

Quality Report for 3rd Quarter 2012/13

Introduction

Quality Reports are a national requirement which aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

Within ²gether, there was wide consultation on the 2012/13 priorities for improvement with clinicians and managers, NHS Gloucestershire and NHS Herefordshire, the Health Community Care Overview and Scrutiny Committees and the Local Involvement Networks of the two counties, the Governors and Trust Board.

This year's quality priorities were agreed in May 2012 and published in the Quality Report, and are accessed through the following



<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2769>

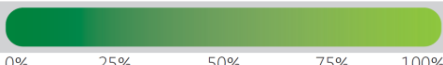
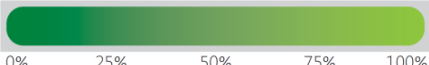
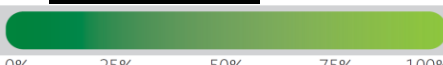

This report outlines the progress that is being made in achieving the improvements in quality that were set as priorities. Further quarter reports will be produced at the end of each quarter. Progress is summarised under each of the following headings:

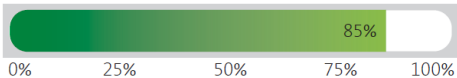
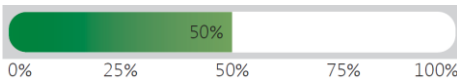
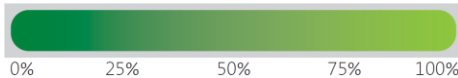
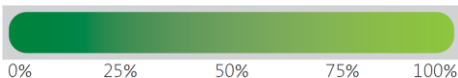
Effectiveness	
Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
User Experience	
Domain 4	Ensuring people have a positive experience of care
Safety	
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

Effectiveness

Domain 1: Preventing people from dying prematurely

Ensuring that premature death in people with serious mental illness and learning difficulties is reduced remains a key priority; we will carry out the following activities:

Goal	Target	Quarter 3 Achievement	Drivers
Minimise the risk of suicide amongst those with mental disorders through a systematic implementation of sound risk management principles	<p>1.1</p> <p>Maintain 100% implementation of the NPSA National Suicide Prevention Toolkit for all inpatient units in Herefordshire and Gloucestershire.*</p> <p><small>*This target relates to Wotton Lawn Hospital & the Stonebow Unit.</small></p> <p><u>Target (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>The target relates to implementation of the toolkit.</i></p> <p><u>Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<ul style="list-style-type: none"> Implement the actions for the Trust described within the Gloucestershire Suicide Prevention Strategy & Action Plan Continue to use the National Patient Safety Agency (NPSA) Inpatient Toolkit in both Herefordshire and Gloucestershire services.
	<p>1.2</p> <p>100% implementation of the NPSA Community Suicide Prevention Toolkit for Crisis & Recovery Teams in Gloucestershire & Herefordshire</p> <p><u>Target (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>The target relates to implementation of the toolkit.</i></p> <p><u>Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	



Goal	Target	Quarter 3 Achievement	Drivers
Promote healthier lifestyles amongst service users through positive smoking and alcohol interventions	<p>1.3</p> <p>The number of Herefordshire staff to receive “making every contact count” training</p> <p>Level 1 MECC training</p> <p>Target (85%) – 135 people</p>  <p>Level 2 MECC training</p> <p>Target (50%) – 20 people</p> 	<p><i>The target for training was 135 staff for level 1 training and 20 staff for level 2 training, which had to be achieved by end of Q4. To date, 135 people have been trained at Level 1 and 96 at Level 2.</i></p> <p>Level 1 MECC training Current</p> <p>Current (100%) – 135 people</p>  <p>Level 2 MECC training Current</p> <p>Current (100%+) – 96 people</p> 	<ul style="list-style-type: none"> Midlands and East Strategic Health Authority is developing specific training for staff to enable them to focus up on promoting healthy lifestyles. Development of an organisational strategy to promote healthier lifestyle, including the appointment of clinical champions
	<p>1.4</p> <p>The number of service users who are referred for positive health interventions.</p> <p>Herefordshire Stop Smoking Targets:</p> <p>Baseline at Quarter 1 is 46</p> <p>Q2 target 10% increase to 51</p> <p>Q3 target 10% increase to 56</p> <p>Q4 target 10% increase to 62</p>	<p><i>During Quarter 3 October – December 2012 – The following referrals have been made.</i></p> <p>Herefordshire Referrals at Q3 are 60 to stop smoking (52 in Q2)</p>	

