

Integrated Patient Experience Report Report for the AWP NHS Trust Board			
Meeting Date: 30 May 2012	Meeting Time: 10.00	Agenda Item: 09	Serial: 12.0209
This Report is presented by the Executive Director, NCAS for Noting in the Public session of the Board.			

Report Summary
<p>Purpose of this Report:</p> <p>To provide the Board with clear information and evidence relating to the patient experience across the Trust using this information to identify:</p> <ul style="list-style-type: none"> ▪ Trends ▪ Learning ▪ Actions taken ▪ Planned improvements ▪ Ongoing challenges
<p>Board Decisions Recommended:</p> <p>The Board is recommended to receive the report and note progress. To discuss the issues identified and advise on any areas needing further actions.</p>
<p>Actions Arising from the Report:</p> <p>Implementation of the actions identified as a result of the learning from triangulating service user and carer feedback.</p>

Report Links	
Quality and Safety Implications	None
ALE	5.2
CQC	1,5,6,10 and 17
IG Toolkit	3.4.2
NHS	2a patients and the public – your rights and pledges

Integrated Patient Experience Report

Constitution	<ul style="list-style-type: none">▪ Access to healthcare▪ Quality and care environment▪ National approved treatments▪ Respect, consent and confidentiality▪ Involvement in your healthcare and the NHS▪ Complaints and redress
--------------	---

List of Appendices

- Appendix 1 – Complaints and outcomes by SBU
- Appendix 2– PALS and Complaints by dimension of care
- Appendix 3– Breakdown of Complaints & PALS queries by SBU for 4 quarters, 2010 to 2011
- Appendix 4 – Actions taken on issues covering the five dimensions of care, identified by PALS and Complaints
- Appendix 5 – Examples of praise
- Appendix 6 – Incidents data

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

1. Overview

- 1.1 The purpose of the Integrated Patient Experience report is to provide the Board with clear information and evidence relating to the patient experience across the Trust. The information and evidence is drawn from a range of sources including:
- PALS and Complaints
 - Praise received
 - National and local surveys
 - Independent inspections by Care Quality Commission (CQC) and Local Involvement Network (LINKs) visits.
 - Incidents, claims and near misses
 - Executive Patient safety visits
 - Patient Opinion and NHS Choices
- 1.2 Using the information sources identified above, this report informs the Board on:
- Trends
 - Learning
 - Actions taken
 - Planned improvements
- 1.3 This report should be seen in the context of the range of other Board reports and Trust activity that highlight the progress, achievements and improving outcomes for patients, service users and carers that the Trust and its staff are routinely delivering, as set out in the Trust Performance Management Strategy. The format of this report is subject to ongoing refinement and future reports will clearly demonstrate triangulation between the information supplied through reports such as this, and contributions which demonstrate the experiences of service users in the quality of services they receive.

2. Trends

- 2.1 The trends emerging from the patient experience data in this report have been identified from triangulating information from PALS, Complaints, claims, CQC inspections, LINK visits and National and Local Survey findings. Some of these trends were identified in previous reports and are:
- Waiting times in memory clinics

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

- Communication with families and carers
- Continuity of care

3. SBU improvements

The challenge for the SBUs is to continually provide succinct information to inform the Patient Experience Board reports that demonstrate how triangulation of qualitative and quantitative patient experience data is used to inform trends, learning, action taken and planned improvements. See below for examples of actions they have taken as a result of feedback, learning and planned improvements.

3.1 Liaison and Later Life SBU

Liaison and Later Life SBU hold Quality workshops every 5th Thursday in a month. Staff review the findings of audits, surveys and complaints. As part of this process they record what they have learnt and identify actions that they take forward to improve the patient experience. These are monitored as part of their governance processes and inform their quality improvement plans.

3.2 Adult Inpatient SBU

Adults SBU have reviewed the feedback they received from Q3 and as a result have taken the following actions:

Dignity and respect

In response to this question in the monthly surveys, people who say that they are always treated with dignity and respect remained at around 60%. However, the aspiration is to raise this significantly. Annual training plans are in development to ensure all staff are up to date with training. The issues of dignity and respect have been discussed within the SBU and safeguarding training has also been initiated in all wards to raise the profile of these issues. Ward community meetings also provide a forum for these issues to be discussed.

