Quality Account – 2010/11
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If you require this report in another format such as large print, audio tape or other language, please contact the Patient Advice and Liaison Service (PALS) on 0845 602 4832.
I am delighted to introduce the first Quality Account for Wakefield District Community Healthcare Services.

Quality accounts are annual reports to the public from providers of NHS healthcare services about the quality of the services they provide. The audience for this report is wide ranging and includes anybody who wants to know more about the quality of our services.

Wakefield District Community Healthcare Services (WDCHS) is an arms-length managed organisation of NHS Wakefield District. It is the local provider of community healthcare services in the Wakefield district. We deliver services from antenatal to end of life care. Our services provide over 750,000 patient contacts every year. Our Headquarters are based at Castleford, Normanton and District Hospital but our services operate from many bases to many patients across the Wakefield district.

WDCHS is committed to providing excellent community healthcare services for our patients and their families and to achieving the vision set out by our local commissioners; our regional leaders and the wider NHS.

WDCHS works to the three main aims within the High Quality Care For All strategy in order to secure excellent delivery of care. These are:
1. to be effective in order to improve patient outcomes;
2. to be safe; and
3. to understand and respond to feedback from our patients and their families, our staff and our partners

Our operational plan for 2010 – 2011 identified the following areas as priorities:
- clinical quality and patient safety;
- innovation and productivity;
- organisational and workforce development;
- contract and performance monitoring;
- information technology and data quality;
- financial responsibilities; and
- partnership and stakeholder management.

Each of the priorities had clear objectives and we assessed our performance against these objectives on a quarterly basis. As well as working towards delivering this operational plan we developed and approved a Quality Strategy to underpin the delivery of safe effective high quality care.

2010/11 has been a year of change for all community providers. The implementation of the Transforming Community Services agenda was challenging for our staff and services but we hope went unnoticed by our patients and their
families. We have worked with our partners locally in Health and Social care and transferred all our services and staff into an integrated care model. This has resulted in a new social enterprise being formed (Spectrum Community Health CIC) and the integration of the remaining teams into three partner organisations.

We have seen improvements in the quality of care provided to our patients this year. Significant efforts have been made to improve patient safety, clinical effectiveness and patient experience. We have successfully delivered our Quality Strategy and achieved high results against our CQUIN scheme.

I present this Quality Account as a true reflection of the work undertaken in 2010/11.

To the best of my knowledge the information in the document is accurate.

Signed by responsible person:

Julie Bolus
Chief Operating Officer
2 Priorities for Improvement

All providers of NHS acute, mental health, ambulance and community healthcare services are required to produce annual Quality Accounts. Quality Accounts are public reports about the quality of services delivered to patients, their families and carers. The audience for these reports is wide ranging and includes our patients, staff, commissioners and healthcare regulators. Quality Accounts are for anyone who wants to know more about the quality of our services and how we aim to maintain improvements over the next 12 months.

The services that currently make up Wakefield District Community Healthcare Services (WDCHS) are soon to undergo significant organisational change due to the Transforming Community Services agenda. This will see the current services divested on 1 April 2011 to the following organisations: The Mid Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, Spectrum Community Health CIC and Wakefield Metropolitan District Council.

However, it is important that all services maintain a forward-looking approach to the quality of healthcare, therefore the priorities for improvement for the year 2011/12 for services will be agreed with the new providers of those services through the business planning process.

2.1 How we will monitor, measure and report these priorities

The mechanism for delivering, monitoring and reporting the agreed priorities for 2011/12 will be determined following the integration of our services within their new organisations.
2.2 Statements relating to the quality of NHS services provided

2.2.1 Review of Services

During 2010-11, Wakefield District Community Healthcare Services (WDCHS) provided and/or sub-contracted 36 NHS services.

WDCHS has reviewed all the data available to them on the quality of care in all 36 of these NHS services.

We have seen significant improvements in our approach to embedding quality throughout the year, with greater levels of team involvement and understanding, and an increased focus on promoting patient experience and outcomes in Quality, Innovation, Productivity and Prevention (QIPP) plans. All our services are expected to develop a QIPP plan which allows us to systematically review and embed quality across the whole organisation. QIPPs enable teams and services to set out their aspirations to improve the quality of patient care throughout the year. Services are expected to include actions to improve patient experience, clinical audit, innovation, productivity and patient safety in their QIPP.

All our services have completed self-assessments against the Care Quality Commission (CQC) registration requirements. Teams and services are asked to identify their level of compliance with these requirements and allocate a red, amber or green rating to reflect the level of evidence they can provide. Where services or teams have insufficient evidence, plans to address this are included in their QIPPs.

Our Quality Improvement Team has held workshops and visited individual teams to raise awareness of CQC regulations and support the implementation of this approach. The Quality Improvement Team has also undertaken Quality Assurance visits with 12 Adult Community Nursing Teams, 10 Children & Families Teams and 3 Health & Wellbeing Teams.

We have effective organisational governance structures in place to actively monitor and manage the quality of our services. The Integrated Governance Group reviews all available information about the quality and safety of our services and provides assurance to our Leadership Team and the Provider Committee. We also attend joint assurance meetings with NHS Wakefield District in the areas of Risk Management, Health & Safety and Infection Prevention & Control. NHS Wakefield District monitors our quality and safety as Commissioners through the Quality Board.
The income generated by the NHS services reviewed in 2010/11 represents 100% of the total income generated from the provision of NHS services by WDCHS for 2010/11.

2.2.2 Participation in Clinical Audits

Clinical audit is an important method of assessing the quality of care we provide to patients. Our clinical audit programme was coordinated by the Quality Improvement Team who also delivered an ongoing programme of staff training in audit techniques. Both the audit programme and uptake of training was monitored by the Integrated Governance Group and reported in our quarterly Quality & Patient Safety Report.

Our 2010/11 audit programme consisted of 41 clinical audits covering a wide range of services.

During 2010/11, 2 national clinical audits and 1 national confidential enquiry covered NHS services that WDCHS provides.

During that period WDCHS participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Wakefield District Community Healthcare Services was eligible to participate in during 2010/11 are as follows:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Participation</th>
<th>% Cases submitted</th>
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</thead>
<tbody>
<tr>
<td>Community Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Audit of Continence Care</td>
<td>Yes</td>
<td>100</td>
</tr>
<tr>
<td>Confidential Enquiry into Maternal and Child Health (CMACH)</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>National Audit of Cardiac Liaison</td>
<td>No</td>
<td>N/A</td>
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</table>

The national clinical audits and national confidential enquiries that WDCHS participated in during 2010/11 are:

- National Audit of Continence Care.

The national clinical audits and national confidential enquiries that Wakefield District Community Healthcare Services participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Participation</th>
<th>% Cases submitted</th>
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<tbody>
<tr>
<td>Community Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Audit of Continence Care</td>
<td>Yes</td>
<td>100</td>
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</table>
The report of 1 national clinical audit was reviewed by the provider in 2010/11 and WDCHS intends to take the following actions to improve the quality of healthcare provided:

- Continence Assessment Training sessions to highlight the importance of a medication review when staff are undertaking a Continence Assessment;
- Use of a standardised functional score as part of a comprehensive continence assessment;
- Assessment of cognitive impairment as part of a comprehensive continence assessment;
- Document evidence that copies of the continence assessment are given to the patient;
- Review the need for undertaking Digital Rectal Examination (DRE) as part of a comprehensive continence assessment;
- Structured training for all clinical staff who work with people who may experience continence problems;
- All patients are asked a case finding trigger question; and
- Inclusion of a standardised validated Quality of Life measure to be included as part of a comprehensive continence assessment.

