and EQ-5D	n/a	n/a	n/a	In develop- ment	10% ECS / 30% MH
Patient identified care goals –indicating development of patient identified goals and involvement in care planning based on an audit of 4372 patient records in Q1-2 2013-14.	n/a	93%	94%	96%	90%
Emergency Readmissions– Based on 19 emergency readmissions to adult mental health wards out of 793 admissions in Q1-2 2013-14.	n/a	4%	1.7%	2.3%	<5%

3. SAFETY

3.1. GP Communication – Key Priority

In consultation with commissioners and GPs, the trust has set more challenging targets with regard to letters to GPs, moving the time frame from 1-2 weeks down to 24 hours. This target has proved challenging, but actions are in place to address the gaps in delivery to significantly improve our communication by year end.

In addition to the audit of GP letters, the trust has put in place a number of new services and monitoring processes to improve GP communication. Over the last few months GP feedback has been received in various ways including through the Primary Care Academy. GP views are now being collected systematically through quarterly GP satisfaction surveys in each borough. Some feedback relates to communication, some to process issues, while some reveals shortcomings in GPs' capacity. The strategic approach being taken by the Trust has been to use training through the Academy, communication through the GP newsletter and service transformation to respond to these issues.

The following points address actions taken to improve GP Communication:

3.1.1. Crisis Referrals

In response to GP concerns about access to crisis services, the Trust has simplified access to services by introducing two new services: triage service for non-urgent or routine referrals and Crisis Resolution and Home treatment (CRHT) service for urgent referrals for anyone in a crisis. The triage service will operate from 9am to 9pm, Monday to Friday and provide face to face patient assessments. The new CRHT service will operate 24 hours a day, 7 days a week, assessing service users wherever they are at the point of referral e.g. GP surgery, A&E, their own home etc. These services were opened on 4 November 2013. Extensive communications were issued from October to patients and GP practices in preparation for the change in services. Monitoring of the impact of this service transformation is underway.

3.1.2. GP Advice Line

In response to concerns which demonstrated a lack of clinical capacity amongst GPs, the Trust introduced a Clinical advice line where GPs can have advice telephone conferences with psychiatrists. This advice line was opened in May 2013 to provide GPs with access to clinical advice within working hours. From May to September, 96 appointments have been booked, with a breakdown by borough as follows:

The majority of calls have been received between May and July, with only 17 calls received in August and 9 in September.

Analysis of calls has shown the following breakdown of content:

Advice sought regarding:	Barnet	Enfield	Haringey	Total
Patient's deteriorating condition	11	3	2	16
Management of patient's condition	17	5	0	22
Medication Advice	26	7	0	33
Referral/service provision advice	11	5	1	17
Referral chase-up	0	0	0	0
Other	7	1	0	8
Totals	72	21	3	96

3.1.3. Primary Care Academies

Primary Care Academies were established in March 2013 to deliver inter-professional learning which enhances the clinical capacity of primary care, improves the understanding of primary care needs within secondary care and embeds the service user and carer view within both. Eleven sessions have been held to date, one per borough per month covering:

- Dementia in primary care
- Managing patients with chronic mental health problems in primary care
- Mental Health emergencies in primary care
- Suicide and Severe Self Harm prevention in primary care

Attendance at GP academies by borough

BARNET	ENFIELD	HARINGEY
33	30	30

Feedback received from the sessions indicates that the majority of attendees were satisfied with the workshops (88-97%), more than half of attendees felt more confident with aspects of care and practice following the workshops, and 79% would recommend the workshops to a colleague.

Forthcoming programme includes depression and anxiety, medically unexplained symptoms, postnatal depression and eating disorders.

3.1.4. GP letters and Survey

An audit of letters sent to GPs following assessment, review or discharge of patients has been conducted in conjunction with a survey of GPs regarding their satisfaction with the communication they have received. The results from both the audit and the survey show corresponding results which indicate that there are on-going challenges within the process of communication at critical points in patients care. In response to this feedback, a project group including medical trainees and consultants has been coordinated to conduct a cross-service process mapping exercise to identify the gaps in the communication process and implement new ways of working to streamline the process. Actions identified thus far include issuing clinical staff with NHS net accounts, which will enable them to email letters directly to a GP fax number. The project will be completed in January 2014, with the aim of meeting the communication targets by year end.

results for GP letters - survey and audit by quarter	GP survey	letters audit	
		communication sent within 24 hours	content average
C&E	25%	42%	81%
DCI	69%	50%	84%
Psychosis	26%	29%	75%
SCNP	24%	18%	79%
Trust wide	39%	37%	79%

3.2. Patient Safety Incidents

3.2.1. Higher levels of reporting of incidents are an indication that a trust is embracing a culture of transparency and learning. The Trust has set a target for increasing the rate of incident reporting from 2012-13 by 10%. Data for April – September 2013 shows that this target is currently being met.

