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Part 1: Statement on Quality

Statement from Chief Executive

The Partnership Trust was established in September 2011, following the integration of three provider arms from North Staffordshire, Stoke-on-Trent and South Staffordshire Primary Care Trusts (PCTs).

In April 2012, Staffordshire Adult Social Care successfully integrated into the Partnership Trust. The amalgamation of the three health providers along with integration with adult social care will support the Trust to become the ‘provider of choice’ for community services in Staffordshire, allowing the delivery of seamless packages of care in both specialist and core community teams. The Trust plans to use the strength of the provider arm and social care integration to deliver on its key strategic goals and enhance the quality of its service provision across the local health economy.

The Quality Account provides an opportunity for the Partnership Trust to demonstrate its commitment to quality improvement through a programme of both quality assurance and a framework of quality outcomes to improve the service user experience.

The last twelve months has seen the three predecessor organisations move towards establishment on 1 September 2011 with a Quality and Safety Transitional programme developed and implemented. This programme recognised that maintaining safety and improving quality during the transition was critical, whilst enabling the new organisation to meet the challenging national and local agenda.

The objectives of this Quality and Safety Programme were to:

• Ensure a documented handover from predecessor organisations.
• Ensure early peer review of highest risk services via a quality visiting programme.
• Ensure that quality and safety systems were implemented in advance of the new organisation’s establishment.
• Provide Quality and Safety Reports to give assurance to the shadow Board.
• Ensure the development of an overarching Quality Framework for the new organisation.

During the process towards establishment of the Partnership Trust, the Quality and Safety Programme was overseen and monitored by both the shadow Board and the Staffordshire Cluster of PCTs. At the same time the PCT Cluster and the Strategic Health Authority undertook additional clinical review visits to community hospitals and community services.

Early involvement and engagement with staff, patients and service users from the three predecessor organisations has helped to shape the future vision and values of the Trust.
A series of three clinical summits were held prior to the establishment of the Partnership Trust with professional and clinical leads as well as clinical managers. The outcome has enabled the Partnership Trust to move to a quality-focused culture promoted through active leadership, structured walk rounds, positive feedback to staff, listening, learning and being responsive to continually improve services. Using this feedback the Trust has designed a Professional Forum to harness clinical innovation, evidence based practice and outcome focused delivery of care.

Looking back over the past year and the establishment of the Partnership Trust, we can see the impact of how the work we are doing is improving quality in action.

Along with other health partners across Staffordshire we have led on the implementation of the Safety Thermometer which is part of a national initiative to deliver harm free care. Our Trust gave 96% harm-free care against a national target of achieving 95% by the end of this current year which is very encouraging.

We are wholly committed to eliminating all avoidable pressure ulcers. In October 2011 we launched the implementation of our Zero Tolerance Action Plan Commitment in advance of the West Midlands Strategic Heath Authority announcing their ambition earlier this year.

We have introduced Comfort Rounds which were highlighted by the Care Quality Commission as a positive demonstration that service users being cared for in our community hospitals are treated with dignity and respect.

Our work to ensure service user choice is respected and people have the opportunity to be involved in decisions about their care.

There are a number of achievements that we are particularly proud of. These include:

**Hospital at Home Team**
The Hospital at Home Team is a team of highly skilled paediatric nurses. The team have two elements to their service, one being to facilitate the early discharge of children from hospital and the other being to prevent hospital admissions by taking referrals directly from General Practitioners. Both of these elements ensure that children receive high quality nursing care in the familiar surroundings of their own home, resulting in less disruption to family life.

The team were nominated and short listed in 2011/12 for a Health Service Journal Award.

**Nursing Home Support Service**
The Nursing Home Support Service is an innovative project with its roots firmly planted in Quality Innovation Productivity Prevention (QIPP). The service was established by a nurse and a dietician who started with the basic premise that care of elderly residents in care homes could be improved simply by offering specialist health care support, training and development to the care home staff.

This exceptional multi-professional service is the first of its kind nationally and supports the organisation’s ethos ‘Better Together’, fulfilling the strategic vision and values of providing care closer to home in a respectful and dignified manner. The team has redesigned systems, developing training programmes in Nutrition, Continence, Tissue Viability, End of Life, Infection Control and Medicines Management.
We are also committed to strengthening our existing service user experience programme so that feedback, recommendations and learning from the 1000 plus service user experiences we capture each month are fully recognised, acted upon and built into our ongoing improvements to the day to day delivery of our services. This feedback from service users is hugely important to our Trust with our aim to be featured in the top 10% of best performing NHS organisations for patient and service user satisfaction.

We are now also focusing on working towards achieving Foundation Trust status, giving us greater freedom to manage finances and resources and develop a local membership scheme providing us the opportunity to work closely with our service users and carers, local communities and stakeholders by securing representation which reflects the diverse community in which the Trust delivers care.

We have developed a number of the building blocks very rapidly in terms of a governance framework to ensure quality and safety through the transition towards development of the new Partnership Trust and I am confident the organisation is equipped to rise to the challenges ahead.

Stuart Poynor
Chief Executive

Nigel Ratcliffe
Chairman

Statement from Responsible Director
I hereby state that to the best of my knowledge that the information contained in the following Quality Account is accurate.

Siobhan Heafield
Director of Nursing and Quality
Introduction - About Us

The Partnership Trust is the major provider of community health services to people of all ages in Staffordshire and Stoke-on-Trent. The Partnership Trust serves a population of 1.1 million people covering a wide geographical area of approximately 1,012 square miles from the Staffordshire Moorlands, which borders the Peak District in the North, to the conurbation of the Black Country in the South.

As one of four “shire” counties in the West Midlands, Staffordshire is both a rural and urban county, providing a county of contrasts, with a number of different challenges for service delivery. Approximately 75% of the county is rural with around 25% of the population living in rural areas.

Staffordshire County is split into eight District and Borough Councils: Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth. Stoke-on-Trent is a unitary authority situated within the boundary of Staffordshire. The location of the main towns, boundaries of the district council areas and acute and community hospitals are highlighted in Figure 1.

Higher levels of deprivation are apparent in Stoke-on-Trent and there are also pockets of deprivation in Newcastle-under-Lyme, Cannock and Burton. In contrast, further south of the county, are the more affluent areas of Lichfield and South Staffordshire.
Our Services
The Partnership Trust is divided into two distinct health economies across our geography; a North division and a South division.

The Partnership Trust provides community health and adult social care services. These services are provided in the community and are more frequently being provided in people’s homes. The Partnership Trust is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 (regulated activities) Regulations 2010: Essential Standards of Quality and Safety, to provide regulated activities (services) associated with health and social care. The Trust is registered with no conditions. Adult social care was registered with the CQC when integrated i.e. 1 April 2012 across all sites. The registration details are available on the CQC website www.cqc.org.uk

Table 1: Range of Services provided by the Partnership Trust

<table>
<thead>
<tr>
<th>Service</th>
<th>Provisions</th>
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<tbody>
<tr>
<td>Adult Services</td>
<td>Adults services includes the provision of:</td>
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<tr>
<td></td>
<td>• Community matrons</td>
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<td></td>
<td>• Continence advice</td>
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<td></td>
<td>• Intermediate care</td>
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<td></td>
<td>• Dietetics</td>
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<td></td>
<td>• District nursing</td>
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<td></td>
<td>• Occupational therapy</td>
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<td></td>
<td>• Physiotherapy</td>
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<td></td>
<td>• Podiatry</td>
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<td></td>
<td>• Community pain management</td>
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<td></td>
<td>• Community rheumatology</td>
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<td></td>
<td>• Speech and language therapy</td>
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<td></td>
<td>• Orthotics</td>
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<td></td>
<td>• Wheelchair and equipment services</td>
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<tr>
<td></td>
<td>• Rheumatology</td>
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<tr>
<td></td>
<td>• Rehabilitation</td>
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<table>
<thead>
<tr>
<th>Children’s Services</th>
<th>Children’s services includes the provision of:</th>
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<tbody>
<tr>
<td></td>
<td>• Community children’s nursing</td>
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<td></td>
<td>• Health visitors</td>
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<td></td>
<td>• Safeguarding children</td>
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<tr>
<td></td>
<td>• School nursing</td>
</tr>
<tr>
<td></td>
<td>• Speech and Language therapy</td>
</tr>
<tr>
<td></td>
<td>• Dietetics</td>
</tr>
<tr>
<td></td>
<td>• Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>• Family nurse partnership</td>
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<td></td>
<td>• Hospital at Home</td>
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<td></td>
<td>• Children’s occupational therapy</td>
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<td></td>
<td>• Children’s airways support team</td>
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<thead>
<tr>
<th>Specialist services</th>
<th>Specialist services includes the provision of:</th>
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<tbody>
<tr>
<td></td>
<td>• Community rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Specialist services in heart failure, diabetes, respiratory, continence, musculoskeletal, orthopaedic triage, primary care learning disability</td>
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<tr>
<td></td>
<td>• Prison healthcare</td>
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<tr>
<td></td>
<td>• Preventative services</td>
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<td></td>
<td>• Community stroke</td>
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<td></td>
<td>• Health improvement and lifestyle</td>
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<td></td>
<td>• Limb fitting</td>
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<td></td>
<td>• Walk in centre/Minor injuries unit services</td>
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<td></td>
<td>• Dermatology</td>
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<td></td>
<td>• Sexual health services including genitor-urinary medicine</td>
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<td></td>
<td>• Community Dentistry</td>
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<td></td>
<td>• Breastfeeding support services</td>
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</table>
We have five community hospitals sites from which the Partnership Trust delivers a range of community based services with a total of 340 beds.

Community Hospital sites:

- Bradwell Hospital
- Cheadle Hospital
- Leek Moorland Hospitals
- Haywood Hospital
- Longton Cottage Hospital

We also provide health care services within prison setting in the following areas:

- Her Majesty’s Prison (HMP) Stafford
- Her Majesty’s Prison (HMP) Featherstone
- Her Majesty’s Prison & Young Offenders Institute (HMP&YOI) Drakehall
- Her Majesty’s Prison & Young Offenders Institute (HMP&YOI) Swinfen Hall
- Her Majesty’s Young Offenders Institute Brinsford
- Her Majesty’s Young Offenders Institute Werrington

Our Workforce

Prior to April 2012 the Partnership Trust employed 4,590 members of staff, including clinical staff such as prison healthcare, occupational therapists, physiotherapists, district nurses, health visitors and school nurses, matrons and non-clinical staff including accountants, human resource managers and business development managers.

From 1 April 2012 the Partnership Trust became responsible for adult social and community healthcare within Staffordshire following the integration of Staffordshire County Council’s older people and physical disability services into the organisation. The suite of services includes assessment and care management for people with social care needs, and rehabilitation/reablement services (both community and residential). The ongoing strategy for Adult Social Care in Staffordshire is focussed upon enabling older and vulnerable people to remain independent, safe and in control of how they wish to live their lives and also ensure that they have access to the information and support they need to achieve this.

The integration of services has seen 1,178 social care staff and transfer from the county council to the new organisation and has already been hailed nationally as one of the most ambitious projects to improve health and social care in the UK. It creates the opportunity for faster, more efficient customer focused health and social care, more streamlined delivery of integrated care and a reduction in the inefficiencies which can lead to unnecessary demand on care services and delays for the people of Staffordshire.
Equality, Human Rights and Inclusion

Equality, Human Rights and Inclusion is a corporate function and a key priority on the agenda for the organisation. Initial actions are already underway to embed equality principles and objectives within our business planning and working practices. Therefore there is a clear commitment that the equality objectives and actions identified will be monitored and progress reported to the Trust Board on a six monthly basis.

In pursuit of these objectives the Partnership Trust is determined to continue to be a beacon and leader of enlightened Equality, Human Rights and Inclusion policies and practices within the County of Staffordshire and to add to our record of working with and for all the diverse communities we serve, to consistently improve standards of care and increase the benefits our communities enjoy.

The strategy and the objectives have been developed from various consultations, involvement and engagement approaches with communities across the County. Individual experiences help us to learn how to improve our approach across the County. We are therefore actively continuing to seek feedback about the strategy and the objectives. We will consult further on the identified actions to meet the equality objectives when we have completed our internal equality analysis at directorate and senior management level.

You can view the Equality and Inclusion Strategy via:
http://www.staffordshireandstokeontrent.nhs.uk/About%20Us/equality-strategy.htm

The Equality Report 2012 is available at:

Strategy and Service Development

Table 2 identifies the Partnership Trust key priorities of goals and key deliverables to become an integrated NHS health and social care organisation working towards Foundation Trust status.

Table 2: Key Priorities for the Partnership Trust
<table>
<thead>
<tr>
<th>Vision</th>
</tr>
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<tbody>
<tr>
<td><strong>We will deliver personalised care of the highest quality, with the best possible outcomes for users and carers, empowering them to remain independent.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our Values: we will all</th>
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<tbody>
<tr>
<td>Put quality first</td>
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<table>
<thead>
<tr>
<th>Strategic Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will provide high quality and safe services which provide an excellent experience and best possible outcomes</td>
</tr>
<tr>
<td>We will work with partners, users and carers to deliver integrated services simply and effectively</td>
</tr>
<tr>
<td>Our organisation will develop and deliver sustainable, innovative services that support independence</td>
</tr>
<tr>
<td>Our workforce will be empowered and supported to deliver care in a way that is consistent with our values</td>
</tr>
<tr>
<td>We will make excellent use of our resources and improve levels of efficiency across our services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver tangible improvements to the effectiveness, safety and customer experience of our services</td>
</tr>
<tr>
<td>Develop CIP plans to deliver financial stability in the longer term whilst supporting service transformation</td>
</tr>
<tr>
<td>Ensure the safe and effective transition of social care services into the Trust</td>
</tr>
<tr>
<td>Deliver a transformation plan which transforms our service offer</td>
</tr>
<tr>
<td>Have a clear strategy for improving the range and quality of children’s services we offer</td>
</tr>
<tr>
<td>Ensure we are ready to meet all the challenges of the FT assessment process</td>
</tr>
<tr>
<td>Implement clear decision making processes to ensure clinicians are at the heart of decision making</td>
</tr>
<tr>
<td>Ensure we deliver our workforce development strategy to become the employer of choice</td>
</tr>
<tr>
<td>Deliver an IM&amp;T Strategy which results in a step change in how we operate</td>
</tr>
<tr>
<td>Deliver an ambitious communications and engagement strategy</td>
</tr>
<tr>
<td>Deliver an estates strategy which supports safe and innovative working</td>
</tr>
</tbody>
</table>
Part 2: Priorities for Quality Improvement
2012/13

**What do we mean by Quality?**
We define quality as care that is personal, safe, effective and efficient.

Our approach to 2012/13 involves setting quality standards, measuring and performance managing quality and continuous improvement.