The reports of all completed local clinical audits were reviewed in 2010/11 and Wakefield District Community Healthcare Services intends to take the following actions to improve the quality of healthcare provided:

- Altering the medical terminology in letters from Child Health to parents to plain English;
- Ensuring a joint visit is offered including the current therapist and the new therapist if a change of therapist is required in the Community Paediatric Occupational Therapy Team;
- Providing feedback to parents following a school visit by the Community Paediatric Occupational Therapy Team;
- Provide training for staff on communication and discussing difficult issues in end of life care; and
- Provide training for staff following the professional practice audit in health visiting and school nursing.

2.2.3 Participation in Clinical Research

WDCHS is linked to the West Yorkshire Comprehensive Local Research Network.

The number of patients receiving NHS services provided or sub-contracted by WDCHS in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 24.
WDCHS was involved in conducting 7 clinical research studies during 2010-11. These were:

- The Evaluation of The Health Foundation's Co-Creating Health Initiative;
- Rates of Psychiatric Illness in Long-term Survivors of Early Childhood Brain Tumours;
- The development and validation of patient-reported outcome measure of health-related quality of life for patients with pressure ulcers PUQOL project;
- PURPOSE Pressure UlceR Programme Of ReSEarch – Pain Cohort Study. Exploring the role of pain as an early predictor of Category 2 pressure ulcers;
- Study of Suicide in England and Wales: Nested Case-control;
- A study of the effectiveness of inter professional working for community dwelling older people; and
- Evidence in managment decisions (EMD) Advancing knowledge utilisation in healthcare management.

None of our employed clinical staff directly participated in this research.

2.2.4 Use of the CQUIN Payment Framework

A proportion of WDCHS income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between WDCHS and NHS Wakefield District, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN framework was split between regional and local indicators and WDCHS paid significant attention to the successful achievement of the 13 quality goals. The local Quality Board chaired by NHS Wakefield District holds our organisation to account for achieving and improving performance against the range of CQUIN goals.

Further details of the agreed goals for 2010-11 and for the following 12 month period are available electronically at:
http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

2.2.5 What Others Say About Our Services

Statements from the Care Quality Commission

WDCHS is required to register with the Care Quality Commission and its current registration status is unconditional. We are licensed to carry out 4 regulated activities across 4 locations. These are:

- treatment of disease, disorder or injury;
- diagnostics and screening procedures;
- nursing care; and
family planning.

We have recently been successful in completing the registration process for Star House which opened 31st January 2011 and provides respite care for children.

The Care Quality Commission has not been required to take enforcement action against WDCHS during 2010/11.

WDCHS has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2010/11:

- Stroke Services Review;
- Special Review of Support for Families with Disabled Children; and
- Ofsted / CQC Full (announced) inspection of Safeguarding and Looked After Children Services.

No actions were identified following the Stroke Review and Special Review of Support for Families with Disabled Children.

Our Stroke Services were rated as ‘Better Performing’, which means there were more areas of strength identified than weakness. We were rated as having particularly good performance in community-based services, involving stroke survivors and their carers in the planning and monitoring of care, and meeting the individual needs of patients.

The Ofsted / CQC inspection of our Safeguarding and Looked After Children Services covered both Wakefield District Health and Social Care. There were areas of notable practice identified at this inspection, our Looked After Children’s Services were described as outstanding and our system for safeguarding supervision as excellent. This review identified three actions for our services:

- Looked After Children’s Team to be involved in pathway planning and provide care leavers with appropriate health information when they leave care;
- To ensure a systematic approach to the quality assurance of all referrals made by health care practitioners to social care; and
- To ensure that all staff working with the 0-19 Service adhered to the Child Health Promotion Programme.

We have developed action plans to address these recommendations, and work is now underway monitored through the Safeguarding Forum.
2.2.6 Data Quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

WDCHS recognises the important role that robust data quality plays in enabling us to provide safe and effective healthcare. We use a variety of clinical information systems to collect data and have established a community information team to support clinical services and provide the organisation with a specialised information and performance function.

SystmOne is the most widely used information system in WDCHS and to date has been rolled out to over half of our community services. It has been the focus of the first phase of our data quality and information assurance project.

WDCHS will be taking the following actions to improve quality data:

- The further roll out of a series of monthly portfolio reports across all our SystmOne services. Managers use the reports to work with the staff to improve the use of SystmOne as well as performance management and service planning; and
- Further development and improvement of the data quality dashboard that monitors compliance with various indicators as set out by the NHS Wakefield District Data Quality Policy.

Routine reporting in conjunction with effective relationships between clinical services and the information team has helped to develop a culture of engagement and a greater understanding of the use and importance of information in decision making.

Information Governance Toolkit Attainment Levels

WDCHS was assessed as part of NHS Wakefield District. The Information Governance Assessment Report overall score for 2010-11 was 72% which means we have not achieved attainment level 2 on all the requirements.

However we scored highly in the following elements:
- confidentiality and data protection assurance (75%);
- clinical information assurance (86%); and
- corporate information assurance (88%).
Clinical Coding Error Rate

WDCHS was not subject to the Payment by Results clinical coding audit during 2010-11 by the Audit Commission.

NHS Number and General Medical Practice Code Validity

WDCHS was not required to submit records during 2010-11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
3 Review of Quality Performance

In this section of our Quality Account we take a look back and review our progress in delivering safe, effective, high quality patient care. At the beginning of the year we set ourselves the challenge of achieving improvements across a number of priority areas that matter to patients through the development of a quality strategy. These priorities include:

- preventing avoidable infection;
- patient safety – reducing harm;
- patient experience;
- partnership working;
- end of life care; and
- developing and supporting people to deliver high quality community services.

WDCHS has a robust approach to governance and has developed a new comprehensive reporting tool, the Quality and Patient Safety report, to provide further assurance of patient safety. This tool integrates all aspects of quality and patient safety on a quarterly basis and allows both our leadership team and commissioners to access up-to-date information on quality and patient safety quickly and easily. The Quality and Patient Safety report has been identified as best practice for providing assurance within the organisation.

Infection prevention and control activity is reported both monthly to the Provider Committee and via the Infection Prevention Committee and quarterly in the Quality and Safety report.

Patient safety is regularly discussed and monitored in our weekly Leadership Team Meetings and at our Integrated Governance Group and Provider Committee. Our performance is shared with commissioners through the CQUIN scheme and at Quality Board meetings.

Our staff have achieved demonstrable improvements in a period of significant organisational change and financial pressure. The coming year will bring further changes, however we will continue our aim of delivering safe and effective patient care for the people of Wakefield district.
3.1 Priority 1: Preventing Avoidable Infection

WDCHS aims to minimise the risk of infection to patients, staff and visitors and therefore infection prevention and control is an important priority for our teams and services.

Throughout the year we have maintained compliance with the Care Quality Commission Hygiene Code, the national standards for infection control. We are able to demonstrate high standards of infection prevention and control through our programme of urinary catheter audit, essential steps audit and environmental audit.