Goal	Target	Quarter 3 Achievement	Drivers
	<p>Gloucestershire</p> <p>Target is 42 by end of Q1</p> <p>Target is 83 by end of Q2</p> <p>Target is 124 by end of Q3</p> <p>Target is 170 by end of Q4</p>	<p>Gloucestershire</p> <p><i>Gloucestershire referrals at Q3 were 40, making a total of 113 for the year 2012/13. This was 11 below cumulative target of 124 for end of Q3 but we are expecting an increase in referrals for people giving up in "New Year" that aren't represented so far. This should put us back on track to achieve the planned 170 referrals by end of Q4.</i></p>	<ul style="list-style-type: none"> Gloucester Baseline figure for 2011/12 was 170 for smoking referrals
Improve the health of prisoners through accessible primary and mental health services	<p>1.5</p> <p>Monitoring of the prison health indicators</p>	<p><i>Prison indicators are reviewed monthly as part of the performance dashboard which is scrutinised by the Delivery Committee and Trust Board. There are 32 indicators, all of which at Q3 are green</i></p> <p>Hepatitis B Vaccine Uptake</p> <p><i>Q3 was compliant at 88.6% uptake and 87.8% coverage against a target of 80%.</i></p>	Implement the locally derived health services action plan for HM Prison Gloucester

Goal	Target	Quarter 3 Achievement	Drivers
		<p>Sexual Health Indicator is now compliant with the Second round of sexual health training now completed. This has recently happened for all staff including prison Educational and Gym staff and prisoners. The Education Department have also been providing the appropriate modules.</p>	

Domain 2: Enhancing quality of life for people with long-term conditions

We will continue to focus on outcomes that are important to those living with long-term conditions. The way we will carry out this objective will be to focus improvements upon the following:

Goal	Target	Quarter 3 Achievement	Drivers
<p>Improve dementia services in Gloucestershire:</p> <ul style="list-style-type: none"> Through staff training Ensuring that more people with a diagnosis of dementia can access appropriate services Providing appropriate assessments of need 	<p>2.1</p> <p>Increase the number of staff trained in the benefits of, and process for referral to telecare and telehealth in Gloucestershire for service users with a diagnosis of dementia (reflecting the countywide plan)</p> <p>Telecare and telehealth services use technology to help you live more independently at home. They include personal alarms and health-monitoring devices</p> <p><u>Number of people to train</u></p> <p><u>Target (70%) – 83 people</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>The target for training was 83 staff and this was achieved in Q2. To date, we have now trained 101 people.</i></p> <p><u>Number of people trained</u></p> <p><u>Current (100%+) – 101 people</u></p>  <p>0% 25% 50% 75% 100%</p>	<ul style="list-style-type: none"> Contribution to the Gloucestershire Dementia Strategy Enhancing the quality of life for people with dementia

Goal	Target	Quarter 3 Achievement	Drivers
<p>Improve dementia services in Herefordshire:</p> <ul style="list-style-type: none"> • Through staff training • Ensuring that more people with a diagnosis of dementia can access appropriate services • Providing appropriate assessments of need 	<p>2.2</p> <p>Service users within Herefordshire with a diagnosis of dementia to receive a pain assessment on admission to hospital and in community teams</p>	<p><i>In Quarter 3 the pain assessment tool has been used on 100% of appropriate Community and Cantilupe Ward patients.</i></p>	<ul style="list-style-type: none"> • Contribution to the Herefordshire Dementia care pathway • Enhancing the quality of life for people with dementia
<p>Improve services for people with a learning disability in Gloucestershire</p>	<p>2.3</p> <p>Develop and implement an outcome measurement tool that accurately captures how interventions from the LD service have resulted in improvements for the Individual or LD population.</p>	<p><i>The Health Equalities Framework outcome measurement tool continues to develop and is being implemented. The potential of this approach has been recognised nationally. An electronic data capture tool is being developed. And will be tested in Q4</i></p>	<ul style="list-style-type: none"> • Implementation of the national Green Light Toolkit to improve mental health support for people with a learning disability.
<p>Improve access to services for adults in Gloucestershire</p>	<p>2.4</p> <p>Establish and implement the Contact Centre and</p>	<p><i>The Contact Centre commenced in May 2012 providing a referral management function for the</i></p>	<ul style="list-style-type: none"> • Implementation of the Fair Horizons model of care in community services