**The Community Services Quality Framework**
The Community Services Quality Framework (Table 3) has been embedded to deliver the transformational change throughout the new organisation. Through the implementation of the framework we will be successful in the following areas:

- Improve people’s experience of health and social care.
- Enables and drives a culture of continuous improvement.
- Embed quality as the organising principle driving the quality agenda.
- Enable accountability across all stakeholders.

OUR STAFF SAID:
“We will provide high standards of care delivered with respect and compassion”
Table 3: The Community Services Quality Framework

THE COMMUNITY SERVICES QUALITY FRAMEWORK

THE FUNDAMENTAL PURPOSE:
TO DEFINE & EVIDENCE GOOD QUALITY COMMUNITY SERVICES, AND BY MEASURING AGAINST THAT, TO STIMULATE CONTINUOUS IMPROVEMENT

Staff & Clinicians will use it to:
- Build consistency and stretch the best in community provision
- Taking responsibility and expecting to be notified about
- To identify gaps and ensure service development and design, development, and benchmarking
- Developing the evidence base for community services in a systematic way
- Lever to empower staff to take more control and develop clinical leadership
- Promoting user and community confidence in services

Commissioners will use it to:
- To commission community services for quality improvement and health and well-being
- To increase VFM / best value
- To enable benchmarking across providers locally and nationally (using KPIs / PROMS)
- To inform community based service redesign
- To harness IT experience / opinion and influence commissioning cycle
- To stimulate the market and enable entry / exit

Users & Carers will use it to:
- To access more effective community based services and thereby better outcomes
- Promoting informed choice & personalised budgets
- Between services - choice of health goals
- Car packages
- Negotiate services
- Promoting own involvement to influence, challenge, raise expectations (eg. access)
- Promote user-led service improvement

Provider Organisations will use it to:
- Lever to become fit for purpose community providers
- Demonstrate high performance
- As a marketing tool
- To facilitate workforce development
- To gain recognition and reward for the community services
- To collect data to build evidence and inform research and innovation
- To demonstrate improving patient experience

Regulators, SHAs & DH will use it to:
- Set expectations / common understanding of community based provision
- Monitoring & publishing information on performance (inc. VFM)
- Managing performance (targeted SHA support for commissioners & providers)
- Informing policy development

DIMENSIONS

1. Safety / Safeguarding
2. Effectiveness
3. Experience

- Equitable access (3)
- Health and well-being outcomes (2)
- Safeguarding (vulnerable groups) (1)
- Relationships between organisations, clinicians, users & commissioners (1,2,3)
- Innovation (2)

Key Design Principles
- Empowering at all levels
- Simple (keep it simple, stupid - KISS)
- Based on experience of local people
- Alignment with other standards and frameworks, enabling benchmarks
- Balance between safety, effectiveness and experience
- Flexible enough to embrace local change and enable national benchmarking
- Dynamic enough to reflect changing knowledge
- Agreement with common dataset, quality metrics, and clinical change programme

- Encompass health & wellbeing agenda reducing inequalities
- Easy, meaningful, timely data collection built from front line systems, with feedback mechanism (ie. staff can use in their day job and not take up too much time)
- Drive innovation and enable risk-taking
- Support multi agency integrated services

LOCAL Plan
NHS Events
Gold Standards
National Indicators
The Partnership Trust’s key priorities for development that underpin the Seven steps of quality outlined in Table 4, have been implemented as follows:

- Appropriate levels and responsibilities of decision-making and leadership.
- Clear quality governance roles and accountability through health and social care.
- National standards and quality indicators developed locally for Staffordshire.

Table 4: The Seven Steps of Quality

The Seven Steps of Quality for the Partnership Trust

### Nationally
- Expanded role for NICE
- NHS Evidence
- Clinical dashboards
- Metrics – local, national, international

### What we are doing
- CQC compliance – HealthAssure system
- Performance indicators
- Customer Service Excellence
- Quality Visits
- Clinical outcome measurement
- Clinical Audit
- Matrons dashboards
- Clinical governance structures and reporting
- Increased user, carer family experience data and learning
- Celebrating Excellence Awards
- Local CQUIN schemes
- Professional Leadership
- Professional forum
- Trust Board
- Board development Strategy
- Zero tolerance action plan
- Clinical Audit outcomes and improvements
- Pink Alerts
- Innovation
- Transformation programme
- Professional Leadership
- Professional forum
- Board development Strategy
We use our quality information in a variety of ways:

- The Assurance Framework for the Partnership Trust has been established and is reviewed to ensure it remains aligned with the Trust’s strategic objectives and any risks to their achievement.
- Monthly Patient Safety/Patient Experience reports are received by the Partnership Trust Board.
- Performance Scorecard including key quality performance indicators shared on a monthly basis at Partnership Trust Board and committee level.
- Matrons Quality Assurance Ward to Board Dashboard.
- The chair of the Quality Governance Committee presents the minutes and an update to the Trust Board.
- Divisional quality monitoring and reporting.
- Divisional performance reviews across key quality indicators.

Our mission is:

Our mission:

“We will deliver personalised care of the highest quality, with the best possible outcomes for users and carers, empowering them to remain independent”
Our Key Quality Priorities for the Partnership Trust

Our priorities for 2012/13 are based on existing priorities that need to be maintained, service user, carer and family feedback, the views of our staff and practitioners, our performance in relation to quality in 2011/12 and lessons learnt in relation to service users safety and complaints.

We have also worked alongside the commissioners of our services to agree the quality improvements we will deliver as part of the community health services contract. The Quality schedule forms part of our contract with our commissioners for community health services and includes quality indicators.

As part of the process of establishing baselines and monitoring and reporting of each priority, an equality analysis will be undertaken as stated within our equality objectives (objective 1). Service access, uptake and patient feedback/experience will capture the equality characteristics (age, disability, race etc).

The equality objectives set for the Partnership Trust will ensure that equality, human rights and inclusion are embedded into our overall approach:

Equality Objective 1

Embed equality and inclusion into the architecture of the organisation and through its Foundation Trust application, its vision, values and strategic goals (at corporate and directorate level); evidencing fairness and accessibility and tackling health and social care inequalities within employment practices service planning, service provision, delivery and outcomes.

Equality Objective 2

Establish competent and robust systems for Equality Data Collection across all the workforce practices and procedures and service planning, provision, delivery, access and outcomes in order to effectively evidence compliance of the Equality Act 2010: general and specific duties.

Equality Objective 3

The Partnership Trust will be able to evidence robust, fair and accessible methods and systems for internal and external communication, consultation, involvement and engagement in the planning and delivery of all its services and functions.
Priority 1: Safety Express Initiative

**What is Safety Express?**
Safety Express is the name of the Department of Health’s Quality, Innovation, Productivity and Prevention (QIPP) safe care work stream and aims to deliver a safer more reliable NHS with improved outcomes for patients at a significantly lower cost. The Safety Express has developed the ‘Safety Thermometer’ which is a national initiative to systematically examine the presence of risk assessment, risk management and outcomes of four key safety issues: Pressure ulcers, Urine Infections & catheters, Falls and Venous Thromboembolism (VTE).

We will aim to reduce the level of harm acquired in our care for every service user

The Partnership Trust will:

- Ensure 95% of all patients will be free from any new harm acquired in our community services by the end of March 2013.
- Provide monthly data that will be collated through the NHS Safety Thermometer initiative.
- Monitor and report comparative data identifying action plans of service improvements.
- Roll out the Safety Express improvement plan to all community teams by 2013.

Priority 2: Dementia

**Why Dementia?**
Dementia is a significant challenge for the NHS-25% of beds are occupied by people with dementia, their length of stay is longer than people without dementia and there is often a sense they are ‘in the wrong place’. Whilst work is underway to improve the nature of outcome data, the process measure of dementia risk assessment will set an effective foundation for appropriate management of patients allowing significant improvements in the quality of care and substantial savings.
We aim to work with partners to develop and implement a training package for key staff to enhance their skills in Dementia Care. To establish clear pathways for patients into various agencies to provide specialist input into assessment and support where applicable

The Partnership Trust will:

- Develop and implement dementia training programmes for all health and social care staff.
- Work in collaboration with partners and various specialist agents to establish a programme of screening and assessment in the community.
- Devise and implement a standardised assessment and dementia pathway through collaborative working with external partners across Staffordshire.
- Increase the competency of the workforce through rotation posts for the dual training of Registered General Nurses and Registered Mental Health nursing staff.

Priority 3: Service User Experience

What do we mean by Service User Experience?
Service user, carer and the family experience of every community service will be measured by the organisation through real time monthly reporting, triangulation and validation of both qualitative information and quantitative metrics. The Partnership Trust will monitor performance through Ward to Board assurance of the family friend test against 10% of clinical activity. Operational action plans of service improvement will be devised from service user’s satisfaction scores and comments of service improvements. Feedback to service users, carers and families will be clearly visible demonstrating every service user’s satisfaction and levels of improvement.
The Partnership Trust will:

- Capture monthly real time data through hand held devices.
- Invite service users, carers and families to the Trust Board to describe their experience of Health and Social Care services to the Executive Management Team.
- Ensure 100% of service users are asked to complete a discharge question with a minimum response rate for activity of 10%.
- Roll out the “friends and family” question to all community services.
- Collate 10% of all services and devise action plans of service improvements.
- Triangulate real time feedback with complaints, PALS, incidents and service user, carer and family stories of their experience of health and social care services.
- Capture and compare monthly data reporting to the Trust Board and governance structures.
- Monitor our Customer Service Excellence Standards through annual inspections for the organisation to be accredited to the Customer Service Excellence Charter Mark.

We will address top themes that are considered to have caused concern for users, carers or the family’s experience of services during 2012/13.
• Roll out use of real time service user experience questionnaires and hand held wireless devices in the South division of the Partnership Trust.

• Standardise the Mystery Shopper Programme for health and social care services across the Partnership Trust.

• Use best practice from the “Good Engagement Practice for the NHS” to inform and improve services and patient experience.

• Improve data collection and its quality so that there is a significant reduction in the percentage of “not stated and not known” categories recorded across all the Equality Characteristics.

• Develop specific systems to capture disability of service users across all services.

• Review data processes and dashboards already reporting patient and service uptake and experience to incorporate the equality protected groups.

• Support staff to increase the quality of data required at service level and at each capture of service user experience and feedback.

• Embed equality analysis framework into everyday decision making utilising health intelligence and service user data from national and local sources.

Priority 4: Social Care Integration

What is Social Care Integration?
The Vision for Social Care (2011) and Think Local Act Personal (2011) emphasises a system that helps people to live their lives the way they want to, supported by the staff who work with them. The approach aims to free the frontline from bureaucratic constraints, and support local organisations to focus on the quality of care and the outcomes achieved for people using services and their carers, without the focus on targets and service activity.

A work programme has been developed to align working standards and practices, and to integrate governance arrangements by 2013 in order to ensure the best possible outcomes are achieved.
The Partnership Trust will:

- Embed an integrated quality assurance framework which promotes independence and allows the person to be listened to.
- Promote ‘self directed support’ and direct budgets enabling people to live in Staffordshire to ‘live their life in their way’.
- Ensure client safety and ‘safeguarding’ are central to practice.
- Ensure Assistive Technology is central to client choice.

Statements of Assurance from the Board

**Governance Assurance**

The Board structure is set out in flowchart 1. Each Committee has terms of reference and is aligned to the Integrated Business Plan (IBP) and with the Monitor’s Revised Guide – “Applying for NHS Foundation Trust Status” and its Compliance Framework for 2011/2012. To fulfil its duties for delivering safe and effective services to patients the Partnership Trust Board has established the following committees.

Flowchart 1: The reporting Committees to the Partnership Trust Board.

Both the Audit and Remuneration Committee are statutory NHS committees.

The Quality Governance Committee is the principal committee, below the Trust Board, charged with leading quality, from the promotion of innovation and best practice, to the identification and management of any risk to the quality of care that the Trust provides. It will take the lead in ensuring that the required standards are met and that any sub-standard performance is both investigated and
actioned. The concept of quality governance is embedded within the application process for community Foundation Trusts and forms part of the wider Assurance Framework for the Board.

Finance, Investment and Performance is the principal committee that reviews the overall financial performance of the Trust, the achievement of the Cost Improvement Plans, the forecast financial and contractual performance of the Trust, and its capital and investment strategy.

Flowchart 2 below identifies the subset of working groups that report to the Quality and Governance Committee. The working groups all provide assurance through monthly reporting on quality, effectiveness, and safety of the service user, carer and the family’s experiences of health and social care.

Flowchart 2: Subset of working groups reporting to the Quality and Governance Committee

With the integration of Health and Social Care into the Partnership Trust, the Quality Governance Committee established the Adult Social Care Governance Board, the membership of which comprises representatives of the Partnership Trust and the Staffordshire County Council.

The purpose of this Adult Social Care Governance Board is to:

- Ensure the delivery of a work programme to align quality working standards and practice for health and social care.
- Ensure integrated governance arrangements by 2013.

**Review of services**

In order for ease of comparison across organisations, all NHS providers must present the following statements in their Quality Account.

*The Staffordshire and Stoke-on-Trent Partnership Trust has reviewed all the data available to them on the quality of care in 46 NHS services.*

*The income generated by the NHS services reviewed in 2011/12 represents 94.47% of the total income generated from the provision of NHS services by the Staffordshire and Stoke on Trent Partnership NHS Trust for 2011/12.*
Information on participation in clinical audits and national confidential enquiries

**National Clinical Audit**
During 2011/12, five national clinical audits and no national confidential enquiry covered NHS services that Staffordshire and Stoke on Trent Partnership NHS Trust provides.