We have achieved these high standards through:

- implementing a comprehensive infection prevention and control programme, developed with reference to key national legislation and regulations;
- routinely auditing our practice against best practice standards, and making changes where appropriate;
- reinvigorating our infection prevention link worker programme (our link workers act as staff champions who spread key information and learning throughout teams and services);
- engaging staff and promoting best practice, for example through the Vital Links study day and sharps safety awareness events;
- initiating new mandatory training programmes for both clinical and non-clinical staff. 846 clinical staff have been trained throughout the year; and
- providing effective management and care for patients with TB, including directly observed therapy for patients requiring more intensive support, which has prevented TB reoccurrence.

3.1.1 Pre 48 Hours MRSA Bacteraemia

The Wakefield District health economy objective for 2010/11 was not more than 14 MRSA cases, acquired either 48 hours pre or post hospital admission. WDCHS monitors our performance of pre 48 hour hospital admission MRSA cases and there have been 7 reported across the Wakefield District health economy this year.

A Root Cause Analysis is undertaken for each reported pre 48 MRSA and these have shown that 3 of these 7 patients had involvement with staff from within our community services.

Investigations are undertaken to make sure we understand the common contributory factors to acquiring MRSA and to learn lessons to help prevent further cases. Diabetes and chronic wound management were contributory factors in these 3 cases and we are now working to achieve improvements in these areas.
3.1.2 **Environmental Audits**

We have undertaken a systematic programme of environmental audit within our healthcare premises to ensure these are well maintained, clean and fit for purpose.

So far we have carried out 13 environmental audits across a range of services. These have demonstrated high levels of staff compliance with best practice criteria for hand hygiene and standard infection control precautions.

During audit, facilities or practices found to require improvements are immediately highlighted to staff and a detailed plan is produced in conjunction with the teams. For example, four of our audits highlighted the need to refurbish furniture and flooring. These were promptly replaced to minimise risk to patients and staff and to provide a high quality healthcare environment.

3.1.3 **Essential Steps Audits**

The Essential Steps programme is a national initiative that aims to reduce the risk of infection to patients, staff and visitors. We have carried out a comprehensive programme of standard precautions audit, as part of Essential Steps, throughout the year. Staff have undertaken 1554 standard precautions and hand hygiene audits that have demonstrated 98% compliance against best practice criteria.

Standard precautions audits are just one of a range of audits we routinely undertake to assess the quality of our infection prevention and control practice. Our programme of audit has also included:

- 1262 urinary catheter insertion & care audits;
- 17 enteral feeding audits; and
- 12 intravenous cannulae audits.

These have also demonstrated good standards of clinical practice.

3.1.4 **Urinary Catheter Audit: CQUIN Scheme**

We routinely audit our urinary catheter care against best practice standards to ensure we provide high quality care for our patients. These audits assess, for example, that the patient has a catheter care plan and if aseptic technique is used for catheter insertion. These are all important in helping to prevent patients from developing urinary tract infections, thereby reducing the use of antibiotics and associated hospital admission.
We have achieved the following:

- Over 71% of our patients with a catheter have had their catheter care audited. This is a high proportion and we are proud that this has been consistently above our target of 60%.

These audits have demonstrated good practice in urinary catheter care. For example:

- 100% of our patients with a urinary catheter had a catheter care plan in place; and
- 98% of our practice complied with best practice standards.

Improvement in urinary catheter care has also been demonstrated through investigations of pre 48 hour MRSA cases. In previous years, catheter care was identified as one of the contributory root causes in pre 48 hour MRSA cases however, this has not been found in any of the cases reviewed this year.
3.2 Priority 2: Patient Safety – Reducing Harm

Patient safety is one of the core elements of high quality patient care and WDCHS aims to protect patients and staff from avoidable harm.

We have delivered high standards in patient safety throughout the year. This is seen in our achievements in pressure ulcer management, incident reporting and medicines management. We have also made significant improvements in safeguarding children and falls prevention. However, these areas remain a priority for us and we aim to make further improvements in falls prevention and safeguarding over the coming year.

We have achieved improvements in patient safety through:

- creating a positive incident reporting culture and learning lessons from incidents to prevent reoccurrence;
- auditing patient falls and pressure ulcer management, and making changes where necessary;
- implementing a comprehensive medicines management programme,
- adopting a systematic and robust approach to professional policy and procedure;
- auditing our professional practice against the Child Health Promotion Programme, and making changes where necessary; and
- ensuring eligible staff receive safeguarding children supervision.

3.2.1 Incident Reporting

WDCHS has developed a culture that encourages the use of incident reporting to ensure the safety of both our patients and our staff. We regularly benchmark ourselves nationally through the National Reporting and Learning System.

WDCHS is one of the highest reporting primary care organisation of its type in the country. Our rate of incidents stands at 26.4 per 10,000 population. This is positive as organisations that report more incidents are considered to have a better and more effective safety culture. This is reflected in the fact that we have below national average rates of incidents that are classed as either moderate or severe / fatal (3.6% and 0.3% of all incidents).

We are below the regional average rate for serious incidents (0.1 per 100,000).

WDCHS has achieved this through ensuring staff understand incident reporting processes and by continuing to develop a positive culture in which staff feel able to report and learn from incidents.

It is important that we learn from incidents. We use a web based incident reporting system (DATIX) which allows us to critically analyse patient safety incidents and to understand key themes, patterns and risks. Senior managers have also been
trained in root cause analysis by the National Patient Safety Agency – considered the gold standard in training.

We regularly assess the most commonly reported incident categories and try to understand these. Our top 5 reported incident categories are:

**Top 5 reported incident categories**

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Implementation of care or ongoing monitoring / review</td>
</tr>
<tr>
<td>Patient information (records, documents, test results, scans)</td>
</tr>
<tr>
<td>Access, Appointment, Admission, Transfer, Discharge</td>
</tr>
<tr>
<td>Medication</td>
</tr>
<tr>
<td>Consent, confidentiality or communications</td>
</tr>
</tbody>
</table>

The highest reported category, “implementation of care or ongoing monitoring / review”, reflects our practice of routinely incident reporting all pressure ulcers that are classed as grade 2 or above. This is in accordance with national best practice. We ensure that lessons are learnt from these incidents and as a result have made changes in our pressure ulcer care. (Further information is contained in 3.2.3 below.)

The second highest reported incident category, “patient information (records, documents, test results, scans)”, largely relates to incidents with patient records. For example, clinical staff reported that they could not access some individual patient records when they were needed because they had been removed for clinical audit. As a result of this incident, we now conduct clinical audits on site to ensure that patient records remain available to clinical staff. Poor standards of record keeping have also been reported as incidents. As a result, we have worked with individuals and teams to emphasise the importance of maintaining clear, accurate and timely patient records.

### 3.2.2 Preventing Patient Falls: CQUIN Scheme

One of our aims throughout the year was to reduce both the number and severity of patient falls. This was agreed as a priority with commissioners as part of the CQUIN scheme. Nationally, falls present a huge problem for the health and independence of older people. Evidence shows that comprehensive risk assessment and individual care planning for people at risk of falls leads to a reduction in hospital admissions and improves quality of life.

We have achieved the following:

- 100% of our patients in the Bevan Unit had a falls assessment within 24 hours of admission*; and
- reduced the number of falls reported as causing moderate to severe harm on the Bevan Unit, from 7% to 3%. 
We have also:

- significantly increased the number of new patients aged over 65 who have had a falls assessment, from 3% to 13.7%;
- significantly increased the number of new patients aged over 65 who have been given advice on falls prevention, from 2.1% to 11%;
- increased the number of patients who have recommendations documented in their care plan, from 2.4 to 10.6%; and
- exceeded CQUIN targets in all of these areas.

