WELCOME to Wolverhampton City Primary Care Trust’s Quality Counts, our first account of the standard of the health services we provide.

We have discussed this report with the public and are publishing it in an easy to read format and delivering it to all homes in the city.

The primary care trust is responsible for providing healthcare for Wolverhampton in partnership with family doctors and the city council. It provides a wide range of services based at West Park Rehabilitation and Penn hospitals, health centres, and GP practices across the city as well as care in people's own homes.

The Royal Wolverhampton Hospitals NHS Trust, which provides acute healthcare at New Cross Hospital, is publishing its own Quality Account.

The PCT provides services for:

- people with mental health or addiction problems
- children, young people and their families
- people who need rehabilitation or support to be able to live more independently
- people who need support at the end of their life, and their families
- people with long-term health conditions
- people who need access to urgent care in the community
- people who need help and support to live healthy lives.

This year, although we are required by the Department of Health to only publish a report on the quality of acute mental healthcare services, because quality is so important we are reporting on the standard of all the services we provide.

In developing Quality Counts we involved and listened to a wide range of people from service users, partner organisations and local networks.

Together we identified three aspects of quality:

- safety of our services
- the public's experience of our services
- effectiveness of the services we provide.

Quality Counts uses these aspects of quality as a framework to show the standard of the services we provide, and to identify priorities for improving quality in the future.

Quality Counts will be published every year to show the residents of Wolverhampton how the PCT is improving the quality of services it provides. We want to show, through our commitment to continually improve services, that people in the city trust our services and want to use them.

Jon Crockett, PCT chief executive

Wolverhampton City Primary Care Trust chairman Barry Picken.
Patient safety among our top priorities

How Wolverhampton City Primary Care Trust is improving the quality of the services we provide.

Safety of our services

The PCT is committed to improving patient safety as one of our top priorities.
Patient safety is very important to everyone and patients should feel confident that the care they receive is safe and of a high quality.

Below is an example of how we have improved patient safety.

Tackling and reducing healthcare associated infections

The PCT wants to show patients and the public that services are safe and that they can expect high standards of care.

We have already made significant progress in tackling and reducing infections caught while receiving care from the NHS.

We have put in place a patient screening programme to detect and treat MRSA infections in Wolverhampton and introduced training for staff at care homes. MRSA can cause a serious blood infection, called MRSA bacteraemia and this approach is helping to protect individuals vulnerable to infection.

Since 2005/06 there has been a significant fall in the number of cases from 82 in 2005/06 to just three in 2009/10 (Table 1).

Your experience of our services

Patient experience is important if we are to improve services, and the views of our patients help us achieve this goal.

We involve patients and the public wherever possible in improving and changing services and find out their views through surveys and by listening to their complaints, compliments or concerns.

How Wolverhampton City Primary Care Trust is improving the quality of the services we provide.

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This year we have received feedback from patients for many of our services within the community and our two hospitals.

Of the patients responding to our survey in West Park Rehabilitation Hospital:
- 93 per cent rated their care as excellent/good.
- 92 per cent rated privacy and dignity as excellent/good.
- 93 per cent rated the cleanliness of the ward as excellent/good.

What do we need to improve on?

From April 1, 2009 to March 31, 2010 we received 83 complaints and a further 128 concerns through our Patient Advice and Liaison Service (PALS).

The top three issues were:
- care and treatment
- attitude of staff
- waiting time.

Improving care and treatment

The introduction of protected meal times on wards at West Park Rehabilitation Hospital ensures patients who are the most vulnerable get support at meal times.

The introduction of family rounds at visiting times has now been increased to ensure all families have the opportunity to discuss informally any concerns about the care of their relative.

Many thanks for excellent service I receive.

Quality rounds by matron monitor standards of nursing care.

We are committed to improving patient privacy and dignity in all our inpatient services and have been working to improve single sex accommodation in hospital wards to maximise privacy.

At West Park Rehabilitation Hospital all wards have separate male and female sleeping accommodation with their own bathroom and toilet facilities. Ensuite facilities are now provided within patient sleeping areas. There are also some single rooms with adjacent toilet facilities.

Improving waiting times

National targets for waiting times were set to respond to patients’ concerns and state that 95 per cent of patients must receive their first treatment within 18 weeks.