During that period Staffordshire and Stoke-on-Trent Partnership Trust participated in 60% of national clinical audits for which it was eligible.

The national clinical audits that Staffordshire and Stoke on Trent Partnership NHS Trust was eligible to participate in during 2011/12 are as follows:

Table 5: National Clinical Audit

<table>
<thead>
<tr>
<th>Title of Audit</th>
<th>Lead clinician</th>
<th>Eligible</th>
<th>Participate</th>
<th>% submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (National Adult Diabetes Audit)</td>
<td>Nurse consultant</td>
<td>Yes</td>
<td>No*</td>
<td>Nil</td>
</tr>
<tr>
<td>Parkinson’s disease (National Parkinson’s Audit)</td>
<td>Clinical Nurse Specialist</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Bronchiectasis (British Thoracic Society)</td>
<td>Clinical Nurse Specialist</td>
<td>Yes</td>
<td>No*</td>
<td>Nil</td>
</tr>
<tr>
<td>Falls and non-hip fractures (National Falls &amp; Bone Health Audit)</td>
<td>Clinical Nurse Specialist</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Depression and Anxiety (National Audit of Psychological therapies)</td>
<td>Occupational health nurse manager</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
</tbody>
</table>

*This indicates that the Partnership Trust has not participated in this particular audit. Participation is a managed process via the Clinical Audit Group and is based on an impact assessment which considers a) the size of the service delivery in the Trust, b) the demand on clinical capacity to undertake the audit, and c) the overall likely impact/benefit to patients and services from taking part in the audit.

The report of one national clinical audit report was reviewed by the provider 2011/12 and Staffordshire and Stoke on Trent Partnership NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Launch a bowel care pathway.
- Confirm that rectal examinations are to be done by GPs and Secondary Care only, and not by community continence services.
- Introduce new integrated pathways for the Primary Care Continence Service, which will include the use of a Functional Assessment Tool.

- Work closely with secondary care to develop the referral pathway criteria.

- Work closer with Anal Rectal Physiology or Imaging, in order to assist and develop current service provision.

- Continue a rolling programme of continence training within the Trust.

- Set up a new Continence Service user group.

**Local Clinical Audit**

*The reports of 29 local clinical audits were reviewed by the provider in 2011/12 and Staffordshire and Stoke on Trent Partnership NHS Trust intends to take the following actions to improve the quality of health care provided. The following is a sample list only.*

Table 6: Changes to practice as a result of Local Clinical Audit

<table>
<thead>
<tr>
<th>Title of Audit</th>
<th>Changes to practice</th>
<th>Links with other quality initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>The appropriateness of referrals to a Nurse led Parkinson’s Disease clinic</td>
<td>Patients are offered the choice of being seen more locally by a specialist nurse for urgent and routine appointments, instead of acute provider.</td>
<td>Patient experience&lt;br&gt;Patient access&lt;br&gt;Clinical effectiveness</td>
</tr>
<tr>
<td>An audit to monitor the appropriateness of a wound dressings in the community setting</td>
<td>Initialised first dressing initiative to ensure appropriate dressing is available as per wound care formulary to patients at time of need.</td>
<td>Medicines management (prescribing)</td>
</tr>
<tr>
<td>The effectiveness of the Hepatitis C programme in Offender Health</td>
<td>Designated lead nurse for Hepatitis C. Blood Borne Viruses awareness health promotion day event scheduled to raise awareness for patients.</td>
<td>Medicines management&lt;br&gt;Risk Management</td>
</tr>
<tr>
<td>The effectiveness of diabetic retinopathy</td>
<td>Review dilation time and use of drops by realignment of computer clock to enable cross</td>
<td>Medical devices</td>
</tr>
</tbody>
</table>
**Title of Audit**  
<table>
<thead>
<tr>
<th>Changes to practice</th>
<th>Links with other quality initiatives</th>
</tr>
</thead>
</table>
| screening photography | checking. Improve image quality – quality monitoring process now in place to quality check photography equipment. Further training available for all graders and photographers now on training plan. Patients will benefit from fewer recalls due to poor quality photography. | Medicines management  
Clinical training  
Patient experience |
| Audit to identify the diagnostic accuracy of referral need for x-ray made out of hours, to an acute provider from Minor Injuries | Patients to be assured that a high level of clinical expertise is available in Minor Injuries units to treat patients appropriately and only refer on to acute provider for x-ray services when clinically indicated. | Financial management  
Clinical effectiveness  
Patient experience |
| Learning Disabilities health check audit | Number of patients fitting criteria for annual health check was above national average. Facilitation support to be given to areas where learning disability register is small or where annual health checks not achieved. | Patient experience  
Clinical effectiveness  
Health promotion |

**Information on Participation in Clinical Research**

The number of service users receiving NHS services provided or sub contracted by Staffordshire and Stoke on Trent Partnership NHS Trust in 2011/12 that were recruited during that period to participate in research approved by a Research Ethics Committee was 1,626.

The Partnership Trust has approved three studies on the National Institute of Health Research portfolio (NIHR - all Musculoskeletal), and two non portfolio studies (relating to leg ulcer management in district nursing and focus groups with health professionals around the management of multi morbidity in service users).

Table 7: Research participation

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASHA (NIHR)</td>
<td>This is a six year follow up study investigating the course of hand pain, hand problems and hand osteoarthritis in community dwelling adults aged 50 years and over.</td>
</tr>
<tr>
<td>LOPAS II (NIHR)</td>
<td>This study investigates long term outcomes in psoriatic arthritis II.</td>
</tr>
</tbody>
</table>
### RAMS (NIHR)
This is a medication study into Rheumatoid Arthritis.

### Venous and mixed venous/arterial ulceration of the lower limb (Non-portfolio)
Seeks to determine the relative effectiveness of introducing the new oxygen products compared with standard care.

### Management of multi morbidity in service users (Non-portfolio)
Focus group with multi health professionals.

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**Information on the use of the Commissioning for Quality and Innovation (CQUIN) payment framework**

A proportion of Staffordshire and Stoke on Trent Partnership NHS Trust’s income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between South Staffordshire PCT, and North Staffordshire/Stoke-on-Trent PCTs and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at: [http://www.staffordshireandstokeontrent.nhs.uk/About%20Us/quality-and-innovation.htm](http://www.staffordshireandstokeontrent.nhs.uk/About%20Us/quality-and-innovation.htm)

The outturn position for the Partnership Trust has been achieved in Quarter 4. The Trust recognises that within specific areas of the organisation the VTE and continence schemes in-year progress against milestones were delayed. However, this position was recovered by the end of the year and the full quality improvement requirement was delivered.

Table 8: 2011/12 CQUIN overview

<table>
<thead>
<tr>
<th>2011/2012 CQUINS</th>
<th>Year end Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
</tr>
<tr>
<td>Using a standardised monitoring framework to obtain the views of patients, based on their experiences of using Trust services, which are used to make improvements in the care the Trust provides.</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Safe Care Audit tool</strong></td>
<td></td>
</tr>
<tr>
<td>Implementation of a national electronic data capture tool “The Safety Thermometer” to systematically examine the presence of risk assessment, risk management and outcomes of 4 key safety issues: pressure ulcers, urine infections and catheters, falls, and venous thromboembolism (VTE). The data is used to measure systematic improvement within the Trust.</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Safe Care</strong></td>
<td></td>
</tr>
<tr>
<td>Implementation and development of care initiatives for improving patient outcomes for;</td>
<td>✓</td>
</tr>
<tr>
<td>a) Tissue Viability</td>
<td></td>
</tr>
<tr>
<td>b) Falls</td>
<td></td>
</tr>
<tr>
<td>c) VTE assessment</td>
<td></td>
</tr>
<tr>
<td>d) Urinary catheter care</td>
<td></td>
</tr>
</tbody>
</table>
### Continence
Improving assessment and care pathway for patients with continence health needs in:
- a) Community hospitals
- b) Community services

### Think Glucose
Recognition and management of hypoglycaemia and completion of foot health assessments

### Mental Health assessment in Prisons healthcare
Implementation and development of the National Threshold Assessment Grid (TAG). It is used as an assessment of the severity of an individual’s mental health problems to ensure the best treatment is given to the patient in a timely manner to improve patient outcomes.

### Breastfeeding
To implement and develop support mechanisms via the “Baby Friendly” National initiative in order to reduce the drop off rate of breast feeding mothers.

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**Information on the Care Quality Commission (CQC) registration and periodic/special reviews**

**Declarations and Self Certification**

Three key requirements as a new organisation were to submit an application to register services and compliance with the essential standards of quality and safety with the Care Quality Commission (CQC), to receive and review the CQC’s Quality Risk Profile and to develop a plan to meet the NHS Litigation Authority Risk Management Standards. The following is a summary of each area.

**CQC registration and compliance**

*The CQC registered the Partnership Trust and its current registration status is fully compliant. The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust. The registration details are available on the CQC website via the following link [www.cqc.org.uk](http://www.cqc.org.uk).*

A reporting and accountability framework is in place and led by the Director of Nursing and Quality. The system to support the assessment against compliance, store evidence, ongoing monitoring and any necessary improvement plans, is Health Assure which is a single source for real-time assurance, evidence and board reporting. The system provides a link between the board, senior management and operational staff.

The Equality Delivery System, (a performance tool for equality), is linked into and forms part of the data and information that will be used for assessment of overall compliance.

A quality assurance programme that includes quality and safety visits, audits and “confirm and challenge” forums is planned for 2012/13. The outcomes will be reported to the Quality Governance Committee and to the Safety and Effectiveness groups in the Operations Directorate.
The CQC undertook a visit as part of their planned inspection schedule to Longton Cottage Hospital on 7 March 2012. It was an unannounced visit and the CQC also had with them an expert by experience. The inspection team spent time on the wards and talked with 13 patients. Overall people said they were happy with the care and treatment they received. Most people were complimentary about the nursing staff and felt them to be caring and supportive. People said that the staff treated them with respect and that their privacy and independence was promoted. Staff were observed speaking with people in a respectful manner.

The CQC judgement and outcome is:

"Longton Cottage Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made. “

The improvements recommended are to ensure that plans of care are explained and clear to people; that care pathways are clear for meeting the needs of people with challenging behaviour; staff receive the Mental Capacity Act 2005 training who have not yet attended; staff receive on-going supervision and training in supporting people with dementia care and challenging behaviour.

All improvement actions recommended by the CQC had already been recognised through existing Partnership Trust processes and actions are in place to address, or plans are in development. The action plan submitted to the CQC will be presented to the Partnership Trust Board meeting in May 2012.

**CQC Quality & Risk Profile**

The CQC informed the Partnership Trust in March 2012 that it has established a quality and risk profile for the organisation and a monthly report will be provided to the Quality Governance Committee.

The Partnership Trust’s assessment against compliance with the standards will be compared to the CQC’s Quality and Risk Profile and other judgements made on the quality and safety of services that we provide.

**NHS Litigation Authority**

The NHS Litigation Authority (NHSLA) has produced risk management standards for NHS organisations providing acute, community or mental health and learning disability services.

The standards and assessment process are designed to:

- Improve the safety of patients, staff and others.
- Provide a framework within which to focus risk management activities in order to support the delivery of quality improvements in patient care.
- Assist in the identification of risk.
- Contribute to embedding risk management into the organisation’s culture.
- Focus on increasing patient incident reporting whilst decreasing the level of harm of incidents.
• Reflect risk exposure and enable the organisation to determine how to manage its risks.

• Encourage and support a proactive approach to improvements.

As a newly established organisation the Partnership Trust will maintain Level 1 by March 2013 and Level 2 by March 2015. The plan to achieve the standards will be monitored by the Quality Governance Committee.

**Information on the quality of data**

High quality and timely data is essential to the day to day workings and business development of any NHS Trust, and particularly one aspiring towards Foundation Trust status. The Partnership Trust needs to be able to robustly evidence the quality and efficiency of the services it provides to both commissioners and the public. A vast amount of information is recorded when treating patients.

The Partnership Trust’s Equality objectives, 2 and 3 referenced earlier, set out capture of quality equality data for workforce and service users and uptake, as required by the Equality Act 2010 and the Public Sector Duty 2011.

The formation of Staffordshire and Stoke on Trent Partnership NHS Trust has brought together a number of predecessor organisation’s information systems and processes. In establishing performance reporting for the Partnership Trust, issues have been identified regarding timeliness of reporting and data.

*Staffordshire and Stoke on Trent Partnership NHS Trust will be taking the following actions to improve data quality:*

The organisation has approved (in consultation with commissioners) a data quality action plan to be implemented during 2012/13. This includes:

• **A data quality policy that has been agreed with the Joint Staff Partnership and sets out each member of staffs responsibilities for data quality. The policy has a focus on improving the timeliness of data input in order to provide the organisation with the up to date performance information.**

• **Improved management of information to divisions to enable clinicians to analyse their own activity data to improve accuracy.**

• **Support and training to teams to address recording issues and promote the importance of data quality.**

Moving forward, a corporate Data Quality Group is being established to lead on delivery of the improvement plan. The group will include managers, administrative staff and clinicians working together to identify and improve data quality.

**NHS Number**

*Staffordshire and Stoke on Trent Partnership NHS Trust submitted community hospital data to Secondary Uses Service (SUS) during 2011/12 for both Inpatients episodes and Outpatients*
appointments. The data is included in the Hospital Episode Statistics publications and the percentage of patients with valid NHS number for the Partnership Trust were:

99.9% for admitted patient care
99.9% for outpatient care

Community data is not yet submitted nationally, but will be once the Community Information Data Set is implemented, which the Partnership Trust is working towards implementing.

**Information Governance**

Information Governance provides a framework which determines the way in which the Partnership Trust processes and handles information. It acts as a catalyst for reviewing information assurance and incorporating improvements into the planning process.

Information Governance should not be seen in isolation but as an integral part of the business, ensuring that we meet legal requirements while supporting business improvement and continuity.

The framework is embedded into organisations through an annual self assessment which provides assurance. This framework makes sure that information is:

- Held securely and confidentially.
- Obtained fairly and lawfully.
- Recorded accurately and reliably.
- Used effectively and ethically.
- Shared appropriately and legally.