Activities on wards

The Trust Acute Care Forum (ACF) held on 14 May considered an initiative regarding a minimum activity time for each service user to be monitored and evaluated.

Information on medicines

This was discussed at the ACF and will be further discussed by the Trust Medicines management group. Other trusts have introduced a medicines passport which would solve some of the issues, however, further work needs to take place for staff to know where to record this on RiO. Pharmacists are

working collaboratively with wards to ensure that information for service users is available, as well as highlighting the issue of recording information with medical staff.

Service users being made to feel welcome and written information being given

To ensure that people are made to feel welcome on arrival to the ward a new role is being developed as part of the new inpatient staff establishment. This will act as a welcome role for service users, carers and visitors.

Ward managers have ensured that welcome packs are available in all rooms and that service users are orientated to the ward on admission. This is contained within the admission checklist.

The members of the ACF discussed the usefulness of these packs as feedback indicates that many service users don't always read or absorb the information they are given. Alternative ways of providing information to service users are being explored with service users and their carers.

Physical Health Checks

Some wards have now initiated physical health check clinics with nursing staff, this is intended to be rolled out to all wards. In the East of the Trust, a regular audit is underway to monitor compliance with physical health checks. Physical health check clinics are being rolled out across all wards.

Service users being involved in their care

A new approach to handover has been developed based on the productive ward model. This was initially piloted in one ward. Significant improvements were shown by service users stating they felt involved in their care. This is now being rolled out across all wards.

3.3 Adult Community SBU

Pilot of Recovery star

The SBU has received consistent feedback from service users through the National Survey that they could be more involved with their care in respect of developing their care plan, knowing and understanding the goals they are working towards, and being involved in reviewing them. A care plan expressing goals, in the first person, developed in collaboration with the service user is seen as the best evidence of a truly service user led care planning process. The Trust, in conjunction with the Recovery Strategy Group wanted to focus on a commitment to developing recovery focused practice within community services as part of 2011/2012 CQUIN.

The development of the Recovery Star Tool by the Mental Health Providers Forum was primarily undertaken with the purpose of developing an effective

outcome measure. Involving service users in its development from its original conception through various revisions to its final version has enabled it to benefit from the lived experience in daily use.

The Trust has already made a commitment to roll Recovery Star out across services as part of Payment by Results, and in due course all teams in the Adult Community Recovery Services will be using it with service users.

The Recovery Star was piloted in at least one team from each of the 6 geographical areas it covers and, as a result, met the targets set.

The teams involved in the pilot were specifically requested to participate in the monthly Real Time Survey. This not only had the benefit of significantly increasing the number of responses but also saw a marked increase in the number of positive feedback comments service users chose to give, in the free text fields.

The SBU held a Recovery Conference on 24 April 2012 and presented the findings of the pilot of the Recovery Star. Service users told their stories on how their journey to recovery had been helped with the use of the Recovery Star tool. The SBU have now started to roll out the use across all of its teams.

As a result of feedback from service users and carers the SBU have developed and implemented customer care standards. These standards include how staff should respond to phone enquiries and visits to service users homes.

