North Staffordshire Community Healthcare

QUALITY ACCOUNTS

2010 – 2011
North Staffordshire Community Healthcare Quality Accounts 2010 – 2011

Partner Engagement
The following table is a summary of the meetings and communications at which the Quality Accounts will be considered prior to submission to the Department of Health and publication on NHS Choices by 30 June 2011:

<table>
<thead>
<tr>
<th>Meeting Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffordshire County Council Health Overview Scrutiny Committee</td>
<td>28 April 2011</td>
</tr>
<tr>
<td>Stoke on Trent Health Overview Scrutiny Committee</td>
<td>June 2011</td>
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<tr>
<td>Staffordshire LINks (Local Involvement Networks)</td>
<td>5 May 2011</td>
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<tr>
<td>Staffordshire LINks (Local Involvement Networks)</td>
<td>28 June 2011</td>
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<tr>
<td>Stoke on Trent LINks (Local Involvement Networks)</td>
<td>5 May 2011</td>
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<tr>
<td>Staffordshire LINks (Local Involvement Networks)</td>
<td>28 June 2011</td>
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<tr>
<td>North Staffordshire PCT – Commissioner</td>
<td>20 May 2011</td>
</tr>
<tr>
<td>North Staffordshire PCT – Commissioner</td>
<td>24 June 2011</td>
</tr>
<tr>
<td>North Staffordshire Community Healthcare’s Public Participation Group</td>
<td>17 May 2011</td>
</tr>
<tr>
<td>Staffordshire &amp; Stoke on Trent Partnership NHS Trust ‘s Quality Governance Committee</td>
<td>2 June 2011</td>
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<tr>
<td>Staffordshire &amp; Stoke on Trent Partnership NHS Trust – Shadow Board</td>
<td>30 June 2011</td>
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<tr>
<td>Submission to Department of Health</td>
<td>30 June 2011</td>
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<tr>
<td>Publication on NHS Choices &amp; organisational website</td>
<td>30 June 2011</td>
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</tbody>
</table>
Quality Accounts 2010 – 2011

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Introduction to North Staffordshire Community Healthcare</td>
<td>4</td>
</tr>
<tr>
<td>Purpose, Vision, Values &amp; Strategic Goals</td>
<td>4</td>
</tr>
<tr>
<td>Introduction to the Quality Account</td>
<td>6</td>
</tr>
<tr>
<td>Services included in the Quality Account</td>
<td>6</td>
</tr>
<tr>
<td>Part One Statement on Quality</td>
<td>7</td>
</tr>
<tr>
<td>1.1 Quality of Services</td>
<td>7</td>
</tr>
<tr>
<td>Quality Improvements</td>
<td>7</td>
</tr>
<tr>
<td>Key Achievements</td>
<td>7</td>
</tr>
<tr>
<td>1.2 Statement on Quality</td>
<td>10</td>
</tr>
<tr>
<td>Part Two Priorities for Quality Improvement</td>
<td>11</td>
</tr>
<tr>
<td>2.1 2010/11 Quality Improvement Priorities</td>
<td>11</td>
</tr>
<tr>
<td>2011/12 Quality Improvement Priorities</td>
<td>15</td>
</tr>
<tr>
<td>Introduction to Staffordshire &amp; Stoke on Trent Partnership</td>
<td>15</td>
</tr>
<tr>
<td>NHS Trust</td>
<td>17</td>
</tr>
<tr>
<td>Transitional Phase</td>
<td>17</td>
</tr>
<tr>
<td>2.2 Priorities for Improvements Agreed with Commissioners</td>
<td>18</td>
</tr>
<tr>
<td>Commissioning for Quality Innovation Framework</td>
<td>18</td>
</tr>
<tr>
<td>Quality Performance Indicators</td>
<td>20</td>
</tr>
<tr>
<td>2.3 Statements from Regulatory Bodies</td>
<td>20</td>
</tr>
<tr>
<td>Part Three Review of Quality Performance</td>
<td>24</td>
</tr>
<tr>
<td>Review of Services</td>
<td>24</td>
</tr>
<tr>
<td>3.1 Patient Safety</td>
<td>26</td>
</tr>
<tr>
<td>3.2 Clinical Effectiveness</td>
<td>33</td>
</tr>
<tr>
<td>3.3 Patient Experience</td>
<td>35</td>
</tr>
<tr>
<td>3.4 Statement on Changes to the Quality Accounts</td>
<td>39</td>
</tr>
<tr>
<td>Appendix 1 Glossary of Terms</td>
<td>42</td>
</tr>
<tr>
<td>Appendix 2 Providing Feedback – Your Views Count</td>
<td>45</td>
</tr>
</tbody>
</table>
Introduction to North Staffordshire Community Healthcare

North Staffordshire Community Healthcare (NSCH) is a division of North Staffordshire PCT which was established in October 2006. NSCH is responsible for providing community health services to people living in North Staffordshire which includes Staffordshire Moorlands and Newcastle under Lyme; some of our services are provided to the people living in the City of Stoke on Trent and occasionally from outside these areas.

Our services are provided at three community hospitals (Leek Moorlands, Cheadle & Bradwell), from various health centres, clinics and premises throughout North Staffordshire. The majority of our services are however provided to patients in the community which could be in a range of settings for example patient’s own homes, education facilities.

We serve a population of around 250,000 from a variety of diverse communities. Our main partners are North Staffordshire & South Staffordshire PCT, University Hospital of North Staffordshire NHS Trust and North Staffordshire Combined Healthcare NHS Trust. We also work closely with local authorities and have forged closer links with the two local universities – University of Staffordshire and Keele University.


Purpose, vision, values and goals

Our purpose, vision, values and goals are illustrated below and how they link to our strategic objectives that will help us realise our aims. A comprehensive approach to quality and safety has been developed and the systems and processes are in place to respond to risk. The diagram also includes the reporting and accountability quality governance framework.
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

**OUR PURPOSE:**
To be the provider of choice and improve the health and wellbeing of the communities we serve

**Our Vision**
- To provide outstanding community based health care services which are personalised, responsive, high quality and value for money

**Our Values**
- High standards of care
- Respect
- Communication
- Valuing our people
- Personalised services
- Development
- Value for Money
- Honesty

**Our Strategic Goals**
1. To provide Safe, high quality integrated health and social care
2. To engage with our community to provide customer focussed care
3. To develop our workforce and improve working lives
4. To be an organisation that is fit for purpose
5. To develop our business
6. To be productive, efficient and provide value for money through transforming community services

**PROVIDER SERVICES BOARD**

**Governance & Risk Committee**

**Integrated Business Plan Strategies & Committees – Reporting & Accountability**
- Quality including Clinical Governance, Audit, Safeguarding Children & Adults, Infection Control, Medicines Management, Quality Assurance, Emergency Planning
- Workforce & Organisational Development
- Capital Estates, IM&T
- Finance & Performance
- Patient Experience/Public Participation Group
- Equality, Diversity & Human Rights
Introduction to Quality Accounts

Quality Accounts now represents a critical part of the overall quality improvement infrastructure of the NHS. Their introduction this year for all providers of NHS services marks an important step forward in putting quality reporting on an equal footing with financial reporting. The Health Act 2009 creates the duty for all providers of NHS services to produce an annual Quality Account.

This report is the first set of Quality Accounts that North Staffordshire Community Healthcare (NSCH) has published to demonstrate our performance against our own objectives and against national and local targets and standards. NSCH is a division of North Staffordshire PCT and since its inception in 2006 its vision has been to provide outstanding community based health care services which are personalised, responsive, high quality and value for money.

This report summarises the priorities for the year, what we did and why, where we are now and our ongoing commitment. It sets out to be an informative document and we look forward to your feedback which will assist us in improving the content and format of future Quality Accounts.

Services included in the Quality Account

During 2010/2011, NSCH provided in-patient, out-patient and community based services. The following are the core services registered with the Care Quality Commission and have been included in the Quality Accounts Report:

- In patient community hospitals with rehabilitation beds including Leek Moorlands, Bradwell and Cheadle Hospitals
- Minor injuries and illnesses unit, Leek Moorlands Hospital
- General Practitioner services (Newcastle High Street & Biddulph Rupert Street)
- Children & Families Services eg Health Visiting, School Nursing, Paediatric Community Nursing
- Prison Health, Her Majesty’s Young Offender Institute Werrington
- Adult Services eg Community Matrons, District Nursing
- Long Term Conditions eg Diabetes
- Physiotherapy, Speech & Language Therapy, Occupational Therapy
- Continence Advisory Service, Tissue Viability, Palliative Care
- Intermediate Care, Community Rehabilitation, Community Intervention Service (health and social care)
Part One Statement on Quality

1.1 Quality of Services

Quality Improvements

During the year the Provider Services Board reaffirmed its vision, values and strategic objectives to deliver quality improvements through meeting our obligations to the local communities. The Board is very conscious of the financial restraints that the NHS will face over the coming year, and the only way to deliver quality and patient safety is to continue to improve health and wellbeing in collaboration with other partners. NSCH remain committed to understanding the views and experiences of our patients and thus allowing them to shape the services we provide.

The Integrated Business Plan (IBP) was revised to ensure that we are well placed to provide quality services through increased productivity whilst at the same time being mindful to provide personalised services. This why we focused on a number of quality and safety priorities; the actions taken and the outcomes are provided in the Quality Accounts.

Key Achievements

The core purpose of NSCH continues as ‘being the provider of choice and improve the health and wellbeing of the communities we serve’. NSCH readily acknowledge that our ability to deliver the quality and safety agenda rests on the co-operation and commitment of our staff and we would like to thank everyone for making a difference ‘that makes the difference’ to the quality of patient care.

