

enabling and empowering people to reach their potential and live fulfilling lives

Summary Report – Trust Board Meeting (Part 1)	Date: 26th September 2012
Report Title:	
Integrated patient Experience Update	
Agenda Item: 13	Enclosures: Appendix 1 – Complaints and Outcomes by SBU Appendix 2 – PALS and Complaints by dimension of care Appendix 3 – Breakdown of Complaints and PALs queries by SBU for 4 quarters – 2012-11 Appendix 4 – Actions taken on issues covering the five dimensions of care Appendix 5 – Examples of praise Appendix 6 – Incidents data
Sponsor: NCAS Director	Presenter: NCAS Director
Report Author: Alison Griffin, Head of Engagement and Responsiveness	
Report discussed previously at:	PEEP – 20 September

Purpose of the Report and Action required		
To provide the Board with clear information and evidence relating to the patient experience across the Trust using this information to identify: <ul style="list-style-type: none"> Trends Learning Actions taken Planned improvements Ongoing challenges 	Approval	
	Discussion	X
	Information	

Executive Summary of Key Issues
<p>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:</p> <p>2.2. Communication with families and carers;</p> <p>2.3. Continuity of care;</p> <p>2.4. Staffing numbers.</p>

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Which Strategic Objective does this paper address	
A sustainable value for money business	Yes
Excellent service user access and experience	Yes
Excellent partnership working with other organisations	No
Effective engagement and improvement in staff satisfaction	No

Link to Fit for the Future Implementation Plan	
Objective	Objective 4

Corporate Impact Assessment	
Quality and Safety implications	None
FGEB (Trust ALE replacement)	5.2
IG Toolkit	3.4.2

Recommendations to other committees
None

Recommendation/Decision
The Board is recommended to receive the report and note progress. To discuss the issues identified and advise on any areas needing further actions.

Integrated Patient Experience Update

1. Purpose

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.

1.2. Incidents, claims and near misses

Using the information sources identified above, this report informs the Board on:

- ♦ Trends
- ♦ Learning
- ♦ Actions taken
- ♦ Planned improvements

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.

1.3. Trends

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:

- ♦ Communication with families and carers
- ♦ Continuity of care
- ♦ Staffing numbers

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2. SBU improvements

2.1. Specialist Drug and Alcohol Services (SDAS) SBU

SDAS have completed, with Rachel Clark, AWP Innovations, an Experience Based Design (EBD) programme. In this project called 'Shared Voices' the views of Service Users have been integral to the approach. Peer Mentors were trained to interview our service users about their experiences of our services.

The three strands of the project (service user, staff and external partners views) have been kept to a tight timescale by Gareth Sharman, SDAS Involvement Worker. The project was completed and the outcome presented on 12 September 2012.

The project has enabled SDAS to better understand the 'touch points' that frustrate, stress or dissatisfy our service users so that we can better understand how we can improve their experiences, and the outcome paper is being presented to SDAS Governance in order to identify the priorities for an improvement action plan. It is envisaged that this project will add value to SDAS tender bids by visibly evidencing innovation and service development approaches.

In SDAS the recruitment of a new cohort of Peer Mentors from across the SDAS patch is progressing. It is hoped that, alongside developing meaningful activities for the new Peer Mentors, which include the development of a Recovery garden, some of the Peer Mentors will wish to take up training in SMART Recovery facilitation. SMART enables people to recover from addictive behaviour and lead meaningful and satisfying lives. The approach is secular and science based and uses motivational, behavioural and cognitive methods in a network of self help meetings.

2.2. Adults Inpatients SBU

To further improve patient information as a result of feedback from real-time survey's and CQC inspections, the Welcome Pack has been revised, and new leaflets produced for service users and carers on admission to hospital. Updated information includes further guidance on access to medicines information and pharmacy advice for service users.

Service users and carers have been consulted on the updated content of these, and feedback incorporated. All information to be signed off at Trust ACF on Monday 10th Sept, with subsequent submission to Trust readers' panel for approval.

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Protocols for admission to hospital are being agreed between IST and inpatient, and ensuring leaflets are given to service users and carers prior to admission is included as one step within this.

A Safety Audit was conducted through August 2012, this was based on the Essen Climate Evaluation Scheme (EssenCES) to evaluate the social and therapeutic climate (the safety) of Adult Inpatient wards; this is a questionnaire for both service users and staff that was designed for evaluating psychiatric wards.

