

Quality Account

2010 / 2011



Mental healthcare : for people, not for profit

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PART ONE

Statement on Quality from the Chief Executive



I am pleased to introduce The Retreat's Quality Account for 2010/11.

This Quality Account is our annual report to the public and to people who use our services about the quality of care we deliver. It includes examples of improvements we have already made to the quality of the services we provide and also our plans to improve the quality of our services. It also describes some of the systems we have in place to measure quality.

This year's Account has been prepared by a Project Group representing a cross section of our community, including our Involvement Team.

The Retreat is a not-for-profit provider of specialist mental health services. We work closely with the NHS to provide services to people with complex and challenging needs. The Retreat was established over 200 years ago by Quakers and was the first place where people with mental health problems were treated humanely and with dignity and respect. Long before today's focus on recovery-orientated, inclusive services, The Retreat was providing care based on the belief that, given the right environment and if treated as equals, people using our services could be empowered to take responsibility for their own recovery.

We are very proud of our long-standing reputation for excellence and for providing care of the highest quality. We are committed to working with those who use our services to improve the quality of the services we deliver and to being able to evidence that quality improvement.

At the heart of our drive to provide services of the highest quality is the importance we place on service user and carer involvement. In September 2010 The Retreat welcomed Lizzy Ferguson into the new, full-time post of Involvement Development Worker. A key part of her role has been to help The Retreat develop an Involvement Strategy that supports the principles of recovery and ensures the needs of people who use our services underpin everything we do. The Involvement Team has already taken a key role in developing many of the priorities described in this Account. Lizzy sits on the Governance Committee and was a core member of the Project Group who were responsible for the development of this year's Quality Account. Lizzy describes The Retreat's approach to Involvement in more detail on page 5.



Alongside the appointment of an Involvement Development Worker, 2010 also saw us appoint Bronwen Gray as Resident Quaker. A key part of Bronwen's role is to ensure that The Retreat meets the spiritual needs of the people who use its services.

Given the above, it is probably not surprising that two of our priorities for action in 2011/12 relate to further development of our work in relation to Involvement and to Spirituality.

Looking back over 2010/11, I am pleased to report that we have made solid progress with the priorities we identified in last year's Quality Account. You can read more about these items on pages 18-20 of this Account.

In addition to the above, we have made significant investment in improving the quality of the patient environment in two of our services. We have upgraded Katherine Allen (our unit for female older adults) and also extended The Tuke Centre (our Community Psychological Therapies Centre), allowing us to remove some temporary therapy rooms. Both these projects have involved people who use the service in their development. Looking ahead, we have further plans to enhance the quality of the environment in our Older Adult Services and, in addition to the development of The Cottage in the grounds of The Retreat, we are going to move our Haxby service to a modern, single storey facility in Strensall which will provide a much improved environment for the service.

We recognise that highly trained, committed and valued staff are a key component of any high quality service and we were disappointed with some of the results of last year's staff survey. Since then we have taken a number of steps to address some of the concerns raised. These include the introduction of quarterly face-to-face team briefings/open forums conducted by the Director of Clinical Services and myself; work to ascertain stress levels amongst clinical teams and to help them produce an action plan in response to these; the establishment of a staff group to look at terms and conditions; and the strengthening of our training function. We have also developed a new, competency-based appraisal system and put in place robust systems to make sure every member of staff receives an annual appraisal supported by regular feedback.

We were reassessed for our Investors in People accreditation at the end of 2010, as part of which thirty-two members of staff were interviewed by the Assessor. I am pleased to report that we retained our accreditation and received a very favourable report. The assessor writes "The passion of all staff shone throughout the review visit. The Retreat is a special community". The full report is available by following the link: http://www.theretreatyork.org.uk/assets/files/theretreat_iipreport.pdf

We continue to develop and improve our systems for evidencing the quality of our services. The Governance Committee and its supporting framework is now well embedded in the organisation and acts as an effective link between the clinical work and our Board of Directors, subjecting the raw information to careful scrutiny and providing a Quarterly Report to Directors.

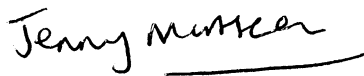
All services have been routinely collecting outcomes data and producing an Annual Clinical Review for the Board for four years. All services now produce an annual Quality Improvement Plan.

In order to improve our systems for data collection, to assist us in our work to improve the quality of our services and to enable us to provide evidence of that quality, we have recently created a new Quality, Compliance and Business Unit under the leadership of an Associate Director.

We have also strengthened our clinical leadership at unit level by creating the positions of Clinical Team Managers with full autonomy to manage their unit on a day-to-day basis. We believe that this will improve the quality of decision making as decisions affecting a particular service are now made as close to that service as possible.

Undoubtedly the next few years will be testing for all of us working in the healthcare sector as we face the financial challenges ahead. I am confident that The Retreat will continue to provide high quality services with positive outcomes, both for those who use our services and for those who commission and pay for them, and that those services will represent value for money.

On behalf of The Retreat, I affirm my commitment to providing high quality services and confirm that to the best of my knowledge the information contained in this report is accurate.



Jenny McAleese
Chief Executive

Involvement at the Retreat

Service user and carer involvement is the cornerstone of contemporary health and social care. At its widest level mental health service users can be viewed as part of a larger Involvement movement, concerning itself with social change and the transformation of services.

The Retreat understands the importance of involving the people who use its services and the friends, families and carers involved with each person. The Involvement Team works closely with the people who use our services to ensure that they are fully involved in their own care and in service development.

Importantly Involvement means different things to different people and comes in different shapes and sizes. At The Retreat the emphasis is on including everyone to ensure that they have the opportunity to be heard. In order to do this the Involvement structure is flexible and creative and is determined and driven by the people who use the services. The two goals of Involvement are to empower individuals and develop a service that encourages people to be involved in their own care.