This has been a fantastic year of achievements and gives us the opportunity to build on a great year as we transform community services and integrate with Stoke on Trent and South Staffordshire PCT providers and adult Social Care. Our values have continued to be embedded, the outcomes of which can be demonstrated from the following:

- Judged in March 2011 by the CQC that we were fully compliant with the sixteen core Care Quality Commission’s (CQC) essential standards of quality and safety (Health & Social Care Act 2008). This provides external assurance – examples are as follows:
  - Respecting and involving people who use services and providing them with information to be able to make decisions and choices regarding their care and treatment.
  - Gaining consent to care and treatment by involvement, listening and respecting the wishes of patients and their carers.
  - Meeting the nutritional needs of patients in the community hospitals by providing a well balanced choice of food and drink which is available 24 hours a day for 7 days a week.
  - Working and co-operating with external partners for example discharge planning. All patients have an Estimated Date of Discharge on admission or within the first 48 hours. Work continued throughout the year with ward staff to promote meaningful discharge plans, involving patients in discussions, with outcomes they wish to achieve and the time in which they wish to achieve by. An example is planning with a patient, their carers and Social Care to have the required equipment at the time of discharge from hospital.
  - Taking a proactive and responsive safeguarding approach to identify and prevent abuse and/or concerns relating to adults and children. For example seeking further information and understanding the situation when people who use our services have been neglected.
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to those concerns. Protect others from the negative effect of any behaviour by people who use services.
- Involving patients with their medication, explaining the benefits to their health and the potential side effects and risks.
- Undertaking assessments as to whether our buildings and estate are fit for purpose and are conducive to recovery from an illness or condition.
- Employing competent staff and supporting them with training and education; that staff are safe and their health and welfare needs are met by sufficient numbers of appropriate staff, flexible working etc.

- Positive inspection report following a review of safeguarding children eg staff know how to make referrals, work collaboratively with partners to implement care plans.
- Excellent report following the CQC Inspection of the community hospitals for cleanliness and infection control.
- National Patient Safety Agency (PEAT) patient environment assessment scored excellent in all areas for the environment, cleanliness and nutrition.
- Patients were seen within the national and local target waiting times with a minimum of breaches. Further details are provided in the body of the Quality Accounts.
- Mandatory training and appraisal rates dramatically improved.
- Staff awards celebration.
- Her Majesty’s Inspectorate visit reporting positive feedback on the quality of prison health care services provided to HMYOI Werrington.
- Development and investment in community hospitals and the prison healthcare department.
- UNICEF Baby Friendly Accreditation which has helped to improve the knowledge and skills of staff that have subsequently provides the advice and support to mums eg inform pregnant women about the benefits and management of breastfeeding.
- Transformation and review of services for example Community Matrons - the outcomes include:
  - Consistent standards applied across the Staffordshire Moorlands and Newcastle under Lyme localities.
  - Greater flexibility of Community Matron cover to respond to patient’s needs.
  - Service extended and provided seven days a week up to 10.00 pm to respond to the needs of the patients.

- Successful implementation of the NHS Institute for Innovation’s Productive series including the wards and community based services. In principle the outcome is that systems and processes are more efficient enabling staff to release time to care eg placing all the relevant required stock (catheters, bandages, creams etc) in an area where staff can find them when they are needed and they do not have to waste valuable time searching in a stock room.
- Financial balance and achievement of cost improvements in year.
- West Midlands Quality Review of urgent care quality standards which included the Minor Injuries & Illnesses Unit at Leek Moorlands Hospital. The outcome from the review has resulting in closer working with the acute services eg Accident & Emergency and the Walk-In Centre at the Haywood Hospital. Work includes joint policies and clinical guidelines for the assessment and management of common presenting conditions eg chest pain, cellulitis, retention of urine, abdominal pain, headache.
- Implementing recommendations following clinical audits to improve the quality of services eg Think Glucose Clinical Audit to improve the assessment and overall management of individuals with diabetes mellitus who accessed inpatients services within the community hospitals. Key objectives include:
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

- to determine the monitoring and management (nursing & medical) of patients with diabetes;
- to establish whether those individuals are referred appropriately to the Diabetes Nurse Specialist Team;
- whether those individuals who require medication (including insulin) to manage their condition and medication independently or with minimal nursing assistance whilst in hospital.

An initial audit of the clinical documentation was undertaken and highlighted areas for improvement which were implemented. The repeat audit was undertaken six months later demonstrating a greater level of compliance and improvement. The outcomes resulted in:

- improved overall care
- an increase in awareness to reduce insulin drug errors and thereby reducing the potential for patient safety incidents
- an increase in the utilisation of the Diabetes Team
- increased knowledge and awareness amongst hospital staff

- Patient experience feedback and using this to improve the information we provide to patients eg benefits and potential side effects of medicines.
- Implementing a consistent system to record compliments; reports are provided on monthly basis. Examples of compliments are:
  - Thanking you all for your kindness shown to dad in his short stay with you.
  - The nurses on the ward are very helpful; they allow my dad to stay with my mum which is very helpful as they become stressed when they are apart.
  - Thank you for sharing all your knowledge & experience, I have learnt a great deal.
  - Care was very good. The service was good and staff very friendly.
  - Everything was very good during my stay, I was well looked after in every way. The ward is clean and the care is good.
  - All of the staff are extremely helpful & dedicated to what they do. I cannot thank you enough.

- Progress towards achieving Commissioning for Quality and Innovation Schemes (CQUINs) eg patient experience, end of life care pathway, falls, nutrition. Additional information is included in the body of this report.
- Hosted the Infection Control Conference which was well attended and evaluation of the event was extremely positive. The outcome was a greater awareness and knowledge of the prevention and control of infection to support the delivery of the annual programme of work.
1.2 Statement on Quality

The primary purpose of the NHS and everyone working within it is to provide a high quality service, free at the point of delivery to everyone who needs it. This common goal unites all those working in the NHS from hospital doctors, to nurses, GPs, allied health professionals, clinical and non-clinical managers. NSCH has embraced the definition of quality as set out by Lord Darzi in 2008 – that care provided in the NHS will be of a high quality if it is:

- Safe
- Effective
- With positive Patient Experience

Quality care is not achieved by focusing on one or two aspects of this definition; high quality care encompasses all three aspects with equal importance being place on each.

We have been impressed throughout the year by the commitment of staff to providing high quality care to patients on a daily basis and the pride they take in doing the very best for each and every person they meet. This commitment will continue to be fundamental for those people accessing community services who reside in the communities of Staffordshire and Stoke on Trent.

We are of course not complacent and recognise that more can be done to provide better experiences for our patients and we are confident that quality initiatives and improvements will continue.

The 2010/2011 Quality Accounts represents the organisational commitment to continually drive improvements in services and to be transparent and accountable to the general public, patients, commissioners, key stakeholders and those who regulate our services. Through the period covered by this account, the Board has worked to strengthen the quality reporting and monitoring systems across the organisation. NSCH has consulted with its key stakeholders and their valuable comments have been incorporated into the body of this account.

We can confirm that to the best of our knowledge and belief the information contained in the Quality Accounts is accurate and represents our performance in 2010/2011 and our commitment to quality improvement. NSCH is clear that as an organisation transforming community services it will only succeed if it acts confidently, collectively and boldly.

Dated – 27 June 2011

Derek Pamment
Managing Director

Rose Goodwin
Associate Director of Nursing & Quality
Part Two Priorities for Quality Improvement

2.1 2010/11 Quality Improvement Priorities

The Introductory section of this report defines our vision, value and strategic goals. During 2010/2011 NSCH produced a business plan to guide its service development. The Provider Services Board, Executive and Senior Management Teams agreed a long list of priorities for quality improvement as part of the business plan. Of the six overarching strategic objectives, two focussed directly on the delivery of patient care namely:

1. Safe, high quality integrated health and social care
2. Customer focused care

Approved performance measures to monitor the quality objectives have been in place for a number of years and include both national and local priorities. The Board Assurance Framework provides assurance to the Board on the delivery of all key objectives including our quality improvement priorities and the risks to delivery. The reporting and accountability structure presented in the Introduction section provides a delivery mechanism for the implementation of change and assurance on risk.

Quality and performance dashboards have been introduced and used as a measure of how we are doing. Reports have been provided to the Provider Services Board and its committees in addition to providing reports to North Staffordshire PCT’s Board of Directors, Contracting & Performance Committee and to the Clinical Quality Review Group.

Building Capacity & Capability

NSCH employ over 1,000 staff the majority of which provide healthcare directly to our patients. We recognise the importance of investing in our workforce as they have a direct impact on the quality of services provided and the experience of service users. During the year various resources and training and education programmes have been deployed to promote and develop strong clinical leadership.

A comprehensive training needs analysis was undertaken at the beginning of the year and programmes have been access by our staff. A review of the mandatory training courses has been undertaken with 91% of staff having attended. We have targeted degree level study to areas linked to reducing unplanned admissions/managing patients with increased acuity, places on diabetes and heart failure modules to equip staff with the necessary skills. We have offered training on Healthy Eating and Nutrition for the Really Young (HENRY). This is a programme for Health Visitors and enabled sustainability of this by training trainers to deliver in the future. We have developed a joint curriculum for a foundation degree in health and social care with Staffordshire University and supported six staff so that they qualify as assistant practitioners in 2012. We have introduced an on-line training programme on information governance which includes guidance on the security and confidentiality of patient identified information.

We commissioned a six day leadership course for senior leaders and provided workshops to update all non-medical prescribers. We have led on a project on reducing unplanned admissions that has taken training out to health centres and encouraged nurses at all grades to think about their roles in reducing unplanned admissions. This is a snapshot of the opportunities provided to develop our capacity and ability to deliver improvements in quality for the people who need our services.
The CQC when visiting the organisation acknowledged this commitment and investment in our workforce.

**Better use of information**

North Staffordshire Community Healthcare recognises that all its decisions, whether clinical, managerial or financial; need to be based on information which is of the highest quality. All this information is derived from individual data items which are collected from a number of sources either on paper, or more increasingly with the advent of electronic patient records and electronic health records, on electronic systems.

**Data Quality**

Data quality is crucial and the availability of complete, accurate and timely data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability.

We have been working to improve data quality across the organisation and are taking the following actions to improve this:

- Data Quality Working Group established with leads from each service.
- Data Quality Policy adopted having been developed with Staff Side representatives;
- Data Quality Metrics identified and reported;
- Commencement of a Data Quality awareness campaign.

**Clinical Coding**

Clinical Coding is "the translation of medical terminology as written by the clinician to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format" which is nationally and internationally recognised.

There are two classifications in use in the Trust.

One is the International Classification of Diseases 10th Revision, commonly known as **ICD10**. This classification has been devised by the World Health Organisation and its codes cover all reasons for patients admissions to hospital. These codes are widely used internationally.