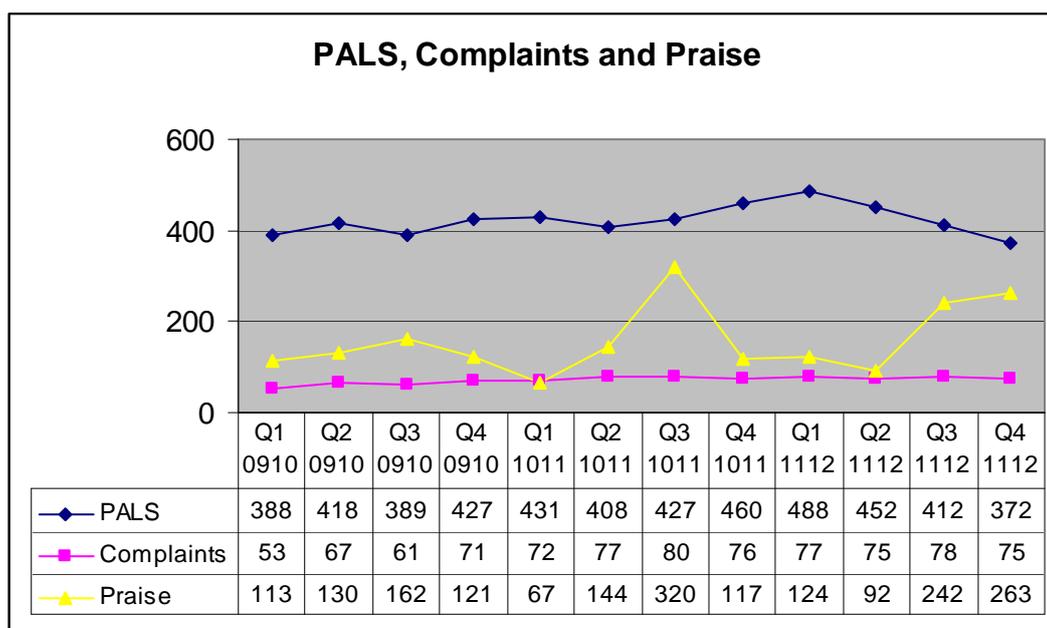
Terms of Reference for developing community care forums have been drafted in partnership with service users, carers and staff. Each area will have a forum that will meet every 6 weeks.

3.4 Specialist Drug and Alcohol Services (SDAS) SBU and Specialist and Secure SBU

SDAS and Specialist and Secure Services are currently using experience-based design methods in our drug and alcohol service and PICU. There is widespread interest in EBD as a means of reviewing patient pathways. In addition, we have a programme of work that builds in recovery principles to our services which should improve service user experience and outcomes.

4. PALS and Complaints analysis and discussion

There were 372 PALS enquiries in Quarter 4 and 75 formal complaints, both figures slightly down on quarter 3.



Appendix 1 provides a breakdown of these figures by SBU, for each quarter.

Ombudsman cases and outcomes - Activity this year

- 16 complaints were referred to the Ombudsman.
- 15 investigations have been declined.
- 1 complaint has been accepted for investigation.
- 1 complaint, previously declined by the Ombudsman was looked at again, further information was provided and the investigation was declined again.
- 1 complaint is still with the Ombudsman, following investigation, and a decision is expected from them shortly.

PALS and Complaints cases are recorded and categorised using the Department of Health five Dimensions of Care:

- Access and waiting;
- Safe high quality coordinated care;
- Information and choice;
- Building relationships;
- Clean comfortable place to be.

Appendix 2 provides a detailed breakdown of the percentages of cases by the five Dimensions of Care for each quarter for the last three years.

The full breakdown of complaints by SBU is provided in **Appendix 3**.

The themes emerging from the issues raised are continually reviewed by PALS and Complaints and fed back monthly to the SBUs for actions to be taken.

PALS and Complaints actions, improvements and challenges:

When a complaint or PALS concern indicates a potential improvement or issue in need of addressing, actions are agreed and will be implemented by the relevant ward, team or SBU. Many of these will be very specific to an individual issue.

However, analysis of PALS enquiries and complaints over the last three years shows that some issues recurred despite actions taken; these were categorised as persistent. Some examples of persistent issues include:

Waiting times for memory clinics

The Trust are working with Commissioners to see how we can address this shortfall. There is a pilot scheme within South Wiltshire whereby AWP are supporting their Primary Care colleagues to make diagnoses, commence medication where appropriate and undertake reviews. The pilot started at the end of January and is due to be reviewed shortly. Learning from this initiative will be shared throughout. If successful we will be looking to extend this model across other areas of the Trust which should significantly reduce waiting times.

Communication with families and carers

The 'Working in Partnership with Families and Carers' training course is being redesigned. This course is available to all staff. Carer champions have been appointed in teams and on wards. Further detailed training will be provided to the champions to enable them to support staff and families and carers and to raise awareness.

Continuity of staff

Changes in the Trust have led to staff changes in service user's care teams. The PALS and Complaints team will be monitoring numbers of cases and informing Service Managers quickly where problems are arising. As the changes began to take place during the end of this reporting period a more detailed update will be provided in the following IPE report.