The Involvement Team is a group of dedicated staff who work across the organisation to ensure that there are opportunities for all carers and all the people who use the services to be involved in all aspects of care and development.

[Lizzy Ferguson](#)
[Involvement Development Worker](#)



Resident Quaker

As Resident Quaker my role involves promoting the Quaker values and ethos of The Retreat. I try to raise awareness of what Quakers are about, through information leaflets, displays, and regular introductory sessions for staff. I also run a session on The Retreat's history for all new staff.

We hold regular Quaker worship here which is open to anyone to attend. Quakers are respectful of other spiritual paths and encourage people to follow their own inner guide, so our worship here and our support for patients focuses on upholding and supporting others on their journeys, wherever they may be.

[Bronwen Gray](#)
[Resident Quaker](#)



PART TWO

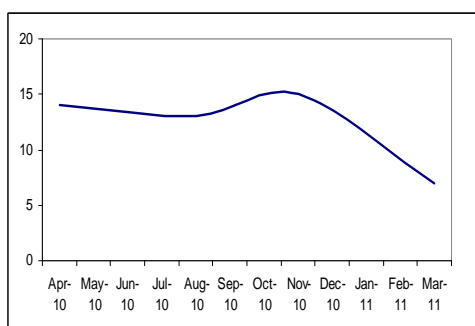
Priorities for improvement 2011/12

PATIENT SAFETY

Priority 1 - To improve the way in which we manage and support individuals who experience verbal or physical conflict when in our care. We will introduce a range of measures to reduce incidents and improve our management of incidents that occur.

Rationale

Our Risk Management reports, Safeguarding audits and Involvement Workers have all raised concerns about the number of patient to patient conflict incidents on the Older Adult units.



Patient to Patient Conflict Incidents 2010 – 2011

During September and October 2010 environmental changes and a change to the nursing and observation practices of specific patients on an Older Adult unit were introduced. The results from these changes have shown a drop in the number of patient to patient conflict incidents on the unit and as a result of this it has been decided to incorporate these changes into other units within The Retreat.

Plan

The following changes will be introduced in the next 12 months:

- Incorporate the use of zonal observation into our policy and roll out across other units.
- Improve environments where patient to patient conflict incidents are most common.
- Introduce guidance for patients and staff on the management of patient to patient conflict. (This includes the introduction of a new complaints procedure).
- Provide patients with Safeguarding awareness training.

Monitoring

The monitoring of these changes will be by our Risk Management Group and the Incident Reporting system.

Reporting

Reporting will be through the Governance Committee via the Risk Management Group and quarterly reports will be produced for the Board.

Project Lead: Risk Manager

Senior Management Lead: Associate Director of Clinical Services



CLINICAL EFFECTIVENESS

Priority 2 - To improve the use of the Health of the Nation Outcome Scale (HoNOS). To achieve this we will extend its use to those patients for whom we are not currently contractually obliged to provide the data. We will also ensure that regular HoNOS scores produced are analysed and passed to the clinical teams to monitor and inform the recovery process.

Rationale

Since April 2010 we have submitted the National Minimum Data Set (NMDS) monthly as part of our contractual requirement to some commissioners. We provide them with clinical information which includes HoNOS scores for their patients who use our services. The NMDS requires that every patient should have regular HoNOS scores produced as a part of good clinical practice. We wish to make this process clinically relevant.

Plan

- This will be achieved by completion of the CORE/HoNOS assessment found on our electronic patient records system (FACE) by clinical staff.

Monitoring

Monitoring will be carried out by the Clinical Teams by means of a monthly summary report produced by the Quality, Compliance & Business Unit.

Reporting

Reports will be provided to the CPA (Care Programme Approach) Group, Governance Committee and to the Board by Quarterly Report.

Project Lead: Audit & Information Manager

Senior Management Lead: Associate Director of Quality, Compliance and Business



PATIENT EXPERIENCE

Priority 3 - To improve the involvement of people using our services by the introduction of Advanced Statements, designed and written by people who use our services.

Rationale

The Care Quality Commission suggested that one area that we could improve was to be able to demonstrate that people who use our services are involved in the planning of their care. We are keen to ensure that our electronic record keeping system is underpinned by a human process with the views of those who use our services at its heart. We have, therefore, set up a project team to ensure that people who use The Retreat's services are given the opportunity to design and develop an Advanced Statement. By 2012 all people using our services will have had the opportunity to complete an Advanced Statement.

Plan

- The first level of Involvement is to support people to be involved in their own care and to use their unique expertise to direct their care.
- Every person using the services at The Retreat will be given the opportunity to take part in workshops run by other service users and staff members to design an Advanced Statement template. This will become a service user defined standard that all individuals using the service will be supported to complete.

Monitoring

The organisation will develop processes to ensure that the information contained in the Advanced Statements is included in the care planning and risk assessments of the people using the services. The Statements will be reviewed at intervals and will be held by the individuals. Audits will ensure that they are being completed. It is estimated that the statements will be repeated every six months or at the request of the service users.

Reporting

Progress reporting will be to the Governance Committee through the Involvement Report.

Project Lead: Involvement Development Worker

Senior Management Lead: Director of Clinical Services



PATIENT EXPERIENCE

Priority 4 - To further enhance the patient experience in the area of Spirituality.

Rationale

Valuing and enhancing the spiritual life of all individuals and the community is central to the work and culture of The Retreat. While this work has always featured in care for people here, we are keen to look at it more closely in order to ensure that needs are being met across The Retreat.