The audit is being conducted as a result of feedback and comments from service users in the 'real-time' survey, and it is hoped that by triangulating the data from this Audit with the monthly quest tool scores and ongoing real-time surveys, relating to environment, activity, staffing numbers etc. that a more accurate picture of different wards can be created to further develop improvements in service user and staff experiences of adult inpatient wards. Audit results are being collated through September, and an audit report with recommendations will be written based on these findings.

Redesign consultation closes on Friday 7th September; following this the new welcome facilitator will be introduced, and this will enable those wards not currently running physical health check clinics or fully utilising the revised handover module to be implemented.

2.3. Community SBU

Collaborative care planning process

A number of areas of feedback from complaints, incident review and the CQC visit are relevant to this issue. Work includes:

- continuing to roll out the recovery star
- collaborative care planning included in the appraisal objectives for all staff
- all new teams have had 2 of 4 individual team workshops, the first 2 focused on customer service, collaborative care planning, recovery star, individual action as required where staff are not meeting the standard expected in relation to customer care
- the third session has focused on " Good step down" including the development of crisis and contingency plans
- supervision process developed to include use of profiling tool, individual case note scrutiny
- case note scrutiny forms used in supervision include areas identified from feedback- crisis and contingency, contact numbers
- assurance process for the provision of supervision
- individual support for teams as required/identified
- individual support for practitioners as required/identified
- the development of a "Care Plan Awareness" workshop

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2.4. Crisis Teams (now Intensive)

Through the thematic review of complaints it was revealed that there were some common issues with accessing Crisis teams and their response. In response the SBU has commissioned the use of a well recognised methodology “ The Productive Community Approach “, to work with these teams to improve key access and response aspects of the service. Specifically in Swindon and Bristol this has led to a defined protocol for dealing with incoming calls to ensure service users who call have their issues dealt with at the first point of contact instead of being passed onto someone else.

All intensive teams will be moving to accreditation over the next 24 months.

An out of hours number will ensure all calls to the service are dealt with effectively and efficiently and that no answer phone messages are left.

2.5. Carers

From Carers experience surveys which showed an inconsistent level of knowledge and confidence within teams to work effectively with carers a number of actions have been undertaken within the SBU to improve partnership working:

- A carers lead has been identified in every team
- All the leads have met together to review the guidance and develop their knowledge of current best practice
- These leads have ensured that every member of their team knows how to access the guidance on Ourspace
- The working in partnership course which teaches skills in working with service users and their families is being reviewed so that more people can have access.

2.6. Specialist and Secure SBU

One of the main criticisms coming from service users delivered via SUSG has been regarding leave. Staff shortages, and problems getting staff via the new AWP bank system has meant service users who have been given escorted leave via their care plans have not always been able to go out on this. The service is undertaking managerial action to resolve service users concerns about access to leave and Carol Bowes, Service Director has been meeting with service users on one of the Fromside wards to keep them up to date with these actions

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Survey fatigue had been rife, particularly regarding the real-time patient surveys. Workshops were held across the SBU and new surveys were developed using the feedback gathered from service users and staff at these meetings. New surveys have been put together, and these began to be used in June. The new surveys are shorter and mean the service users only answer the same set of questions twice, rather than the old four times a year.

Feedback had suggested a lack of art work on the walls was off putting, particularly in the entrance corridor. A new lockable display board has been purchased and populated with photography from service users. Art work created via an art group on Teign ward is also being used to improve the appearance of the corridor.