Detailed information on persistent concerns and the actions or solutions that will address them are shown in the table in **Appendix 4**. This table shows where previously persistent concerns have begun to improve. It also shows areas that are improving over time but may still need monitoring. New, emerging concerns are also noted

Praise analysis and discussion

Praise from service users and carers is a valuable source of evidence on the patient experience. Wards and teams forward praise to PALS for recording. In quarter 4, 263 items of praise were received directly from wards and teams. This is a continuation in the rise seen this year in praise received.

Examples of items of praise received through PALS and surveys are provided in **Appendix 5**.

5. National and local surveys

5.1 National survey

SBUs continue to address the key objectives in the 2011 action plans for the Community Mental Health Survey, Inpatient Survey and the Carer Survey and to monitor improvements..

5.2 Real Time Surveys

The feedback from quarterly real time surveys below covers the period from December 2011 to March 2012.

All SBUs showed improvements in some areas in the surveys undertaken in this quarter. Areas that have either not shown clear improvements or where service users say that we are doing less well than previously indicate the need for improvements. These are agreed and implemented locally; successful actions result in improved scores in future real time and national surveys.

Response rates continue to vary across SBUs and teams. There was a significant improvement in March in the number of returns from adult community teams. Higher response rates give us greater confidence that the feedback represents the wider group of service users.

Service user and carer comments help us to have a deeper understanding of the quantitative data. This qualitative data can also highlight positive aspects of care or concerns that are not covered by the main questions in the monthly survey they have completed.

Liaison & Later Life SBU

Liaison & Later Life Community findings

In January, there were increases in the proportion of respondents stating that they 'strongly agreed' that they were involved in their care, for example, 57% stated that they were given the opportunity to ask questions, compared to 40% in October. At the same time, there was an increase in the number of service users who did not know that they could be accompanied by a friend or

relative to their appointment, from 14% in October to 26% in January. Data shows that the demand for talking therapies is being met. (Objective 3 inpatient survey improvement plan).

Figures remain low for people stating that they have been given written information about their medication. Information leaflets are routinely given out by staff and are available through the Choice and Medication website. From April 2012, staff will be asked to routinely record the leaflets that they give out and the information they signpost service users to.

In February, although the number participating was low (24) no negative comments were received from those who responded. Trust and confidence in staff remains extremely high; over the last year, not one service user has said that they do not have trust and confidence in staff. This month 96% said that they always have trust and confidence in staff.

Liaison & Later Life Inpatient

In January and February service users raised the issue of activities on wards; there is an ongoing demand for more activities. Information about current activities on offer are clearly displayed on ward notice boards. One example of a new initiative is the recruitment of volunteers to read with service users. Ten books entitled 'A Little, Aloud', containing short extracts from fiction and poetry on a variety of themes, have been purchased through charitable funds and will be used by volunteers with service users across the Trust, either individually or in groups.

In March, all service users who responded had had a care review in the last month. 84% of them knew that they could bring a friend or relative to their care review meeting. 63% report that they have not been offered a printed copy of their care plan. SBU initiatives have been put in place to address this.

On the organic wards in Swindon, a volunteer supports service users to have their say and participation rates are good. Most of the feedback about staff and the environment is positive. There was an increase in the number of people who said that they or a relative had been offered a copy of their care plan this month. For the first time, some respondents 'strongly disagreed' that they could ask for what they wanted (10% of 30 responses).

Adult Acute Inpatient SBU

In December 2011 there were considerable improvements in service users being involved in their care, for example, in September 33% stated that they were given the opportunity to ask questions; this rose to 48% in March. 56% of service users stated that they know how to make a complaint, indicating that there is room for improvement in the information provided.

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

In January 2012, results for service users having physical health check remained high; 89% of respondents stated that they had had tests during their most recent stay and 70% felt that sufficient care had been taken of their physical health. Service users also consistently report being made to feel welcome on arrival on the ward; only 3% did not feel welcome. Most service users felt that staff knew about their previous care with only 3% stating that they did not. There has been a significant increase in the number of service users stating that they 'always' have trust and confidence in staff, from 47% in October to 62% in January. The aspiration in the 2011 inpatient survey improvement plan to increase those who say that they are 'always' treated with dignity and respect has been achieved, rising from 57% in October to 76% in January.