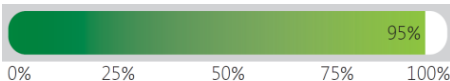
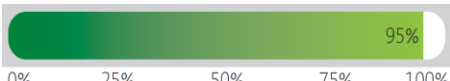
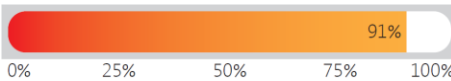
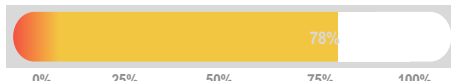
Goal	Target	Quarter 3 Achievement	Drivers
	monitor the benefits for service users and those referring to the service	<p><i>North Locality. The West Locality commenced using the service on the 16th July and the South Locality service commenced in September. The Contact Centre is continuing to review how systems can be improved and has recently provided access for GP queries related to medication with access to the on call Consultant rota.</i></p> <p><i>The Contact Centre is now receiving referrals for the Crisis teams during the hours of 9-5pm.</i></p>	
<p>Improve access to psychological therapy services for the wider populations in Gloucestershire and Herefordshire (Improving Access to Psychological Therapy - IAPT)</p> <p>In line with No health, without mental health (2011)</p>	<p>2.5</p> <p>Establish and implement a Children's IAPT in Gloucestershire</p>	<p><i>IAPT trainees have now completed their course at Reading University. The participation service, managed by Action for Children, is involved in the development of participation and strategies for children's IAPT.</i></p> <p><i>The service is currently developing routine outcome monitoring as part of the CYP IAPT transformation plan. The main focus of the service is developing a Cognitive Behaviour Therapy pathway and implementing Routine Outcome Monitoring.</i></p>	<ul style="list-style-type: none"> • <i>Implementation of the NHS Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme</i>

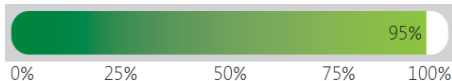
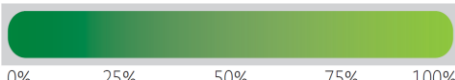
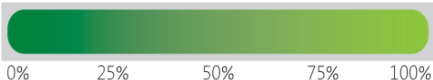
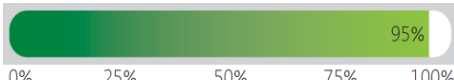

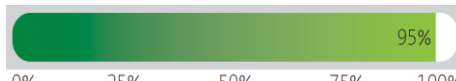
Goal	Target	Quarter 3 Achievement	Drivers
<p>Improve access to psychological therapy services for the wider populations in Gloucestershire and Herefordshire (Improving Access to Psychological Therapy – IAPT)</p> <p>In line with No health, without mental health (2011)</p>	<p>2.6</p> <p>Ensure that people in Herefordshire have improved access to Herefordshire IAPT</p>	<p><i>The integrated service across the two counties is established and providing accessible interventions across Herefordshire. A new initiative that utilises the use of iPads to reach remote patient groups through video links has been approved by the Midlands and East SHA.</i></p> <p><i>A video project is the first stage of implementation with the planned clinical interventions to commence in the next three weeks.</i></p> <p>Q1 Referrals - 387 Q2 Referrals – 347 Q3 Referrals - 349</p>	<ul style="list-style-type: none"> • Implementation of the NHS IAPT programme
<p>Improve access to psychological therapy services for the wider populations in Gloucestershire and Herefordshire (Improving Access to Psychological Therapy - IAPT)</p> <p>In line with No health, without mental health (2011)</p>	<p>2.7</p> <p>Implement an IAPT service for prisoners in HMP Gloucester</p>	<p><i>There are two streams to the prison work:</i></p> <p><i>1) IAPT Well Being Group in prison is now established. So far 14 individuals have accessed the course.</i></p> <p><i>2) Gaining Control of Your Life programme .The groups' anticipated prisoner numbers: 16 contacts per week</i></p>	<ul style="list-style-type: none"> • Implementation of the pilot IAPT service in prisons

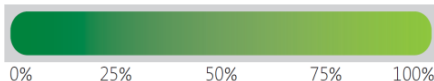
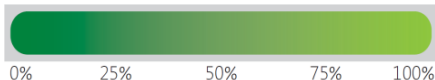
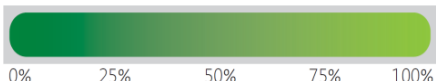
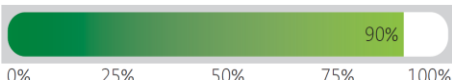
Goal	Target	Quarter 3 Achievement	Drivers
		<p><i>The Community Offender IAPT service being run in Partnership with the Probation Trust: Is still in the pilot stage and is now building up a caseload.</i></p> <p>Community Offender IAPT</p> <p><i>High intensity mental health</i></p> <p><i>Caseload Total = 19</i></p> <p><i>Low intensity mental health</i></p> <p><i>Caseload Total = 11</i></p>	