The second classification is The Office of Population Censuses and Surveys 4th Revision, commonly known as **OPCS4**. This classification’s codes cover all operative procedures and interventions that patients have undergone during their hospital stay. These codes are used in the United Kingdom only.

The use of codes ensures the information derived from them is standardised and comparable. The codes are used to support many functions including:

- **Clinically** – Clinical and Quality Governance, Clinical Audit and Outcome and Effectiveness of Patient’s Care and Treatment.
- **Statistically** - Payment by Results, Cost Analysis, Commissioning, Aetiology Studies, Health Trends, Epidemiology Studies, Clinical Indicators and Case mix Planning.

A review of the Clinical Coding was undertaken for the year (2010/2011). There were 116/1658 finished consultant episodes uncoded which is 7%.
Use of the NHS Number

Health records play an important role in modern healthcare. The primary function of healthcare records is to record important clinical information which may need to be accessed by the healthcare professionals involved in providing care. To improve access to healthcare records, the use of the NHS Number has been encouraged during the year. Everyone registered with the NHS in England has their own unique NHS Number. Using it to identify a patient correctly is an important step towards improving safety and efficiency of healthcare.

To find out your NHS Number contact your GP surgery and ask them to look it up. To protect your privacy you may be asked to show a passport, driving licence or some other proof of identity. If you are registered with a GP you will already have an NHS Number.

If you know your NHS number or have it on a document or letter you can help healthcare staff to find your records more easily and share them safely with other people who are caring for you.

The work that is being undertaken by NSCH is to include the NHS Number on all documentation eg discharge letters, and to encourage patients to remember the number or to keep it in a safe place with easy access.

During the year, a key challenge for the organisation is to make better use of available information. NSCH has however launched its own website as a commitment to improving communication with patients, carers, members of the public, staff and partners.

A review of the data collected during the year on the use of the NHS Number and Ethnicity recording has been undertaken with the following outcome:

<table>
<thead>
<tr>
<th>Community</th>
<th>NHS</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Facilitator</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Community Children’s Nursing Team</td>
<td>99.6%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Community Matron</td>
<td>100.0%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Community Rehab Team</td>
<td>100.0%</td>
<td>97.0%</td>
</tr>
<tr>
<td>Continence Nursing</td>
<td>100.0%</td>
<td>99.6%</td>
</tr>
<tr>
<td>Diabetes Specialist Nursing</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>District Nursing</td>
<td>100.0%</td>
<td>99.2%</td>
</tr>
<tr>
<td>Health Visiting</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>100.0%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Leek MIU</td>
<td>99.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Long Term Conditions Team</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>100.0%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Paediatric District Nursing</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>100.0%</td>
<td>99.1%</td>
</tr>
<tr>
<td>School Nursing</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Tissue Viability</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>99.5%</strong></td>
</tr>
</tbody>
</table>
Information Governance

Information Governance is the way by which the NHS handles all organisational information, but particularly personal and sensitive information about patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, ethically, securely, efficiently and effectively, in order to deliver the best possible care.

North Staffordshire PCT has in place a defined governance structure. The structure for information governance was refreshed during 2010/2011 to reflect the priorities and joint management arrangements with North Staffordshire and Stoke on Trent PCTs. The structure was streamlined to reflect joint working and support the reduced management capacity.

Information Governance is managed jointly with one Chief Information Officer (CIO) working across both organisations. The CIO is the Senior Information Risk Officer and his team oversee the Information Governance toolkit submission. The assessment for 2010/2011 was that the PCT was not compliant to level 2 across all standards. Subsequently there was an action plan put in place to improve compliance. The estimated score against the IG toolkit for 2010/11 is 40%.

One of the key improvements is that during the year the organisation launched an electronic learning programme to improve the knowledge of staff. The training is mandatory and during the year 735 staff (64% of the workforce) completed the training and achieved the required standard. The remainder of the staff are undertaking the training during 2011/2012.

The fundamental aims of the training are:

- To support the provision of high quality care by promoting the effective and appropriate use of information;
- To encourage responsible staff to work closely together preventing duplication of effort and enabling more efficient use of resources;
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards;
- To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

The framework encompasses:

- Data Protection Act 1998
- Freedom of Information Act 2000
- The Confidentiality Code of Practice
- Information Quality Assurance
- Information Security
- Information Governance Management
2011/2012 Quality Improvement Priorities

Introduction to Staffordshire & Stoke on Trent Partnership NHS Trust

Staffordshire and Stoke-On-Trent Partnership NHS Trust is committed to quality improvement being at the heart of everything we do as we move forward on our journey to form the new community provider organisation. The date for establishment is 1st September 2011.

The new organisation will ensure that the effective governance of quality and safety is maintained during the transition to new organisational arrangements and that the new Board will operate best practice in surveillance of quality and safety.

A quality workstream was set up in October 2010 as part of the Transforming Community Services project to establish a new community provider organisation across Staffordshire and Stoke-on-Trent. The work stream has lead officers from the four organisations who are preparing for the integration and are scoping functions that need to be established for the new Trust to operate effectively.

The objectives of the quality workstream are to:

- Ensure a documented handover from predecessor organisations
- Ensure early peer review of highest-risk services
- Clinical engagement
- Ensure that quality and safety systems are established in advance of the new organisation establishment by reporting and being accountable to the ‘shadow’ Board which will consider a Quality and Safety report at its first and subsequent meetings
- Ensure that the new Board develops a new overarching Quality and Safety strategy for the new organisation.

Early involvement and engagement with staff and patients from the three existing NHS provider organisations (South Staffordshire PCT, NHS North Staffordshire and NHS Stoke-on-Trent) is helping shape the future vision and values of the new Trust.

A clinical summit was held in February with 90 senior professional leads and clinical managers across Staffordshire and Stoke on Trent to set the scene for the development of a clinical strategy. This event was the first in a series of three sessions to develop a year one strategy.

The professional Forum is an Advisory committee to the Board which will drive and develop clinical and professional strategy for the trust through strategic representation collaborating on best practice and service direction.

A review of the quality governance framework is also being undertaken which includes establishing a culture where quality is measured and monitored for the organisation to evolve through learning from its experiences. As we move forward a quality-focused culture will be promoted that includes active leadership, structured walk rounds, positive feedback to staff, listening, learning and being responsive to continually improve the quality of services.
Maintaining and improving quality during the transition is critical to enable the new organisation to meet some of the greatest challenges in the history of the NHS. Meeting this challenge, the Quality Innovation Productivity and Prevention (QUIPP) challenge – is about achieving the highest possible value from the resources allocated to the NHS. It is about improving quality whilst reducing cost by improving productivity and redesigning services wherever possible. The scale of the challenge means that throughout the transition, quality must remain our guiding principle and should act as the glue that binds the organisations together.

Whilst the new Partnership Trust is not in a position to confirm the key improvement priorities for the new organisation until it has full engagement, it has commenced working with our partners on explicit areas for the coming year eg Quality Visits, Commissioning for Quality Innovation (CQUIN) Scheme for 2011/12, patient safety systems and processes and clinical risk areas.

As the Executive and Non Executive Directors for the new partnership Trust come into post over the next few months the quality priorities for 2011/2012 will be developed. It is proposed that a series of workshops are arranged to engage with staff, patients and other key stakeholders to agree the quality framework and priorities.

Eight key objectives covering all aspects of the new Partnership Trust’s work have been proposed and are as follows:

1. To deliver safer care
2. To improve patients’ privacy and dignity
3. To listen and response to patients and members
4. To create the capacity required to deliver our services
5. To deliver cost improvement plans whilst sustaining quality of service provision
6. To develop our workforce
7. To assure the Trust is well governed
8. To improve the integration of patient care across hospital and community settings

Within these objectives five priorities will be developed for quality improvement covering patient experience, patient safety and clinical effectiveness.
Transitional Phase
In the transitional phase to ensure that quality improvement continues North Staffordshire Community Healthcare’s services will continue to implement the priorities identified in its local strategy until the priorities are agreed for the new organisation. The table below outlines these priorities:

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>Effectiveness</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce falls and the impact of falls for people aged 65 years and over</td>
<td>Reduce the number of community acquired pressure ulcers acquired whilst receiving care by NSCH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduce the number of delayed discharges in community hospital inpatient beds</td>
<td>Further develop ways to obtain feedback and patient stories and learn from those experiences</td>
</tr>
</tbody>
</table>
2.2 Priorities for improvements agreed with commissioners

During the year there have been a number of competing priorities to improve service delivery, value for money and the quality of the service provision. A number of quality improvement initiatives were agreed with our commissioners. These include the following:

Commissioning for Quality Innovation Framework

The Commissioning for Quality Innovation Framework (CQUIN) scheme is a national payment framework for locally agreed quality improvement schemes and makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations. The framework is intended to reward ambition and encourage a culture of continuous improvement.

Nine CQUIN targets were agreed with commissioners during 2010/2011. The targets were ambitious for the year and our clinical teams have demonstrated a commitment to improving services through the delivery of the CQUIN targets. NSCH achieved full compliance with four of the nine CQUIN targets. Three of the nine were almost achieved and two of the nine were partially achieved. Further improvement of the services will continue during 2011/12.

The year-end position for the CQUIN Indicator performance targets is presented in the following table.