Plan

- The newly formed 'S' Group will research and record any activity taking place in this area and maintain this record. Recent activity includes a community wide Carol Service and Good Friday Service, fortnightly hymn singing, monthly Holy Communion, opportunities for people to plant roses in memory of deceased friends and relatives and regular mindfulness practice on several of our units.
- The Group will work closely with the people who use our services to find out how best to meet their needs. A recent Involvement questionnaire elicited helpful responses under the heading: 'What is important and what keeps us going?' Relationships featured highly. We will consult staff to find out what training or support they need.
- The Group will raise awareness of Spirituality across The Retreat, amongst the people who use our services, staff, visitors and carers.

As part of this we will develop a shared understanding of what Spirituality means and raise awareness of this. Our shared understanding so far is along the lines of what uplifts us, what makes us whole and what connects us. This is being consulted on over the next three months.

- The Group will organise training for staff to equip them to support the people who use our services appropriately. The first session on 'Living with Death' took place on 5 April led by a local hospice Chaplain. The Group will aim to look for opportunities to share its work outside the organisation as well as looking for ways to invite others into the organisation.

Monitoring

The Group will explore whether an assessment tool should be made available, and if so, organise the implementation of such a tool.

Reporting

Reports will be made by the Resident Quaker to both Governance Committee and Directors' meetings.

Project Lead: Resident Quaker

Senior Management Lead: Chief Executive



Statements relating to quality of NHS services provided

Statement of Assurance from the Board



The Retreat Board of Directors strongly welcomed the introduction of an annual Quality Account as a way of strengthening its commitment to all aspects of quality in the care of people who use our services.

Working in close collaboration with The Retreat's Senior Management Team, the last eighteen months have seen the Board strengthening its involvement in the monitoring of all aspects of quality. In particular, the Board now receives a wider range of relevant reports on incidents and processes and is strongly represented on The Retreat's newly restructured Governance Committee. This Committee reports directly to the Board, two Directors are members of the Committee

with one of them serving as Chairman. The quality information provided is also linked to risk through a new traffic light system enabling the Board to focus quickly on issues that could possibly compromise the quality of service delivery via a dashboard reporting system.

In addition to the Board's collective activities in relation to quality, individual members of the Board also discharge a number of responsibilities which bring them directly into contact with all aspects of The Retreat's work.

The Board is clear that it has a responsibility to be sure that all The Retreat's approaches to quality reflect innovation as well as adherence to relevant external guidelines and standards. The newly formed Quality, Compliance and Business Unit of The Retreat informs the Board via the Governance Committee of contractual performance, standards compliance and performance reporting. This further ensures that The Retreat is meeting its contractual and quality obligations.

The priorities set out in this Quality Account have the Board's total support and the Board will do its utmost to see they are brought to fruition.

A handwritten signature in black ink, appearing to read 'Stuart Humby'. The signature is stylized and includes a long horizontal line extending to the right.

Stuart Humby
Chairman of Directors
Chairman of Governance Committee

Review of services

During 2010/11 The Retreat provided eight NHS services in three service areas.

The Retreat has reviewed all the data available to them on the quality of care in eight of these services. In addition to clinical audits and clinical research, each named service produced an annual clinical report which was presented to the Board for review.

The income generated by the NHS services reviewed in 2010/11 represents 93% of the total income generated from the provision of NHS services by The Retreat for 2010/11.

The services we provided are as follows:

Specialist Adult Services

Naomi is a specialist service for adults using a treatment approach informed by Cognitive Behavioural Therapy (CBT) in a therapeutic environment which promotes recovery from a range of problems. These include eating disorders, mood disorders and anxiety disorders including obsessive compulsive disorder and post-traumatic stress disorder.

The Acorn Programme is a Dialectical Behaviour Therapy (DBT) informed Therapeutic Community. The programme uses intensive psychological therapies for women who engage in self-defeating behaviours including self-harm and disordered eating to cope with emotions and relationships. Many have experienced trauma and abuse and have a diagnosis of borderline personality disorder.

Hannah Mills unit provides assessment and rehabilitation for people with complex mental health problems including psychosis and bipolar affective disorder. It also offers treatment for alcohol addiction or abuse and for people identified as having a dual diagnosis. We help people whose ability to maintain independence in the community is compromised by distress resulting from their life experience.

Specialist Older Adult Services

George Jepson and Katherine Allen are two gender specific units for older adults presenting with challenging behaviours of either an organic or functional nature. The units provide person-centred recovery-orientated interventions in a stimulating environment. In conjunction with Katherine Allen II and The Retreat Haxby, these units can provide a stepping stone to more independent living or continuing care where this is not possible.

Katherine Allen II unit works closely with Katherine Allen and George Jepson units. It empowers more physically able and socially active patients to live as independently as possible.

The Retreat Haxby is a community rehabilitation unit for older adults (50+) with mental health problems many of whom have spent long periods of their life in hospital. Based in the village of Haxby, patients can access local community facilities and benefit from

a real sense of social inclusion. We accept referrals for short stay eg assessments and for long stay placements.

New Developments for Older Adult Services in 2011

In 2011 The Retreat started a major piece of work to develop pathways for its older adults, as follows:

- Long-term Care Pathway - for high need patients to enable them to reach their potential. The key focus is on environment and non-pharmacological management.
- Dementia Care Pathway - for people with dementia or cognitive impairment requiring long-term hospital treatment.
- Rehabilitation and Recovery Pathway - primarily for people with partially treated functional disorders. The aim is to move on to some form of independent living or community placement.

As part of this work in 2011 we will open a new service. The Cottage is situated in the grounds of The Retreat with access to all its facilities. This unit will feel like the person's own home yet will be able to provide 24 hour support to people who may be detained under the Mental Health Act and are stepping down from more secure facilities.



Community Psychological Therapies

The Tuke Centre provides high quality counselling, psychotherapy, psychiatric and psychological services for individuals, groups, couples and families. These include specialist services for trauma, personality disorders and eating disorders.