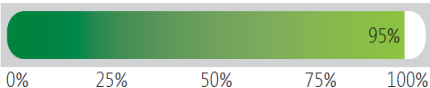
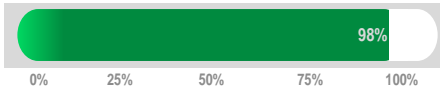
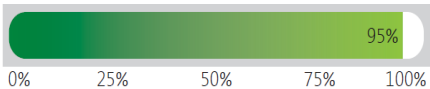
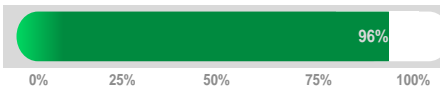
Domain 3: Helping people to recover from episodes of ill health or following injury

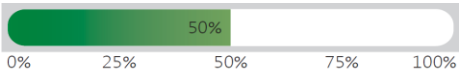
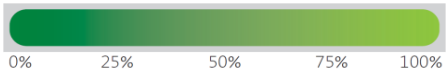
Central to the service we provide is achieving the best possible outcomes for people who develop treatable conditions. Specifically, we need to help people recover from illness or injury and prevent conditions from becoming more serious.

Goal	Target	Quarter 3 Achievement	Drivers
Ensure we follow adults up quickly and appropriately when they leave our Mental Health inpatient units. This should be within 48 hours of their discharge.	<p>3.1</p> <p>Stretch target : At least 95% of adult Care Programme Approach (CPA) receiving follow-up contact within 48 hours of discharge from psychiatric inpatient care</p> <p>(National target 95% CPA service users receive follow up within 7 days)</p> <p>Gloucestershire</p> <p><u>Target (95%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p>Herefordshire</p> <p><u>Target (95%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>Q3 shows the same result as Q2 in Gloucester but a reverse of the improvement seen in Q2 achievement in Hereford. Q2 figures were Gloucestershire - 91% and Herefordshire - 83%</i></p> <p>Gloucestershire</p> <p><u>Current (91%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p>Herefordshire</p> <p><u>Current (78%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<ul style="list-style-type: none"> Implementation of Department of Health Standards Continued implementation of the transformational change programme that is "Fair Horizons" in Gloucestershire Continued transformation of Herefordshire mental health services.

Goal	Target	Quarter 3 Achievement	Drivers
Ensure effective and responsive services for people with a first episode of psychosis	<p>3.2</p> <p>At least 95% of new psychosis cases will be served by early intervention teams</p> <p><u>Target (95%)</u></p> 	<p>Gloucestershire</p> <p><u>Current (100%) Q3</u></p>  <p>Herefordshire</p> <p><u>Current (100%) Q3</u></p> 	<ul style="list-style-type: none"> Continued implementation of the transformational change programme that is “Fair Horizons” in Gloucestershire Continued transformation of Herefordshire mental health services.
Ensure appropriate admission to psychiatric inpatient care (excludes those with organic illnesses)	<p>3.3</p> <p>At least 95% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams</p> <p><u>Target (95%)</u></p> 	<p>Gloucestershire</p> <p><u>Current (98%) Q3</u></p>  <p>Herefordshire</p> <p><u>Current (95%) Q3</u></p> 	<ul style="list-style-type: none"> Continued implementation of the transformational change programme that is “Fair Horizons” in Gloucestershire Continued transformation of Herefordshire mental health services.

Goal	Target	Quarter 3 Achievement	Drivers
Ensuring that inpatients are transferred from hospital beds swiftly when they are fit to leave hospital	<p>3.4</p> <p>Less than 7.5% of inpatient bed days will be a delayed transfer of care when they are ready to leave hospital.</p> <p><u>Target (100%)</u></p> 	<p>1.4% for Gloucestershire Q3 2.2% for Gloucestershire Q2</p> <p>0.8% for Herefordshire Q3 0.7% for Herefordshire Q2</p> <p><u>Gloucestershire (1.4%) Q3 Current (100%)</u></p>  <p><u>Herefordshire (0.8%) Q3 Current (100%)</u></p> 	<ul style="list-style-type: none"> Continued implementation of the transformational change programme that is “Fair Horizons” in Gloucestershire Continued transformation of Herefordshire mental health services.
Develop effective recovery services within Herefordshire	<p>3.5</p> <p>90% of an agreed sample of service users within Herefordshire will have an assessment completed using the Recovery Star by Quarter 4.</p> <p><u>Target (90%)</u></p> 	<p><i>The Recovery Outcomes Star measures and supports progress for service users towards self-reliance or other goals and information on its introduction will be reported in Q4</i></p>	<ul style="list-style-type: none"> Continued transformation of Herefordshire mental health services.