*The Bevan Unit was our intermediate tier ward. However, we no longer provide inpatient services and this indicator has not been reported from Quarter 3.

We have achieved this through actively contributing to the development and implementation of a local multi organisational falls pathway and through a programme of staff training, awareness raising and audit.

Despite this improvement, we recognise that there is still room for improvement and will continue to focus on this priority area in the coming year through the CQUIN scheme.
3.2.3 Managing Pressure Ulcers: CQUIN Scheme

We have continued work to improve the prevention and management of pressure ulcers. We agreed this as a priority with our commissioners as part of CQUIN scheme. Pressure ulcers, also known as pressure sores or bed sores, develop when skin tissue becomes damaged. It is not always possible to prevent pressure ulcers, but we can do our best to manage them correctly and prevent them from getting worse. Severity of pressure ulcers is recorded using a grading system.

We have achieved the following:

- None of our patients on the Bevan Unit acquired a grade 3 or 4 pressure ulcer;
- Our rate of community acquired grade 3 or 4 pressure ulcers is below the regional average;
- We have conducted root cause analysis in 100% of community acquired grade 3 and 4 pressure ulcers; and
- We have ensured that we have a high incidence of reporting pressure ulcers by staff using the incident reporting system. Over the year an average of 90% of all pressure ulcers classed as grade 2 or above were reported using this system and in quarter 4 our reported incident rate was 100%. This is above the regional average and consistently exceeds our CQUIN targets.

![Number of community acquired Grade 3 & 4 pressure ulcers](image)
We have delivered high quality pressure ulcer care by ensuring staff are appropriately trained and received key updates throughout the year, through close working with our community equipment service, care homes and patients and by searching to understand the causes of incidents and learning from them.

For example, we have continued to ensure our staff have the necessary skills and competencies in this area. We delivered bespoke pressure ulcer training to 30 members of Adult Community Nursing staff following a comprehensive training needs analysis. We have also provided specialist advice, training and support to local care homes that has encouraged closer joint working. We will continue this work with care homes to promote further engagement with the Tissue Viability Service and to support the implementation of best practice.

Each of our Adult Community Nursing Team has an identified tissue viability ‘link worker’. Link workers act as staff ‘champions’ who spread key information and learning within their team. Link workers meet regularly and also help to feed back staff issues and concerns to our specialist Tissue Viability nurses.

We work closely with our Integrated Community Equipment Service to ensure we have accurate information on our use of pressure relieving equipment. We also monitor how quickly patients receive the equipment that has been recommended by our Adult Community Nurses. So far this year, we have delivered 95.7% of all equipment within our 7 day target.

All cases of community acquired grade 3 and 4 pressure ulcers are subject to root cause analysis. This is to make sure we learn lessons to prevent future cases. Previously these have been facilitated by our Tissue Viability Nurses. However, we currently implementing a new multidisciplinary ‘panel’ approach to root cause analysis. These panels will consist of a Tissue Viability Nurse, Locality Matron, Team Leader and Quality Assurance representative who will all contribute to analyses and implement changes in practice.

We also conduct an annual pressure relieving and pressure ulcer audit as part of our audit programme. This year we reviewed our audit tool to ensure it reflected
learning from root cause analyses, national best practice standards and the CQUIN scheme. Audit has demonstrated improvements in our pressure ulcer management. However, we will continue to monitor our practice to ensure that patients are regularly reassessed, that appropriate equipment is used, and that pressure ulcer assessments and care plans are available within the patient records.

3.2.4 Safeguarding Children: Including CQUIN Scheme

WDCHS aims to provide high quality services that are able to identify those children at risk quickly and to provide appropriate and effective responses to safeguard them. At the beginning of the year we agreed safeguarding children supervision as a key priority with our Commissioners as part of the CQUIN scheme.

Being able to safeguard children effectively is dependent on staff having the necessary training, skills and access to ongoing supervision. We have provided appropriate training opportunities and continue to monitor staff access to supervision.

We have achieved the following:

- All staff have received a basic awareness of safeguarding children through either corporate induction or e-learning;
- A substantially increased number of staff have been trained in safeguarding children including those working in adult areas;
- Consistently exceeded the regional quarterly target of 85% for eligible staff who have received child protection supervision; and
- Good practice identified within the CQC inspection of Safeguarding and Looked After Children Inspection.

<table>
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<tr>
<th>% of eligible staff who have had child protection supervision</th>
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<tr>
<td>Actual</td>
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<td>Plan</td>
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Paediatric liaison is one of the elements of effective safeguarding practice. This includes ensuring we monitor the well being of children who attend A&E in specific circumstances. We have achieved significant improvement in this aspect of paediatric liaison, demonstrated through audit.

In this audit we examined the records of children who attended A&E three or more times during the year and those aged 0-5 who attended A&E with accidental ingestion, self harm or head injuries. We aimed to assess whether these children received appropriate follow up action and if sufficient information was documented in the children’s case notes.

Audit demonstrated significant improvement in our practice. The number of records containing information and follow up action has risen from 66.6% to 95.2% and now exceeds our target.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Actual</th>
<th>Plan</th>
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<tbody>
<tr>
<td>Q1</td>
<td>66.7</td>
<td>90</td>
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<tr>
<td>Q2</td>
<td></td>
<td>90</td>
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<td>Q4</td>
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*Quarter 4 no audit will be undertaken

This shows that we have made significant improvements throughout the year. However, we will continue to ensure that safeguarding children remains a priority and monitor it through the CQUIN scheme.

3.2.5 0-19 Service Audit

WDCHS has reviewed the quality of our Health Visiting and School Nursing practice within this year. Audits conducted at the beginning of the year identified areas of inconsistencies in the care delivered within this division particularly in respect of:

- adherence to the Child Health Promotion Programme (CHPP);
- adherence to care plan standards; and
- collection and organisation or information within clinical records (particularly regarding household composition, father’s details, role and function).
We undertook a prompt and comprehensive programme of staff engagement, workshops, training and development and clinical supervision to address this.

Reaudit has demonstrated that we have been successful in achieving significant improvements in professional practice and compliance with the Wakefield District Child Health Promotion Programme in both Health Visiting and School Nursing.

**Our achievements in Health Visiting:**
- we have increased the number of records containing an up to date care plan and identified care category;
- we have increased the number of records identifying a key worker;
- more records contain demographic information;
- we have improved the collection and organisation of information within clinical records and
- we have fewer incidents of poor record keeping practice.

**Our achievements in School Nursing:**
- we have increased the number of records containing an up to date care plan and identified care category;
- more of our records clearly identify the child’s health needs; and
- more records contain demographic information.

### 3.2.6 Medicines Management

WDCHS has adopted a robust approach to medicines management throughout the year in order to minimise the risk to patient safety and have successfully reduced the number of medication related incidents from above to below the national average.

We achieved this through:
- critical analysis of medication errors and incidents to identify common themes and ensure continued learning and quality improvement;
- audits of the management of controlled drugs within HMP / YOI New Hall;
- medication safety visits at HMP Wakefield (Primary Care Centre and Prison Pharmacy);
- new procedures for fridge monitoring which has reduced the number of fridge incidents and waste of vaccines; and
- workshops on patient safety and Patient Group Directions.