The Tuke Centre also provides employee assistance programmes for organisations along with specialist support and consultancy for employers and managers.

Participation in clinical audits

Information on participation in clinical audits

During 2010/11, four national clinical audits and no national confidential enquiries covered NHS services that The Retreat provides.

During that period The Retreat participated in 0% national clinical audits. It participated in no confidential enquiries because none were relevant to our services.

The Retreat reviewed the following national audits:

- Depression and Anxiety (National Audit of psychological therapies)
- Prescribing in Mental Health Services (POMH)
- National Audit of Schizophrenia (NAS)
- National Audit of Dementia

and was not eligible to take part due to not having sufficient patient numbers.

The Retreat took part in the Community of Communities audit in 2010/11. The results and recommendations are not available at the time of this Account but will be incorporated in to the Acorn Programme's Quality Improvement Plan for 2011/12.

The Retreat undertakes an audit programme of clinical performance which is reported to the Audit Group and Governance Committee. The reports of ten local clinical audits were reviewed in 2010/11 and the organisation has taken action as a result of these findings to improve the quality of the care provided. Each audit is undertaken in accordance with the stages of the Audit Cycle. The Audit Programme for 2011 can be provided upon request.

The Retreat continually reviews the Department of Health guidance for National Audits topics for inclusion in Quality Accounts and will incorporate these as appropriate into the annual Audit programme.

Local clinical audits completed in 2010/11

	Compliance Against Standards
Lorazepam/Diazepam (Usage & Documentation)	Yellow
Section 17 Leave Forms	Green
Section 18 AWOL	Green
Forms T2/T3 Consent to Treatment	Green
Multi-disciplinary Health Records	Green
HoNOS Scores (Adult Service)	Yellow
CORE Assessment Completion	Yellow
High Dose Antipsychotic Prescribing	Green
Carers' Strategy	Green
Care Plans (Documentation & Quality)	Yellow
Key	
Minor level of changes to practice identified as a result of the audit	Green
Moderate level of changes to practice identified as a result of the audit	Yellow
Significant level of changes to practice identified as a result of the audit	Red

Participation in clinical research

The number of patients receiving NHS funded care recruited during 2010/11 to participate in research approved by our Research and Audit Committee was five.

The level of participation in clinical research demonstrates The Retreat's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Commitment to research as a driver for improving the quality of care and patient experience:

Research activity at The Retreat during 2010 has not required approval from an external research ethics committee as projects have been considered as service evaluation. There have been two projects reviewed by The Retreat's Research Governance Group:

- A project formed part of the multi-centre study investigating the wellbeing of carers of people with eating disorders (had previously received approval from external research ethics committee).
- A study evaluating service development of new pathways to recovery (did not require formal submission to external ethics committee - advice received from NRES).

Ongoing research projects during 2010 included a pilot pre/post therapy neuro-imaging project, an occupational therapy clinical supervision pilot study and a qualitative evaluation of the provision of an art therapy group.

The Retreat recognises the importance of clinical research and is considering a proposal to increase the level of research activity. During 2010 resources were directed to increasing service evaluation to ensure all services assess clinical effectiveness and in turn integrate this into patient clinical reviews and service area annual reports.

One peer-reviewed journal publication in 2010 by Retreat clinicians reported (statistically) significant reductions in psychological distress on long-term follow-up of patients who completed the Acorn Programme. This improvement was not evident in a comparison group of people who were referred but who did not complete the programme.

There was further dissemination of service evaluation and development projects via paper presentations and workshops at conferences. This was provided by six Retreat staff at three national conferences during 2010.

The Retreat's enquiring stance, collaborative service user involvement in research, together with a combination of quantitative and qualitative approaches, help facilitate a continued exploration of the key factors in mental health recovery. Our aim is to maximise the contribution The Retreat's services provide to the particular stage of an individual's pathway.

Use of the CQUIN (Commissioning for Quality and Innovation) payment framework

A proportion of The Retreat's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between The Retreat and NHS North Lancashire with whom they entered into a contract for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available from the Director of Clinical Services.

Statements from the CQC (Care Quality Commission)

The Retreat is required to register with the Care Quality Commission and its current registration status is in respect of:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

On our successful registration in August 2010, under the new Healthcare Act 2009, we had one condition relating to the appointment of a Registered Manager. A Registered Manager has now been appointed.

The Care Quality Commission has not taken enforcement action against The Retreat during 2010/11.

The Retreat has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data Quality

The Retreat did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Work is being undertaken in the coming year to develop a more robust process for the managing of corporate records with the implementation of an organisational Records Management and Information Lifecycle Policy.

In 2010 The Retreat did not use the NHS Information Governance Toolkit but adopted a local version based on some of these standards. The NHS Information Governance Toolkit has now been adopted in 2011 and work has taken place to measure compliance with the implementation of action plans for any areas of non compliance.

The Retreat was not subject to the Payment by Results Clinical Coding Audit during 2010/11 by the Audit Commission.

The Information Governance Toolkit

There is a mandatory requirement for The Retreat to complete an annual central return to NHS Connecting for Health (as part of our contracts with our commissioners) to measure our compliance across the following areas of Information Governance:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

There are a range of standards within these six areas and we are required to self-assess ourselves at one of four levels of compliance against each of these standards; 0 being the lowest level and 3 the highest. Our NHS contracts require us to achieve at least Level 2 compliance against all of these standards.

Achievement against requirements

The actions for each standard are assigned to a Lead Officer to complete. The Audit & Information Manager, with the support of the Information Management Group, will

assess the level of compliance against the requirements giving any supporting evidence and describing improvement plans to move to the next level of compliance.

Review of our data quality

The Retreat will be taking the following actions to improve data quality.