Goal	Target	Quarter 3 Achievement	Drivers
Reduce waiting times for children and young people within Gloucestershire	<p>3.6</p> <p>95% of non-urgent tier 3 cases will be seen within 8 weeks (children and young people's services).</p> <p><u>Target (95%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>The service is seeing a gradual increase in compliance in this area and has been achieving the target in Q1, Q2 and Q3.</i></p> <p><u>Current (98%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<ul style="list-style-type: none"> Continued transformation of children's services in Gloucestershire
Reduce waiting times for children and young people within Gloucestershire	<p>3.7</p> <p>95% of children referred for crisis home treatment will receive support within 24 hours</p> <p><u>Target (95%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>The specialist service continues to engage with children and young people experiencing greater levels of acuity.</i></p> <p><i>Procedures continue to be refined in order to ensure that this target sustains its current level of full compliance.</i></p> <p><u>Current (96%)</u></p>  <p>0% 25% 50% 75% 100%</p>	

Goal	Target	Quarter 3 Achievement	Drivers
Improve the experience of expectant mothers in need of mental health support in Gloucestershire, through staff training	<p>3.8</p> <p>An agreed percentage of staff in inpatient and community team to receive training in the maternal mental health pathway in Gloucestershire</p> <p><u>Target -102 people</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>During Q1 & Q2, the operational policy for the new maternal mental health pathway was developed and approved. In Q3 training began and, to date, 108 clinicians have been trained. Though the target has been reached, training will continue.</i></p> <p><u>Current -108 people trained</u></p>  <p>0% 25% 50% 75% 100%</p>	<ul style="list-style-type: none"> Implementing an agreed maternal mental health pathway in Gloucestershire in partnership with midwives, health visitors and GPs.

User Experience

Domain 4: Ensuring people have a positive experience of care

Quality of care includes the quality of caring. This means how personal care is provided; the compassion, dignity and respect with which service users are treated, and the extent to which they are given the level of comfort, information and support they require.

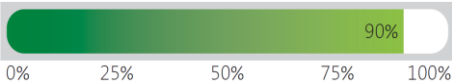
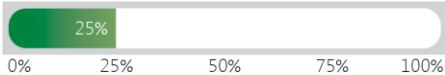
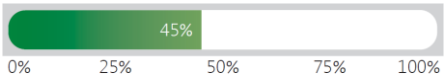


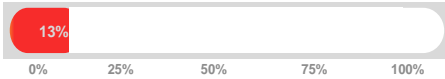
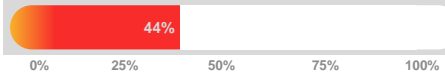
Goal	Target	Quarter 3 Achievement	Drivers
Gain feedback from service users to determine satisfaction levels with the care they are receiving, in order to change the service where appropriate.	<p>4.1 Improved results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys</p> <p><u>Gloucestershire</u></p> <ul style="list-style-type: none"> Crisis Care Do you have the number of someone in mental health service that you can call out of office hours? (National average 51%) <p><u>Target (51%)</u></p>	<p><u>Gloucester Sample Size</u></p> <p><i>Q3 Inpatient Sample size of 109/641 discharges, which is 17% of overall discharges.</i></p> <p><i>Q3 Community Sample size of 186/1430, which is 13% overall.</i></p> <p><i>Crisis Care (Q2 Results 87% inpatient and 67% Community)</i></p> <p>Gloucester Inpatient – 89%</p> <p>Gloucester Community – 79%</p>	<ul style="list-style-type: none"> Development and implementation of a Service Experience Strategy Use of new technology to gain feedback from service users in real time e.g. use of iPads

Goal	Target	Quarter 3 Achievement	Drivers
	<ul style="list-style-type: none"> Care Reviews Were you given a chance to express your views during your Care Review meeting? (National average 70%) <p><u>Target (70%)</u></p> <p>0% 25% 50% 75% 100%</p>	<p><i>Care Reviews (Q2 Results 84% inpatient and 100% Community)</i></p> <p><i>Gloucester Inpatient – 92%</i></p> <p>0% 25% 50% 75% 100%</p> <p><i>Gloucester Community – 92%</i></p> <p>0% 25% 50% 75% 100%</p>	
	<ul style="list-style-type: none"> Medication Explanation Was your medication explained to you? (National average 68%) <p><u>Target (68%)</u></p> <p>0% 25% 50% 75% 100%</p>	<p><i>Medication explanation (Q2 Results 90% inpatient and 92% Community)</i></p> <p><i>Gloucester Inpatient – 94%</i></p> <p>0% 25% 50% 75% 100%</p> <p><i>Gloucester Community – 95%</i></p> <p>0% 25% 50% 75% 100%</p>	