3.2.2. The Trust will provide benchmark data for incidents of death or severe harm when the national figures are made available.

3.2.3. Incident data is reported in service line deep dive meetings, where learning from incidents is discussed in detail and local actions are developed. An annual learning report is being produced to share learning from incidents and complaints across the organisation. Details from this report will be available in the final draft of the quality account.

3.3. 7 day follow-up

The first seven days following discharge from hospital is the point at which service users are most vulnerable and at greatest risk of relapsing. The Trust aims to contact service users by means of face to face contact, if not, over the phone to establish their wellbeing and to monitor their progress. The trust is currently performing above nationally set benchmark for 7 day follow up.

4. EXPERIENCE

4.1. Triangle of Care – Key Priority

4.1.1. Triangle of Care is a process of developing the involvement and support offered to carers of mental health services users. It includes ensuring that carers are identified, provided with information, provided with support for their own needs, and are valued as an expert source in input into the assessment and planning of care for patients. The trust is in the process of developing a new carers strategy to support this practice. The strategy identifies clear goals and standards which are measured through a number of sources of intelligence, including surveys, records audits, observation of teams and ward environments, and interviews with service users and carers. The trust has shown a marked improvement in this area and is currently meeting the internally set targets.

4.2. Patient experience

4.2.1. The Trust participates in the national mental health community service user survey on an annual basis. Results received in 2013 show that the results for the Trust are in line with the national average for every question.

4.2.2. The Trust conducts an additional “real time” internal survey for both patients and carers, based on the themes of the national survey but amended for relevance to inpatient and community services. This real time survey has collected over 10,000 responses between April and September 2013. The results show that patients and carers are reporting increased satisfaction with services.

4.2.3. Local service user groups in Barnet Enfield and Haringey are working with the Trust to develop a set of patient involvement standards, which will be monitored by volunteers from service user groups. This information will form a part of our quality dashboard and will be included in future quality account reports.

4.3. Staff survey

The Trust participates in the national staff survey and has received results in line with national average.

4.4. Staff Training

4.4.1. The Trust has not yet met our internally set targets for compliance with mandatory training. To improve compliance rates, training registers are reviewed in each service line through deep dive meetings. Teams review this data monthly to identify staff who have not completed mandatory training. Where central records are not consistent with local records, managers will work with the training department to update records. The Trust aims to meet the target of 85% compliance by year end.

	Total number of staff as at 31 Oct 2013	Total number of staff compliant as at 31 Oct 2013	% Compliance as at 31 Oct 2013	Corporate	C&E	DCI	ECS	E&F	Forensic	Psychosis	S&CNP
Child Protection	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Equality and Diversity	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Fire Awareness	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Health and Safety	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Infection Control	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Information Governance	2641	2294	90%	87%	77%	86%	85%	89%	94%	99%	86%
Safeguarding Adults	2641	1958	78%	81%	61%	77%	86%	68%	65%	84%	70%
Published compliance for Oct 2013			79%	82%	63%	78%	86%	71%	69%	86%	72%

4.5. CRHT Gatekeeping

The function of the Crisis Resolution Home Treatment Team (CRHT) is to provide intensive care and support in patients' homes as an alternative to acute inpatient admission. By providing an alternative to patients in crisis, gatekeeping allows the Trust to focus inpatient resources only where the greatest need is indicated, and allow patients to be treated within the least restrictive environment. The Trust is currently performing above nationally the set benchmark with regard to CRHT gatekeeping admissions to inpatient wards.

5. EFFECTIVENESS

5.1. Patient Reported Outcome Measures (PROMs) – Key Priority – in development – due March 2014

5.1.1. The trust has agreed two nationally accredited patient reported outcome measure tools to be implemented across mental health and community services by year end. Scoping work has now been completed to identify an appropriate data collection system to support the initiative, and rollout will begin from the 1st of December. By year end the trust aims to have collect first assessment measures from 30% of new referrals to mental health services and 10% from community services. In 2014-15 data will be available to measure improvement in patient outcomes.

5.2. Patient identified care goals

At our Quality Account Stakeholder workshop in May 2012 we were asked to assess if service users are developing and meeting personally defined recovery goals. The trust has imbedded the recovery approach and continues to report high levels of achievement for this internally set target.

5.3. Emergency Readmission

All acute and mental health adult inpatient wards are required to report on readmissions within 28 days of discharge from inpatient care. We are currently reporting fewer emergency readmissions than the nationally set benchmark.

Within community services, emergency readmission is not measured or reported nationally. Magnolia Ward in Enfield Community Services is therefore not included in the figures reported for emergency readmissions. ECS does report on the percentage of patients who require transfer to acute hospital. The service has met this target in quarters 1 and 2.

Magnolia Ward - ECS	target	Q1	Q2
% of patients needing transfer to acute hospital admitted directly from community	≤ 5% Green 6-20% Amber >20% Red	5%	1%