<table>
<thead>
<tr>
<th>CQUIN Indicator</th>
<th>CQUIN Detail</th>
<th>Total Value of Scheme</th>
<th>% Based on 0.15% of Total NHS Contract (North Staffordshire &amp; Stoke on Trent PCTs)</th>
<th>Final Value of Scheme</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Community Hospitals &amp; Community Services</td>
<td>£44,050.60</td>
<td>10% (5% Community Hospitals &amp; 5% Community Services)</td>
<td>£44,050.60</td>
<td>100%</td>
</tr>
<tr>
<td>Smoking</td>
<td>90% of smokers/tobacco users attending outpatient clinic appointments receiving a brief intervention</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£44,050.60</td>
<td>100%</td>
</tr>
<tr>
<td>Think Glucose</td>
<td>Effective participation in the NHS Institute Think Glucose Programme</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£44,050.60</td>
<td>100%</td>
</tr>
<tr>
<td>Tissue Viability</td>
<td>All patients on admission should be assessed for risk. Inpatients assessed to be at risk of ulceration or who currently have a pressure ulcer will have preventative actions taken and documented in a care plan. Decrease on numbers of acute hospital acquired grade 2, 3 and 4 ulcerations. All hospital acquired ulcerations of grade 2, 3 or 4 will be recorded as an incident on the appropriate system.</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£12,113.92</td>
<td>27.5%</td>
</tr>
</tbody>
</table>

The Target set in Qtr 1 was zero. Improvements are planned during 2011/12 with the introduction of the Skin Bundle Programme.
<table>
<thead>
<tr>
<th>CQUIN Indicator</th>
<th>CQUIN Detail</th>
<th>Total Value of Scheme</th>
<th>% Based on 0.15% of Total NHS Contract (North Staffordshire &amp; Stoke on Trent PCTs)</th>
<th>Final Value of Scheme</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ulcerations which show deterioration will be recorded as an incident on the appropriate system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control - MSSA Bacteraemia</td>
<td>Reduction in % of patients with a hospital acquired MSSA.</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£44,050.60</td>
<td>100%</td>
</tr>
<tr>
<td>End of Life</td>
<td>The number of patients who have died on a GSF register, have a supportive care plan in place and have managed on a supportive care pathway.</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£39,645.54</td>
<td>90%</td>
</tr>
<tr>
<td>Falls</td>
<td>Community Hospitals</td>
<td>£66,075.90</td>
<td>15%</td>
<td>£29,734.16</td>
<td>(Community Hospitals fully achieved / Community Services partially achieved)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Adult patients will have a nutrition assessment completed on admission to community hospital or initial contact with community team. For those at risk an individualised care plan will be implemented.</td>
<td>£66,075.90</td>
<td>15%</td>
<td>£49,556.92</td>
<td>75% (Patients were assessed but not within the timeframe of six hours)</td>
</tr>
<tr>
<td>Infection Control – HCAI Isolation within 2 hours</td>
<td>95% of inpatients requiring isolation (or cohort nursing if appropriate) due to suspected infectious vomiting and/or diarrhoea are isolated (or cohorted) within 2 hours of the clinical assessment actions cause is present.</td>
<td>£44,050.60</td>
<td>10%</td>
<td>£35,240.48</td>
<td>80% (The process for data collection was not in place until mid-year; retrospective audit was carried out which highlighted a small number of patients who were not isolated in the required time; the monitoring place since revising the process there have been no breaches)</td>
</tr>
</tbody>
</table>
Quality Performance Indicators
The Key Quality Performance Indicators agreed with commissioners were as follows:

- Reporting and learning lessons from serious incidents such as a patient fall resulting in a fracture, ward closures relating to an outbreak of sickness and diarrhoea, allegations made against a healthcare professional. It is important that patients, carers and the public have confidence in their local health services at all times. NSCH has improved its systems and processes to ensure that serious incidents were reported within 48 hours and the investigation to identify the root cause were completed within an agreed timescale dependent upon the degree of harm and severity of the incident. Lessons learned are shared throughout the organisation and are included on the West Midlands Strategic Health Authority system.
- Acknowledging complaints within 48 hours; listening, learning and responding to complaints and concerns.
- Receiving and distributing safety alerts ensuring that action is taken where necessary and within an agreed timescale.

2.3 Statements from regulatory bodies
The following statements relate to the quality of the services provided by NSCH. The standards are common to all providers which make the accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

Care Quality Commission Registration
Legislation has brought in a new system that applies to all regulated health and adult social care services and registration is at the heart of that new system. North Staffordshire PCT registered with the Care Quality Commission (CQC) from 1 April 2010 and its current registration status is registered without conditions. The CQC has not taken any enforcement against the organisation during 2010/2011.

The system is focused on outcomes, rather than systems and processes and places the views and experiences of people who use services at the centres.

Care Quality Commission – essential standards of quality and safety
By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standard of quality and safety. These are the standards that everyone should be able to expect when they receive care.

The CQC has undertaken a planned review of the sixteen core essential standards of quality and safety and has made a judgement that NSCH is complaint at each of its locations. The final reports which were published in March 2011 are available on the CQC website. Comments include:

Outcome 1 – respecting & involving people:
The CQC said ‘being involved in care is not easily recognised by patients; carers and the cared all said that they were so involved’.

Outcome 4 – care and welfare of people who use the services:
The CQC said ‘discharge is arranged early and involves the patient and carer, and it is integral to patient centred care in the Trust’.
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

Outcome 8 – infection control
The CQC said ‘very solid audits; attention to detail; environmental health standards high in catering; <CQC Compliance Inspector> struggle to find any fault in the work of this diligent workforce’.

Outcome 14 – staff training and management
The CQC said ‘staff are fully confident; senior management give support where required; confirmed in private staff interviews’.

Care Quality Commission - Cleanliness and Infection Control
In June 2010 the CQC made unannounced visits to the community hospitals to review cleanliness and compliance with the Code of Practice infection control standards. The overall judgement on inspection was that the CQC found no cause for concern regarding compliance with the regulation on cleanliness and infection control.

Her Majesty’s Inspectorate of Prisons
A planned visit to HMYOI Werrington took place in March 2011 by Her Majesty’s Inspectorate of Prisons. The inspection focussed on the quality of health care services provided to remanded young persons, first night health care and resettlement.

From January 2011, 25% of those young persons who are confined within the establishment are on remand. This means that they usually go straight to the prison from the Court as they are unable to gain release on bail and are in custody awaiting trial. The health care provision has been adapted to meet the needs of the young persons who for example may require a controlled drug such as Ritalin whereas prior to the prison receiving remands the young person’s would not access Werrington and be placed in other establishments.

The final report from the inspection has not yet been received however initial feedback was positive highlighting a number of areas of good practice.

National Patient Safety Agency Patient Environment Action Teams
Patient Environment Action Teams (PEAT) is an annual self-assessment, established in 2000, of inpatient healthcare sites in England with more than 10 beds. The team will consist of health care professionals, managers and representative/s from the public. The assessment scores range from 1 (unacceptable) to 5 (excellent) for a range of key areas including:

- Food and food service;
- Cleanliness;
- Access and external areas;
- Infection control;
- Privacy and dignity; and
- Patient environment (including toilets and bathrooms, lighting, floors, patient areas etc.)

PEAT assessments were undertaken this year in each of the three community hospitals which scored excellent in each key area.
UNICEF Baby Friendly Accreditation
NSCH has achieved stage 1 of the UNICEF Baby Friendly Accreditation. The initiative is designed to work through health professionals to ensure parents are supported to make fully informed choices about how they feed their babies.

To pass the assessment the Service had to achieve standards including writing and implementing a breastfeeding policy; communicating the policy to all staff; training the staff to implement the initiative; inform pregnant women about the benefits and management of breast feeding; support mothers to initiate and maintain breastfeeding; encourage exclusive breastfeeding for around six months; provide environments that are welcoming to breastfeeding families and encourage community and peer support for breastfeeding.

NSCH is now planning work on stage two of the initiative. This will involve building on the knowledge and skills acquired from achieving stage one.

Special Reviews/Inspections
NSCH has taken part in two CQC special reviews which include Stroke Services and Support for Families with Disabled Children. The final reports will be considered along with any recommendations to improve the quality of the services.

Stroke Services
Stroke can be a devastating and life changing event for people. However the Care Quality Commission (CQC) review found that the extent to which they are supported to cope with life after stroke varies significantly across England. The best services are built around the individual – with their care being planned to take account of the needs, circumstances, preferences of the person who has had a stroke, their carers and family. People in these areas are more likely to experience a smooth and coordinated return home from hospital and to have access to a broad range of services to help them recover from, and cope with, the effects of stroke.

The CQC found in its special review that services in other areas have significant room for improvement. North Staffordshire Community Healthcare is committed to improving its services both for in-patient, out-patient and in the community and is working closely with partners to ensure that services are build around the individual with their care being planned to take account of the needs of their circumstances and preferences of the person who has had a stroke, the carers and family. For example a smooth and coordinated return home from hospital and to have access to a broad range of services to help them recover from, and cope with, the effects of stroke. The CQC in its report state that early supported discharge, which provides more rehabilitation at home rather than in a hospital is known to achieve better results for people and cut pressure on hospitals beds.
**Support for Families with Disabled Children**

This review looked at the support available for families with children who have a disability. It focuses on families that have children under the age of 19 with:

- Learning disabilities
- Autism and Autistic Spectrum Disorders
- Communication Needs
- Sensory Needs
- Mental Health and behavioural support
- Mobility needs
- Technology dependence

In particular, this review looks at the delivery and commissioning of specialist health services for families; an assessment of the quality of support in a geographical area linked to PCTs; and the building blocks of the care pathway that are of particular importance to families.

The aim of this review is to promote independence in the delivery and commissioning support for families with disabled children by:

- Producing robust and objective local area-based assessments of specialist health support, along with supporting benchmarking information.
- Ensuring appropriate action takes place in the areas where performance is weakest;
- Publishing a national report setting out recommendations for service providers, commissioners, local partners in children’s services that gain the views of children and young people with disabilities.

The reports will be available on the CQC website.
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Part Three Review of Quality Performance 2010/2011

This section of the Quality Account reviews performance against a number of key areas including performance against targets.

Review of Services

During 2010/2011 NSCH provided the following services:

- Inpatient community hospitals with rehabilitation beds including Leek Moorlands, Bradwell and Cheadle Hospitals
- Minor injuries and illnesses unit, Leek Moorlands Hospital
- General Practitioner services (Newcastle High Street and Biddulph Rupert Street)
- Children & Families Services eg Health Visiting, School Nursing
- Prison Health, Her Majesty’s Young Offender Institute Werrington
- Adult Services eg Community Matrons, District Nursing
- Long Term Conditions eg Diabetes
- Physiotherapy, Speech & Language Therapy, Occupational Therapy
- Continence Advisory Service, Tissue Viability, Palliative Care
- Community Rehabilitation, Community Intervention Service (health and social care)

NSCH has reviewed the data available to it during the year and performance was reported to the Provider Services Board and to North Staffordshire’s PCT Board of Directors. The table below is the year end position at 31 March 2011.