Adult Acute Inpatient SBU

In December 2011 there were considerable improvements in service users being involved in their care; for example, in September 33% stated that they were given the opportunity to ask questions; this rose to 48% in March. 56% of service users stated that they know how to make a complaint, indicating that there is room for improvement in the information provided.

In January 2012, results for service users having physical health check remained high; 89% of respondents stated that they had had tests during their most recent stay and 70% felt that sufficient care had been taken of their physical health. Service users also consistently report being made to feel welcome on arrival on the ward; only 3% did not feel welcome. Most service users felt that staff knew about their previous care with only 3% stating that they did not. There has been a significant increase in the number of service users stating that they 'always' have trust and confidence in staff, from 47% in October to 62% in January. The aspiration in the 2011 inpatient survey improvement plan to increase those who say that they are 'always' treated with dignity and respect has been achieved, rising from 57% in October to 76% in January.

Adult Acute Community SBU

In December, the number of service users 'strongly agreeing' that their care plans cover who to contact if there is a problem and what to do in a crisis had gone up since September. Two thirds of respondents 'strongly agree' or 'agree'; this is the same number of people who stated that they had been given a copy of their care plan, indicating that all care plans include contact details and crisis information.

In February, a record 143 real time surveys were returned by a larger number of community teams than in previous months. No service users reported that staff were unfriendly or treated them unfairly; this was reinforced by the positive comments about the friendliness of staff. Comments received this

month highlight how helpful the Recovery Star is proving to be for service users in the community.

In March, more service users were offered talking therapies than wanted them; there is no longer a concern about demand exceeding provision. 46% of those who responded did not know that they could bring a friend or relative to their appointments and 49% said that the length of their appointment was not clearly stated in advance. Crib Cards for workers have now been developed (Objective 3, national inpatient survey) to address the following: service users having copies of care plans, knowing how long their appointment will be and that they can bring a friend or relative to the appointment.

There is room for improvement in involvement in care planning. This is being addressed through a Patient Experience CQUIN covering five survey questions.

Specialist Drug and Alcohol SBU Services

In December, satisfaction levels for the service meeting peoples' expectations and for the outcomes of assessments were high; no service users expressed dissatisfaction for either question. There has been a decline in the survey results over the last year in service users being given details of how to get to their appointments by public transport, from 68% saying that they get this information to 55%.

January 2012 results show that satisfaction levels with care have risen steadily in the last year. In January 2011, 67% of service users responded 'yes' and 29% 'yes, to some extent' to the statement 'I am happy with how my care is organised'; this year, 87% responded 'yes' and 13% 'yes, to some extent' with no negative responses. February results remained high, however, more service users (33%) said 'yes, to some extent'. In January, all service users said that they felt welcomed and treated with respect by staff, with only 3% saying that they did not feel welcome in February.

In February, fewer service users than in the previous year said that they were given written information about their treatment (44%). One in three service users said that they were not offered a copy of their care plan and only one in five service users said that a discharge point was agreed in their care plan, with 52% saying 'no' and 29% 'no reply'. The responses to the care plan questions may, in part, be a question of terminology.

The SBU is planning a benchmarking audit with the aim of evaluating service provision against criteria set out in a Recovery Orientated Treatment Delivery report. Service Users will provide qualitative feedback on their experiences as part of this review.

Specialised and Secure SBU Services

The December survey had low participation and generally fairly negative results; low numbers tend to affect the accuracy of data. When this survey was repeated in March, the participation rate improved and the feedback was generally more positive.

In January 76% of service users were happy with their care 'always' or 'most of the time'; however, within that number, which has remained at about this level for the last year, there has been a steady decline in those who say that they are 'always' happy. 82% of service users report feeling involved enough in activities and the combined score for people saying that they were 'always' or 'mostly' treated with kindness by staff if they were upset was the highest since this survey began, at 85%.

In February, the feedback that 69% of service users were 'never' bothered by noise at night and 22% 'seldom' bothered indicates that the pilot scheme to put staff keys in 'pouches' has been a success. In this survey, there were improvements reported for staff friendliness, responsiveness and the atmosphere on the ward during mealtimes.

6. Carer Survey Q1 and Q3

The results of the Carer Survey that was repeated in November 2011 were analysed and reported to the Trust Board in February 2012. The table below shows the results relating to the targets set in the CQUIN.