In 2010/11 The Retreat has reviewed The Essential Standards of Quality and Safety which replaced the National Minimum Standards in 2009. Our self assessment identified a number of areas that needed improvement including the Safeguarding of Vulnerable Adults. This resulted in devising training and awareness strategies to ensure that staff have sufficient knowledge and skills to deal with potential problems. The importance of this work has led us to identify this as a priority for the coming year.

Our performance metrics are reported and monitored through our Governance Committee and its quarterly reports to the Board.

Part 3

Review of quality performance in 2010/11

Update on Priority 1 – Improve our outcome measures and link them to the CQUIN scheme

2010/11 was the first year The Retreat participated in the CQUIN Programme.

As an Independent Provider, this has given us the opportunity to determine our quality achievements in a focused and systematic way. We have worked closely with NHS North Lancashire, Host Commissioner to a number of PCTs in the North West region. The following is confirmation of our CQUIN from NHS North Lancashire:

“NHS North Lancashire, working in a collaborative Mental Health Contract is pleased to confirm The Retreat has met the requirements of the CQUIN 2010/2011.

In their first year The Retreat has achieved the full 1.5%.

0.5% for the Minimum Data Set. This is in particular relation to HoNOS, assisting toward the Payment by Results Framework and 1% for the Outcomes Framework.”

Julie Cornwall
Specialist Information – Mental Health Lead
NHS North Lancashire

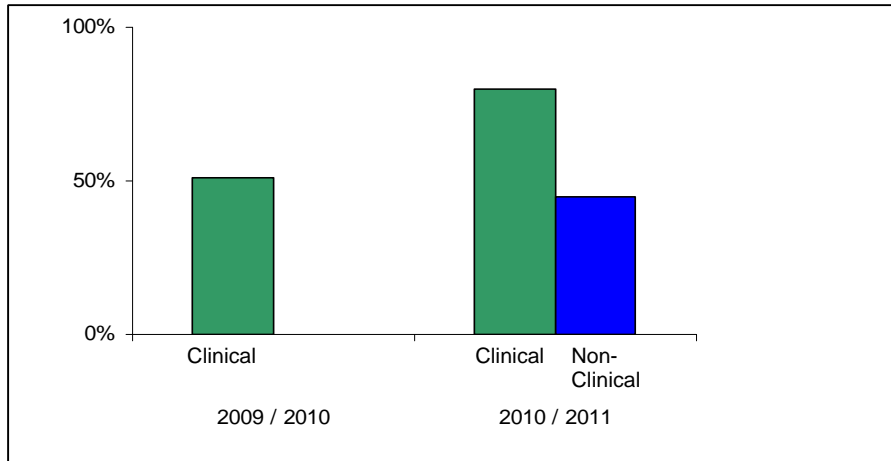
Update on Priority 2 – Continue to improve staff awareness, compliance and training on Safeguarding Vulnerable Adults

In 2010 we achieved our aim of ensuring the majority of clinical staff are trained to be Safeguarding Alerters, with 91% of clinical staff having received Safeguarding training by the end of the year. In the first half of 2011 this figure has dropped slightly due to staff turnover. We also ensured that sufficient senior staff received Referrer/Responder training.

In 2011, while continuing to provide Alerter training, we are providing Safeguarding awareness training to non-clinical staff and increasing the number of senior staff trained to conduct Safeguarding Investigations. In addition to training, in 2010/11 our ongoing commitment to Safeguarding has been demonstrated by:

- Commissioning our Involvement Team to provide meaningful Safeguarding training to people who use our inpatient services.
- The establishment of a register recording Safeguarding Alerts and Outcomes.
- The identification of a domestic abuse lead.

- The inclusion of Safeguarding responsibilities in job descriptions.
- Continued compliance to CQC essential standards and NHS contractual requirements in relation to Safeguarding (as demonstrated by recent positive audits).



Safeguarding Training - % of staff trained at Level 1

Update on Priority 3 – Appoint Carer Consultants

Over the year the Involvement Team has benefitted from the addition of a Carer Involvement Worker, who has reviewed our work and improved our strategy. The addition of the Carer Involvement Worker has been welcomed by York LINK, the local Healthcare Involvement Network.

Our Carers' strategy is overseen by a Carers' Group chaired by the Carer Involvement Worker and implemented locally by two link workers in each service. These roles have specific role descriptions and are provided with support by the Carer Involvement Worker.

The following initiatives have been implemented or will be implemented as part of the strategy in the coming year:

- The Naomi unit (which specialises in eating disorders) has been provided with a specifically designed Carers' Nutritional Awareness Workshop. Similar programmes are to be provided to the other services over the coming year.
- Currently a Carers' Support Group, for the eating disorder service, meets monthly and is expanding. Similar groups are planned for the other services.
- The Carer Involvement Worker is raising the profile and awareness of young carers in The Retreat. The Carers Centre York has worked with the Carer Involvement Worker to deliver joint training with young carers.
- Developing a national network of Carer-orientated services has been a priority, especially for carers who are out of area.

- The Carer Involvement Worker is reviewing the Carers' Handbook through a process of consultation.
- A local forum for carers is being designed for The Retreat and its joint ventures, Garrow House and York House.
- A unique contribution made by the Carer Involvement Worker has been the development of the children's facilities at The Retreat and the raising the awareness of their needs.

2011 has been a very fruitful and positive time to date and we look forward to the continuing development of this important addition to The Retreat's services.

Complaints Report

A total of nine complaints were received during the financial year 2010/11.

The table below shows the reasons for the complaints.

Reason for the Complaint	Number	Number
Attitude of staff	4	2 Upheld 2 x Withdrawn
All aspects of clinical treatment	3	1 Partially Upheld 2 x Withdrawn
Personal records (including medical and / or complaints)	1	Upheld
Failure to follow agreed procedures	1	Upheld

(Complaint Categories are as defined by the Department of Health)

Complaints Dealt with within 25 Working Days

All complaints received were dealt with within 25 working days.