<table>
<thead>
<tr>
<th>Performance Indicator Target Name</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Community Nursing Team</td>
<td>4,665</td>
<td>7,916</td>
<td>G</td>
</tr>
<tr>
<td>Community Matrons</td>
<td>10,070</td>
<td>10,701</td>
<td>G</td>
</tr>
<tr>
<td>Community Rehabilitation</td>
<td>670</td>
<td>1,327</td>
<td>G</td>
</tr>
<tr>
<td>Continence</td>
<td>1,354</td>
<td>3,300</td>
<td>G</td>
</tr>
<tr>
<td>Continence Products</td>
<td>4,275</td>
<td>12,051</td>
<td>G</td>
</tr>
<tr>
<td>CYP Diabetes</td>
<td>1,824</td>
<td>2,655</td>
<td>G</td>
</tr>
<tr>
<td>Day Cases</td>
<td>3,934</td>
<td>3,202</td>
<td>R</td>
</tr>
<tr>
<td>District Nursing</td>
<td>104,500</td>
<td>115,347</td>
<td>G</td>
</tr>
<tr>
<td>Health Visitors (Adults)</td>
<td>16,632</td>
<td>15,359</td>
<td>R</td>
</tr>
<tr>
<td>Health Visitors (Children)</td>
<td>30,928</td>
<td>33,702</td>
<td>G</td>
</tr>
<tr>
<td>Health Visitors (sessions)</td>
<td>6,397</td>
<td>5,141</td>
<td>R</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>23,750</td>
<td>23,728</td>
<td>A</td>
</tr>
<tr>
<td>Leek MIU</td>
<td>14,060</td>
<td>12,516</td>
<td>R</td>
</tr>
<tr>
<td>Long Term Conditions</td>
<td>8,536</td>
<td>9,339</td>
<td>G</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>9,880</td>
<td>15,538</td>
<td>G</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>1,235</td>
<td>553</td>
<td>R</td>
</tr>
<tr>
<td>Physiotherapy (Adults)</td>
<td>77,681</td>
<td>63,976</td>
<td>R</td>
</tr>
<tr>
<td>Physiotherapy (Children)</td>
<td>21,119</td>
<td>21,107</td>
<td>A</td>
</tr>
<tr>
<td>SALT (Adults)</td>
<td>10,661</td>
<td>13,045</td>
<td>G</td>
</tr>
<tr>
<td>SALT (Children)</td>
<td>10,907</td>
<td>17,170</td>
<td>G</td>
</tr>
<tr>
<td>School Nursing (sessions)</td>
<td>25,194</td>
<td>22,488</td>
<td>R</td>
</tr>
</tbody>
</table>
**Performance Indicator Target Name** | **Target** | **Actual** | **Status**
--- | --- | --- | ---
School Nursing (vaccinations) | 3,629 | 6,007 | G
School Nursing | 10,106 | 13,139 | G
Tissue Viability | 3,420 | 3,807 | G
Ultrasound | 2,171 | 2,092 | A

**Breastfeeding at 6-8 weeks (Quarter 3)**

<table>
<thead>
<tr>
<th>Performance</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance - Totally or Partially breastfeeding</td>
<td>25%</td>
<td>33.9%</td>
<td>G</td>
</tr>
<tr>
<td>Prevalence - Breastfeeding status recorded</td>
<td>95%</td>
<td>91.1%</td>
<td>A</td>
</tr>
</tbody>
</table>

**Community Hospitals**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Occupancy - cumulative</td>
<td>85%</td>
<td>93%</td>
<td>G</td>
</tr>
<tr>
<td>Bed Occupancy - Monthly</td>
<td>85%</td>
<td>92%</td>
<td>G</td>
</tr>
<tr>
<td>Delayed Discharges - % of lost bed days</td>
<td>7.5</td>
<td>2.4</td>
<td>G</td>
</tr>
<tr>
<td>Single Sex Accommodation Breaches</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
</tbody>
</table>

**Healthcare Acquired Infections**

<table>
<thead>
<tr>
<th>Infection</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium Difficile</td>
<td>20</td>
<td>9</td>
<td>G</td>
</tr>
<tr>
<td>MRSA Bacteraemia</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>MRSA Screening</td>
<td>100</td>
<td>100</td>
<td>G</td>
</tr>
<tr>
<td>MSSA</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>Pre-48 hour MRSA Bacteraemia</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
</tbody>
</table>

**Leek Minor Injuries Unit - Arrival to Discharge Time**

<table>
<thead>
<tr>
<th>Patients</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients within 1 hour</td>
<td>70%</td>
<td>75%</td>
<td>G</td>
</tr>
<tr>
<td>Patients within 4 hours</td>
<td>95%</td>
<td>99.9%</td>
<td>G</td>
</tr>
</tbody>
</table>

**Referral to Treatment - Treatment within 18 weeks**

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>95%</td>
<td>100%</td>
<td>G</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>95%</td>
<td>100%</td>
<td>G</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>95%</td>
<td>97%</td>
<td>G</td>
</tr>
</tbody>
</table>

**Waiting Times - Breaches of targets**

<table>
<thead>
<tr>
<th>Service</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence Advisory Service</td>
<td>0</td>
<td>3</td>
<td>R</td>
</tr>
<tr>
<td>Physiotherapy (Adults) (2 weeks)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>Physiotherapy (Childrens) (6 weeks)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>Speech and Language Therapy (NHSNS) (2 weeks)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>Speech and Language Therapy (SoTPCT) (4 weeks)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
<tr>
<td>Ultrasound (6 weeks)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
</tbody>
</table>

**Waiting Times - Patients Waiting**

<table>
<thead>
<tr>
<th>Service</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence</td>
<td></td>
<td>112</td>
<td>G</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
<td>244</td>
<td>G</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td></td>
<td>156</td>
<td>G</td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td>176</td>
<td>G</td>
</tr>
</tbody>
</table>

**Workforce (February 2011)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Target</th>
<th>Actual</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness – NSCH</td>
<td></td>
<td>4.0%</td>
<td>5.42%</td>
</tr>
</tbody>
</table>
3.1 Patient Safety

At the beginning of 2010 the organisation published its key strategic objectives for the year and published them in the integrated business plan. Key objectives relating to quality are presented below under the three areas of: Patient Safety, Clinical Effectiveness and Patient Experience.

<table>
<thead>
<tr>
<th>Area of Performance</th>
<th>Environment &amp; Cleanliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metric (Method of Calculating Performance)</td>
<td>Assessment by the Environment Action Teams (PEAT) in accordance with the National Patient Safety Agency standards</td>
</tr>
<tr>
<td>Site Name</td>
<td>Environment Score</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Leek Moorlands Hospital</td>
<td>Excellent</td>
</tr>
<tr>
<td>Cheadle Hospital</td>
<td>Excellent</td>
</tr>
<tr>
<td>Bradwell Hospital</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

What we did and why
PEAT is an annual assessment of in-patient healthcare facilities in England with ten or more beds. The inspection team assesses each site on three elements – environment, food, privacy and dignity. They inspect standards across a range of patient services including food, cleanliness, infection control and patient environment eg bathroom areas, décor, lighting, floors and access. The annual PEAT audit is undertaken by a team that includes the Hospitals Matron, Support Services Manager, Infection Control Nurse and a representative from the Public Participation Group who represent the general public.

Where we are now
Quarterly assessments are also undertaken and improvements continue for example in 2011 the Operating Framework for the NHS in England made the elimination of mixed sex accommodation a national key performance indicator from April 2011. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. NSCH invited the West Midlands Strategic Health Authority to visit in-patient facilities in November 2010 for external assurance. Following the visit the only recommendation is to provide clearer signage for the toilets and bathrooms which has been implemented.

Ongoing commitment
The local health community is committed to provide facilities which are fit for the future. During 2010/2011 investment has been allocated to improve our community hospitals which includes access for patients, improved reception facilities and purpose-built treatment rooms. Building works and refurbishment are currently taking place at Leek Moorlands, Cheadle and Bradwell Hospitals and at Staffordshire Moorlands health centres and clinics. A baseline assessment has been undertaken to identify where improvements are requires to the health centres and clinics within the Newcastle under Lyme locality.

A sustainable awareness campaign has been undertaken in conjunction with the Carbon Trust’s ‘switch it off message’. This has seen posters, stickers, newsletter articles and a corporate screensaver being developed to promote the reduction in energy usage.

North Staffordshire Community Healthcare uses various energy saving measures within all our major building schemes, where possible meeting and exceeding building regulations – for example the inclusion of heat recovery on fresh air ventilation systems at Leek, Bradwell and Cheadle hospitals. Additional insulation to improve building fabric losses at Leek Moorlands Hospital has been undertaken to support a major capital scheme. Double glazed units have been installed at Cheadle Hospital to retain and eliminate heat waste.
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

<table>
<thead>
<tr>
<th>B</th>
<th>Area of Performance</th>
<th>Incident Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metric (Method of Calculating Performance)</td>
<td>Monitoring the number of incidents reported and the degree of harm; analysis of trends and themes and learning lessons.</td>
</tr>
<tr>
<td>Total Number of Incidents 2010/2011</td>
<td>1817</td>
<td></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Serious</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td>Minor</td>
<td>609</td>
<td></td>
</tr>
<tr>
<td>No Injury</td>
<td>808</td>
<td></td>
</tr>
<tr>
<td>No Classification</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Near Miss</td>
<td>108</td>
<td></td>
</tr>
</tbody>
</table>

What we did and why
NSCH proactively support the reporting of incidents and ensure that they are investigated, monitored and reported to Committees of the Board. Incidents are analysed to identify any trends and themes and lessons learned. During 2010/2011 1817 incidents were reported compared to 1063 incidents reported during 2009/10. This is a result of greater staff awareness, training, and a review of the incident reporting system which is now more user friendly and has increased facilities to interrogate the information.

The National Patient Safety Agency provided support and advice with the system. An increase in the reported incidents clearly demonstrates the improved reporting culture and learning from those experiences.

During the year we reviewed the organisation’s Being Open Policy. The aim of the policy is to support openness between healthcare professionals and patients following an incident that led to moderate harm, severe harm or death. NSCH aims to reduce the adverse effect of errors and serious incidents on patients, carers, families and health care staff by:

- Acknowledging, apologising and explaining when things go wrong.
- Carrying out an effective root cause analysis of reported incidents and errors within the principles of “being open”.
- Ensuring that communication with patients, carers and families following a patient safety incident is timely, clear, open and honest.
- Adopting risk management strategies to ensure that lessons learned from patient safety incidents and errors are used to continually improve the quality of care provided and ultimately, patient safety.