This target applies to our adult mental health services, Orthopaedic Clinical Assessment Service (OCAS) and Contraception and Sexual Health Service (CASH).

In 2009/10 every patient who accessed any of these services received their first treatment within 18 weeks and 88 per cent of them received their first treatment within six weeks.

Table 1: MRSA Bacteraemia Numbers and Targets.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Target</th>
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<tbody>
<tr>
<td>2001-02</td>
<td>20</td>
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</tr>
<tr>
<td>2002-03</td>
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<tr>
<td>2008-09</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>2009-10</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The target is for 95 per cent of patients referred to our hearing service to be seen in 18 weeks. This was achieved every month from April 2009 to February 2010. See chart below.

The board has reviewed this quality account and is assured that the information in this document is accurate.

Signed

Jon Crockett
PCT chief executive
Key priorities set to improve quality

IMPROVING quality is important for Wolverhampton City Primary Care Trust and our local community. Through consultation with patients, local people and our partners in care across the city we have identified what information should be included in Quality Counts across the range of services we provide. During consultation we also asked people and organisations to identify areas for improvement and the following three priorities have been chosen as the most important for 2010/11 out of eight options.

Priority 1 – Safety
To reduce the number of medication incidents, such as drugs incorrectly prescribed, drugs incorrectly prepared and drugs given in error. Giving the right drug is essential to patients and staff. All staff who are involved in the giving of patient medication are trained and have clear policies and procedures to follow. Any mistakes when dealing with drugs must be reported to the PCT and recorded as an incident. These are investigated and actions taken to prevent a similar error occurring. The number of errors are monitored on a monthly basis. We will report on the number and type of errors and give examples of actions taken to improve our performance.

Priority 2 – Experience
To treat patients with respect and dignity. One of our values is ‘We value the diversity of our workforce and the public, and want to create a fair culture which respects the dignity and rights of each individual’. As part of our feedback systems all patients and service users will be asked if they felt they were treated with respect and dignity when using our services. We will set a target that at least 90 per cent of our patients surveyed feel they have been treated with respect and dignity. This will be reported to the PCT every three months as part of the patient experience report.

Priority 3 – Effectiveness
To improve waiting times for services provided by the PCT. As already demonstrated we have made significant progress on cutting waiting times for some of our healthcare services. To achieve similar improvement in all services we will set targets that will be monitored and reported to the PCT. Reducing waiting times is a national priority for the NHS. This target has also been adopted as a local priority by Wolverhampton City Primary Care Trust.
### Acute mental healthcare services

#### Community services offer care close to where people live

**Wolverhampton** provides a range of inpatient and community-specialist mental health and addiction services for people from the ages of 16 upwards.

Hospitals and the crisis resolution home treatment teams work closely with patients, their carers and families to deliver care tailored to their individual needs.

**Hospital and the crisis resolution home treatment team**

**Mon-Fri 9am-10pm**

**Saturday 10am-10pm**

There is an emergency night team service, providing a 24-hour service to patients in acute mental health crisis.

**Community mental health services**

The national audit of psychological therapies for anxiety and depression services national clinical audit were reviewed in 2009/10 and the PCT decided to study the actions identified to improve the quality of care provided.

**Elderly mental health services**

The national confidential inquiry into Suicide and HomicidePrescribing topics in mental health services national clinical audit were reviewed in 2009/10.

**Acute mental healthcare services**

The national audit of psychological therapies for anxiety and depression services national clinical audit were reviewed in 2009/10 and the PCT decided to study the actions identified to improve the quality of care provided.

**Our vision and values**

"To improve the mental health and wellbeing of people in Wolverhampton, so that the service users can live as independently as possible by providing support as close as possible to the people where they live."

**Our values are for services:**

- which are culturally sensitive
- which empower service users
- which respond to service user needs
- which are evidence based
- where intervention and treatment is delivered systematically and evaluated.

**Priority 1 – Safety**

- Actions identified
  - To reduce the number of medication incidents, such as failure to administer prescribed medicines or missed doses
  - Ensuring patients receive their medication at the right time is very important for our service users and staff.
  - Failures to give medication or missed doses may be because medications or maybe incorrect or surprising.

**Priority 2 – Experience**

- Actions identified
  - To be addressed by NPSA lithium alert.
  - Introduce a simple feedback sheet for patients to give feedback about their experience.