Question	Trust Wide Results 2011/12		Target	% Change
	Q1	Q3		
1. Carers' given explanation of what is meant by the word carer – question 12	84.6%	85.6%	95%	+1.0%
2. Views are taken into account when planning care – questions 13, 13a, 13b, 13c	85.8%	90.7%	70%	+4.9%
3. Carers receive support through AWP Information Pack – question 19a	37.5%	29.3%	25%	+8.2%
3. Carers receive the PALS and Complaints leaflet – question 19h	41.0%	31.6%	30%	+9.4%
4. Carers have numbers to contact in office hours – question 9	85.8%	90.7%	95%	+4.9%
4. Carers have a named contact – question 10	85.5%	90.2%	90%	+4.7%

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

Integrated Patient Experience Report

4. Carers have a number to contact out of office hours – question 11	59.0%	57.7%	85%	-1.3%
law5. Carers offered an opportunity to talk about their needs – question 15	59.3%	68.4%	75%	+9.1%
5. Carers finding this meeting helpful – question 17	92.1%	93.5%	95%	+1.4%
5. Carers receiving a copy of the Initial Carer's Care Plan – question 18	77.8%	73.1%	95%	-4.7%
<p>Green = Met improvement target Amber = Improvement, not met target Red = No improvement</p>				
<p>Summary</p> <p style="padding-left: 40px;">2 met required target 6 showed improvement but not to target level 2 no improvement or decrease</p>				

As part of the patient experience CQUIN for 2012-2013 the survey will be repeated again in Quarter 1 and Quarter 3. The improvement plans will, therefore, be updated to ensure the trajectories continue to rise. There will also be an audit of Carer Care Plans in Quarter 1 as part of the CQUIN.

7. Patient Opinion and NHS Choices

Patient opinion and NHS Choices are two independent websites that people can post their stories regarding their experience of using NHS services. During Q4 two postings related to Fountain Way were posted and responded to.

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

Agenda Item: 009

Serial: 12.0209

Page 14 of 19

8. Incidents and near misses

Overall, projected incident numbers suggest a slight reduction this year (2011/12), though this position may well change as incident data is not yet available for March 2012. See **Table 1** in **Appendix 6** for annual figures.

According to the most recent national benchmark data (for the period April 2011 – Sept 2011), AWP is ranked 34th out of 57 mental health trusts in terms of reported numbers of incidents. This represents a decrease from the previous report, when the Trust was ranked 21st, but as reported in the last IPE report this drop in ranking was predicted. A breakdown of annual rankings from October 2007 onwards can be seen in **Table 2**.

Incidents are ranked by type and there can be more than one type of incident for each event. Overall, violence and aggression remains the most prevalent incident. See **Table 3** for details of ranking of incidents by cause. SBU data shows that the exception is the Liaison and Later Life SBU, where personal injury is the most common occurrence.

AWP's incident data shows that risk rating percentages remain broadly consistent year on year. See **Table 4** for the breakdown of annually reported risk rating. There is, however, a decrease in the number of incidents reported as serious.

Serious incidents are reported externally to the Strategic Health Authority and Lead Commissioner. **Table 5** shows external reports by PCT area. This shows that there has also been a significant drop in serious incidents reported externally to the commissioners in 2011-12.

These findings need to be treated with some caution because the threshold for considering an incident to be serious (and reporting it externally) has changed over time. In particular, significant changes in the guidance regarding the grading of incidents were implemented in April 2011.

The introduction of the revised criteria in April 2011 represented a significant shift in practice, which makes it particularly difficult to compare serious incident reporting before and after this date. For example, these new criteria set a higher threshold for reporting an unexpected death as a serious incident to the NPSA and to the commissioners via the STEIS system, but a lower threshold for reporting some other incident types (e.g. information governance and infection control incidents) to these agencies.

According to the most recent national benchmark data (for the period April 2011 – Sept 2011), AWP was in the upper quartile for the % of incidents that are graded as severe (excluding death). In this period the Trust reported 1.3% of incidents with a grading of 'severe' - against an average of 0.4% for other mental health trusts. The number of incidents reported with a grading of 'severe' by AWP was 28. The proportion and number of incidents reported with a grading of 'severe' in the previous report were 1.1% and 27 respectively.