An example of being open is when a diagnostic test was undertaken; the result was included in the health record and not acted upon. When the error was detected, the patient and the family were informed and an investigation undertaken which was shared with them.

Where we are now
Executive and Senior Managers receive weekly incident reports which sometimes result in further information and assurance being obtained from those who have reported the incident or those who manage the service. This confirm and challenge approach takes place in a non punitive way and has resulted in staff feeling that reporting incidents is taken seriously and they are being listened to. The National Patient Safety Agency has found that organisations with higher rates of reporting incidents are safer organisations.
Ongoing commitment
The new organisation has committed to investing in the use of a single incident reporting system. A project plan has been agreed to ensure that the system is in place and staff trained by the 30 September 2011.

The table below is a comparison of reported incidents during 2009/2010 and 2010/2011

<table>
<thead>
<tr>
<th>Month</th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>113</td>
<td>144</td>
</tr>
<tr>
<td>May</td>
<td>82</td>
<td>50</td>
</tr>
<tr>
<td>June</td>
<td>129</td>
<td>122</td>
</tr>
<tr>
<td>July</td>
<td>90</td>
<td>94</td>
</tr>
<tr>
<td>Aug</td>
<td>183</td>
<td>157</td>
</tr>
<tr>
<td>Sept</td>
<td>140</td>
<td>149</td>
</tr>
<tr>
<td>Oct</td>
<td>96</td>
<td>79</td>
</tr>
<tr>
<td>Nov</td>
<td>140</td>
<td>149</td>
</tr>
<tr>
<td>Dec</td>
<td>32</td>
<td>139</td>
</tr>
<tr>
<td>Jan</td>
<td>166</td>
<td>63</td>
</tr>
<tr>
<td>Feb</td>
<td>164</td>
<td>124</td>
</tr>
<tr>
<td>Mar</td>
<td>160</td>
<td>165</td>
</tr>
</tbody>
</table>

In relation to the six catastrophic incidents in the table above, when a patient has a cardiac arrest the staff involved are required to report it as an incident relating to the effectiveness of the systems and processes perspective. After the event, checks are undertaken to see whether the systems and processes were implemented for example the response time, was the resuscitation equipment available on the trolley in accordance with policy guidance. ‘Catastrophic’ is the incident reporting systems method of capturing the cardiac arrest process and system and learning from the experiences.

The three most common incidents themes reported in 2010/2011 were:

- Slips, trips and falls: 463 of the 1817 incidents (25%)
- Tissue viability: 311 of the 1817 incidents (17%)
- Drug errors/issues: 194 of the 1817 incidents (11%)

Quality improvements and organisational learning from the themes identified above are:

Slips, Trips and Falls
Slips, trips and falls continues to be one of the highest number of reported incident categories. A number of quality improvement initiations have been implemented in collaboration with the Staffordshire wide health economy.

The National Patient Safety Agency (NPSA) distributed an alert in January 2011 (Reference NPSA/2011/RRR001). The alert is the outcome from learning nationally from the 282,000 patient falls that are reported annually to the NPSA from hospitals and mental health trusts.

The alert makes a number of recommendations and helps staff to ensure that local protocols and systems consistently reduce the risk of harm. Key areas of improvement include:

- A post-fall protocol for staff to check for signs and symptoms of fracture before any patient is moved.
Safe manual handling methods.
Observations of patient guidance – eg one to one supervision if the frequency of falls is high; or half hourly checks depending on the falls score.
Timescales for medical examination following a fall.
Policies and procedures are consistently applied.
Staff have access to special equipment and are trained to use it eg applying hard collars, flat-lifting equipment.
Systems are in place for investigating falls and injuries.

During July 2010 new falls prevention measures were implemented on all wards. To help reduce the number of patients falling on the wards, walking frames were labelled to show how at risk a patient was of falls. If a patient has a red or amber indicator on their frame, staff will know to be extra vigilant. Another initiative was that slippers have grippers on the sole and are slip resistant.

A gap identified for North Staffordshire Community Healthcare is that as part of the falls assessment bone density scans are undertaken (dexascan). A plan to implement this has been agreed and will be implemented by 30 June 2011.

A record of falls is included on the monthly dashboard as part of the Productive Community Ward initiative with reports to the Hospitals Matron for discussion and monitoring.

**Tissue Viability (Pressure Sores/Ulcers)**
The number of community hospital in-patients has increased many of which are more acute patients with a number of complex conditions which was reflected on pressure damage incidents. A comprehensive quality improvement plan is in place that includes collaborative working with the University Hospital of North Staffordshire NHS Trust (UHNS), Stoke on Trent Community Health Services (SoTCHS) and South Staffordshire PCT provider services (SSP).

Incident reporting has increased during the year which may be for a number of reasons including greater staff awareness – the prevalence will increase which requires counterbalance activities. The Tissue Viability Team has been contacted more frequently to provide advice and guidance which is viewed positively and in some cases has prevented pressure damage occurring.

The staff take a proactive approach and implement appropriate measures following the robust assessments. The Skin Bundle initiative was launched at the three North Staffordshire Community Hospitals with a comprehensive awareness and training programme in place. The Skin Bundle is an assessment indicator of the needs of a patient to determine what care is required. All healthcare professionals are involved in the initiative. The evidence based practice has been shared across Staffordshire with the aim of standardising teaching practice. The Tissue Viability leads in Staffordshire meet regularly to ensure a seamless service. Good working relationships also continue with the vascular surgeon and fast track clinics are in place which has improved the patient journey. Leaflets are being developed for patients and staff on pressure ulcer management and to obtain patient feedback a questionnaire is being developed and will be piloted. This will be rolled out in due course.

As part of addressing pressure sore incidents 31 pressure relieving mattresses have been purchased for the three community hospitals.

The Skin Bundle Programme is based on the principle of being open with patients and their families, providing information and involved them in the care, the assessment process and the progress made.
Drug Errors/Issues
The majority of the drug errors/issues resulted in no injury or were a near miss which means that staff became aware of a potential error/issue before the medication was administered to the patient. Examples include drugs being stored incorrectly; dose administered to the patient at the wrong time eg 8am rather than 8pm; wrong quantity received from the pharmacy; transportation/delivery of the medication.

During the year a review of the management of medicines was undertaken at the community to ensure that patients receive their medication as prescribed.

<table>
<thead>
<tr>
<th>C</th>
<th>Area of Performance</th>
<th>Never Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metric (Method of Calculating Performance)</td>
<td>A Never Event is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented. An example would be a patient being fatally injured between bed rails.</td>
</tr>
</tbody>
</table>

|     | There have been no Never Events |

What we did and why
Never Events are a group of twenty five incidents categories identified by the National Patient Safety Agency (NPSA) as serious incidents that should not occur in view that there is significant information and guidance available that if implemented should prevent the incident from occurring for example wrongly prepared high-risk injectable medication, maladministration of insulin, suicide using non-collapsible rails, falls from unrestricted windows, misidentification of patients.

NSCH is required to a Never Event as a serious incident on its internal systems and to the West Midlands Strategic Health Authority and an investigation undertaken to identify the root cause and lessons learned are shared.

Where we are now
A review of all incidents that had been reported from 1 April 2010 to 30 January 2011 was undertaken in February 2011 to check if any of the incidents were within the Never Event criteria. The outcome was that they were not which provided additional assurance.

Ongoing commitment
Additional Never Events have been issued by the Department of Health during 2011, however they do not all relate to community services. On-going close monitoring will be undertaken and a review of the Never Events will be undertaken to ensure that preventative measures have been implemented.
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<table>
<thead>
<tr>
<th>D</th>
<th>Area of Performance</th>
<th>Serious Incidents (SIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metric (Method of Calculating Performance)</td>
<td>Implementation of the West Midlands Strategic Health Authority protocol for reporting and investigating the root cause of serious incidents sometimes referred to as Serious Untoward Incidents.</td>
<td></td>
</tr>
<tr>
<td>SIs reported to the WMSHA</td>
<td>Allegation against healthcare professions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Attempted suicide</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Unexplained child death</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Confidential information leak</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>C.diff and healthcare associated infection</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Drug incident</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pressure ulcer</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Safeguarding vulnerable adults</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ward closure</td>
<td>7</td>
</tr>
</tbody>
</table>

What we did and why and why

Following receipt of the revised West Midlands Strategic Health Authority’s serious incident protocol, NSCH communicated this to all staff. The criteria within the protocol has changed and includes additional categories eg unexplained deaths, reporting of pressure ulcers which are grade 3 or 4. A new grading system has been introduced (0, 1, 2) and depending upon the degree of harm this determines the timescale for investigating, identifying the root cause and lessons learned.

25 incidents were reported during 2010/2011; 1 incident is ongoing from the previous year (drug incident); making a total of 26 SIs. 12 remain ongoing, 8 have been closed internally, 1 has been closed internally and by North Staffordshire PCT Clinical Quality Review Group and 5 have been closed internally and externally by the West Midlands Strategic Health Authority.

We strengthened the process for approval for reporting and closing an incident which is based on reasonable documentary evidence being provided to demonstrate that the recommendations and actions have been implemented.

Where we are now

A further review of the systems and process and monitoring arrangements have been strengthened and presented to the Executive Management Team and the Clinical Governance Committee in May 2011.

Ongoing commitment

Monitoring and assurance will continue prior to the approval of closure of a SI and in particular a focus on learning lessons and sharing experiences. Reports are provided to the Board and its committees.