Goal	Target	Quarter 3 Achievement	Drivers
	<ul style="list-style-type: none"> Feeling Safe Did you feel safe in our care? (90% achievement target agreed with commissioners at end of Q1) <p><u>Target (90%)</u></p> <p>0% 25% 50% 75% 100%</p> <p>Recommending Services How likely is it that you would recommend this service to friends and family? (Target agreed with commissioners at end of Q1 is to increase from Q1 baseline scores)</p> <p><u>Inpatients Target (27%)</u></p> <p>0% 25% 50% 75% 100%</p> <p><u>Community Target (46%)</u></p> <p>0% 25% 50% 75% 100%</p>	<p><i>Feeling Safe (Q2 Results 97% inpatient and 96% Community)</i></p> <p>Feeling Safe <i>Gloucester Inpatient – 95%</i></p> <p>0% 25% 50% 75% 100%</p> <p><i>Gloucester Community –98%</i></p> <p>0% 25% 50% 75% 100%</p> <p><i>Recommending Services (Q1, Q2 and Q3 results are combined to give a cumulative score)</i></p> <p><i>Gloucestershire Inpatient – 28%</i></p> <p>0% 25% 50% 75% 100%</p> <p><i>Gloucestershire Community 50%</i></p> <p>0% 25% 50% 75% 100%</p>	

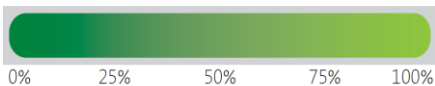
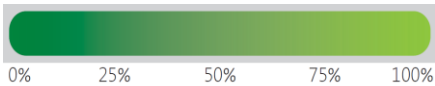
Goal	Target	Quarter 3 Achievement	Drivers
	<p><u>Inpatient and Community Target (37%)</u></p> <p><u>Herefordshire</u></p> <p>Improved results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys</p> <ul style="list-style-type: none"> Crisis Care Do you have the number of someone in mental health service that you can call out of office hours? (70% achievement target agreed with commissioners at end of Q1) <p><u>Target (70%)</u></p>	<p><i>Gloucestershire Inpatient and Community – 42%</i></p> <p><u>Herefordshire Sample Size</u></p> <p><i>Q3 Inpatient Sample size of 15/79 discharges, which is 19% of overall discharges and exceeds both the 5% target and 10% stretch target.</i></p> <p><i>Q3 Community Sample size of 53/407, which is 13% of overall and exceeds the 5% target</i></p> <p><i>Crisis Care (Q2 Results 100% inpatient and 76% Community)</i></p> <p><i>Hereford Inpatient – 80%</i></p> <p><i>Hereford Community – 77%</i></p>	

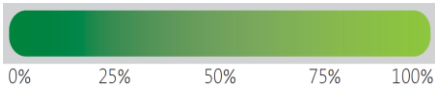
Goal	Target	Quarter 3 Achievement	Drivers
	<ul style="list-style-type: none"> Care Reviews Were you given a chance to express your views during your Care Review meeting? (90% achievement target agreed with commissioners at end of Q1) <u>Target (90%)</u> Medication Explanation Was your medication explained to you? (68% achievement target agreed with commissioners at end of Q1) <u>Target (68%)</u> 	<p><i>Care Reviews (Q2 Results 96% inpatient and 92% Community)</i></p> <p><i>Hereford Inpatient – 93%</i></p> <p><i>Hereford Community – 91%</i></p> <p><i>Medication explanation (Q2 Results 96% inpatient and 97% Community)</i></p> <p><i>Hereford Inpatient – 87%</i></p> <p><i>Hereford Community – 96%</i></p>	

Goal	Target	Quarter 3 Achievement	Drivers
	<ul style="list-style-type: none"> Feeling Safe Did you feel safe in our care? (90% achievement target agreed with commissioners at end of Q1) <u>Target (90%)</u>  Recommending Services How likely is it that you would recommend this service to friends and family? (Target agreed with commissioners at end of Q1 is to increase from Q1 baseline scores) <ul style="list-style-type: none"> <u>Inpatients Target (25%)</u>  <u>Community Target (45%)</u>  	<p><i>Feeling Safe (Q2 Results 100% inpatient and 97% Community)</i></p> <p><i>Hereford Inpatient – 93%</i> </p> <p><i>Hereford Community – 94%</i> </p> <p><i>Recommending Services (Q2 Results 54% inpatient and 4% Community)</i></p> <p><i>Reasons for the drop in the Hereford Inpatient score during Q2 are being explored</i></p> <p><i>Hereford Inpatient – 13%</i> </p> <p><i>Hereford Community – 44%</i> </p>	