*Staffordshire and Stoke on Trent Partnership NHS Trust Information Governance Assessment Report score overall for 2011/12 was:*

66%

Each year within the toolkit the minimum standard is to achieve a minimum level 2 across all requirements (giving an exact score of 66%). Level 2 was achieved across all requirements giving the organisation a 66% complaint rating.
Clinical coding error rate

Staffordshire and Stoke on Trent Partnership NHS Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Although this statement only applies to Acute Trusts, all Payment by Results activity relating to our community hospitals is coded and a cycle of audits are in place to ensure the clinical coding reflects the patient’s records. Any invalid codes are rejected by the Secondary Users Service and corrected / resubmitted.
Part 3: Review of Quality Performance in 2011/12

Overview of Performance 2011/2012
Overall, performance for the 2011/12 is strong across the Partnership Trust. Table 8 is an indicator summary, while monthly Performance Scorecards are available in the Trust Board papers section of our website: [http://www.staffordshireandstokeontrent.nhs.uk/About%20Us/meetings-and-papers.htm](http://www.staffordshireandstokeontrent.nhs.uk/About%20Us/meetings-and-papers.htm)

Table 9: The Partnership Trust’s high level performance indicator achievement for the year.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011/12 Performance</th>
<th>2011/12 Performance</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients seen within 4 hours in MIU/walk-in centres</td>
<td>99.9%</td>
<td>✓</td>
<td>Against a target of 95%</td>
</tr>
<tr>
<td>Therapies - percentage of patients treated within 18 weeks from referral to treatment</td>
<td>94.0%</td>
<td>×</td>
<td>Against a target of 95%</td>
</tr>
<tr>
<td>Therapies - patients treated within local referral to outpatient appointment target. 6 service targets</td>
<td>2 indicators compliant</td>
<td>×</td>
<td>against a target of 4 indicators to be compliant</td>
</tr>
<tr>
<td>Percentage of patients that Did Not Attend their outpatient/community appointment</td>
<td>4.7%</td>
<td>✓</td>
<td>Against a target of 5%</td>
</tr>
<tr>
<td>Percentage of non-admitted patients meeting the 18 week consultant led referral to treatment target</td>
<td>97.8%</td>
<td>✓</td>
<td>Against a target of 95%</td>
</tr>
<tr>
<td>Percentage of patients offered a GUM appointment to be seen within 48 hours</td>
<td>99.9%</td>
<td>×</td>
<td>Against a target of 100%</td>
</tr>
<tr>
<td>Percentage patients receiving a diagnostic scan within 6 weeks of referral</td>
<td>100%</td>
<td>✓</td>
<td>Against a target of 100%</td>
</tr>
</tbody>
</table>

OUR STAFF SAID:
“What we promise service users will be done”
<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011/12 Performance</th>
<th>2011/12 Performance</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of admitted patients meeting the 18 week consultant led referral to treatment target</td>
<td>95.3%</td>
<td>✓</td>
<td>Against a target of 90%</td>
</tr>
<tr>
<td>Delayed transfers of care (percentage of occupied bed days)</td>
<td>4.9%</td>
<td>×</td>
<td>Against a target of 3.5%</td>
</tr>
<tr>
<td>Mixed sex accommodation: Single sex number of breaches</td>
<td>0</td>
<td>✓</td>
<td>SSOTP have had zero breaches in 2011/12</td>
</tr>
<tr>
<td>Clostridium Difficile (number of incidents within 1 month) (Hospital Acquired)- (VSA03)</td>
<td>7</td>
<td>✓</td>
<td>7 incidents over the year against a target of 20 or below</td>
</tr>
<tr>
<td>MRSA Bacteraemia (number of incidents within 1 month) (Hospital Acquired) - (VSA01)</td>
<td>1</td>
<td>×</td>
<td>1 incident within the year against a target of 0</td>
</tr>
<tr>
<td>MRSA Screening on Admission (% screened on elective admission)</td>
<td>99%</td>
<td>×</td>
<td>99% achieved against a target of 100%</td>
</tr>
<tr>
<td>MSSA (number of cases) (Hospital Acquired)</td>
<td>0</td>
<td>✓</td>
<td>0 cases against a target of 6 or below</td>
</tr>
<tr>
<td>Compliance with CQC Registration Regulations</td>
<td>✓</td>
<td></td>
<td>Full compliance</td>
</tr>
<tr>
<td>Number of Never Events</td>
<td>0</td>
<td>✓</td>
<td>0 cases against a target of 0</td>
</tr>
<tr>
<td>% of complaints acknowledged within 72 hours of receipt</td>
<td>98.8%</td>
<td>×</td>
<td>against a target of 100%</td>
</tr>
</tbody>
</table>

**The Partnership Trust has achieved in 2011/12:**

- Non attendance rates to outpatient appointments have reduced from 5.4% in 2010/11 to 4.7% in 2011/12.
- Staff turnover for 2010/11 was 9.8% and for 2011/12 it was 7.4%. Given the scale of organisational change over the last 12 months this is positive.
• National targets have been achieved for waiting times at Walk in Centres /Minor Injuries Units.

• 100% of Service users met the national six week target for diagnostic tests.

• There have been no “never events” during the financial year.

• 18 week referral to treatment targets were achieved for consultant led activity relating to both admitted and non - admitted service users.

• Infection control targets have been met for number of Clostridium Difficile cases, with seven during 2011/12. This represents a significant improvement on 2010/11 performance of 21 cases.

• There have been no cases of Methicillin-sensitive Staphylococcus Aureus (MSSA) during the year, compared to three in the previous year.

Where key indicators have under-performed during the year the Board has received exception reports. Indicators have been reviewed by the responsible Sub-Committee, with improvement plans generated and monitored where necessary. For example, Delayed Transfers of care was identified as a priority and a detailed action plan was developed covering multiple aspects including:

• A new suite of management information and targets for wards to assist with planning discharges and addressing issues.

• Closer working with colleagues in social care and other health organisations.

As a result of the successful implementation of the action plan, the level of delayed transfers of care has shown significant improvement in quarter four, with the percentage of occupied bed days lost reducing from 3.4 % to 2.4% in March 2012. The improvements are embedded, meaning that these levels of performance have been maintained during the first quarter of 2012/13.
Progress against Quality & Safety Programme Priorities 2011/12

Priority 1 – Reducing falls and level of harm

**Why are falls a priority?**

Health care and social costs for fractures in bones weakened by osteoporosis is nearly £1.7 billion each year in the UK. Approximately 3.2 million women over the age of 50 in the United Kingdom suffer from osteoporosis. Many more have low bone mass, leaving them susceptible to osteoporosis. Women are four times more likely to suffer from osteoporosis than men and their rate of fracture is two to three times that of men, but death rates in men one year after fracture are higher. At least 80% of hip and spine fractures in those between 65 to 84 years of age are due to osteoporosis. Hip fractures lead to 70,000 hospital admissions per year. Approximately 10% of hip fracture patients die within the first month following their fracture, initial hospitalisation, and 24% die within a year of injury. Only 50% of our patients return to living independently in their own home.

Leading in Patient Safety (LIPS) by the NHS Institute for Innovation and Improvement methodology has been incorporated within clinical practice to provide timely outcome measures of service improvements. The LIPS falls collaborative aims to decrease the levels of severity within falls by 20% and introduce a falls partnership in compliance with National Institute for Health and Clinical Excellence, (NICE) guidelines and national standards through engagement of frontline clinicians.

Multiple service improvements implemented across the organisation within the LIPS will also interlink and be a fundamental component of the Quality Improvement Programme for the Partnership Trust.

From September 2011 to March 2012 we have been able to collate a baseline for the number of falls occurring across the organisation. Across our five community hospitals sites we have had 460 falls incidents reported.

**Falls**

Chart 1 captures the numbers of falls reported within the community hospitals. This details the number of falls reported within the wards and identifies the numbers of falls that have subsequently resulted in a serious incident. This identifies that less than 3% of all hospital falls incidents reported resulted in major harm such as a fracture.
Many of the patients within our care are at risk of falling frequently and the need to support them with rehabilitation means our focus has to be on reducing the risk of falls and any subsequent harm from a fall.

The Partnership Trust has continued to lead the health economy wide falls collaborative group and ensure compliance in the use of appropriate assessment tools. The Partnership Trust’s target is to maintain a month on month reduction in number of falls resulting in no or minimal harm (e.g. light bruising, skin tear, scratches). This has also been identified as a CQUIN scheme for 2012/13.

During 2012/13 the Trust’s transformation programme may result in changes to the configuration of wards and the type of patients cared for there.

The Partnership Trust has implemented the following service improvements:

- Every service user has a falls assessment upon all admissions or within the second initial community visit.
- Standardisation of Falls Assessment, Osteoporosis Tool and bed rail assessment tool across the five community hospital sites.
- Introduction of a Community Falls Assessment tool. CQC commended the post falls assessment at their visit in March 2012.
- Implemented a Post Falls Examination tool.
• Review and commissioning of falls services working in close collaboration with external partners across the health economy.

• Implementation of falls assistive technology.

• Reporting and monitoring of witnessed falls identifying action plans of service improvements in accordance to best practice.

• 80% of staff have participated in Falls training programmes.

• Staff will participate in dementia training programmes in 2012/13.

**Priority 2 - Modified Early Warning Score**
The Modified Early Warning Score (MEWS) is a simple guide that has been implemented on all wards within the Community Hospitals and used by the nursing and medical staff to quickly determine the degree of illness of a patient.

**Why do we use a Modified Early Warning Score?**
The Partnership Trust cares for people with complex health care needs. Whilst a person may be medically stable on transfer to the Partnership Trust’s care, they may experience changes in their condition during their hospital stay. The MEWS system allows nursing staff to escalate changes to the medical staff effectively if deterioration in a person’s condition occurs. This process adopted across the Trust is the same as that used in the Acute Trust (University Hospital of North Staffordshire) which means that should a person require care in a more acute setting that interpretation of results and findings are transferable.

The Partnership Trust has implemented the following service improvements:

• Reviewed the medical model across the five Community Hospital sites.

• Introduced the role of Nurse Practitioners

• Implemented the Modified Early Warning Score across all five community hospital sites.

• Monitored and reviewed re-admission rates for the Partnership Trust.

**Priority 3 - Pressure Ulcers**
**Why Pressure Ulcers?**
Pressure ulcers represent a major burden of sickness and quality of life for patients and their carers and are costly to the NHS. Treatment costs vary depending on the grade of ulcer. New pressure ulcers are estimated to occur in 4 – 10% of patients admitted to acute hospitals in the UK. It is also estimated that up to 30% of patients may suffer in the community and 20% in nursing and residential homes may be affected. Pressure ulcers can occur in any patient but are more likely in high risk groups such as the obese, elderly, malnourished and those with certain underlying conditions. The presence has been associated with an increased risk of secondary infection and a two to four fold risk of death in older people in intensive care units.

A pressure ulcer is a localised area of damaged tissue as a result of pressure, in combination with other variables. There is a European classification system for pressure ulcers; grades 1-4, with 4 being the most severe.

All NHS Trusts are required to report any grade 3 or 4 pressure ulcers acquired whilst in receipt of care to the Strategic Health Authority under the Serious Incident Reporting Policy.

Pressure ulcers acquired whilst in the care of a commissioned independent provider are reported to the Strategic Health Authority by the relevant Commissioning organisation, (Staffordshire Cluster of Primary Care Trusts). This includes care commissioned in nursing or residential homes.

In October 2011 the Partnership Trust implemented a ‘Zero Tolerance’ action plan for prevention of pressure ulcers. This work will continue and has now been aligned with the Midlands and East ‘Ambition to eliminate all avoidable pressure ulcers by December 2012’.

Each pressure ulcer incident reported as a Serious Incident (SI), has a root cause analysis (RCA) investigation undertaken.

There are several well recognised contributory factors to the development of pressure ulcers which are repeatedly identified in the RCA process. These factors include patients’ general poor health, lack of mobility, lack of assessment or recording of assessment, and patient and carer compliance.

A Tissue Viability Panel operates to review all Root Cause Analysis reports. The aim is to ensure a consistent approach to the sign off of pressure ulcer SI’s, and to ensure learning from these is captured centrally and shared with teams and the wider organisation.

A process is also in place whereby all Pressure Ulcer Serious Incidents are shared with relevant Professional Leads in the Partnership Trust prior to a Root Cause Analysis investigation being undertaken as a way of enabling an early identification of concerns and trends.

**Pressure Ulcers**
Chart 2 reflects the number of pressure ulcers reported within Partnership Trust care or those identified at the point of transfer to Partnership Trust care. The chart identifies the success of raising awareness of pressure ulcers with clinicians at the point of care and is demonstrated by the continued increased reporting rates.
Of the 858 pressure ulcers that have been reported 79 pressure ulcers have resulted in grade 3 / 4 pressure ulcer damage attributable to our care that has required reporting to the Strategic Health Authority.

Chart 2

The Partnership Trust has implemented the following service improvements:

- Zero tolerance action plan for pressure ulcers.
- Monitoring of pressure ulcers across the organisation through the Safety Thermometer initiative reporting to NHS Midlands and East.
- Reporting of all pressure sores transferred into the organisation or acquired in our care.
- The implementation of the Walsall risk assessment tool across five community hospital sites and community teams.
- Review of nursing documentation.
- Root cause analysis of all pressure sores.
- Introduction of a pressure ulcer scrutiny panel for all serious incidents chaired by the Director of Nursing and Quality.
- Introduction of pressure ulcer education.
- Review of pressure relieving equipment and delivery waiting times.
• A new core care plan template has been developed to address the issue of poor documentation in relation to preventative and treatment care plans. This is currently being piloted with clinical teams.

• Wound care training programmes now include postural assessment and repositioning. This is also now offered to all health care professionals including physiotherapists, occupational therapists and integrated support workers.

• Piloting of the new SKIN bundles, a nationally developed assessment and communication tool for pressure ulcer prevention.

• New information leaflets for patients and carers.

In addition, the Tissue Viability Specialist nurses have provided whole day training sessions covering; adult safeguarding in relation to pressure ulcers, assessment, grading, posture and positioning, treatment, prevention and equipment.

The Tissue Viability Specialists nurses have also been undertaking reflective practice exercises with the community nurses following root cause analysis.