Learning from the Complaints:

- The handling of patient information has been reviewed which has brought about changes to procedures on units.
- Staff on units have been reminded about the need to be aware of the sensitivities that some patients have and how to handle these situations.
- Staff have been made aware that every effort must be made to communicate information to the relevant patient about meetings that affect them.

Compliments Report

Prior to 2011 we had no formal system in place for recording compliments. We have introduced a Compliments Policy and each unit will now keep a log. A summary of this information will go to the Governance Committee on a quarterly basis.

The following metrics have been chosen to measure our performance against internal Retreat Standards:

Safety

Indicators			
1	Number of incidents reported to the CQC as Serious Untoward Incidents (SUIs).	0.3 (per 100 patients)	
2	Safeguarding - number of incidents that resulted in patient to patient conflict.	38.9 (per 100 patients)	
3	Mental Health Activity – number of incidents reported that resulted in a breach of Section 18 of the Mental Health Act.	7.4 (per 100 patients)	
4	Medicines Management Incidents – number of incidents that related to the administration, management and handling of medicines.	44 (per 100 patients)	
5	Use of Seclusion - Number of occasions where seclusion was used.	0 (per 100 patients)	
6	Incidents reported to the CQC - Number of incidents that we reported to the CQC.	5.1 (per 100 patients)	

Patient Experience

Indicators			
1	Number of Health of the Nation Outcome Scale (HoNOS) reports produced.	105 (per 100 patients)	
2	Recovery orientated patient satisfaction measure.	Not collated in 2010/11	
3	Complaints - number of complaints received.	2.7 (per 100 patients)	
4	Use of MOVA (Physical Restraint) – number of times restraint was used.	41.9 (per 100 patients)	
5	REAT Inspections – Annual inspection results (Number of actions) following environmental inspections on clinical units.	85.25% (No of actions completed)	
6	25 hour week activity	Not collated in 2010/11	

Clinical Effectiveness

Indicators			
1	Key Audit findings and actions.	10 (Audits completed)	
2	Sickness Absence Levels.	4.6%	
3	Staff off sick with stress.	1.9 (per 100 Staff)	
4	Use of Bank/Agency staff – number of shifts used.	> 5% of total shifts	
5	Staff vacancies.	13.7%	
6	Appraisals completed.	99%	
7	Training completed – Average figure for mandatory staff training.	79.9%	

Key

Reached required standard	
Actions identified to reached required standard	
Significant actions required	



Information on the National Patient Survey

The Retreat openly encourages the people who use our services to give their feedback on all aspects of their care and treatment. This ensures that we can constantly improve the services that we offer. In order to gather these views formally, we use the National NHS Patient Survey which enables us to benchmark ourselves against NHS Mental Health Trusts. The Retreat undertakes the Patient Survey as part of our annual programme of Patient Experience Surveys. During the 2010/11 period the Patient Survey was conducted twice across the organisation in June 2010 and January 2011. In the most recent survey patients were asked:

‘Overall how would you rate the care you receive at The Retreat?’

Responses given were as follows:

Excellent	(34%)
Very Good	(39%)
Good	(20%)
Fair	(7%)
Poor	(0%)

‘Overall, do you feel you are treated with respect and dignity while at The Retreat?’

Responses given were as follows:

Yes, always	(66%)
Yes, sometimes	(29%)
No	(5%)

All results were reported to the Audit Group and the Governance Committee and actions were taken to improve the overall ‘patient experience’.

2010/11 Patient Surveys Completed

	Compliance Against Standards
Patient Survey (June 2010)	Yellow
Patient Survey (January 2011)	Yellow
Outpatients Survey	Green

Key

Minor level of changes to practice identified as a result of the audit	Green
Moderate level of changes to practice identified as a result of the audit	Yellow
Significant level of changes to practice identified as a result of the audit	Red

Further information on results of the Patient Survey can be provided upon request.

Comments taken from the most recent Patient Survey (January 2011)

Was told by a friend that she has never looked back since being at The Retreat despite many problems.

Staff members really care and spend time listening to me.

This is an excellent place and I am very lucky to be here.

Everyone listens and is supportive and helpful towards each other.

The whole package is very collaborative and I feel like an equal. It is an extremely supportive environment.

The staff are wonderful, much more supportive than anywhere else I have been as a patient. I feel much more respected and included in my care.


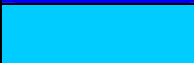

Information on the National Staff Survey

The Retreat undertakes the National Staff Survey on an annual basis. Data collected is used to benchmark against NHS organisations and to assist in improving working conditions and practice for Retreat staff. The results of the survey were reported to the Governance Committee and to the Senior Management Team.

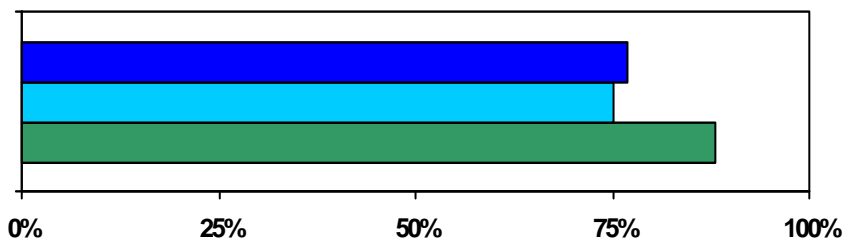
Highlights

This section highlights the four key findings for The Retreat which compare most favourably against other mental health/learning disability trusts and PCTs in England.