Goal	Target	Quarter 3 Achievement	Drivers
Promote dignity in care	<p>4.2</p> <p>Active sign up to the National Care Campaign within the Trust to promote dignity of people who use our services.</p>	<p><i>We have signed up to the campaign as a trust and a number of senior nurses have also signed up. We are holding a 'Kissing it Better' workshop on 7th Feb where the national founder will be speaking. This is part of the national dignity campaign.</i></p> <p><i>We are promoting the Nursing Vision of the 6 C launched by the chief nurse. These are Care, Compassion, Courage, Competence, Communication and Commitment. These will be embedded within the organisations values and staff training.</i></p> <p><i>Telephone audit suggests that the Service Users Charter is displayed in 49 clinical areas in the Trust.</i></p>	<p>Ensure that all service users are cared for with dignity</p>
Ensure compliance with the national NHS "Equality Delivery System" covering all nine protected characteristics	<p>4.3</p> <p>Deliver the actions defined within the Trust equality business plan</p>	<p><i>The Trust has four equality objectives in the business plan.</i></p> <p><i>Work on translating these objectives into local actions is overseen by the Trust's Diversity Steering Group.</i></p>	<p>Implement Equality objectives to ensure including</p> <ul style="list-style-type: none"> a) Improving service user's awareness of the services available b) Improving the way service users are involved and

Goal	Target	Quarter 3 Achievement	Drivers
		<p><i>Objective 1</i> <i>A staff data validation exercise commences in Quarter 4 on a planned service by service basis, starting with Herefordshire services. The aim is to improve the quality and relevance of data captured.</i></p> <p><i>Objective 2</i> <i>The 'Let's Talk' service (Improving Access to Psychological Therapies) service has worked closely with the Community Development Team to develop a pathway into services for those whom English is not a first language. This has been done, initially, through the Health and Wellbeing groups.</i></p> <p><i>Feedback relating to these sessions has been overwhelmingly positive and through 'word of mouth' contact there is an increasing demand from local BME communities for delivery of this training.</i></p>	<p>consulted and how this is fed back to them</p> <p>c) Improving the consistency and quality of data sources and how these feed into reporting and service improvement projects</p> <p>d) To have visible and competent leaders with the capability to deliver high quality services</p>

Goal	Target	Quarter 3 Achievement	Drivers
		<p><i>Objective 3</i> <i>Service Users and carers attended recruitment and selection training in Gloucestershire and Herefordshire between October and December 2012. Participants from this training have been invited to take part in the recruitment of two Executive Director and two Non-Executive Director posts which will take place during January and February 2013.</i></p> <p><i>Objective 4</i> <i>The pilot leadership development programme for middle managers has commenced. The programme will run until early 2013.</i></p>	
Provision of high quality inpatient services	<p>4.4</p> <p>Gain accreditation with national standards (AIMS) for inpatient wards in older peoples services in Gloucestershire</p> <p><u>Target (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>This target was achieved at Q1 with all 3 Gloucestershire wards gaining the accreditation</i></p> <p><u>Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	To ensure all trust inpatients services receive AIMS accreditation with the Royal College of Psychiatrists









Goal	Target	Quarter 3 Achievement	Drivers
Provision of high quality inpatient services	<p>4.5</p> <p>Gain accreditation with national standards (AIMS) for inpatient wards in Herefordshire</p> <p>Target (100%)</p> 	<p><i>Work on this process continues and a Ward Manager from Wotton Lawn has now met with the Hereford team about the process</i></p> <p><i>A Ward manager from Hereford has been appointed to lead the project and is currently collecting evidence.</i></p> <p><i>Some areas of action have been determined and assessment is still planned to take place in Q4.</i></p>	
Improve service user experience	<p>4.6</p> <p>Finalise and implement the Service Users Charter</p>	<p><i>Service User Charter was successfully launched on world Mental Health Day 10th October 2012. The Charter was endorsed by the Trust Board on the 24 September 2012.</i></p> <p><i>Presentation of the Service User Charter has now been integrated into staff induction.</i></p> <p><i>All managers and staff informed</i></p>	Development and implementation of a Service User Experience Strategy

Goal	Target	Quarter 3 Achievement	Drivers
		<p><i>through Team Talk / Team Brief / poster distribution and staff News in Brief articles.</i></p> <p><i>Telephone audit suggests that Charter is displayed in 49 clinical areas in the Trust.</i></p>	
	<p>4.7</p> <p>Develop a Volunteers pathway</p>	<p><i>A volunteer strategy has been drafted and is being shared for comment over the next few months. Several new initiatives involving volunteers are piloted over the coming months.</i></p>	

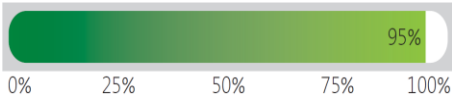
Safety

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure a safe environment for service users, staff and everyone else that comes into contact with us.