**Priority 4 - Delayed Discharges in Community Hospitals**

**Why Delayed Discharges?**
A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. The next stage of care covers all appropriate destinations in or out of the NHS (patient’s home, nursing home etc). The date on which the patient is clinically ready to move on to the next stage of care is the ready-for-discharge date which is determined by the consultant/GP responsible for the inpatient care in consultation with all agencies involved in planning the patient’s discharge, both NHS and non-NHS (Multi-Disciplinary Team). Thus the patient is ready-for-discharge, but the discharge is delayed due to:

- Social care reasons
- Healthcare reasons
- Patient/Carer/Family-related reasons

Multi-agency discharge processes can be complex - many agencies can be involved in the care of and discharge planning for any individual hospital patient and account must be taken of the patient’s own wishes and family/carer issues. Within the Partnership Trust we have strengthened our communications and developed our partnership working to manage delayed discharges more effectively.

**The Partnership Trust has achieved:**
• Downward trend in delayed transfer of care through improved partnership working with Social Care colleagues.

• Delays per month have varied from under 10 to 29 in 2011/12.

• The monthly average was 18, and in 2011/12 the Partnership Trust reduced delays to 13.

• The average number of days lost to delayed discharges per month during 2011/12 was 469 and in March 2012 the Partnership Trust achieved 239.

• Increased throughput of 30% more admissions per month over the year.

• There has also been a reduction in the average length of stay from an average of 33 days in April 2011 to 26 days in March 2012.

Our Staff Said:
"We want to provide a sensitive, person focused, timely, evidence based, professional service, from knowledgeable staff with adequate resources."

Priority 5 - End of Life Care

What do we mean by End of Life Care?
End of Life is considered to be the period of time marked by disability or disease that is progressively worse until death. It is also considered to be the final stage of the journey of life.

End of Life Care is the care provided to a person in their final stages of life. Also known as hospice care, comfort care, supportive care, palliative care or symptom management.

In 2011/12 care has been provided across care settings including home, care home and prisons and across all elements of the end of life pathway. The building block for our workforce capability in the end of life care has been robust education and training, and is an underpinning element of the end of life care pathway.

The Partnership Trust’s achievements and service improvements:

• Supporting early identification, advanced care planning, communication skills, symptom control and terminal care.

• Nurse Consultant, Palliative Leads and Palliative Matron to work closely with GP’s, Community nurses, nursing homes and the acute sector to enhance services for our patients.

• Nurse Consultant led palliative care beds at the Haywood Hospital.

• 100% nurse led palliative care beds were occupied by palliative care patients.

• The introduction of key workers to support service users, carers and families in end of life care.
• A high level of patients on the End of Life Care pathway achieve their preferred place of death.

• Implementation of palliative care drug boxes helped to prevent acute hospital admissions, increasing the number of patients who achieve their preferred place of care.

• Robust education and training package for staff, with an excess of 95% of staff having received the training.

Priority 6 - Quality Assurance Ward to Board Dashboard

What do we mean by a Dashboard?
The Community Hospital wards utilise a quality assurance tool in the form of the Matron’s dashboard.

This is a quality assurance reporting mechanism comprising of key quality and performance indicators. It is the format for collating information in order to benchmark against best practice targets for our community hospital services.

The Partnership Trust’s areas of service improvements:

• The process for completing the dashboard is under review to enhance the rigor and level of confidence in the assurance.

• Introduction of a peer review process.

• Quality monitoring is incorporated into the Trust’s transformation programme to implement a new Model of Care.
Service User Experience

Why is Service User, Carer, and Family Experience a priority?
Johnson (2008) identifies the eight recognised benefits of working with service users/carers and families to capture their experience as the following:

- Improves the clinical outcomes.
- Leads to health care that is responsive to the needs of service users and families.
- Enhances service user and family satisfaction.
- Enhances staff satisfaction.
- Promotes a supportive environment which encourages recruitment and retention of staff.
- Creates an effective learning environment.
- Reduces healthcare costs.
- Positions health and social care service provisions in the market place for future commissioning of services.
- Ensures public money is well spent on service provisions that meet the service user’s needs.

The Partnership Trust’s achievements:

- 92.38% of service users in the South division and 94.4% in the North division stated that they were involved in decisions about their care and treatment.
- 90.91% of service users in the South and 94.4% in the North division of the Partnership Trust stated that they were given enough time to discuss their condition with the healthcare professional.
- 100% of Mothers felt that they and their children had benefited from having a Family Nurse.
- 92.96% of service users stated that they were overall satisfied with their care they had received in the South Division along with 94.6% of service users in the North Division of the Partnership Trust.
- 94% of Community Hospital service users stated that hospital staff took their family and home situation into account when planning their discharge.
- 85.3% of service users identified that they were given enough time to discuss their condition, worries and fears with Community Hospital staff.
Equality objectives (objective 3), commit to equality and inclusion of capturing patient experience and access to consultation and engagement for all equality groups.

For 2012/13 the Partnership Trust will harmonise the methods used to collect service user experience information.

**Customer Service Excellence (Charter Mark)**
The Partnership Trust aims to provide services that are efficient, effective, excellent, and equitable. The Customer Service Excellence standards have particular focus on delivery, timeliness, information, professionalism and staff attitude. There is also emphasis placed on developing customer insight, understanding the service user’s experience and robust measurement of service satisfaction.

<table>
<thead>
<tr>
<th>What is Customer Service Excellence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service Excellence is designed to operate on three distinct levels:</td>
</tr>
<tr>
<td>• As a driver of continuous improvement.</td>
</tr>
<tr>
<td>It allows organisations to self-assess their capability, in relation to customer-focused service delivery, by identifying areas and methods for improvement.</td>
</tr>
<tr>
<td>• As a skills development tool.</td>
</tr>
<tr>
<td>By allowing individuals and teams within the organisation to explore and acquire new skills in the area of customer focus and customer engagement, thus building their capacity for delivering improved services.</td>
</tr>
<tr>
<td>• As an independent validation of achievement.</td>
</tr>
<tr>
<td>Formal accreditation to the Customer Service Excellence standard, demonstrates our competence, identifies key areas for improvement and celebrates the success of the organisation.</td>
</tr>
</tbody>
</table>

**The Partnership Trust’s achievements and areas of service improvements:**

- On-site inspections to demonstrate compliance to the Customer Service Excellence standards in May, July and December 2012.
- Customer Excellence Standards devised with service users, carers and families following lessons learnt from formal and informal complaints, surveys, service user stories, and incidents.
- Customer Service Excellence delivery training programme implemented across the Partnership Trust.
- Real time service user monthly reporting across the Partnership Trust through wireless hand held devices.
- Introduction of service user comment cards.

YOU SAID:
“Mine and my loved ones opinions were valued and we were properly included in decisions and respected”
• “Mystery Shopper” programme providing internal feedback from service users experience.
• Customer Service Excellence evidence database demonstrating organisational compliance.

The Partnership Trust is on a journey to improve the service user, carer and family experience from “Good to Great”, encouraging service users to make a positive decision to choose the Trust Partnership Trust as their health provider of choice.

The Partnership Trust will collate service user satisfaction from the following areas:

• Monthly real time service user feedback from EleLite hand held devices.
• Mystery Shopper programmes.
• Service user stories.
• Service user forums.
• Service user opinion web site.
• Internal quality visits.
• Performance in the CQUIN service user experience indicator.
• Service user satisfaction survey.
• The number of complaints graded as ‘high’, and those concerning service users discharge or end of life care (selected due to their frequency in complaints and service user feedback).
• Lessons learnt from Complaints, PALS queries, Incident reporting.
• Complaints and PALS themes and trends.
• Percentage of expected deaths on the End of Life Care Pathway.
• Annual Patient Environment Action Team (PEAT) Survey.
• Number of occasions where the Partnership Trust has engaged with service users and the community, and completed actions as a result.
• Annual compliance to the Customer Service Excellence Standards.
Formal Complaints
The Trust recognises the importance of learning from the things that go wrong and takes positive steps to ensure mistakes are resolved and are not repeated. We continue to develop our reporting systems, as well as to identify areas of improvement within the service user experience in order to reduce complaints.

From September 2011 to March 2012 a total of 127 formal complaints have been received for the Partnership Trust. Chart 3 highlights the monthly formal complaints data. The key themes relate to the category of clinical treatment and staff attitude.

Chart 3: Formal complaints data September 2011 to March 2012

The Partnership Trust is a learning organisation; listening and working in collaboration with complainants to continuously improve our services.

The Partnership Trust has implemented the following corporate service improvements:

- Implementation of the Trust Complaints Policy and new internal procedures for the effective handling of complaints.
- Complaints and PALS Staff Training.
- New complaints documentation.
- Implementation of new complainants response letters.

YOU SAID?
“The real cost of quality is the complaints that the NHS deal with everyday.”

OUR STAFF SAID:
“We will listen openly and honestly and follow through with action plans of improvement”
• Executive Management Team review of every complaint for the organisation with response letter approved by the Chief Executive.

• Implementation of new complaints rating score to ensure all complaints are dealt with in a timely, factual manner with individual complaint outcomes and lessons learnt for the organisation.

• Working in collaboration with every Complainant to develop areas of service improvements.

• Ward to Board assurance through Complaints monthly reporting system.

The Partnership Trust has implemented the following clinical service improvements:

• The Customer Service Excellence Delivery Training Programme.

• Review of appointment letters.

• Ear Irrigation Policy and Procedures have been reviewed and updated. Competency framework has also been reviewed for this area of work.

• The acuity dependency assessment tool across the five community hospital sites. The assessment tool provides outcomes regarding the appropriate staffing levels dependent upon the complexity of each individual service users needs.

• District Nurses have an agreed list of items to include in patient home visit bags, this has been amended based on service user feedback.

• An equipment review has been undertaken with the additional purchasing of equipment for a community hospital ward.

• The development of a garden area in one of the Community Hospital locations. From the ward environment this will further improve the access for service users.

• Multiple initiatives have been developed through collaborative working with the Nursing and Residential Homes across the Health Economy. The areas of service improvement include the initial referral process from the nursing homes.

• Electronic process has also been implemented for the recording of results to free up staff time for verbal and written feedback on the day of pressure ulcer audits.

**PALS Contacts for 2011/12**

Our Patient Advice and Liaison Service (PALS) proactively work to support service users with any concerns or questions they may have. From 1 January 2012 PALS staff have been transferred to the Partnership Trust from predecessor organisations. During the transition period the Partnership Trust has worked in collaboration with the teams in order to harmonise the data and review the reporting to implement one standardised reporting system.
From September 2011 to March 2012 the PALS department has received a total of 740 contacts, which were immediately resolved with the service user, carer or family member. Table 10 highlights the monthly PALS data. The key trends relate to service user appointment processes, quality of care and access to services.

Table 10: PALS contacts from September 2011 to March 2012

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Contacts</strong></td>
<td>54</td>
<td>47</td>
<td>40</td>
<td>39</td>
<td>166</td>
<td>144</td>
<td>250</td>
<td>740</td>
</tr>
<tr>
<td><strong>Total Closed</strong></td>
<td>54</td>
<td>47</td>
<td>40</td>
<td>39</td>
<td>166</td>
<td>144</td>
<td>250</td>
<td>740</td>
</tr>
</tbody>
</table>

The Partnership Trust has implemented the following service improvements:

- Development of new PALS leaflets.
- Standardised reporting systems for the level of activity relating to signposting of service users to the relevant external partners.
- The new PALS Team are building relations across the Partnership Trust through PALS onsite visits to engage with service users, families and carers.
- PALS are developing a scheduled weekly programme of visits across all services to raise awareness of the service and support available.

**Parliamentary and Health Services Ombudsman (PHSO)**

Two complaints were referred to the Parliamentary and Health Services Ombudsman against the Partnership Trust from September 2011 to March 2012. None of the two complaints were upheld by the Ombudsman. There are no identifiable trends or themes reported.
Compliments
From Sept 2011 to March 2012 the Partnership Trust has received 293 compliments which is three times more than the total number of formal complaints received. Table 11 highlights the monthly compliments data.

Table 11: Compliments from September 2011 to March 2012

<table>
<thead>
<tr>
<th></th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>47</td>
<td>45</td>
<td>52</td>
<td>31</td>
<td>34</td>
<td>50</td>
<td>293</td>
</tr>
</tbody>
</table>

The importance of capturing compliments is nationally driven, and although there has been a slight decrease in the number of compliments recorded centrally in the Partnership Trust, work is on-going to engage with staff to ensure these are forwarded for central recording.

The volume of compliments received is a testament to the good work and excellent quality of services delivered by the organisation and its staff.

The Partnership Trust has implemented the following service improvements:

- The importance of reporting compliments is reinforced within the Complaints Training that is currently being cascaded across the Trust.
- A user-friendly spreadsheet is being developed by the Complaints Department and shared with services to ensure consistent reporting of compliments is achieved across the Trust.
- All service/area managers will be asked to submit all compliments on a monthly basis to ensure information is effectively reported over the next 12 months.

Patient Safety
Incident Reporting

The Trust views incident reporting as a very positive aid to managing patient safety. The information we collect allows us to analyse what and where safety issues may be occurring. Investigation of incidents allows us to learn lessons and make changes to reduce the risks of re-occurrence.

From the 1 November, the Partnership Trust amalgamated predecessor incident reporting systems to a centralised incident management system called Ulysses Safeguard. A training programme was implemented to ensure staff were able and competent to use the new system. The training for the
new system will continue throughout the coming year. The training plans for 2012/13 will pay particular attention to the teams who are identified as low reporters of incidents.

All staff are actively encouraged to report any incident that gives them cause for concern. The Partnership Trust is committed to an open and transparent culture of raising safety concerns to ensure that the safety of people who use our services is safeguarded. This is a key focus in the training staff receive in relation to risk management and incident reporting.

**Reporting Trends**

Chart 4 provides detail of the reporting of incidents across the Trust.