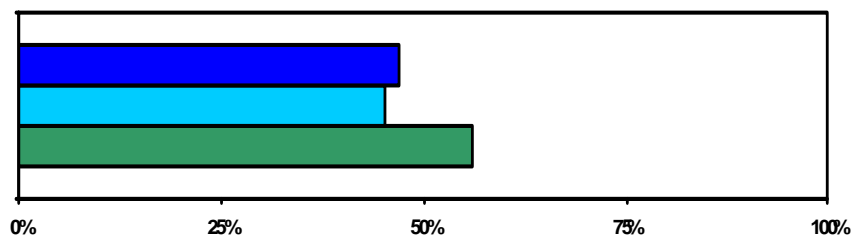
Key to Graphs

PCTs with Mental Health / Learning Disability Services	
Mental Health / Learning Disability Trusts	
The Retreat	

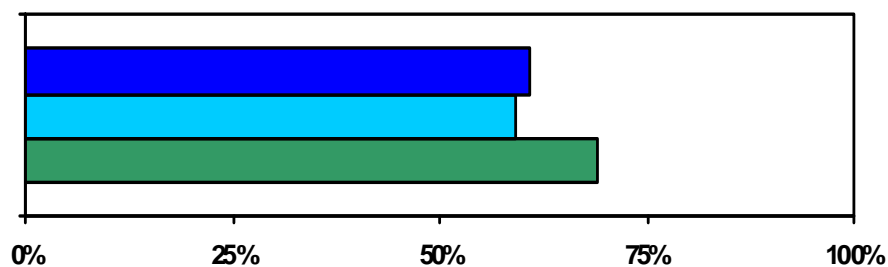
Staff receiving health and safety training in the last 12 months



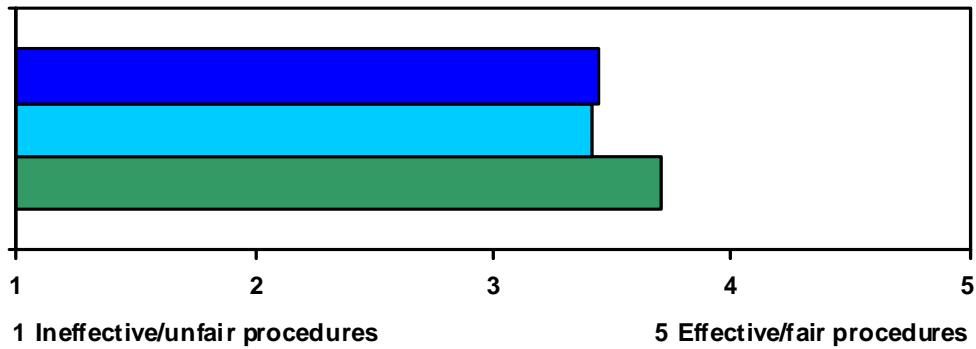
Staff understand their role and where it fits in



Hand washing materials are always available



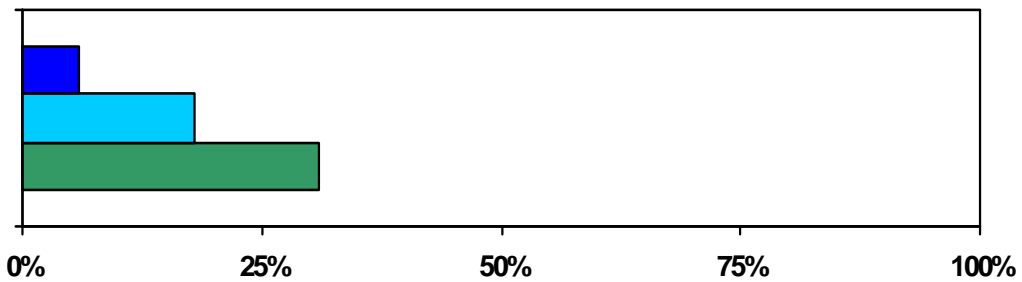
Fairness and effectiveness of incident reporting procedures.



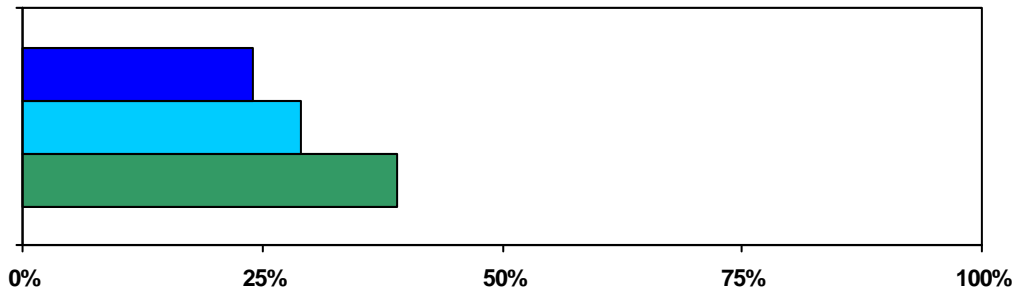
Lowlights

This section highlights the lowest four key findings for The Retreat which compare against other mental health/learning disability trusts and PCTs in England.

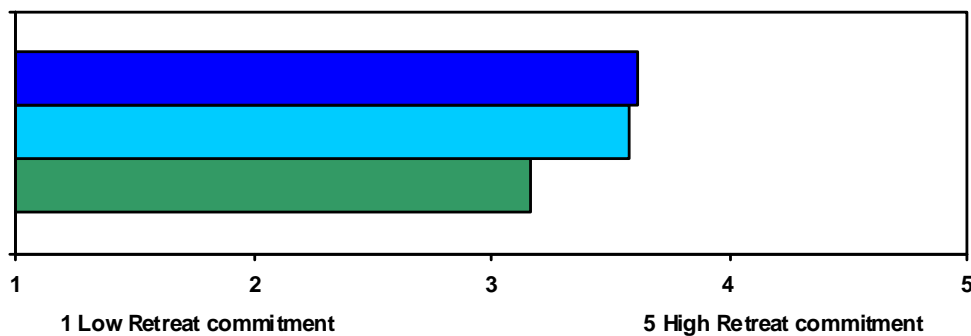
Staff experiencing physical violence from patients / relatives in last 12 months