Goal	Target	Quarter 3 Achievement	Drivers
Minimising the risk of venous thromboembolism (VTE)	<p>5.1 Adult inpatients will have a VTE risk assessment on admission, using the clinical criteria of the national tool, and given appropriate prophylaxis if judged to be at risk, in accordance with national (NICE) guidance.</p> <p>Gloucestershire <u>Assessment Target (90%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p><u>Treatment Target (90%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p>Herefordshire <u>Assessment Target (98%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p><u>Treatment Target (98%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p>Gloucestershire <u>Assessment Current (96%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p><u>Treatment Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p>Herefordshire <u>Assessment Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p> <p><u>Treatment Current (100%)</u></p>  <p>0% 25% 50% 75% 100%</p>	Reducing the incidence of avoidable harm

Goal	Target	Quarter 3 Achievement	Drivers
Minimise the risk of harm to inpatients	5.2 Aim to reduce serious harm from falls by 50% (between 2010-2013)	<i>The falls rate at the end of Q3 2012-13 has increased however there is a decrease in harm caused to patients through falls</i>	Implementation of the South West Patient Safety Improvement Programme
Minimise the risk of harm to inpatients	5.3 Zero unexpected deaths in inpatient units	<i>There was 1 unexpected inpatient death during Q1 reported as a Serious Incident – therefore this target has not been achieved. The serious incident has been fully investigated, and reviewed by SHA. Advice has been issued to all wards regarding the need for electrical cables from profiling beds to be firmly attached to bed frames to minimise the risk of them being used as a ligature.</i>	Implementation of the South West Patient Safety Improvement Programme
Minimise the risk of harm to inpatients	5.4 Admission information provided from a crisis team to an inpatient unit within 4 hours of admission of a known service user - increased to 95%	<i>Information not yet available</i>	Implementation of the South West Patient Safety Improvement Programme

Goal	Target	Quarter 3 Achievement	Drivers
Implementation of the South West Patient Safety Improvement Programme	<p>5.5 Service users discharged with care plan, updated risk assessment and management plan, summary of information and medication list – increased to 95%</p> <p><u>Target (95%)</u></p>  <p>0% 25% 50% 75% 100%</p>	<p><i>Numbers of Service Users discharged with this information is yet to be ascertained. However, Wotton Lawn Hospital is piloting a user friendly information pack for service users.</i></p> <p><i>A paper questionnaire is given out on discharge with a stamped addressed envelope to return to the ward where they were admitted. Patients are returning these and they are well received.</i></p> <p><i>Credit card size cards are available to give to patients on discharge, with the 48 hour follow up appointment on and the details of the relevant crisis service, according to locality.</i></p> <p><i>A letter is also given to the patient from pharmacy on discharge with their current medication.</i></p> <p><i>And a copy sent to the GP within 48 hours of discharge.</i></p>	Implementation of the South West Patient Safety Improvement Programme

Goal	Target	Quarter 3 Achievement	Drivers
Monitor and report the numbers of serious incidents for the purpose of improving safety of services	5.6 Report on the rate of serious incidents against the number of service users in contact with our services	<i>The serious incident rate has been calculated and is reported monthly at Governance Committee. The serious incident rate per 1000 caseload at the end of Q1 was 0.3, reduced to 0.2 at the end of Q2, and rose to 0.4 at the end of Q3. The absolute number of reported serious incidents at the end of Q3 was 40, a reduction of 15 (approximately 27% decrease) from the comparable period last year.</i>	Reducing the incidence of avoidable harm
Promote service user safety	5.7 Implement the NHS Safety Thermometer (VTE, pressure ulcers, etc) and pilot the Mental Health Safety Thermometer (Violence & aggression etc). These are tools to monitor key safety indicators introduced in 2012.	<p><i>The safety thermometer continues to be used every month for all service users in older person and learning disability units, which we report to the Department of Health (DH) Information Centre.</i></p> <p><i>The DH is taking forward the Mental Health Safety Thermometer, we are not actively involved.</i></p>	Reducing the incidence of avoidable harm