Chart 4: Total number of incidents reported

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Incidents Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-11</td>
<td>0</td>
</tr>
<tr>
<td>Oct-11</td>
<td>100</td>
</tr>
<tr>
<td>Nov-11</td>
<td>200</td>
</tr>
<tr>
<td>Dec-11</td>
<td>300</td>
</tr>
<tr>
<td>Jan-12</td>
<td>400</td>
</tr>
<tr>
<td>Feb-12</td>
<td>500</td>
</tr>
<tr>
<td>Mar-12</td>
<td>600</td>
</tr>
</tbody>
</table>

**National Patient Safety Agency (NPSA) Reporting**

The NPSA is responsible for the National Reporting and Learning Service (NRLS). The purpose of the NRLS is to record, analyse and learn from incidents, ensuring that lessons learnt in one part of the NHS are properly shared across the whole health community. Reporting incidents is considered a good indicator of the safety culture within an organisation as it helps staff to identify risks and take action to reduce them recurring.

With the implementation of the new incident reporting system in the Partnership Trust, further work has been undertaken with the National Patient Safety Agency (NPSA) to enable the Partnership Trust to upload Patient Safety incidents to the NPSA through the respective reporting systems.

The output of this data upload is provided to Trusts, in an organisational feedback report, which benchmarks Trusts against similar Trusts. An organisational feedback report for the Partnership

OUR STAFF SAID:

“We want service users to feel that staff are going the extra mile”
Trust over the period 1 October 2011 to 31 March 2012 will be available through the NPSA later in the year.

**Serious Incident (SI) Reporting**

The National Patient Safety Agency defines a serious incident requiring investigation as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable Death
- serious or permanent physical or psychological harm
- a scenario that prevents or threatens the organisations ability to provide healthcare services
- allegations of abuse
- adverse media coverage or public concern about the organisation
- any of the defined Never Events on the national list

For more information see [www.npsa.org.uk](http://www.npsa.org.uk)

Any serious incidents reported by the Partnership Trust, solely relate to those serious incidents that have occurred to our service users whilst they are directly within our care. The two main key themes reported through as serious incidents during the last year were pressure ulcers and falls. Within those themes pressure ulcers accounted for 67% and falls accounted for 12% of all serious incidents reported.

In order to address these themes the Partnership Trust has implemented several service improvements in order to prevent any harm to those patients in our care. This is demonstrated in the Partnership Trust’s Quality and Safety Programme priorities in reducing falls and levels of harm and the zero tolerance priority to pressure ulcers.

Service improvements for falls and pressure ulcers have been implemented through various programmes including the Leading in Patient Safety (LIPS) Falls Collaborative and the zero tolerance pressure ulcer management action plan. Many examples of these service improvements linked to falls and pressure ulcers have already been highlighted earlier in the review of priorities in Part 2 of the document.

**HM Coroner – Rule 43**

In cases where a Coroner’s inquest finds that there were shortcomings or failures in the care provided to a patient, the Coroner can write to the relevant authority to seek re-assurance that improvements in services will be implemented. This is done under Rule 43 of the Coroners Rules.

In January 2011, we received a Rule 43 letter from the Stoke-on-Trent Coroner following the death of a patient who had health care needs related to infected pressure ulcers.

We accepted that some of the care we had provided fell short of expected standards in terms of documentation and communication and as a result of this we made a number of important changes to the ways our services were organised and managed in the service area concerned.
The Partnership Trust has implemented the following service improvements:

- We changed key service user assessment processes to improve our care planning.
- We strengthened supervision arrangements for both new and existing staff.
- We have reviewed and set about improving our record keeping, including the development of new documentation templates for the service concerned.
- We developed a new training programme for our clinical staff.

**World Health Organisation (WHO) Surgical Safety Checklist**

Whilst the National Patient Safety Agency recommendation was that community services did not need to implement the WHO Surgical Safety Checklist, the Partnership Trust has identified that this should be implemented within some areas of service such as podiatry and dentistry. An action plan is in development to implement the use of the Checklist across these services.

**Central Alerts**

The Partnership Trust uses a system called the Central Alerting System (CAS) for issuing safety based alerts to all its services and teams. This is a national system that was created to provide a robust and streamlined means of distributing safety alerts to the NHS and other health and social care providers.

Alerts are received by email direct from the Central Alerting System. These are then actioned internally by the Patient Safety and Risk support officers who work within the Nursing and Quality Directorate of the Trust. All alerts are checked for relevance to the organisation through discussion with a senior manager. If they are relevant to the Trust then they are cascaded to relevant managers/teams who are targeted to action the alerts.

Responses are recorded on the risk system and reminders are issued to operational managers to ensure that outstanding responses are received in advance of the close off of the alert. The managers’ responses indicate that the necessary actions needed to address the alert, have been taken.

The Partnership Trust has received 107 alerts since 1 September 2011 of which 46 have been addressed within the required time frame. There were 51 alerts which did not require a response and 10 alerts are still open within the deadline timescale. There were three significant NPSA alerts issued and where relevant subsequent actions plans have been implemented or are being implemented within timescale.
Clinical Effectiveness

What is clinical effectiveness?
This means applying the best available knowledge, derived from research, clinical expertise and service user preferences, to achieve optimum processes and outcomes of care for service users.

Clinical effectiveness can be seen as an umbrella term involving the implementation of evidence into clinical practice and the evaluation of that process.

The Partnership Trust monitors the implementation of the best quality of care by engaging in the following processes:

- Clinical Audit
- Research
- National institute for Clinical Excellence (NICE) guidance review and implementation
- Quality visit programme
- CQUIN programme
- Transformation

What is Clinical Audit?
Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (Healthcare Quality Improvement Partnership (HQIP) 2010).

A healthcare provider organisation, regardless of size needs a balance of locally designed and driven audits with national audit initiatives in its audit programme. This demonstrates that the organisation is aware of and responsive to the needs of its local population. It also shows that the organisation is aware of the national quality agenda and how this affects its own population.

Clinical Audit working in the Partnership Trust
- Participation in National Clinical Audit Programme.
- Mandatory local Clinical Audit Programme which requires all clinical services to undertake a minimum number of clinical audit projects each year.
- Developing clinical audit culture throughout the Trust.
- Provides evidence of current practice against national guidelines.
- Provides information about the structures and processes of a healthcare service and service user outcomes.

OUR STAFF SAID: “We want to provide best quality care whilst respecting people’s individual needs and values ensuring value for money”
- Assesses how closely local practice resembles recommended practice.

- Provides evidence about the quality of care in a service to establish confidence among all of its stakeholders (staff, service users, carers, managers, and the public).

**Improvements to service user care that the Partnership Trust has implemented from undertaking clinical audit:**

- Dermatology patients - Effective treatment using a Nurse led service of ultra violet light therapy, for service users where the use of steroid treatments have been exhausted.

- Community Falls service - Improvement in the level of achievement of patient goals at discharge.

- Diabetes care – Improvement in blood sugar control in diabetic patients following attendance at community nurse lead diabetic clinic.

- Community Diabetes Education Group – Evaluations confirm that patients feel that there is improvement in their health & well being, living with the condition and the degree of self management.

- Community based heart failure rehabilitation – Improvement in compliance with NICE guidance for heart failure.

- Pain Management clinic – Results in line with National cognitive coping strategy results demonstrating effective care.

**What is Research?**
Research aims to add to the body of scientific knowledge which has universal application. Research can range from the curiosity-driven end of biomedical research and innovation to the NHS applied studies which are designed to improve the quality, effectiveness and cost/benefit ratio of service delivery.

**Research working in the Partnership Trust**
Consultants at the Haywood Hospital are renowned for their contribution to research both nationally and internationally. The following tables demonstrate research activity conducted at the Haywood Hospital in the past year:

**Table 12: Commercial Trial Activity**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Trials</th>
<th>Recruitment To-date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively Recruiting</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Active Follow-up</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Set-up</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Closed</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>
Table 13: Non-Commercial Trial Activity

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Trials</th>
<th>Recruitment To-date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively Recruiting</td>
<td>8</td>
<td>164</td>
</tr>
<tr>
<td>Active Follow-up</td>
<td>2</td>
<td>517</td>
</tr>
<tr>
<td>Set-up</td>
<td>8</td>
<td>0</td>
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<tr>
<td>Closed</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>706</strong></td>
</tr>
</tbody>
</table>

**Laboratory Research**

Laboratory Research has resulted in excess of 200 publications in reputable journals. These include studies on cell growth and behaviour, immunological and biochemical markers, role of microorganisms and genetic and environmental factors.

Table 14: Laboratory Research

<table>
<thead>
<tr>
<th>Status</th>
<th>Studies</th>
<th>Recruitment To-date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>2</td>
<td>741</td>
</tr>
<tr>
<td>Closed</td>
<td>4</td>
<td>749</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6</strong></td>
<td><strong>1490</strong></td>
</tr>
</tbody>
</table>

An example of how the Partnership Trust has used our participation in research to improve patient care:

Service Users and practitioners in one area of the Partnership Trust have been taking part in the STarT Back Trial a new approach to managing back pain, the results of which have recently been published in The Lancet. Carried out by the ARUK Primary Care Centre at Keele, the study has found that the STarT Back approach resulted in significantly reduced levels of pain and distress; patients
took less time off work, the new treatment approach cost less than current care (e.g. reduced follow ups for low risk patients, reduced secondary care referrals, reduced investigations/medication) and led to improved patient satisfaction.

Using a simple risk stratification tool, patients are assessed as being either at low, medium or high risk of having persistent, disabling symptoms from their back pain. According to their risk score patients then receive an appropriate ‘matched’ treatment (physiotherapy advice for the low risk group, manual therapy for the medium risk group, manual therapy plus Cognitive Behavioural Therapy informed psychological therapy for the high risk group).

Further development of the STarT Back Trial will commence later on in 2012 with a clinical audit of service provision to monitor the potential impact and effectiveness of implementation.

**What is a quality visit?**

It is an internal review mechanism designed to assure and better understand the quality of care provided by the services we provide. The purpose of the visit is to hear about good practice, understand key challenges faced by staff and agree any action to be undertaken as a result.

**Quality Visits Programme in the Partnership Trust**

A programme of announced and unannounced visits to services, undertaken internally and also in conjunction with commissioners has been carried out during 2011/12. The visits included speaking to patients and staff to:

- Identify areas of good practice, which can be shared throughout the organisation.
- Identify any potential patient safety issues and establish an action plan for safety improvements.
- Open communication channels about service user safety between staff and senior managers.

The visits are not intended to be a full clinical service review, nor are they a formal inspection (as this would be undertaken by a regulator), but a peer review that seeks to complement clinical indicators with considered views from service users and staff and direct observations of the clinical settings.

**Examples of improvements to service user care that the Partnership Trust has implemented from undertaking the quality visit programme:**

- Greater service user privacy – introduced use of designated private/quiet room.
- Improvements in service user safety – e.g. removal of obsolete blind.
- Improvements made to the quality of service user information available in clinic settings.
- Improvements to the storage of clinical waste.
- Improved signage for service users to direct to departments.
What do we mean by NICE?
The National Institute for Health and Clinical Excellence (NICE) was set up in 1999 to reduce variation in the availability and quality of NHS treatments and care - the so called ‘postcode lottery’. The evidence-based guidance and other products help resolve uncertainty about which medicines, treatments, procedures and devices represent the best quality care and which offer the best value for money for the NHS.

**NICE working in the Partnership Trust**
- New guidance reviewed internally for relevance to organisation.
- Critical appraisal of guidance to identify gaps in service.
- Implementation plans developed to improve quality of care and service delivery.
- Clinical audits completed to monitor compliance with NICE guidelines.

NICE guidance is frequently stated as the predetermined standard to compare our care delivery to – a number of examples have already been highlighted earlier in the clinical audit and service improvement sections.

What do we mean by Mortality Reviews?
This is a detailed assessment of all the patients that have died. Information is systematically collected and then presented in a manner that can be understood.

By examining each case and uncovering information about the handling of the case, the review process reconstructs the events that led up to the final outcome. The review process also facilitates the formulation of recommendations regarding future practices and procedures. By drawing attention to the areas in which errors may have occurred, the review process promotes active change management and quality initiatives.

**How the Partnership Trust plans to develop the mortality review process**
Work within the Partnership Trust can be divided into two main areas namely a local review/organisational overview and engagement in a benchmarking process at Strategic level as part of the West Midlands NHS economy.

On a local level work has been piloted for each patient death to be reviewed in a robust manner in order to provide assurances that the care the organisation provides is of a high standard. This work will be developed further not only for the community hospitals but also for the community, by embedding reviews as part of routine practice, that is championed by clinicians and easy to undertake and report. The reviews will continue the work from the pilot using the agreed proforma, completed by the named clinical lead to record the results of the reviews. The results will be scrutinised internally to provide professional objectivity and to ensure that lessons learnt are disseminated across the organisation in order to improve patient care.

On a strategic level work has already commenced across the West Midlands, highlighting the need to understand mortality rates across all community providers and to develop a process to understand and then reduce variability across providers. Although this work is in its infancy, it is hoped that the
use of benchmarking will establish a clearer understanding of the quality of care in relationship to the Models of Care each community trust provides.

**What do we mean by transformation?**

The Partnership Trust recognises the potential gains both for service users care and increasing overall value for money by systematically transforming the way services are currently delivered. Across the NHS there are clear examples of how service-wide changes have improved care and increased the efficiency of staff. The Partnership Trust’s Transformation Programme will be responsible for ensuring the very best ways in which to deliver care using national and international best practice and quality.

**Transformation**

The Transformation Programme has set about implementing a county-wide new model of care that will provide our most vulnerable and high risk chronically ill patients with a dedicated worker who will be responsible for shaping a specifically designed package of care.

The Partnership Trust aims to achieve the following service improvements through the transformation programme:

- Reduce the amount of times service users with long term conditions are admitted to hospital in times of crisis and urgent need
- Facilitate service users being able to stay at home when they become acutely unwell, promoting a faster recovery.
- New and innovative technologies - using remote access and digital information technology, staff will be able to increase the amount of time they spend with service users.
- Provide a single easily accessible centre through which service users and other health workers can receive and provide important information in a much more timely way and avoid navigation around what is an increasingly complex system.
- Develop a single one time assessment that will work across health and social care staff.