We have also ensured that when our nurses prescribe medication (independent nurse prescribing), this is done safely, cost effectively and minimises risk to patients. During the year we established a non-medical prescribing subgroup to lead this work and to advise on the development of non medical prescribing practices and policies.

We have developed and launched a new Patient Group Direction (PGD) Policy to ensure a consistent and robust approach to the development, approval,
implementation and review of PGDs. Our PGDs have been reviewed using this policy.

We continue to ensure that staff are prescribing safely and appropriately. We have recently conducted an audit of ‘intention to practice declarations’ to ensure that all our nurses are prescribing within their area of competency.

3.2.7 Professional Policy and NICE Guidance

WDCHS aims to provide patient care that is clinically safe, cost effective and based on up to date evidence. We do this through ensuring all staff have access to up to date policies and best practice guidelines.

We have a robust approach to the development, consultation and review of all our policies. During the year we have undertaken a comprehensive review to ensure that our policies remain up to date.

Policies are reviewed systematically and go through a consistent staff consultation process. We ensure they are implemented successfully through staff training and awareness raising at professional forums, in team service meetings and through our weekly email newsletter. All staff can access professional policies on our intranet pages. We also conduct audits throughout the year to ensure our policies are implemented in practice, for example our annual audit of patient consent.

We will continue to closely monitor professional policy through the coming year as our services transfer to new organisations.

We also have a robust process for assessing and implementing NICE guidance. During the year NICE has released 17 pieces of guidance that are appropriate for our services. The table below illustrates our current compliance with these:

<table>
<thead>
<tr>
<th>Guidance type</th>
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<th>Partially Compliant</th>
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<td>Medical Technological Appraisals</td>
<td>0</td>
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3.3 Priority 3: Patient Experience

The views of our patients and how they experience our services matters to us. Treating patients with privacy, dignity, and respect are amongst our core values. We take feedback from our patients and their families seriously, and adopt a proactive approach to seeking patient views on the quality of our services. Listening to, and learning from, what our patients tell us is essential in helping us to improve quality and patient centred care.

3.3.1 Patient Experience Programme

WDCHS has developed a comprehensive patient experience programme that focuses on areas that matter to patients. Progress is reviewed regularly, monitored as part of our CQUIN scheme and reported to our commissioners.

Real time feedback has been obtained using a variety of methods, such as telephone calls, both whilst patients are receiving services and on the first day after discharge, for example in the Bevan Unit. Patient questionnaires have also been used in some areas such as podiatry clinics. We have also used feedback following completion of a programme, such as in our smoking cessation service. This allows us to get up to date, current feedback on our services and to take quick appropriate action if necessary.

Patient experience initiatives have been undertaken in a number of services, including:

- Adult community nursing services
- Continence Service
- Children’s community nursing
- Paediatric speech & language therapy
- Podiatry services
- Smoking cessation
- Prison health care
- Bevan Unit

We have assessed what patients told us together with feedback from our staff to give a full picture of how our services performed throughout the year. This has been used to inform future development and improvement.

We have achieved the following:

- Positive patient feedback received following telephone surveys across 10 Adult Community Teams. Following this, we promoted our Single Point of Contact further to ensure patients know how to contact Community Nursing Teams quickly and easily;
- 500 questionnaires were distributed across 5 clinical locations in the podiatry service with a 73% response rate. Patients told us that:
  - 97% of patients felt they were treated with dignity and respect;
  - 96% of patients said that staff listened carefully to them; and
96% of patients felt that the service was excellent or very good. In response to the survey, we have encouraged foot & nail self care and promoted training for carers / family in how to support foot and nail care between visits.

Distributed 115 questionnaires to patients receiving support from the Paediatric Speech and Language Therapy services. This achieved a 40% response rate. Patients told us they valued staff professionalism and joint working with families and schools. As a result of the survey we have:

- developed a locality approach to the service and assigned a named therapist for each community setting and school;
- introduced a new electronic booking system and referral acknowledgement process;
- delivered teacher and parent training sessions.

- Contacted 80 patients who had completed a smoking cessation programme. This highlighted the time required in obtaining prescriptions and resulted in more explicit information to patients so that they could manage this without running out of medications.

3.3.2 Promoting Dignity and Respect

**National Dignity Day**

National Dignity Action Day aims to ensure people receiving health and social care services are treated as individuals, are given choice, control and a sense of purpose in their daily lives. We participated in national Dignity Action Day marking the occasion with a wide range of initiatives. However, we also work throughout the year to ensure that this ethos is not just important for one day, but continues in everyday practice.

We raised awareness of the dignity campaign to as wide a range of staff as possible and a number of staff members signed up as ‘Dignity Champions’. Information displays were used to promote patient dignity and to raise awareness amongst staff, patients and visitors.

**Continence Service Review**

The Provider Committee of WDCHS raised the issue of patient dignity in care standards within the Continence Service following member visits to the service.

We reviewed our service and as a result have updated our continence assessment treatment and management policy to ensure we promote patient respect, privacy and dignity.

Training is provided to clinical staff responsible for the care of people with continence problems in order to ensure that they carry out appropriate assessment and management, respecting the dignity and privacy of the individual with this sensitive issue. Our continence awareness training package is also being updated to reflect standards identified in the National Dignity in Care Campaign.
Working Together with Gypsy and Traveller Families

Following a recent health needs assessment, our specialist health visitor and the Community Food & Health Team have been working alongside Gypsy and Traveller families to improve health and well being.

A 12 week programme of practical cook and eat sessions have been hosted, providing information on healthier eating, cooking skills and addressing social isolation. This has resulted in the production of a calendar which includes some of the recipes used and photographs of finished meals and traveller life, giving the group a sense of ownership. Over 50 calendars have been delivered to families on the site, covering 200 individuals. The programme is currently being evaluated.

A recent CQC / Ofsted inspection report referred to our work to safeguard children and young people in gypsy and travelling families. A specialist health visitor delivers the healthy child programme to families and has recently completed a needs analysis of outstanding immunisations as well as offering a fortnightly clinic for families. Early indications of numbers of attendance are positive with more families starting to access our service.

3.3.3 Complaints

WDCHS aims to provide a high quality service for our patients. However, occasionally our patients do not feel that we have delivered the high standard of care we aim for. When this happens we receive patient complaints in a positive manner and are keen to work with complainants and services to learn and share lessons as a way of supporting service changes and improvements. Patient complaints are a standing agenda item discussed in weekly Leadership Team meetings and are reported quarterly in our Quality and Patient Safety Report.

We have received 28 formal patient complaints since April 2010, this is equivalent to the year 2009/10. We also managed 8 complaints informally. Of these formal complaints 8 were regarding healthcare services received within HMP Wakefield, this is an increase of 75% from last year and there were 20 complaints regarding other services, this is a decrease of 24% from last year.

We have made a number of service improvements following complaints. For example, we have introduced separate primary immunisation and pre school booster immunisation clinics within the 0-19 service to reduce the risk of giving children the wrong immunisations. We have also simplified and streamlined the referral process for patients wanting to access prison dental health services. Better record keeping at the point of referral has also improved clinical triage and prioritisation of community nurse visits within the Adult Community Nursing service.
3.3.4 Equality and Diversity

People who use our services, and those who work for us, have vastly different lifestyles in terms of social circumstances, wealth, housing, age, gender, sexual orientation, and ethnicity. All of these factors affect people’s ability to access services or to obtain or retain employment.