North Staffordshire PCT meets with North Staffordshire Community Healthcare on a monthly basis to review serious incidents. The group aims to identify trends and seeks assurance on the investigation process and lessons learnt. Improvements to the internal processes for the reporting and closing of serious incidents have been made and this has led to more prompt closure of incidents on the West Midlands Strategic Health Authority reporting system.
<table>
<thead>
<tr>
<th>E</th>
<th>Area of Performance</th>
<th>Healthcare Associated Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Metric (Method of Calculating Performance)</td>
<td>Clostridium Difficile Numbers</td>
</tr>
<tr>
<td></td>
<td>March 2011</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Clostridium Difficile Numbers</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>MRSA Bacteraemia Numbers</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>MRSA Screening</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>MSSA Numbers</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Pre 48 hour MRSA Bacteraemia Numbers</td>
<td>0</td>
</tr>
</tbody>
</table>

**What we did and why and why**

NSCH is pleased to report on the performance of healthcare associated infections, noting that positive actual performance against the target. A number of quality measures have been implemented during the year which include a review of policies and procedures, the outbreak toolkit, training and education, specialist link nurses appointed, strengthened reporting procedures. This includes providing information written and verbal to patients, carers and visitors to the wards.

All patients are screen for MRSA when they are admitted to all in-patient wards with an achievement of 100% meeting the target. NSCH is also pleased to report that the Clostridium Difficile incidents are lower than the target.

A comprehensive programme of work was agreed at the beginning of the year to ensure compliance with the Hygiene Code of Practice. Progress on implementation has been monitored closed by the Infection Control Committee and reports provided to the Board.

**Where we are now**

NSCH continue to monitor performance and to ensure that staff are supported and provided with expert advice from the infection control team to prevent and control infections. A key learning point from recent ward closures is to keep ward doors closed at all times to contain the potential or actual spread of infection. NSCH is compliant with the criteria as defined by the CQC on the code of practice.

**Ongoing commitment**

A further review of policies and procedures is being undertaken in preparation to move into the new organisation. This is being undertaken with the other two providers and adult social care. Best practice is being shared. Infection, prevention and control remain a high priority.
3.2 Clinical Effectiveness

<table>
<thead>
<tr>
<th>Metric (Method of Calculating Performance)</th>
<th>Achieving National Quality Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration under the Health &amp; Social Care Act 2009</td>
<td>Compliance with the sixteen core essential standards of quality &amp; safety</td>
</tr>
<tr>
<td>NSCH was registered with the Care Quality Commission without conditions for the first year of the new national requirement. Further information is included in Part 2. The CQC has judged NSCH as being compliant with the sixteen core essential standards of quality and safety following a planned review of documentary evidence, discussions with patients, carers, health professionals and managers.</td>
<td></td>
</tr>
</tbody>
</table>

**What we did and why**

To comply with the new regulations, a review of the CQC criteria was undertaken and seven locations were registered. A system and process was agreed and as a consequence managers were appointed to lead an initial self assessment to determine compliance. There were a number of areas that required minor improvements eg information for patients. Based on the assessment and having the reasonable documentary evidence, NSCH applied for registration which was granted without conditions.

Monitoring and review of the compliance with the standards has continued throughout the year reporting to the Board and its committees.

**Where we are now**

A planned review of the sixteen standards was undertaken by the CQC which commenced in December 2010. The CQC review the documentary evidence, met with patients, carers, health professionals and staff. This process took several weeks. The outcome was then reviewed against other intelligence that the CQC receive. Taking this into consideration the CQC judged that NSCH is compliant. The final reports were published at the end of March 2011.

**Ongoing commitment**

Monitoring performance against the quality and safety standards continues. An application has been submitted to the CQC in readiness for the establishment of the new organisation.
What we did and why
NSCH is pleased to report staff engagement with the development and implementation of the audit programme. There are three integral parts to the programme which include audits undertaken by NSCH staff for example hand hygiene, record keeping; audits that are supported by the Clinical Audit Department, University Hospital of North Staffordshire NHS Trust – some of the audits are across care pathways and/or in conjunction with other providers eg Stoke on Trent PCT; and thirdly audits to provide external assurance eg risk management, storage and archive of clinical records.

Where we are now
Reports on the programme have been provided in year to the Clinical Governance Committee and to the Governance and Risk Committee. A number of audits have been completed and the outcomes reported and action plans have or are being implemented. Audits were also undertaken to support the CQUIN targets. NSCH is currently out to consultation on the audit programme for 2011/2012 however the outstanding audits from the 2010/2011 programme will be rolled forward to 2011/2012.

Ongoing commitment
Clinical audit will continue to be an important quality measure to identify if the agreed standards are being adhered to and if they are not then remedial action is implemented. NSCH is committed to embed the audit cycle and as part of the review of policies, procedures and standard operating procedures, audit tools will also be developed.

National Research Ethics Service
The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and well-being of research participants as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

NSCH did not take part in clinical trials during 2010/2011 however discussions are taking place for the new Partnership to be involved in the future.

Research Governance
Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

NSCH did not take part in research during 2010/2011 however discussions are taking place for the new Partnership to be actively involved in such activity in the future.
3.3 Patient Experience

| Metric (Method of Calculating Performance) | Establishment and terms of reference agreed. Work programme agreed. The Public Participation Group was established in January 2010 and the terms of reference have been agreed. The programme of work has been discussed but not yet agreed. |

**What we did and why**
The Public Participation Group was established in January 2010 and meet on a regular basis with an agreed agenda. Members are supporting the completion of patient surveys and obtaining patient stories. The Group attend as observers at a number of the organisation’s committees and groups eg Governance & Risk Committee, Think Glucose Steering Group, Complaints Monitoring.

Members have supported various initiatives and have invited staff to attend their meetings to explain their service aims and engagement with the patient and the public.

A programme of work has not been developed although there have been discussions regarding this.

**Where we are now**
The Group continues to meet and discusses their evolving role and responsibilities. When members attend other committees and group they feed back on their experiences. Members are proactive and have been involved with obtaining patient stories following their training.

**Ongoing commitment**
The Group will continue until such time the new organisation agrees the way forward. The Associate Director of Nursing & Quality who is responsible for quality and customer focussed care is working with colleagues in the other providers to discuss user engagement initiatives. NSCH is committed to working with and involving patients and the public which is critical to learn and improve from their experiences.

| Metric (Method of Calculating Performance) | Evidence of reporting to the Committees. Outcomes of the surveys are discussed and improvement plans agreed and implemented. A programme of quarterly patient experience surveys is undertaken as part of the CQUIN target. As part of the NHS Institute for Innovation patient surveys are undertaken. This is a module within the Productive Community Ward series. Surveys are undertaken by individual services; the outcome is not routinely shared across the organisation. |

**Quarterly user feedback / service improvement audit is reported to Clinical Governance and the Governance & Risk Committees.**
What we did and why
A number of initiatives have been implemented to obtain the view and experiences of patients. On a quarterly basis telephone surveys are undertaken as part of the CQUIN target. The surveys are undertaken after the period of care has been completed. Other surveys are undertaken, however they are not routinely reported and shared.

Where we are now
The Quarter 4 survey has been undertaken and an analysis of the data is being reviewed. A review of how the outcomes are reported and shared will be undertaken across the organisation.

Ongoing commitment
NSCH is committed to undertaking surveys and will learn from the views and experiences of patients. This includes listening and learning from complaints and compliments. The common approach to handling complaints has been to allow us to respond flexibly to complaints, concerns and compliments and feed the lessons into improving services.

Complaints Management
During the year 30 complaints were received which is an increase from 2009/10 when 24 complaints were received. All complaints are handled in line with the guidelines “Listening, improving, responding” which we use to help design excellent customer care systems locally and to support clinical and administrative staff in implementing change.

The themes for complaints received include transport, failure to follow agreed procedure, patient status, missing patients property and expenses, complaints handling, communication, clinical treatment, attitude of staff, admission, transfer and discharge arrangements.

For each complaint an investigation is undertaken and a response provided which includes any recommendations and actions planned or taken. The implementation of the actions is monitored and reported to the Clinical Governance Committee and to the Provider Services Board and to Commissioners.

Three complainants were not satisfied with the response and referred their concerns to the Health Service Ombudsman. In the case of two of the complaints the Ombudsman confirmed that they were not investigating the concerns raised as the organisation had address their complaint; one complaint resulted in further queries being raised to the Ombudsman resulting in further local discussions and resolution.

An example of listening and learning from complaints includes improved information for patients when coming into hospital.

On a quarterly basis all complaints are reviewed by the Complaints Monitoring Group. Members include staff from the Quality Team, Heads of Service, Associate Director of Nursing & Quality, two lay members who are members of the Board and an observer who is a member of the Public Participation Group. The observer was invited to be a member following a complaint they had made relating to poor communication between the clinical staff and the family. The observer’s contribution has been invaluable in the assessment of other complaints and how NSCH is learning from them.
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**Compliments**

Compliments are received in variety of ways eg patients and carers thanking staff, cards, letters, comments cards/books. They are currently recorded in different ways however during the year a system was introduced to capture the compliments, however this has not routinely been used by all services. Since setting up the system in September 2010 to March 2011 272 compliments have been recorded and include the following examples:

- *Thank you for all your kindness shown to dad in his short stay with you.*
- *Care could not be better than what my mum got; the NHS is the best care in the world.*
- *Care was very good. The service was good and staff very friendly.*
- *The ward is clean and the care is good.*

**Productive Ward & Community Services Programmes**

The Productive Ward and Community Services programmes has been developed by the NHS Institute of Improvement and Innovation to improve effectiveness, safety and reliability of care that staff provide to patients on the ward or in the community.

The programmes use proven methods developed in industry and applied to a healthcare setting. It provides staff with information, skills and time they need to regain control of their work environment and processes and improve the care they provide. Staff design their own solutions and improvements, so they work and carry on working. Ultimately the programmes provide a better standard of care and patient experience.

The programme which is being rolled out across the organisation has common sense methods and uses an approach that guides and empowers frontline teams to design their own solutions and create sustainable improvements. The key benefits and outcomes that have been identified to-date include:

- Increased time for patient care
- Reduced time on non-clinical activity and inefficient work practices
- Improved quality and safety of care
- Re-vitalised workforce
- Putting staff at the forefront of redesigning their services
- Making financial savings by eliminating waste and making processes more efficient
- Increased capacity to care for patients in local settings away from acute care

For example at Ryecroft Clinic the school nurses identified inefficiencies relating to the storage of health records which were upstairs in the building. After collecting data and working collaboratively with the paediatric occupational therapy service at Knutton Clinic and Milehouse Primary Care Centre the notes have been brought downstairs near to the School Nurses office. By moving the notes the School Nurses have gained an extra one week and four days of time each year.