This approach will serve to empower service users, giving them increased knowledge of their condition and helping them to maximise their potential to stay well for longer and live life independently as far as possible. Service users will receive the highest quality of care from a team who work together, talk to each other and share the common goal and objective of treating users with long term conditions.
What is the Commissioning for Quality and Innovation (CQUIN) scheme?
A CQUIN scheme is a Department of Health payment framework aimed to drive quality of health care. It was launched in April 2009, and is used to ensure quality is part of the commissioner-provider discussion throughout all health care organisations. The framework aims to support the vision set out in “High Quality for All” (Darzi) of an NHS where quality is the organising principle.

The CQUIN scheme is made up of several goals, pertinent to the services the care provider delivers and is a performance management target.

In the community hospital setting, one element of the CQUIN programme in 2011/12 was the implementation of the “Safety Express”.

In the community nursing services, a similar element was implemented, which led to direct improvements in the quality of care. Some examples of these improvements were:

- Falls risk screening process implemented to ascertain the level of risk of a patient falling in the community. The screen is performed on every patient new to the caseload as part of the holistic nursing assessment.

- Additional training programmes for all staff within the areas of falls, continence and pressure ulcer management.

- Standardisation of community nursing documentation of three predecessor organisations to ensure consistent, high quality record of care delivered.

- Implementation of a new continence care pathway, to provide greater accuracy in diagnosis and formalised treatment.

- Monitoring of catheter life cycle and management, to ensure the care that is provided is safe and effective and that the incidence of infections as a result of having a catheter in situ is picked up early and lessons are learnt to prevent any re-occurrence.

- As each CQUIN year ends, further monitoring via a quality schedule ensure that changes to practice continue to be embedded into everyday care.

Supporting Staff

Our Workforce Strategy
Our Workforce Strategy recognises that as an employer of staff from both health and social care professions we need to enable all staff to deliver high quality services by acting as a “model employer”. Our strategy recognises that engaged and motivated staff deliver the highest quality services. Consequently there are a number of things in place to support and develop our staff:

- We have established a Staff Engagement Forum to discuss pertinent issues and provide for a healthy two-way discussion and agreement on relevant actions and initiatives.

- Comprehensive Staff Support and Counselling Service.
- Range of Occupational Health services.

- Staff physiotherapy referral service for musculoskeletal issues which aids staff to remain at work or return as soon as possible following absence in order to avoid or minimise disruption to services.

- Annual appraisal process has a focus on individual staff health and well being as well as achievements and objectives.

- A training need analysis is currently being carried out to draw together requests for training that have been identified during the appraisal process together with training needed as a result of the workforce transformation project.

- Participation in the annual NHS Staff Survey - ask all staff to give us their views rather than just the sample of staff required by the national survey.

- Leadership development programme.

- Developing a talent management process.

This is all aimed to keep staff safe and well at work to ensure continuity of services and to assist them back to work as quickly as possible when they have been off ill.

Further service improvements identified by the Partnership Trust:

We will be entering into a tendering process for the on-going supply of occupational health, staff support and counselling services as well as exploring options for fast track mental health provision. It is intended that these form part of an overall wellness service which is proactive in encouraging staff to look after themselves in order to look after our service users.

Within this framework of supporting staff, our Equality and Inclusion Strategy referenced earlier commits to:

- Develop inclusive action plans within the Directorate of Workforce and Development which include actions to identify key messages from Equality data analysis.

- Develop and sustain effective recording and capture of equality data throughout training, disciplinary and grievance recording across the organisation.

- Ensure equality data is robustly monitored through appropriate strategies within the Directorate e.g. Workforce and Leadership, Staff Engagement, Health and Well Being Strategy.

- Include Equality employee data within Trust board workforce analysis reports, identifying patterns and actions taken, particularly on employee recruitment, retention and leavers’ data. Key findings included in all organisation reports and reported to Equality and Inclusion Scrutiny Committee.
**Staff Opinion**

We use the results of the annual NHS staff survey to address any areas for improvement as well as compare ourselves against other community trusts.

As part of this process we offer every member of staff the opportunity to take part in this Staff Survey rather than just the required “sample” group of 800 staff as we believe that the views of all of our staff are important. We will use this valuable information to look for improvements in the employee experience and invite staff to take part in action planning where appropriate.

Given that our staff transferred from three other NHS organisations to establish the Partnership Trust in September 2011, one month before the 2011 staff survey was distributed, the results of this, our first staff survey, are encouraging. There are 38 key results in the survey and we scored in the top 20% of community trusts for 4 of them, in the bottom 20% for 4 others.

Our top rankings are:-

- Staff intention to leave their job (we had a low score which is good).
- Staff satisfaction.
- Trust commitment to work-life balance.
- Percentage of staff feeling there are good opportunities to develop their potential at work.

Our bottom rankings were:

- Staff experiencing physical violence from staff in the last 12 months.
- Staff receiving health and safety training in the last 12 months.
- Staff experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months.
- Staff experiencing physical violence from patients, relatives or public in the last 12 months.

Whilst the Partnership Trust was pleased with the overall results, we recognise the need to focus on the following areas of service improvement:

- Staff feeling bullied and experiencing violence in the workplace to ensure that we take all necessary steps to combat this.
- The Director of Workforce and Development will personally address all reported cases of bullying and harassment.
- Further develop robust Bullying and Harassment policies, recording of cases and support for staff experiencing bullying, harassment, discrimination and victimisation as defined within the Equality Act 2010.

Revised survey will be sent out to the 1,000 social care staff that transferred to the Trust on 1 April 2012 in order to give a solid basis for action planning and benchmarking of future results.
A programme of communicating the results to staff is being worked on and we will be looking for staff to volunteer to take part in focus groups about how we can improve in the weaker areas.

**Leadership Development and Talent Management**

A steering group has been formed to create a comprehensive approach to the above to ensure that adequate attention is paid to this area. Our Organisational Development Strategy outlines the behaviours we expect from our leaders and our leadership development plans will reflect exactly how these behaviours can be developed. We have worked collaboratively with our partners in the health economy to commission a leadership programme for middle managers and are looking to develop a further suite of programmes. In addition we offer an in-house people management programme for all staff with line management responsibilities.

We recognise the importance of talent management and are developing a system to identify and develop individuals with high potential; this will include shadowing and secondment opportunities.

**Recognising good practice**

There has been a focus in the Partnership Trust to implement the Quality and Safety Programme to ensure that service user safety and quality is safeguarded during the transition and establishment of the new Trust and subsequent integration with Adult Social Care. However, there has also been a number of clinical quality improvements implemented during the year.

Some examples of services which have developed significantly over the last year include:

**Adult Community Nursing Service, Cannock Chase**

A proactive, integrated, Adult Community Nursing Service that provides well managed and coordinated, seamless, holistic nursing care for the local population. This integrated the Cannock daytime district nursing teams, evening and night district nursing teams, rapid response nurses from intermediate care, community matrons and the integrated support workers with the matrons.

**Falls Service, West**

A therapy based multi-disciplinary team which includes Physiotherapists, Occupational Therapists, Nursing staff and Integrated Support Workers in Cannock Chase and Stafford surrounds which aims to reduce the number of falls and to lessen the consequences for those who do fall, thereby improving outcomes for the patients, promoting their independence and reducing hospital admissions.

**Integration of the Intermediate Care and Enablement Teams into the Community Intervention Service**

A seamless 24-hour rapid response and time limited service to manage the person safely within the community. Providing clinical and social intervention to maximise independence, prevent acute admission and the need for long-term care and facilitate hospital discharge.

The new service will enable people to be as independent as possible; to take personal responsibility for their own programme of care; reduce or avoid their dependence on services; and receive care closer to home.
**Chronic Pain Management Service**
Provides multidisciplinary programmes of care for patients with severe chronic pain. The service is physiotherapy led supported by a Psychologist, Medical Physician, Pharmacist and nurses and provides joint injections, acupuncture, pharmacological support and advice, physiotherapy and intensive pain programmes and education.

The service operates across Burton, Lichfield, Tamworth and Uttoxeter and can be accessed via referral. Any health professional can refer. All patients are triaged to ensure they receive individualized care plans to meet their needs.

**Community Hospitals**
Our Community Hospitals have continued to increase the productivity and activity in an inpatient setting. A programme to manage and reduce the length of stay for patients has delivered an increased throughput of patients by between 25 – 30% in 2011/2012.

**Sexual Assault and Referral Centre**
Our Sexual Health Team in North Staffordshire has worked in partnership with local commissioners to establish a Sexual Assault and Referral Centre at Cobridge Health Centre. The Centre is operated in collaboration with police authorities and voluntary agencies to provide forensic examination and support to victims of sexual assault.

**Integrated Genito-Urinary Medicine (GUM) Services**
In October 2011 our Sexual Health Services transferred the acute based GUM Team from University Hospitals of North Staffordshire to Cobridge Health Centre to provide a fully integrated team for the patients of North Staffordshire and Stoke-on-Trent.

**Blood Transfusions and Supportive Therapies**
The North Staffordshire community and community hospital teams have implemented a new service model to undertake blood transfusions and supportive therapy treatments across a variety of community venues, establishing referral protocols and care arrangements with University Hospitals of North Staffordshire to provide care closer to home for patients requiring intensive / regular therapy to treat their condition.

**Health Visitor Early Implementer site**
The Partnership Trust has been selected as one of the named sites to lead the way in delivering the new health visiting service. The new service, announced by the Department of Health in February 2011, will improve the health and well-being of children, families and communities, and health visitors will play a central role in making this happen. The new health visiting service is about providing information and support for all new parents. Health visitors will offer a universal service to families, with more targeted and tailored support for those who need it.

**Patient Story - Mr ‘M’**
‘M’ had Motor neurone disease, (an incurable condition of the central nervous system), and was referred to the team in May 2009. Liaising closely with his GP a team including district nursing and social care, adult ability team

YOU SAID: “It’s about being treated as a whole person, and staff taking the time to look at you and treat you as an individual.”
occupational therapist, physiotherapist and speech and language therapists worked with ‘M’ from diagnosis. They helped him to manage his condition, listening to his needs and wishes and enabling him to remain as independent as possible in daily living activities, as well as enabling him to retain his autonomy and control, even about end of life decisions.

Whilst offering strategies to retain work skills and supporting ‘M’ directly after his diagnosis, the team visited more regularly as his condition progressed, finding solutions for example, downstairs living, resolving access issues, providing essential equipment for personal care and communication as speech was lost. The team also supported ‘M’s declining respiration, swallowing difficulties, loss of mobility and control of his ‘electronic’ environment.

However, the most important aim identified by ‘M’ was to retain his creativity as his hand function deteriorated, and he was no longer able to gain personal fulfilment from his crafts. After lengthy discussions we realised this aim could be met by creative writing and poetry, and after sourcing a computer, ‘M’ began to write his life story, and many poems, communicating on a regular basis by email with his Occupational Therapist.

This not only fulfilled his creative need, but also helped him emotionally to come to terms with his approaching end of life. In turn, the stories and poetry he wrote and left to his wife and family, helped them immensely in their bereavement, providing a tangible link with ‘M’ the person, for which they were immensely grateful.

His wife wrote to the team to say; ‘you managed to get things done when no-one else did’. And from his son; ‘you demonstrated time, patience, care and skill making Dad’s life so much happier and less stressful, for which we are eternally grateful’.

**Celebrating Success**

**Nursing Standard’s Nurse of the Year 2011/12 Award**

Johanne Tomlinson received the award for her work as a staff nurse based at HMP, Stafford. The award acknowledged her work in setting up a service to help ex-military service users deal with combat-related, post traumatic stress disorder.

Jo approached veteran’s mental health charity “Combat Stress” to provide input and now the charity offers support and advice to the service users, including personal planning for their release and access to a 24 hour help line staffed by mental health specialists.

Jo also provides a special anxiety management group solely for ex-servicemen enabling them to share their feelings with others who are likely to have been through similar experiences.

**Celebrating Excellence Awards**

Celebrating Excellence Awards have been developed in 2011/12 to recognise and celebrate the achievements, innovations and success of individuals and teams, in helping the Partnership Trust to achieve its vision and values and high quality care to the local people of Staffordshire and Stoke-on-Trent.

Over 136 teams and individuals were nominated by their colleagues and partner organisations.
Statement from our Partners

The Partnership Trust has shared its 2011/12 Quality Account with Staffordshire Health Overview and Scrutiny, Staffordshire Cluster of PCT’s, Community Health Voice, City of Stoke-on-Trent Adult and Neighborhoods’ Health Overview and Scrutiny, Staffordshire LINk and Stoke-on-Trent LINk.

Staffordshire and Stoke-on-Trent Partnership NHS Trust Quality Account 2011-2012, Staffordshire Cluster of PCT’s commentary

This year the PCTs have worked closely with the Clinical Commissioning Groups (CCGs) across South and North Staffordshire and Stoke, in preparing this statement and we are happy to comment on this Quality Account for 2011/12.

As part of the contract monitoring process, a monthly Clinical Quality Review Meeting is held to monitor and seek assurance on the quality of services provided by the Trust. Throughout 2011/12 this meeting has had representation from CCGs across the Staffordshire area. In addition, monthly sub groups have been established to focus on serious incidents and CQUINS. 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.

The commissioner commends the organisation for producing a clear and open account with reference to patient experience in the form of stories and patient quotes.

Review of last year

It is pleasing to note the Trust’s commitment to improving quality and patient safety as demonstrated by:

- Meeting infection control targets for the number of Clostridium Difficile cases, with 7 during 2011/12 which is a significant improvement on 2010/11 performance of 21 cases.
- Partnership working across the Local Health Economy in areas such as the Safety Thermometer initiative, Falls, Pressure Ulcers and Dementia.
- The strengthening of the service user experience programme that has ensured patient feedback, recommendations and learning have informed ongoing improvements in the day to day delivery of services.

Priorities for 2012-13

We support the four main priorities identified by the Trust which will impact on the care of a large number of people. The continued focus on reducing the numbers of falls resulting in harm and the ‘Zero Tolerance’ action plan for the prevention of pressure ulcers will support the organisation’s aim to provide ‘harm free’ care for 95% of their patients. The development of a programme of dementia screening and assessment of patients in the community will be an integral part of the local health economy approach to the management of the condition and the challenges it presents for health and social care providers.