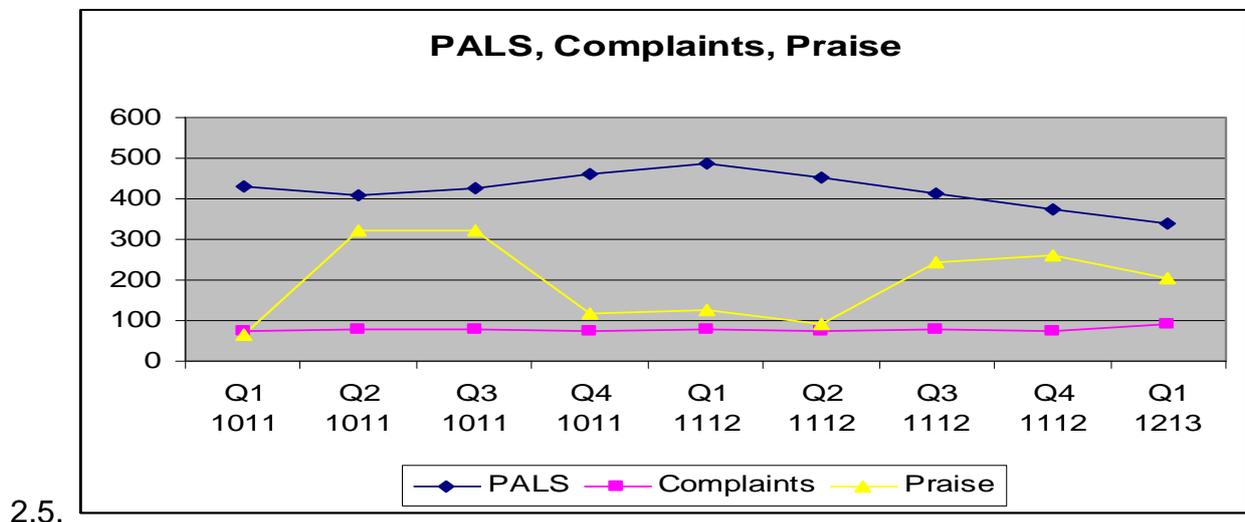
Further purchases and improvements to the service user library have been made.

The Family and Friends support group continues to thrive since it's re launch with new attendee's. The new process of inviting people to attend and giving information regarding the speakers each month has increased interest and involvement in the group.

Training delivered to a service user at Lansdowne has meant service user involvement in the recruitment process of the new ward manager.

3. PALS and Complaints analysis and discussion

There were 337 PALS enquiries in Quarter 1 2012/13 and 93 formal complaints were received.



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

3.1. Ombudsman cases and outcomes - Activity this quarter

Five complainants referred their complaints to the Ombudsman:

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- One complaint has been accepted for investigation
- One complaint has been referred to the Care Quality Commission
- One complaint has been referred back for local resolution
- Two complaints are awaiting the Ombudsman decision to investigate or decline. PALS and Complaints issues raised by the five Dimensions of Care

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.

3.2. 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 quarter shows the following themes:

3.3. Closure of Bristol University Psychopharmacology Service:

Although this is not an AWP service or commissioned by the NHS it has effected a small group of AWP service users. A number of letters were received complaining about the lack of consultation before the closure of the service and raising concerns about what would be replacing this service. The service users involved were contacted and were invited to a meeting held jointly with the Commissioners. It has been arranged for each of the service users to be reviewed by an AWP Consultant and for their medication to be reviewed. Service users will be referred into AWP services or signposted as appropriate.

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3.4. Continuity of staff and Changes to Care Coordinator:

The changes in the Trust have led to staff changes in service user's care teams. This in turn has caused some service users to become anxious and unsettled about the changes. PALS have been liaising with teams where necessary and providing support to service users through the transition. Staff are now placed in their new teams, new care coordinators have been assigned to service users and the new services are bedding in.

3.5. Communication with families and carers:

Work described in previous reports continues with staff training and carer leads/ champions. The changes in the Trust with staff moving have led to an increase in concerns raised where Service Users or families/ carers cannot get hold of a staff member or are unsure who to contact.

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.

3.6. 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 1, 205 items of praise were received directly from wards and teams. Examples of items of praise received through PALS and surveys are provided in Appendix 5.

4. National and Local Surveys

4.1. National Surveys

The fieldwork continued for the 2012 national Community Mental Health survey and the Inpatient survey, undertaken by Quality Health, the approved survey provider, on behalf of the Trust. As previously, one in three eligible service users (4750) who had care between July and September 2011 were sent the community mental health survey. This number includes the standard sample of 850 which is used for national comparisons.

1530 Community Mental Health Survey responses were received; a response rate of 33%. The national response rate was 32%. The full results were presented to the Trust in August and the benchmarked results are due to be published by the CQC on 13 September. A Trust wide improvement plan is being developed to address the areas service users have highlighted as in need of improvement.