To date, 86% of staff have completed equality and diversity training through e-learning and face to face classroom based training. Equality and Diversity is also included in Corporate Induction as we felt it important that new starters had access to this training as soon as possible.

Equality Impact Assessments

Equality impact assessments help us assess the potential impact a service, policy or project has on different groups of people. This work allows us to ensure we think carefully about the likely impact of the way we work. Our equality impact assessments are overseen by the Integrated Governance Group. We also contribute to the NHS Wakefield District Strategic Equality Group that is chaired by a Non Executive Director.

We have completed equality impact assessments for all our 36 services to help us assess if any group is marginalised or disadvantaged. If this is the case, action plans are developed which are regularly reviewed and updated. Similarly, all our policies have been assessed for potential equality impact. We have reassessed our approach to equality to ensure that we remain compliant with recent changes in national equality legislation.
3.4 Priority 4: Partnership Working

WDCHS does not work in isolation and recognises the importance of creating and maintaining effective relationships with partner organisations to deliver safe, effective, seamless and innovative services for patients.

Throughout the year we have sought to build on these relationships with voluntary organisations, the Local Authority, GP practices, the Mid Yorkshire Hospitals NHS Trust, and South West Yorkshire Partnership NHS Foundation Trust.

3.4.1 Looking to the Future with Telehealth

WDCHS undertook a trial in 2010-11 whereby 36 of our patients suffering from chronic heart failure piloted new technology which lets them manage their condition from home.

The partnership trial, run by British Telecom and WDCHS, uses an interactive personal health system which allows patients to record information about their health including vital signs such as blood pressure and oxygen levels. This information is then sent over the patients’ broadband line for analysis by the Heart Failure team. The system means that the team can more easily monitor early warning signs that a patient’s health may be deteriorating and take action. The system also allows videoconferencing, which means staff can hold a consultation with the patient from their computer.

Ninety six contacts were made using the video conferencing facility. Patients have said they feel more in control of their condition and in some cases it has transformed their lives. Telehealth not only demonstrates how existing technology can benefit patients and give them more control and confidence in the care they receive; it also has the potential to be a cost efficient use of resources. The trial is now being evaluated for clinical and cost effectiveness.

3.4.2 Community Health & Development Teams Working in Partnership

Our South East Community Health & Development team has been working to tackle health inequalities and improve the health and wellbeing of people in the south east of our district.

Together with Wakefield Council, Wakefield District Housing and Groundwork Wakefield, we have worked with people to improve their local environment. One
residents group encouraged their community to improve their local environment by taking care of their gardens and growing their own vegetables. Youngsters on the estate have been attending gymnastics clubs which has got them moving. Parents who saw their children being more active approached the Council’s Sport and Active team to see if there was anything they could also benefit from. As a result, they now have a weekly adult street dance class.

The Community Development and Health team has also worked with Wakefield Council, West Yorkshire Police, youth services and community centres to engage hard to reach youngsters in fun, physical activity. The aim was to target problem areas where alcohol abuse was high, which could lead to antisocial behaviour and impact on young people’s health. The project purchased ‘fitness boots’ (called Kangoo jumps), which provides ‘rebound exercise’ which reduces body fat, increases agility and generally strengthens muscles. Local Police Community Support Officers have been trained to show young people how to use them and they use them as a tool to guide youngsters away from potentially destructive activities.

3.4.3 Working in Partnership with MYHT to Promote Effective Patient Discharge

Our Community Intermediate Care services continue to work in close partnership with Mid Yorkshire Hospital NHS Trust (MYHT) with a joint aim to prevent patient admissions where appropriate, and to facilitate timely discharge from hospital.

We have been proactive in developing new ways of delivering intermediate care services to support MYHT and PCT Commissioners.

The Intermediate Tier Nurse Advisory team have extended the service hours to cover 7 days a week. Staff have strengthened links with colleagues in the hospital discharge team and allied professionals within Family Services, attending discharge planning meetings and providing education to ward staff. They also work proactively within A&E, Medical Admissions and GP Admission Units at Pinderfields hospital site to facilitate discharge back into the community through advice, signposting and supporting fellow professionals. We also now assess patients at ward level for discharge and request equipment in advance to ensure timely discharge.

The team also works closely with the three intermediate rehabilitation bedded units within the district. We have visited the units to assess suitability of patients for discharge, either back into their own home or into further community placements.

Our Rapid Response and Community Intravenous Therapy Team works proactively with ward staff to promote early discharge and identify those patients suitable to return home to the community. They also support discharge from the intermediate care rehabilitation bedded units to enable the patient to return to their home. They provide a range of clinical and specialist interventions such as
intravenous antibiotic therapy; this has enabled patients to receive treatment in their own homes and has saved vital bed days within the acute hospital setting.

### 3.4.4 Star House: Providing short breaks for children

WDCHS works in partnership with the Local Authority to provide an integrated approach to meeting the needs of children with learning disabilities and complex health needs and has recently opened a new purpose built home, Star House, to provide short break care for children with learning disabilities and complex care requirements.

Star House replaces our former provision, Rainbow House and Rose Garth, which no longer met the needs of the service. The new service is built on service integration, and was led and developed by senior members of staff from each team.

Children and their parents / carers were involved in the service change from the planning stage, and their views were sought and plans adapted appropriately to accommodate their needs. Children and their parents / carers were also regularly updated on progress with the build.

Through Star House, we are able to provide a purpose-built, safe, high specification environment for children to enjoy and achieve a happy, enjoyable short break that allows parents / carers the rest they deserve. Staff support the children in their care to participate in a number of activities including cooking and gardening. Children can also enjoy the facilities of a soft play room and a sensitivity room.
3.5 Priority 5: End of Life Care

End of life care, also known as palliative care, is the care of patients during the last phase of their life, from the point at which it is recognised that a person’s illness or condition is progressive or incurable.

WDCHS aims to provide high quality care for patients nearing the end of their lives, support for their families and carers, and enable more patients to live and die in their place of choice. Throughout the year we have promoted the early recognition of end of life and use of the end of life care pathway, have contributed to a new regional approach to advanced care decisions, and have successfully implemented new equipment for the delivery of pain relief 5 years ahead of the national timescale for completion.

Audit of the end of life care pathway has demonstrated that
- 97% of patients on the end of life pathway died in their preferred place of death, this exceeds targets and is above the regional average; and
- We have increased the number of families who have had a comprehensive needs assessment from 75% to 100%.

3.5.1 End of Life Pathway

This pathway addresses the key elements of quality end of life care, and includes comprehensive and holistic patient assessment (identifying patient preferences about medication, care and preferred place of death) and assessment of family / carer needs. Over the past year we have continued to promote the consistent and appropriate use of the End of Life Pathway.

It is important that staff recognise when patients are entering the end of life phase as this allows them to enter into sensitive conversations about death and dying, choice and personal preferences with patients, carers and families. Our end of life facilitator has worked with individual staff, teams and general practices to promote the importance of early recognition, and promote the use of the end of life register and care pathway.

We have also worked with colleagues across the region to standardise advanced care planning tools and draw on the learning and experience of others to ensure we continue to implement best practice.

We assess the quality of our end of life care through a rolling programme of audit. In these audits, Adult Community Nursing teams assess the quality of their own practice. Findings are reported to Commissioners as part of the CQUIN scheme.