The programme also provides the tools and techniques for staff to obtain feedback from patients. Surveys are regularly undertaken and in the community hospitals the results are displayed and available for patients and visitors. Questions include for example if patients were treated with respect; did the nurse wash their hands, was appropriate information provided.
Comments from patients include:

- *Receiving my care makes me feel at ease when the nurses come into check my progress and I find almost all the nurses are caring and easy to talk to.*
- *The Health Professional made me feel happy with the way I was being treated and happy with the care and advice.*
- *Overall I feel very happy with the care I have been given and have a lot of faith in the nurses. I think they do a very good job but don’t get prised enough.*
3.4 Statement on changes to the Quality Accounts

NSCH is committed to working collaboratively with a range of partners in the development of the organisation’s first Quality Accounts. The Quality Accounts for 2010/2011 were shared with key partners during the production of this document and each partner was invited to provide a statement for inclusion in the Quality Accounts. The following commentaries have been received:

Final Commentary from Staffordshire Overview & Scrutiny Committee
We are directed to consider whether a Trust’s Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

Our approach has been to review the Trust’s draft Account and make comments for them to consider in finalising the publication, before providing this final commentary.

There are some sections of information that the Trust must include and some sections where they can choose what to include. We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust’s services through health scrutiny activity in the last year. We also considered how clearly the Trust’s draft Account explains for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year. We were expecting this year’s Quality Accounts to demonstrate increasing patient and public involvement in the assessment and improvement of the quality of services that health trusts provide.

We are pleased that, as a result of our comments, the Trust has:

- expressed key achievements in terms of outcomes rather than actions;
- liaised with the other Primary Care Trust provider services in the county to give a consistent explanation about the governance of quality during the transition to the new Partnership NHS Trust;
- added mandatory information with explanations to say how it is relevant to care quality;
- expanded the section on Commissioning for Quality and Innovation (CQUIN); and
- developed the Review of Quality Performance adding illustrative examples and reporting arrangements.

We would have liked to see:

- reference to staff engagement in regard to building capacity and capability; and
- a list of the Annual Audit Programme audits with a further illustrative example of how they lead to improved care quality.

Final Commentary from Staffordshire LINks (Local Involvement Networks) & Stoke on Trent LINks
A joint presentation meeting was held with representatives from both Staffordshire and Stoke on Trent LINk at which representatives of North Staffordshire Community Healthcare and Stoke on Trent Community Health Services presented their draft Quality Accounts which enabled LINk participants to raise questions and provide comments and feedback into the format of the account and suggestions for improvements to the way the information was presented. LINk participants appreciated being able to contribute to this early consultation phase in the production of the Trust’s Quality Account.
The Quality Account follows the format and the wording of some paragraphs as prescribed by the DH and this results in some technical information that may be difficult for some members of the public to understand however, the overall impression of this final draft is that it is easy to read with the information being presented in a clear and logical manner.

Part 2, 2.1 Plans for improvement includes a statement in respect of “Better use of information” and it was felt that additional information about what NSCH will be doing in practice to make these improvements in the coming year as well as the dedicated website address which services users can access to provide feedback on their experiences should be included. Sections have now been included covering Data Quality, Clinical Coding, Use of the NHS Number and Information Governance however details of “its own website as a commitment to improving communication with patients, carers, members of the public, staff and partners” have not been added.

Section 3 includes information in respect of Patient Safety including Environment and Cleanliness, Incident Reporting, Never Events, Serious Incidents and Healthcare Associated Infection. Feedback from LINk participants at the presentation included a request for more information as well as examples of outcomes and improvements achieved by the Trust and it is pleasing to see that more detailed information and clear examples have been included in the final version of the Quality Account.

LINk participants also requested further detailed information regarding the Care Quality Commission’s special reviews on Stroke and Families with Learning Disabilities services which NSCH took part in and it is gratifying to see that this information has been included in the final draft Quality Account at section 2.3 – Statements from regulatory bodies.

Staffordshire LINk would wish to thank North Staffordshire Community Healthcare for providing this opportunity to comment on the Quality Account.

Final Commentary from North Staffordshire PCT & Stoke on Trent PCT Commissioners
This is the first time that providers of community services have been required to produce a Quality Account. As the main commissioner of services for North Staffordshire Community Healthcare, NHS North Staffordshire is pleased to comment on the Quality Account for 2010/11.

As part of the contract monitoring process, NHS North Staffordshire commissioners have met monthly with North Staffordshire Community Healthcare to monitor and seek assurance on the quality of services provided. In addition to these formal Clinical Quality Review Meetings, sub groups focusing on serious incidents and CQUINS have been introduced during 2010/11. The Quality Account covers many of the areas that are discussed at these meetings which seek to ensure that patients receive safe high quality care.

In looking forward to the formation of the Staffordshire and Stoke on Trent Partnership NHS Trust the Clinical Quality Review Meetings for NHS North Staffordshire and NHS Stoke have been merged since April 2011, with a view to further merger with South Staffordshire in the summer.

In March 2011 North Staffordshire Community Healthcare received the results of an in depth and comprehensive review of services by the Care Quality Commission. They were found to be fully compliant with all 16 standards. This result is just one of a number of very positive achievements reported in the Quality Account and NHS North Staffordshire are happy to commend them for what has in general been an excellent year.
During 2010/11, North Staffordshire Community Healthcare has been working towards a series of measureable quality improvements through an agreed CQUIN scheme. This scheme has led to significant improvements in the services to patients in a number of areas. For example the Think Glucose scheme has led to marked improvements in the treatment received by diabetic patients in community hospitals and North Staffordshire Community Healthcare was commended for its progress in this area by the independent clinical reviewer. As commissioners NHS North Staffordshire was however disappointed that North Staffordshire Community Healthcare did not meet the agreed standard in some elements of the CQUIN scheme, particularly in that a small number of in-patients did not have adequate risk assessments in relation to pressure ulcers promptly on admission and that an insufficient number of community patients received appropriate risk assessments relating to falls prevention or having adequate nutrition.

NHS North Staffordshire and NHS Stoke on Trent have worked closely with the provider to agree quality improvements for 2011/12 using the CQUIN framework. The process for developing the CQUIN scheme this year has included greater involvement by lead clinicians. The agreed scheme supports the national QIPP focus on safety, including the roll out of Safety Express which covers areas such as falls, tissue viability, VTEs and catheter care.

NHS North Staffordshire was disappointed with the results achieved by North Staffordshire Community Healthcare in the 2010 annual staff survey. In particular the results showed that North Staffordshire Community Healthcare was in below average or in the bottom 20% for a disproportionate number of those indicators that most closely related to clinical quality and safety. During 2011/12 Commissioners will monitor actions taken to deliver improvements in this area, in particular seeking assurance that standards improve in this area as the new partnership Trust comes into being.

2010/11 is the first year that North Staffordshire Community Healthcare has been required to submit a Quality Account. The account is succinct and easy to read. NHS North Staffordshire would suggest that in future years the new Staffordshire and Stoke on Trent Partnership NHS Trust aims to make its Quality Accounts even more meaningful to service users for example by describing how patients or service users have benefitted or will benefit in future from quality improvements. Key messages might be made more relevant by illustrating them with a broader range of examples relating to real patient experiences.

Having reviewed the information in the Quality Account against the information the PCT and its partners have on the areas covered, the PCT is happy to confirm that the information provided in the Quality Account is accurate. The PCT is also happy to confirm that the account provides a balanced reflection of the quality of services provided.

Public Participation Group

- Examples of outcomes and improvements have been included into the Quality Accounts.
Glossary of Terms

Provider Services
A Provider is an NHS organisation responsible for providing a group of healthcare services. A provider provides services within a community hospital setting.

Board (of Provider)
The role of the board is to take corporate responsibility for the organisation’s strategies and actions. The chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Managing Director is responsible for ensuring that the board is empowered to govern the organisation and to deliver its objectives.

Care Quality Commission
The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is 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. Visit www.cqc.org.uk

Clinical Audit
Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Commissioners
Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care Trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population’s health.

Commissioning for Quality and Innovation (CQUIN)
High Quality Care for All included a commitment to make a proportion of provider’s income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Health Act
An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.
‘Working to be the provider of choice and improve the health and wellbeing of the communities we serve’

Healthcare
Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

High Quality Care for All
High Quality Care for All, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public.

Local Involvement Networks (LINks)
Local Involvement Networks (LINks) are made up of individual and community groups which work together to improve local services. 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. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINks also have powers to help with the tasks and to make sure changes happen.

National Patient Safety Agency
The National Patient Safety Agency is an arm’s length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care.

National Research Ethics Service
The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and well being of research participating as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research.

NHS Choices
A website for the public for all information on the NHS.

Overview and Scrutiny Committees
Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Periodic Reviews
Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term ‘review’ refers to an assessment of the quality of service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodreview2009/10.cfm
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 (called primary care) and making sure that other appropriate health services are in place to meet local people’s needs.

Registration
From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). In 2009/10, the CQC is registering Trusts on the basis of their performance in infection control.

Research
Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Special Review
A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national level findings based on the CQC’s research.

Strategic Health Authorities
Strategic Health Authorities (SHAs) were created by the Government in 2002 to manage the local NHS on behalf of the Secretary of State. SHAs manage the NHS locally and are a key link between the Department of Health and the NHS SHAs (there are ten in total) are responsible for:

- Developing plans for improving health services in their local area;
- Making sure that local health services are of a high quality and are performing well;
- Increasing the capacity of local health services – so they can provide more services; and
- Making sure those national priorities – for example, programmes for improving cancer services – are integrated into local health service plans.
Thank you for taking the time to read North Staffordshire Community Healthcare’s first published Quality Account. We hope that you have found it interesting and enjoyable to read. If you would like further information, or to comment on any aspect of this Account – your views count.

Please write to:

Associate Director of Nursing & Quality
North Staffordshire Community Healthcare
Bradwell Hospital
Talke Road, Chesterton
Newcastle under Lyme
Staffordshire
ST5 7NJ

To view the Quality Account electronically please visit our website at www.northstaffordshire.nhs.uk or NHS Choices at www.nhs.co.uk

The organisation has access to interpreting and translation services. If you require information in another language or format, we will do our best to meet your needs.

We look forward to receiving your comments and suggestions.

27 June 2011