4.2. Real Time Surveys

The results from quarterly real time surveys below covers the period from April 2012 to June 2012. The April survey was extended into May; this improved the number of responses received, which improves the accuracy of the data. Service users on inpatient units who need assistance are supported to complete surveys by staff and volunteers, so

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that they have an equal opportunity to have their say. Some service users are also helped to complete surveys by carers.

In June, the new survey process was put in place, enabling service users to complete community surveys via the Trust website. Staff are able to access both paper and electronic versions of surveys on Ourspace. There will be a phased transition over a period of months from the majority of service users being offered paper surveys to service users using a wider range of options, including online surveys and I pads. The I pads will be in use from October.

This regular feedback from current service users enables staff to observe trends and to address any areas that have been highlighted as needing to be improved.

Praise from these monthly surveys, highlighting positive aspects of the current care service users are experiencing, is included in Appendix 5.

Liaison & Later Life SBU

4.3. Liaison & Later Life Community

In April and May, there were mixed results for involvement in care and medication. The proportion of respondents stating that they 'strongly agree' with the four statements on involvement in care dropped. However, there was a corresponding increase in those answering 'agree'. The number of service users stating that they are not involved enough in their care remains low; there has been a slight increase, with 8% answering 'disagree' or 'strongly disagree'. Fewer people 'strongly agree' that they understand and are involved in decisions about their medication. At the same time, no service 'strongly disagree' with the three statements on this topic. In the last year, there has been a reduction in those reporting that they 'definitely' get enough support from their mental health worker for their physical needs, from 70% to 52%.

Figures for people stating that they have been give written information about their medication went up to 23%; this is the highest level reported in the last year. From April, staff are being asked to routinely record the leaflets that they give out and the information they signpost service user to. Staff have access to information about medication for service users through the Choice and Medication website. Easy read information is also available.

In June, the most positive responses were for service users knowing who their care co-ordinator or lead professional is (74%) and being able to contact that person if there is a problem (80%). 83% of service users know that they can bring a friend, relative or advocate to their care review meeting. Only 37% of service users said that they found the care review meeting 'completely' helpful, with 51% stating 'to some extent'. Only 40% 'completely agree with the goals set out in their care plan. This highlights the need for improved service user engagement in care planning.

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4.4. Liaison & Later Life Inpatient

In April and May, the percentage of service users who are happy with their care 'always' or 'most of the time' remains high at 83%. The comments about the atmosphere on the ward and the staff are very positive while the feedback about food is mixed. As in community services, there is room for improvement in providing information about medication, so that people understand the purpose of it and feel involved in the process (see above).

Two thirds of service users reported that there are not enough activities on wards at evenings and weekends. Volunteers continue to be recruited across the Trust to lead ward activities, including music and creative writing.

In June, service users were positive about having time to discuss their condition and treatment and having the opportunity to ask questions. The lowest scoring questions were: service users knowing that they can bring a friend, relative or advocate to their care review meeting (more than half stated that they were not told this) and 84% stating that they had not been offered a copy of their care plan.

On the organic wards, most service users reported in April and May that they have someone that they can talk to if they are worried, with nursing staff the first choice. Comments about staff and the atmosphere on the ward are positive, with mixed feedback about the food. In June, most service users felt treated with respect by staff. Many service users were not aware that they had been offered a care plan.

4.5. Adult Acute Inpatient SBU

Responses in April and May were low, with only a small number of surveys returned. No strong conclusions can be derived from this data, however, the feedback was generally positive, with most service users feeling welcomed by staff, trusting staff and reporting being treated with dignity and respect.

The SBU have reviewed their real time survey process, to ensure that the questionnaires being used are as user friendly as possible, to encourage participation. They have adopted VOICE, which was designed with service user input. It is now offered to service users every month.

In June 83% of service users said that they 'strongly agree' or 'agree' that they were made to feel welcome on the ward and there is positive feedback about staff attitudes.. Most service users feel safe on the ward and the highest scoring response was for 'Staff respond well when the panic button goes off.' Most service users have the chance to discuss their medication and know that it helps them; however, 39% of service users said that they 'strongly agree' or 'agree' that staff give them medication instead of talking to them.

4.6. Adult Acute Community SBU

92% of service users in the community state that they are happy with their care 'always' or 'most of the time'.

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All respondents who replied to the survey in April and May know the name of the mental health professional who supports them. The majority of service users confirm that their care plan covers what to do in a crisis and that they know who to contact if there is a problem. However, there continues to be some room for improvement in service user involvement in care planning, which is being addressed through the Patient Experience CQUIN.