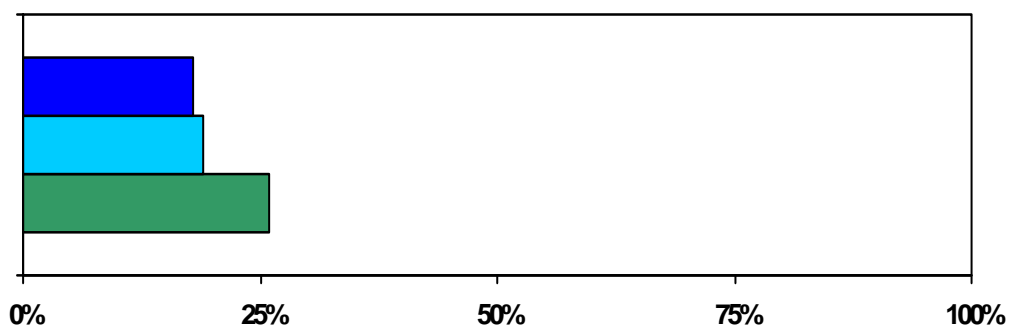
Staff witnessing potentially harmful errors, near misses or incidents in the last month



Retreat commitment to work-life balance



Staff feeling pressure in the last 3 months to attend work when feeling unwell



Indicator	The Retreat	PCTs with MH/LD services	MH/LD Trusts
% staff working in a well structured team environment	38%	48%	41%
% staff reporting errors, near misses or incidents	97%	96%	97%
% staff working extra hours	59%	65%	63%
% staff reporting good communication between senior management and staff	26%	32%	29%
% staff able to contribute towards improvements at work	71%	69%	68%
% staff feeling there are good opportunities to develop their potential at work	46%	46%	48%
% staff agreeing that their role makes a difference to patients	94%	89%	90%
Staff job satisfaction (Scale: 1 Dissatisfied Staff – 5 Satisfied Staff)	3.62	3.60	3.56
Work pressure felt by staff (Scale: 1 Low work pressure – 5 High work pressure)	3.2	3.06	3.02
Staff intention to leave jobs (Scale: 1 Unlikely to leave – 5 Likely to leave)	2.6	2.53	2.58

A range of measures have been implemented to address any areas in which improvement was indicated (see statement from the Chief Executive). In addition to these, the way in which future staff surveys will be conducted and how we identify actions that arise from them is under review by the Senior Management Team. The survey that will be impartially conducted in the third quarter of 2011 will also generate a clear set of actions.

Statements from PCTs and LINK

A draft copy of The Retreat's Quality Account was sent to colleagues at NHS North Yorkshire and York, NHS North Lancashire and York LINK. Please see below statements from these organisations.

NHS North Yorkshire and York

NHS North Yorkshire and York continue to enjoy a long standing positive working relationship with The Retreat.

The Retreat year on year continues to deliver high quality care to vulnerable and complex mental health patients whose care is commissioned by NHS North Yorkshire and York.

We also continue to welcome improvements in Quality Performance from other Independent Providers who are commissioned by NHS North Yorkshire and York to provide services.

The Retreat is one of NHS North Yorkshire and York's key partners in the overall delivery of mental health services and The Retreat has continued to be responsive to both the changing presentation and needs of the local population and in supporting NHS North Yorkshire and York to deliver Local and National mental health policy.

NHS North Lancashire

The Retreat offers a very high quality service to individuals within an environment and atmosphere which is conducive to improvement in their mental health symptoms. The Retreat also offers the individual the opportunity to maximise their potential for recovery by ensuring a high quality calibre of staff and also ensuring a multidisciplinary approach to the individualised care plan.

The evidence of this quality was seen when NHS North Lancashire undertook a Quality Assessment in 2010. The Retreat passed this assessment to a very high standard. Even though The Retreat offers a high quality provision the PCT were also further impressed that The Retreat is always striving to improve the quality of service provision.

York LINK

York LINK welcomes the opportunity to comment on this year's Quality Account and congratulate The Retreat on improving the standards identified last year; in particular on the involvement of carers.

The LINK is particularly pleased to read that a project group including service users and carers have been involved in producing a well set out and easy to read document for members of the public.

It is also, pleasing to read that training for staff on aspects such as 'Living with Death' is being provided in order to enhance patient experience and that there are plans to share this training with other organisations.

Glossary

CQC **Care Quality Commission**

The independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

CQUIN **Commissioning for Quality and Innovation**

Measures which determine whether we achieve quality goals or an element of the quality goal. These achievements are on the basis of which CQUIN payments are made.

FACE **Functional Analysis of Care Environments**

Electronic Patient Record System used by The Retreat

HoNOS **Health of the Nation Outcome Scale**

A widely used routine clinical outcome measure used by English mental health services.

LINK **Local Involvement Network**

A network of local people and community groups who want to improve social care and healthcare in the local area. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them.

MDT **Multidisciplinary Team**

A group of different types of clinicians who work together as a team.

PCT **Primary Care Trust**

A Primary Care Trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams and making sure that other appropriate health services are in place to meet local people's needs.

SHA **Strategic Health Authority**

Manages the NHS locally and provides an important link between the Department of Health and the NHS.

If you would like to make any comments regarding the content of this report, or make any suggestions for future reports please contact our Marketing Manager at the address below.

Electronic copies of this Quality Account can be obtained from our website (www.theretreatyork.org.uk) and the NHS Choices website (www.nhs.uk)

Printed copies can be obtained by contacting the Marketing Department.

If you require this report in another language please contact the Marketing Department.

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