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am

In the Public session, sponsored by the Executive Director, NCAS

The NPSA report acknowledges that “not all organisations apply the national coding of degree of harm in a consistent way, which can make comparison of harm profiles of organisations difficult”. It could be argued that this difficulty in comparing harm profiles is amplified when considering those categories where the number of incidents involved is comparatively small – as is the case with serious incidents.

The threshold for reporting an incident with a grading of ‘severe’ is not clear cut despite the introduction of national guidelines. For example, the definition of an AWOL incident that should be graded as severe is “AWOL / Missing patient presenting high risk”, but there is no common or shared understanding of the term ‘high risk’ in this context. Despite the introduction of broad national guidelines, therefore, there was initially a period (from April 2011) in which the detail of the threshold for reporting severe incidents was reworked and refined locally.

Ongoing work is needed to review the impact of the changes to the criteria for grading incidents as serious and to establish whether any decrease in serious incidents is attributable to changes in reporting practice or to a ‘real’ decrease in the occurrence of serious incidents.

The criteria for grading incidents as serious and reporting them to the commissioners has changed again from April 2012. The most significant change is that the criteria now include unexpected deaths of current community service users, which were excluded from the criteria last year. This is very likely to result in an increase in the number of serious incidents reported to the NPSA and to the commissioners in 2012-13.

Claims

The Trust received 2 new clinical negligent claims during Q4. One related to the unexpected death of an in-patient and the other to an incident of violence and aggression between patients. The Trust also agreed to an extension on limitation in two other new cases.

One clinical negligence case was settled during this period relating to the unexpected death of a community patient. Risk management actions in respect of this claim are not anticipated, however the final report from the solicitors representing the NHSLA has not yet been received.

There were 3 new personal injury claims in Q4, one relating to stress and the others relating to workplace injuries. All are at the early investigative stage.

9. Patient Safety visits

There have been 19 Executive Lead Patient Safety Visits held in Q1 Q2 and Q3. Eight visits were timetabled for quarter 4.

In Q4 visits were made to the following 5 teams:

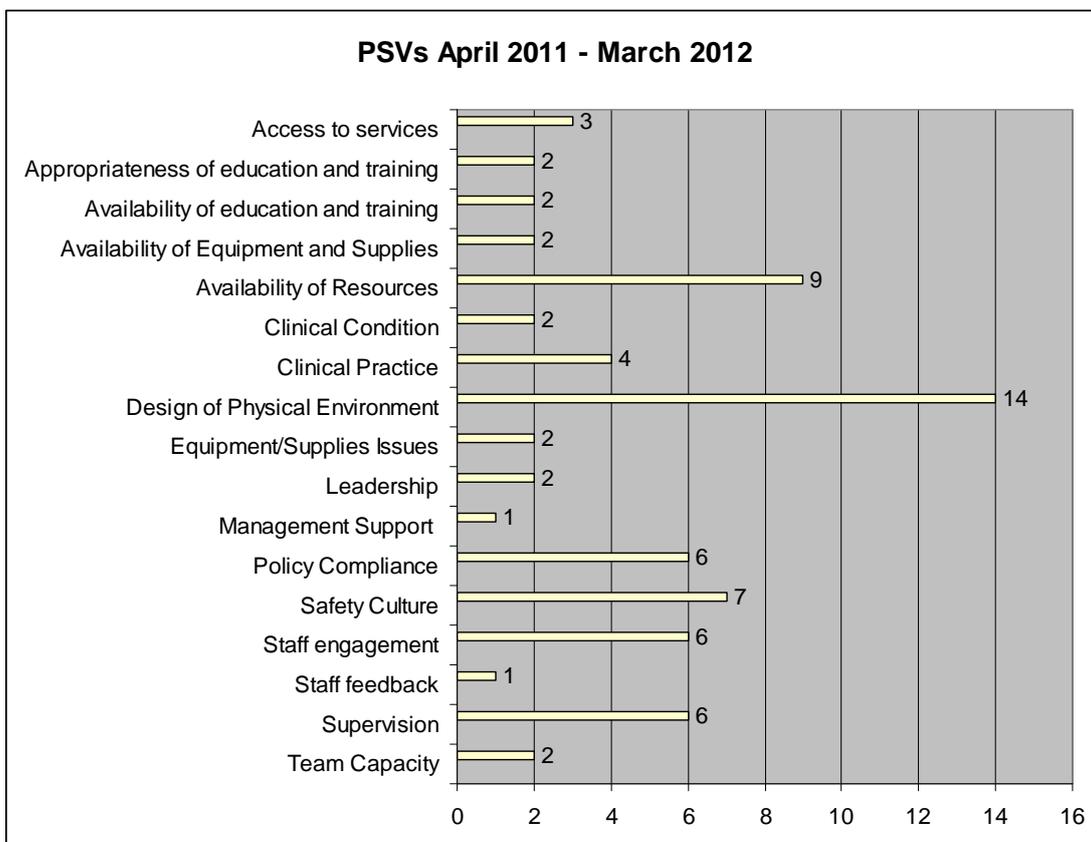
- N. Wilts L3 CMHT

Report for the AWP NHS Trust Board dated 30 May 2012 at 10.00am		
In the Public session, sponsored by the Executive Director, NCAS		
Agenda Item: 009	Serial: 12.0209	Page 16 of 19

- Aspen and Laurel Wards
- S. Wilts L3 CMHT
- L3 CMHT Windmill House
- Bradley Brook

The remaining 3 visits to Swindon Crisis Team, Sycamore Ward and North Somerset SDAS were postponed for operational or contractual reasons.

Themes arising from the visits are shown in the chart below. This indicates the number of recommendations for each theme.



The recommendations are monitored by EMT

- 47% of the recommendations have been completed
- 26% are in progress
- 4% have not yet started
- 23% are awaiting update

10. Independent Inspections

Local Involvement Network Inspections

Three LINK enter and view visits were undertaken: to the Victoria Centre, Swindon, the Acer Unit, Blackberry Hill, and Silver Birch Ward, Callington Road. The focus of the two 'unannounced' Bristol visits (2 hours notice) was primarily the provision of food for people from the diverse communities we serve. The Victoria Centre visit was a follow up to the recent CQC visit. The three visit reports were presented to the Quality and Healthcare Governance Committee on 2 May 2012.

The Swindon LINK Victoria Centre report highlighted the passion and enthusiasm of management and staff, the positive atmosphere on the wards and the functionality of the building. The report also noted the robust care planning process that was in place. Two recommendations were made; for more suitable material on seat covers and for larger bed heads to prevent damage to the wall. Funding approval is awaited for both proposals.

The Bristol LINK Silver Birch visit report noted that the ward was well managed. There were four recommendations, regarding the use of sit on weighing scales, availability of eating utensils, processes for feedback about facilities and food and the engagement of service users in their care on the ward, which have all been responded to. Service users have regular opportunities to give their views, through weekly community meetings and by taking part in surveys. The new handover format that was introduced on the ward in February 2012 involves the service user in agreeing their goals and has improved engagement.

The Bristol LINK Acer Unit visit report contained positive observations about the ward being well run and about the high standards of housekeeping. There were 11 comments and recommendations, which were focussed on food and facilities. A follow up visit to the Unit was undertaken by the Head of Estates and Facilities on 20 March. Improvements have been made to the information on display about food and specific concerns noted and addressed. A new system is in place for kitchen staff to check which service users have eaten the meals offered and a staff member now sits in the dining area with service users at meal times. A daily 'easy read' menu (with pictures of the dishes available) is currently being developed. All improvement recommendations have already been implemented.

Care Quality Commission reviews

CQC reviews

There have been no formal CQC inspections during Q4. The Standards and Quality Assurance Manager is undertaking mock inspections on the sites not yet inspected, using the learning from all the previous inspections.

11. Conclusion

The SBUs are continually triangulating the feedback from the people who use their services to identify trends, learning and identify actions that need to be taken to continually improve the quality of their services.

12. Recommendation

The Board is asked to:

- receive this report and note progress made;
- discuss key issues identified in this report;
- advise on any areas needing further actions.

13. Additional Report Contributors

Alison Griffin, Head of Engagement and Responsiveness

Alison.Griffin@awp.nhs.uk : contact number 01249 468243