Comments received show that service users in the community really appreciate our helpful staff who are supportive and good at listening.

4.7. Specialist Drug and Alcohol SBU Services

SBU staff developed a new set of service user surveys during this period, with each survey addressing one specific area of care.

In June, an Access survey was offered to service users. All responses were very positive, with all negative responses at below 5%. The most positive question was 'Did you feel able to say what you needed to say in your assessment?' with 84% of respondents stating 'yes' and 16% 'yes, to some extent' (there were no negative responses). The lowest scoring question was for re-assessing treatment, however, most service users do know how to do this. Comments highlight how helpful and responsive staff are.

4.8. Specialised and Secure SBU Services

As many service users remain in the units for a longer period of time than in other SBUs, and this service has been doing the real time surveys on a monthly basis for over a year, staff have refreshed the surveys. The aim is to overcome 'survey fatigue' and renew service interest in participating. There will be a rolling programme of surveys, each based on specific aspects of care.

In June there was a good level of response to the first of the new surveys, which was an inpatient survey about activities. The most positive response was 63% of service users stating that they are able to suggest activities that they would like to do 'all' or 'most of the time', though about half of service users who responded still feel that there are enough activities on offer.

5. Incidents and near misses

Overall, projected incident numbers suggest an increase this year (2012/13). See Table 1 in Appendix 6 for annual figures. This is a positive finding, given that higher levels of incident reporting are widely believed to reflect a better safety culture, particularly when there are a high proportion of low risk incidents.

According to the most recent national benchmark data (for the period Oct 2011 – March 2012), AWP is ranked 20th out of 57 mental health trusts in terms of reported numbers of incidents. This represents an improvement from the previous report, when the Trust was ranked 34th. A breakdown of annual rankings from October 2007 onwards can be seen in Table 2. A previous improvement (in the period Oct 10 – March 11) was believed to be artificial and was due to the process of clearing a backlog of incident forms requiring data

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entry. This current improvement is not associated with any such factors and is, therefore, believed to reflect a genuine increase in the number of incidents reported to the National Reporting and Learning System (NRLS) during this period.

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 from 2009/10 onwards there has been a gradual decrease in the number of incidents reported as being of high or medium risk and a corresponding increase in the number of incidents reported as being low or very low risk. This is a positive finding in terms of the Trust's safety culture, as the severity of reported incidents is falling while the number of reported incidents is increasing. See Table 4 for the breakdown of annually reported risk rating.

Serious incidents are reported externally to the Strategic Health Authority and Lead Commissioner. Table 5 shows external reports by PCT area. There was a significant drop in serious incidents reported externally to the commissioners in 2011-12, which was associated with the change to the threshold for considering an incident to be serious (and reporting it externally) which was implemented in April 2011. The criteria changed again in April 2012 and this revision brings the threshold much more closely in line with that in place prior to 2011-12. The data for 2012-13 to date shows that the number of incidents reported externally have returned to being at broadly the same level as they were prior to these changes to the reporting criteria.

The previous benchmarking report (for the period April 2011 – Sept 2011), showed that 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. A number of factors were believed to have contributed to this finding, and the Risk and Compliance Team have introduced a system of checks to ensure the accuracy of the data submitted to the NRLS. The most recent report now shows that the Trust reported 0.6% of incidents graded as severe, against a national figure for mental health trusts of 0.5% and that the number of incidents reported with a severe grading has fallen to 18. The proportion of deaths reported by AWP to the NRLS is very slightly lower other mental health trusts (0.7% against a national figure of 0.8%).

6. Care Quality Commission Reviews

The Care Quality Commission (CQC) conducted a review of community based services as part of their routine schedule of planned reviews. The CQC visited 11 community teams in Bristol, South Gloucestershire, Bath and North East Somerset, Swindon and North Wiltshire between 13 and 28 June 2012.

The CQC reviewed all the information that they hold about AWP as a provider, they talked to staff and talked to people who use services. Some service users were spoken with over

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the telephone; others were spoken to in person. The CQC examined satisfaction survey data, and data relating to complaints and enquiries received by AWP in the preceding six months.

The final report of the review was received by the Trust on 7 August 2012. Five outcomes were reviewed.