These audits have demonstrated that a consistently high proportion of our patients die in their preferred place of death. Benchmarking against other similar organisations shows that we are consistently above the regional average in this.
Audit has also shown that we have improved the assessment of family and carer needs. Over the year we have increased the number of families who receive a comprehensive needs assessment, from 75% to 100%, again exceeding our targets.

It is important that we understand how patients and families view our services and how we can improve the quality of our care. However, obtaining feedback on the quality of end of life care is a difficult and sensitive area. We are currently working with the voluntary sector to develop and implement a process for gaining feedback from bereaved families.
3.5.2 Implementation of new Ambulatory Syringe Drivers

Ambulatory syringe drivers are the equipment we use to administer palliative medication to patients in their own homes. WDCHS had identified that the current syringe drivers in use required updating to those that met all the current safety standards. To this end we have worked jointly with Mid Yorkshire Hospitals NHS Trust and the local hospices to undertake a procurement process to successfully replace our existing ambulatory syringe driver equipment.

As a result, WDCHS is fully compliant with new national patient safety requirements (PSA/2010/RRR019 Safe ambulatory syringe drivers), 5 years ahead of the required deadline for completion.

3.5.3 Working in Partnership

We have worked in partnership with others to provide high quality end of life care. For example:

- Our Adult Community Nurses attend multidisciplinary meetings with local hospice and hospital colleagues to facilitate early and effective discharge from hospital for patients nearing the end of life. This helps patients achieve their preferred place of death and patient dignity;
- The Palliative Care at Home Team provide a “meet and greet” service to patients in hospital to prepare them for when they arrive home. Our team meet patients while they are still in hospital to introduce themselves, assess the patient’s needs and explain the service. This meet and greet is shown to improve the patient experience and promote continuity of care; and
- We have recently agreed a joint training programme in communication skills, including the breaking of bad news, across specialist palliative care services and Adult Community Nursing Teams. This will provide opportunities for staff to develop the skills required to conduct difficult conversations with sensitivity and tact.
3.6 Priority 6: Developing and Supporting People to Deliver High Quality Community Services

WDCHS believes that staff are our most important asset. High quality services are dependent on having well trained, competent and motivated staff. Our aim has been to ensure patients continue to receive high quality community services, regardless of organisational and financial change.

Individual training needs are identified in Joint Development Reviews and we provide a training programme to support staff to develop new skills. We have also invested in promoting leadership skills by commissioning a leadership learning programme for staff throughout the organisation.

It is important that teams are able to share their ideas and concerns with senior members of the team, and that the leadership team have first hand understanding and knowledge of the services we provide. To achieve this, we have conducted a series of meet the service visits by senior staff.

3.6.1 Productive Community Services

The ‘Productive Series’ is one of the fastest spreading improvement programmes in NHS history. It uses ‘Lean Principles’ adopted in industry to reduce waste, increase efficiency and improve quality of care and staff morale. By working more efficiently and effectively staff are able to release time to spend on patient care.

The Productive Community Series (PCS) is led by our Quality Improvement Team who support teams to work systematically through a range of service improvement tools / modules to help make positive and lasting improvements. So far 12 community teams have started work on PCS. This covers a wide range of our services including; Paediatric Speech and Language Therapy, MacMillan Team, Integrated Community Equipment Service, Rapid Response, Children’s Health Visiting and School Nursing Team and seven Adult Community Nursing teams.

Implementing PCS has helped teams to produce evidence showing a number of gains relating to productivity, efficiency, staff experience and skills development and achieve savings which equate to increased patient time. Examples include:

- Time spent accessing clinical documentation from filing cabinets reduced by 78 hours per year.
  
  Adult Community Nursing Team, Well Organised Working Environment module
• Patient facing contact time increased from 32.7% to 37.3% within one month of commencing the module
  Adult Community Nursing Team, Knowing How we are Doing module

• Time spent searching for equipment reduced by 31 hours and 53 minutes per year.
  School Nursing Team, Well Organised Working Environment module

• Average number of patient contacts per day increased from 6.8 to 7.7 within one month of implementing the module
  Adult community nursing team, Knowing How we are Doing module

• Patient experience – patients gave 100% positive responses in a patient experience survey. Quotes included ‘Excellent service’ ‘Always smiling. Can’t do enough for me’ ‘Treatment was first rate, highly satisfied’
  Adult Community Nursing Team, Knowing How we are Doing module

As well as eliminating waste, PCS aims to empower staff to work closely as a team using data to inform their decisions. Teams have set up regular meetings where the changes are discussed and agreed which has led to an increase in team involvement and enthusiasm.

We were recently visited by the NHS Institute for Innovation and Improvement Executive Team. During this visit we were praised for our systematic approach, coverage of a wide range of services and progress made. Further work is planned with the Institute to share best practice.

3.6.2 Supporting Clinicians of the Future

Our Practice Learning Facilitator has built effective partnerships with Higher Education Institutions and placement providers to share best practice and support learners. The majority of students are placed within Adult Community Nursing teams, although they also have the opportunity to join specialist teams including prison healthcare. Over the last 12 months we have offered diverse learning opportunities to a wide range of students enrolled on healthcare courses at the local universities.

All our placements meet the quality assurance standards as agreed by the Strategic Health Authority Regional Educational Audit Tool (REAT) that was developed in conjunction with regional universities and launched at the beginning of 2010. Wakefield has achieved a high standard of excellence from the student feedback, and any issues raised by the students have been addressed by the teams.

WDCHS has worked very closely with Huddersfield University to develop a more community focused pathway of training for pre registration nursing students. The practice learning facilitator has worked with the teams to support them to understand the student’s needs and to develop capacity in specialist teams that previously did not support students. By facilitating this route we have increased
student numbers for adult branch nursing by 50% over the last 12 months. This development is in line with the recommendations of the Nursing and Midwifery Council around developing nurses that will meet the needs of the future service.

3.6.3 Implementing Competency Frameworks

In 2009 we embarked on an ambitious project to develop a simpler way of working with the national Knowledge and Skills Framework (KSF). We have continued to work throughout this year with staff and service leads to define the core skills and competencies required to deliver efficient and effective patient care. This has involved looking at current and future demand for services, current workforce productivity and gaps in skills, core competencies and qualifications of the workforce.

We have now successfully developed KSF / Core Competency Frameworks outlines for Adult Community Nursing, End of Life, the 0-19 Service and Children’s Speech & Language Therapy Services. These competency frameworks identify what is expected of an individual within their role and gives them the means to develop the skills that are required to meet their objectives. The competencies also create a means of engaging all staff in understanding the business needs of the organisation and the future development needs of services.

Competency frameworks have enabled us to:

- introduce a standardised approach to KSF incorporating core skills, competencies and learning & development;
- define services in a way that illustrates clear career pathways and progression routes;
- clarify what is expected of staff in their roles;
- assist with workforce planning, role redesign, introduction of new roles and skill mix;
- inform the commissioning of training; and
- significantly improve the uptake of Joint Development Review against the 100% target.

Line managers are now using the competency frameworks with staff to measure and demonstrate improvements in the performance of individuals and teams through the JDR process.

WDCHS is now working in partnership with practice educators to develop clinical skills portfolios that assess staff in practice.