Commissioners are pleased to note the Trust aim to be in the top 10% of best performing NHS organisations for patient and service user satisfaction. The work programme to integrate social care
should help to support the best possible outcomes for patients with increased alignment of working standards and practices.

**Quality Overview**

- Commissioners are pleased to note the Trust’s participation in National Clinical Audits and the local programme of clinical audit. There is evidence of actions being taken to improve quality as a result of the audits.
- The development of an overarching Quality Framework for the organisation has ensured a continued focus on safety and improving quality during the establishment of the new organisation.
- The Trust has agreed to a challenging set of CQUINS for 2012 – 13 which will drive real improvements in quality and safety including improving the discharge process, patient empowerment, therapy outcomes and a focus on dementia.
- Commissioners recognise the continuing challenge of integrating the information processes and systems from its predecessor organisations whilst implementing a county-wide new Model of Care as part of the Transformation Programme.

It is pleasing to see that there is recognition and acknowledgement by the Trust, of the challenges and areas where performance needs to improve, e.g. delayed transfers of care. Commissioners support the need to drive continuous quality improvement.

Having reviewed the information in the Quality Account commissioners are happy to confirm that the information provided in the Quality Account is accurate. Commissioners are also happy to confirm that the account provides a balanced reflection of the quality of services.

**Staffordshire and Stoke-on-Trent Partnership NHS Trust Quality Account 2011- 2012, Staffordshire Health Overview and Scrutiny commentary**

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.

There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

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 learnt 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.

Our approach has been to review the Trust’s draft Account and make comments for them to consider in finalising the publication. Our comments are as follows.

**Statement on Quality from the Chief Executive**

Should be signed by the Chief Executive and Chairman.

Note the detail included.

**Statement of Responsible Director**

Note the Statement signed by the Director of Nursing.

**Priorities for Quality Improvement 2012/13**

Would like to see more detail in relation to the involvement of stakeholders in deciding on these priorities.

National Clinical Audit – details of why not participated in audit which were eligible.

Clinical Research – how has this influenced quality?

CQUIN – details of the levels/amounts achieved. If not achieved all why not?

Data Quality – highlight key actions.

**Review of Quality Performance in 2010/11**

Link to the 3 Domains of quality - Patient Safety, Clinical effectiveness and Patient Experience.

Commentary in relation to the red indicators needed.

Explain what has been done separately to what is going to be done going forward.

Note Service User Experience is a continuing priority.

Clinical Effectiveness/Audit – cross reference with earlier content.

**Other**

More detail could be included in work and influence of stakeholders

Pleased with the quality and content of the draft.

**Response from the Partnership Trust** – The Partnership Trust has reflected on this feedback regarding the draft document and reviewed the Quality Account accordingly.
Staffordshire and Stoke-on-Trent Partnership NHS Trust Quality Account 2011-2012 - Staffordshire LINk commentary

Staffordshire LINk would like to thank the SSOTP for spending time with our staff and volunteers to talk about the development of this year’s Quality Account.

May we say from the outset that Staffordshire LINk is totally committed to working collaboratively with the Trust. We would welcome a regular engagement with you where we might raise issues of concern which have in turn been raised with us by the patients and public of Staffordshire. We look forward to hearing your views on this proposal.

With regard to the Quality Account itself, for Staffordshire LINk to do justice to the considerable investment of time and effort by SSOTP, we would appreciate a more realistic timescale for us to circulate, consider and respond to the report. If a more lengthy notice could be given to LINk we would then be able to respond in a more comprehensive and meaningful way.

Having said that, we do appreciate that this year the production of the report was a particularly testing challenge in trying to bring together information and data from three previously separate organisations excluding social care and then to create one single system. We commend you for your efforts and the positive outcome.

We noted this year’s priorities and understand that these were determined from a “top down” perspective. We appreciate why this was necessary but hope that in future a patient and public perspective will be a feature in determining these. We did take note of the inclusion of the views of expert patients and groups in this process and the fact of 1600 feedbacks per calendar month.

We were particularly pleased to see that Dementia and particularly how dementia sufferers and their carers are treated in mainstream community services, is amongst your priorities. This not surprisingly is a common priority across other Trusts and we eagerly anticipate your approach on this issue.

We were also very interested in the discussion about Intermediate Care/Reablement and we look forward to the benefits which will ensue from the integration with social care.

Thank you again for your time in meeting with us.
Statement of Directors’ Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust’s performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Stuart Poynor       Nigel Ratcliffe
Chief Executive       Chairman
27 June 2012       27 June 2012
Glossary

**Assistive technology / Adaptive Technology**

Assistive technology or adaptive technology (AT) is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities and also includes the process used in selecting, locating, and using them.

**Board**

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 Chief Executive 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](http://www.cqc.org.uk)

**CAS: Central Alerting System**

The Central Alerting System brings together the Chief Medical Officer’s Public Health Link (PHL) and the Safety Alert Broadcast System (SABS). It enables alerts and urgent patient safety specific guidance to be accessed at any time.

**Clinical Coding**

Clinical coding translates the medical terminology written by clinicians to describe a patient’s diagnosis and treatment into standard, recognised codes. The accuracy of coding is an indicator of the accuracy of the patient’s health record.

**Cognitive Behavioural Therapy (CBT)**

CBT is a short-term psychological treatment. It helps to challenge negative thoughts, feelings and behaviours. CBT is most commonly used as a treatment for anxiety and depression. CBT is a type of talking therapy that combines of cognitive therapy, which helps with thinking processes, and behavioural therapy, which focuses on behaviour in response to those thoughts.

Common CBT techniques include:

- challenging negative beliefs and replacing them with alternative ones
- problem solving
- developing coping skills
Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. 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 providers’ income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Community services quality framework

A Department of Health set of quality indicators.

Customer service excellence (charter mark)

The Customer Service Excellence, (previously the "Charter Mark") is a practical tool to support and drive public services that are more responsive to peoples needs. More information on the standard is available at [http://www.customerserviceexcellence.uk.com/](http://www.customerserviceexcellence.uk.com/)

Dashboard

A dashboard is a quick, easily understood snap shot of performance linked to a health care setting.

Dementia

'Dementia' describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning.

Delayed Transfers of Care (DTOC)

Delayed Transfers of Care (DTOC) is a national indicator which affects both health and social care. It measures the ability of the whole local health system to ensure appropriate transfer from hospital, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising DTOC improves customer experience, and supports the achievement of improved outcomes through timely access to rehabilitation services which in-turn enable people to live as independently as possible. From the customers perspective DTOC can result in poor experience of services and impact on their ability to regain independence. It is important that customers receive the right rehabilitation support in the right care setting and at the right time in order to maximise their long term wellbeing.

DNA

Did Not Attend

EleLite

EleLite devices are handheld tablet PCs that allow for real-time collection of patient experience.

Essential Standards (CQC)

The CQC Essential Standards of quality and safety are central to how the CQC regulates health and
adult social care. Each of the standards has an associated outcome that all people who use the services can expect to experience.

**Experts by experience**

The Care Quality Commission believes that people who use health and social care services are often the people who know most about them because they experience them in a variety of different ways. These people are called ‘experts by experience’.

**Foundation Trust (FT)**

An NHS Foundation Trust is part of the NHS in England and has gained a degree of independence from the Department of Health and local Strategic Health Authority.

**Good Engagement practice for the NHS (NHS East of England)**

The NHS East of England has produced a practical tool to supplement delivery of the Equality Delivery System (EDS). The EDS guidance explicitly states that engagement with patients, carers, communities and staff is a key component for effective EDS implementation, representing step 2 of the EDS process. The practice guide identifies 10 criteria for good engagement to improve health outcomes for patients and communities with characteristics that are protected under the Equality Act.

**GUM**

Genito-Urinary Medicine

**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.

**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.

**HealthAssure**

HealthAssure is a software package used by the Trust to provide real-time assurance, evidence, and board reporting in line with national frameworks for NHS providers.

**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.

**HMCIP: HM Chief Inspector of Prisons (HMCIP) for England and Wales**
HM Chief Inspector of Prisons is independent of the Prison Service and reports directly to the government on the treatment of prisoners, the conditions of prisons in England and Wales and such other matters.

**HQIP: Healthcare Quality Improvement Partnership**

HQIP is contracted by the Department of Health in England to deliver outcome focused quality improvement programmes structured around collection of clinical data, including clinical audits, registers and confidential enquiries. They also work under contract related to national clinical audit and confidential enquiries in Scotland, Wales, Northern Ireland and Ireland. They work to promote and develop other areas of quality improvement in health and social care in addition to these contracts.

**IBP: Integrated Business Plan**

It is a document which sets out the vision for services for the future and a plan to manage the Trust to deliver those services effectively and efficiently through workforce, using financial resources well and with a robust governance framework that assures quality and safety.

**Information Governance Toolkit**

This is a tool to support NHS organisations to assess and improve the way they manage information, including patient information. See [www.igt.connectingforhealth.nhs.uk](http://www.igt.connectingforhealth.nhs.uk)

**Leading Improvement in Patient Safety (LIPS)**

The Leading Improvement in Patient Safety (LIPS) programme is about building the capacity and capability within hospital teams to improve patient safety. The programme is led by the safer care team of the NHS institute for innovation and improvement, [www.institute.nhs.uk](http://www.institute.nhs.uk)

**Local Involvement Networks (LINks)**

Local Involvement Networks (LINks) are made up of individuals 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.

**MRSA:** Methicillin-Resistant *Staphylococcus Aureus*, a bacterium with antibiotic resistance.  
**MSSA:** Methicillin-Sensitive *Staphylococcus aureus*, a bacterium which is sensitive to Methicillin.

*Staphylococcus Aureus* is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure. Those that are sensitive to methicillin are termed methicillin-sensitive *Staphylococcus aureus* (MSSA).

**Never Event**
Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. A list of Never Events can be found on the National Patient Safety Agency website, www.npsa.nhs.uk

**National Institute for Health and Clinical Excellence (NICE)**
The National Institute for Clinical Excellence (NICE) is an independent organisation, and was set up by the Government in 1999. NICE decides which drugs and treatments are available on the NHS in England and Wales.

**National Institute for Health Research (NIHR)**
The National Institute for Health Research (NIHR) aims to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.

**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 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.

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

**NHS Litigation Authority (NHSLA)**
The NHS Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. Most healthcare organisations are regularly assessed against the authorities risk management standards.

**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.

**Patient Advice and Liaison Services (PALS)**
Patient Advice and Liaison Services have been introduced in England from 2002 to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

**PEAT: Patient Environment Action Team**
PEAT is an annual assessment of inpatient healthcare sites in England with more than 10 beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). NHS organisations are each given scores from 1 (unacceptable) to 5 (excellent) for standards of privacy and dignity, environment and food within their buildings. See www.npsa.nhs.uk

**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 a 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/periodicreview2009/10.cfm

**Pressure Ulcers**

Pressure ulcers are also known as pressure sores or bed sores. They occur when the skin and underlying tissue become damaged. In very serious cases, the underlying muscle and bone can be damaged. See www.nhs.uk/conditions/pressure-ulcers

**QIPP: Quality, Innovation, Productivity and Prevention**

The Quality, Innovation, Productivity and Prevention programme is a national Department of Health strategy involving all NHS staff, patients, clinicians and the voluntary sector. It aims to improve the quality and delivery of NHS care while reducing costs to make £20bn efficiency savings by 2014/15. These savings will be reinvested to support the front line.

**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.

**Risk Management Systems**

These enable staff across the organisation to identify and report risks to the quality of care. The organisation is then better able to manage these risks, focusing on addressing those issues that are more likely to have a greater adverse impact on patient experience, safety and effectiveness. An example of a system would be the Ulysses incident reporting software that the organisation uses to monitor risks and incidents.

**Root cause analysis**
Root cause analysis (RCA) is a class of problem solving methods aimed at identifying the root causes of problems or events. It is a structured approach that aims to identify the factors that resulted in a harmful event, so that future behaviours, actions, inactions or conditions can be changed to prevent its re-occurrence.

"Safeguarding"

“Safeguarding” in this document refers to a body of legislation and government guidance designed to protect children and vulnerable adults from maltreatment, impairment of health, or development. See “working together to safeguard children” (HM Government 2010).

Safety Thermometer
The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and ‘harm free’ care. From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme. For more information on this national initiative see: http://www.ic.nhs.uk/services/nhs-safety-thermometer

Secondary Uses Service (SUS)
The Secondary Uses Service (SUS) Programme supports the NHS and its partners by providing a single source of comprehensive data for multiple purposes, including planning, commissioning, management, research, audit, and public health, as well as reimbursement mechanisms for acute care payments.

Serious incident
The National Patient Safety Agency defines a serious incident requiring investigation as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- Unexpected or avoidable Death
- serious or permanent physical or psychological harm
- a scenario that prevents or threatens the organisations ability to provide healthcare services
- allegations of abuse
- adverse media coverage or public concern about the organisation
- any of the defined Never Events on the national list

For more information see www.npsa.org.uk

SKIN bundle
The SKIN bundle is an assessment and communication tool for pressure ulcer prevention. It covers the following:

- Surface
- Keep moving
- Incontinence
- Nutrition

For more information see: http://www.patientsafetyfirst.nhs.uk/

**Social Care**
Social Care provides help and support to others allowing them to lead independent lives or improving their quality of life.

**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 / NHS Midlands and East**
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. In October 2011, the 10 strategic health authorities in England merged to form four clusters which will manage the NHS until April 2013. NHS Midlands and East was formed from NHS East of England, NHS East Midlands, NHS West Midlands.

**VTE**
Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain.

**Ward to board**
An initiative to give NHS Executive staff assurance that what is discussed at Board level, actually happens in the healthcare settings.
Providing Feedback on this Account

Your Views, Your Involvement

Thank you for taking the time to read Staffordshire and Stoke-on-Trent Partnership Trusts’ 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 and give us feedback, please write to:

Address: Sarah Richardson, PA to Siobhan Heafield, Morston House, The Midway. Newcastle-under-Lyme, Staffordshire, ST5 1QG

Please email: sarahl.richardson@ssotp.nhs.uk

To view this account electronically, please visit our website at www.staffordshireandstokeontrent.nhs.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.

Please contact: Patient Advice and Liaison Services on 0800 783 2865.

We look forward to receiving your comments and suggestions.