- ♦ Outcome 1 Respecting and involving people who use services
- ♦ Outcome 4 Care and welfare of people who use services
- ♦ Outcome 7 Safeguarding
- ♦ Outcome13 Staffing
- ♦ Outcome 16 Assessing and monitoring the quality of services

The CQC's overall judgement was that community services were compliant in relation to Outcome 7. Community services were not compliant in relation to the other four outcomes inspected. The CQC judged that this was having a moderate impact on people using the services.

An action plan addressing the concerns raised in the Community Services review has been agreed and provided to the CQC. When the compliance actions relating to community services have been fully addressed, the CQC will be asked to conduct a re-review.

6.1. Implementation of recommendations from previous inspections

At the end of Quarter 1 Callington Road had an outstanding minor concern for Outcome 7, Safeguarding. Subsequently the CQC have completed a review of Callington Road in July 2012 which will be fully reported on for the next quarter's report. The CQC has judged that there are no concerns with this outcome, or any of the other outcomes reviewed, so no action plan was necessary following this review.

Lansdowne have three moderate concerns outstanding:

- ♦ Outcome 4: Care and welfare of people who use our services
- ♦ Outcome 7: Safeguarding
- ♦ Outcome 10: Safety and suitability of premises

We have been continuing to work on the action plans and we are planning to invite the CQC to re-review the unit. Internal compliance checks on the implementation of the action plans are being done on a monthly basis by the Trust Standards and Quality Assurance Manager who reports regularly on progress to the management groups for the respective Outcomes.

The Trust Standards and Quality Assurance Manager continues to attend management groups to report on patterns and recommendations arising from all action plans, and to

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seek internal closure where the CQC have judged that there is overall compliance but have suggested improvements be made to maintain that compliance.

The Trust Standards and Quality Assurance Manager continues to work closely with inpatient areas still to be inspected by bringing forward learning from previous inspections and action plans. The Trust is expecting the CQC to continue with unannounced inspections until all sites have been reviewed.

6.2. Quality and Risk Profiles (QRPs)

The CQC review all the information they hold about a provider from a range of sources to produce Quality and Risk Profiles (QRPs) which they update and publish monthly. The Trust's latest risk profile is reported to EMT monthly. These profiles are not made available to the public on the CQC's website and the Trust has now chosen to publish the QRPs in OurSpace and on the public website.

7. Carer Survey

Understanding the views of carers is important so that we can continually improve the service. Carers targets have been set and are part of 2012/13 CQUIN. This survey was previously carried out in Q1 and Q3 of 2011/12. The improvement plans will, therefore, be updated to ensure the trajectories continue to rise. There will also be an audit of Carer Care Plans this year as part of the CQUIN.

The table below shows the results relating to the targets set in the CQUIN for Q1 2012.

Question	Trust Wide Results 2011/12		Trust Wide Results 2012/13	Target	% Change
	Q1	Q3	Q1		
1. Carers' given explanation of what is meant by the word carer – question 12	84.6%	85.6%	85.8%	95%	+0.2%
2. Views are taken into account when planning care – questions 13, 13a, 13b, 13c	85.8%	90.7%	92.6%	70%	+1.9%
3. Carers receive support through AWP Information Pack – question 19a	37.5%	29.3%	22.2%	25%	-7.1%
3. Carers receive the PALS and Complaints leaflet – question 19h	41.0%	31.6%	27.8%	30%	-3.8%
4. Carers have numbers to contact in office hours – question 9	85.8%	90.7%	93.8%	95%	+3.1%
4. Carers have a named contact – question 10	85.5%	90.2%	88.6%	90%	-1.6%
4. Carers have a number to contact out of office hours – question 11	59.0%	57.7%	71.0%	85%	+13.3%

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law5. Carers offered an opportunity to talk about their needs – question 15	59.3%	68.4%	65.3%	75%	-3.1%
5. Carers finding this meeting helpful – question 17	92.1%	93.5%	95.6%	95%	+2.1%
5. Carers receiving a copy of the Initial Carer's Care Plan – question 18	77.8%	73.1%	75.2%	95%	+2.1%
<p>Green = Met improvement target Amber = Improvement, not met target Red = No improvement</p>					
<p>Summary:</p> <p>2 met required target</p> <p>4 showed improvement but not to target level</p> <p>4 no improvement or decrease</p>					

8. 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.

9. Recommendations

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