3.6.4 Staff Training, Development, Health and Wellbeing

As part of our commitment to staff training we regularly monitor and review staff compliance with mandatory training such as infection control, safeguarding children and fire safety training.
We have achieved the following:

- 82.3% of all mandatory training is completed and up-to-date;
- 85.5% of staff have attended Health & Safety training;
- 83% of staff have had an appraisal in the last 12 months, (This is in the highest 20% of organisations nationally.);
- we are in the highest 20% of trusts for staff feeling satisfied with the quality of work and the care they are able to deliver;
- we are in the highest 20% of trusts for staff feeling there are good opportunities to develop their potential at work;
- the % of staff reporting job satisfaction is better than national average,
- staff sickness rates are currently below the regional average; and
- we have implemented the National Learning Management System which allows staff access to e learning.

However, we are aware of the challenges in maintaining high levels of staff motivation and morale in this period of organisational change. Figures from the most recent annual staff survey demonstrate that:

- staff motivation at work is below national average; and
- staff belief that their role makes a difference to patients is below national average.

We will continue to focus on this to promote staff health and well being throughout our services.

3.6.5  Wakefield Integrated Substance Misuse Service (WISMS): An award winning service

Wakefield Integrated Substance Misuse Service has beaten 300 competitors to reach third place in the Royal College of Nursing Innovation in Nursing Award. This was for the Wellbeing nursing team’s work to improve the quality of patient care and save the NHS money. By working on an outreach basis with patients addicted to drugs they have:

- worked with Mid Yorkshire Hospitals NHS Trust to develop new care pathways to treat patients with leg ulcers;
- developed a deep vein thrombosis pathway to provide seamless care from hospital diagnosis to community care and self management;
- increased patient access to screening, vaccinations and counselling against diseases such as HIV and hepatitis C; and
- worked in partnership with Crisis Intervention Teams, Community Mental Health Teams and Assertive Outreach to develop a mental health pathway. This has resulted in an increase in people being referred for specialist mental health assessments.
*WISMS has recently been successful in achieving Social Enterprise status and is now known as Spectrum Community Health CIC.*
4 Statements from Local Involvement Networks, Overview and Scrutiny Committee and Primary Care Trusts

To provide further assurance on the quality of our services, the consultation (draft) version of our first quality account was provided to the Wakefield District Local Involvement Network, the Overview and Scrutiny Committee and NHS Wakefield District. This is what they said:

4.1 Wakefield District Local Involvement Network

In order to provide an accurate and honest commentary on Quality Accounts, The Wakefield District LINk formed a Task Group comprising of 15 members to actively engage with the service providers of secondary care and the ambulance service.

This task group had a series of meetings with the person responsible for the preparation of their Quality Accounts. Unfortunately Wakefield District Community Healthcare Services did not give any indication that they were also intending to produce Quality Accounts this year, therefore our intelligence and information gathering has not been done.

However in the last 24 hours I have tried to collect as much information as possible and gone through the accounts – Annual Report 2010-2011 and I am prepared to say to the best of my knowledge the Accounts presented are correct.

Moreover I am prepared to say that Wakefield District Community Healthcare Services have provided an extremely good and safe service. I hope the new providers do as well as the previous providers.

4.2 Overview and Scrutiny (Wakefield)

General Overview

In commenting on the Quality Account, the Committee recognises 2010/11 was a period of significant organisational change for Wakefield District Community Healthcare Services, culminating with services being divested to various organisations on the 1 April 2011. Consequently it is difficult for the Committee to comment on any forward looking aspect of the Quality Account as it remains unclear how priorities for improvement will be taken forward in the new organisations.

In terms of reviewing past performance against the identified priorities, members would like to see more indicators used rather than commenting on quality related work done or being planned. There is more narrative than data about the quality of
care in the Quality Account, although the Committee accepts this is a difficult balance in meeting the needs of different audiences.

There is little in the Quality Account which identifies measures of performance against previous years by which the public can see if performance has improved or worsened. Similarly, there are few comparable benchmarks to help the public make choices about their care. That said, the Quality Account is reader friendly – aimed at a local, public readership. This helps to reinforce transparency and demonstrates that the organisation is committed to quality and improvement.

The quality of the patient experience programme is to be commended and the Committee is satisfied that as a result of patient engagement and feedback, the identified priority areas of improvement for 2010/11 are in concert with those of the public. Preventing avoidable infection and patient safety, for example are regularly reported to the Committee by the public as key areas of concern.

**Specific comments**

The OSC regularly emphasises the importance of incident reporting in terms of patient safety in delivering high quality care. The Committee therefore welcomes WDCHS relative performance in this area as being the highest reporting primary care organisation of its type in the country.

The Committee welcomes the aim to provide high quality services that are able to identify children at risk and to provide appropriate and effective responses to safeguard them. The Committee has undertaken a review of safeguarding arrangements within the district, which recognised the importance of staff having the necessary training, skills and access to ongoing supervision.

The Committee’s review of Dignity in Care recommended, amongst other things, raising awareness of the dignity campaign to as wide a range of staff as possible and we are pleased to see dignity and respect as a priority together with the identified actions within the Quality Account.

When reviewing services, the Committee always considers complaints as a key element of quality and patient experience. The Committee therefore welcomes the positive approach to complaints by WDCHS and particularly the emphasis on learning and sharing lessons as a way of supporting service changes and improvements.

The Committee has conducted a review of hospital discharge arrangements as a result of some negative patient experience, including concerns from some residential care homes following a review of dementia services, and the Committee’s review into dignity in care. The Committee has also conducted an ongoing review into intermediate care services within the district. The actions outlined in the Quality Account should help improve the quality of the patient experience and facilitate appropriate and safe discharge arrangements but based on the Committee’s findings this should remain a whole system priority for 2011/12.
The Committee has had some involvement in relation to providing short breaks for children with learning difficulties and complex health needs and can comment positively on the involvement of children and their parents / carers in the planning and development of Star House.

Through the Committee’s dementia inquiry the importance of End of Life Care was emphasised. The Committee therefore welcomes the priority given to this sensitive area and the progress made to provide high quality care for patients nearing the end of their lives, support for their families and carers, and to enable more patients to live and die in their place of choice.

4.3 NHS Wakefield District (commissioning PCT)

NHS Wakefield District, as the lead organisation responsible for planning and purchasing healthcare services for the population of Wakefield district welcomes the opportunity to comment on the Quality Account for Wakefield District Community Healthcare Services (WDCHS).

The Account is a comprehensive and detailed assessment of the provider’s approach to quality, and highlights the ongoing commitment to delivering safe, effective care and promoting a positive patient experience. The report gives the new providers of these services a solid basis to build on throughout 2011/12. The narrative accurately reflects the ongoing assurance given through the Quality Board meetings held throughout the year as part of contract monitoring arrangements. The provider developed a robust reporting tool – the quarterly Quality & Safety Report – which gave regular assurance about the quality of care commissioned from the provider in line with the Care Quality Commission’s six key outcome areas, identifying good practice, areas of risk and recommended improvement actions.

The quality account accurately describes the proactive work the provider has undertaken to embed quality across all services. The priorities for improvement identified and comprehensively reported against are relevant to the range of services provided and mirror a number of the areas identified by commissioners and included in Commissioning for Quality and Innovation (CQUIN) incentives. Many of these have been carried forward into the CQUIN scheme for 2011/12, including, falls, pressure ulcers, end of life, and patient experience, ensuring that improvements in the quality of patient care are maintained and continued into the new providers of these services.