**Priority 3 – Effectiveness**

- Actions identified
  - To reduce ‘unrequired’ prescriptions and prevent prescribing according to need.

**NATIONAL CLINICAL AUDIT**

The reports of three local clinical audits were reviewed by the mental health services national clinical audit were reviewed in 2009/10 and the PCT decided to study the actions identified to improve the quality of care provided.

- **Clinical supervision audit actions:** to raise awareness of clinical supervision and training provided.
- **Review of mental care:** perhaps audit actions to implement a frequent programme of audits to ensure validity and robustness of care pathways specific to mental health.

**GOALS AGREED WITH COMMISSIONERS**

A proportion of Wolverhampton PCT’s income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the PCT and any person or body they entered into a contract agreement or arrangement with for the provision of NHS services.

**WHAT OTHERS SAY ABOUT THE PROVIDER**

Wolverhampton. The PCT’s mental health service is required to participate in national clinical audits and 100 per cent of the national confidential inquiry covered the acute mental health services.

**Actions taken to improve quality of care**

**Quality Counts, 2009/10**

- The percentage of records in the published data which included the national standards.
- The percentage of records in the published data which included the national standards.
- The percentage of records in the published data which included the national standards.

**Further details on the agreed goals for 2009/10 and the current year are available from the head of contracting and market, Wolverhampton City Primary Care Trust, Easton House, Chapel Ash, Wolverhampton WV3 ODL. Telephone 01902 444888.**

**RESEARCH**

A total of 169 patients receiving NHS services provided or administered by Penn Hospital in 2009/10 were recruited to participate in research agreed by a research ethics committee (REC).

**DATA QUALITY**

Wolverhampton PCT submitted records during 2009/10 to the Department of Health for inclusion in the Hospital Episode Statistics.

**WHAT OTHERS SAY ABOUT THE PROVIDER**

- The Care Quality Commission has not taken enforcement action against the PCT’s mental health service during 2009/10.
- The PCT is not subject to periodic reviews by the CQC.
- The PCT was not subject to any special reviews or investigations by the CQC during the year.
Review of quality performance for acute mental health services

Patients feedback their experiences of our services

IN 2009/10 we received feedback from two Listening to Patients surveys of mental health service users. A total of 57 mental health trusts and PCTs took part in the survey and Penn Hospital was one of only 25 providers achieving a response rate of more than 25 per cent. Some 50 patients who received care in Penn Hospital responded to the survey:

- 76 per cent of patients rated care as excellent to good.
- 88 per cent of patients said they were treated with respect and dignity by staff.
- 93 per cent of patients said their hospital room or ward was very/fairly clean.
- In addition, 303 patients who received services in the community responded to the survey:
  - 72 per cent of patients rated their care as excellent/good compared to 74 per cent in 2008.
  - 99 per cent had trust and confidence in their Community Psychiatric Nurse (CPN) compared to 94 per cent in 2008.
  - 85 per cent of patients had enough say in decisions about their care and treatment compared to 82 per cent in 2008.

Young Onset Dementia Service – a personal experience

A 61-year-old man, newly diagnosed with a mixed type of dementia (vascular/Alzheimer’s) and his wife found the young onset dementia service invaluable helping them to come to terms with his condition. The monthly meetings at Penn Hospital for service users, carers and their families are not only informative, but social and fun with dancing and pottery regular activities. “It is a place where you don’t have to pretend, as you are with others who are in the same situation,” explained his wife.

Two community psychiatric nurses won funding from the Queen’s Nursing Institute for a project called Active Alz which provides individual and group activities for younger people with dementia. This has enhanced the service users contact, independence and wellbeing as well as providing carers with a break. So far the group has been bowling, on a canal boat trip, to the cinema and pantomime, on meals out and trips to the races and Baggeridge Country Park. “This has been lovely for my husband, I know he is safe and secure, enjoying himself and I am able to relax and enjoy my own time too,” she added.

Improving Privacy and Dignity

At Penn Hospital there are two acute admission wards for younger adults aged 16-65 which are single sex. An eight-bedded intensive care unit has dedicated male and female bathroom and bedroom facilities. Single sex day rooms are also available. The older adult ward has single sex bays with ensuite facilities.

Privacy and dignity is currently monitored through Patient Environment Action Team (PEAT) and the adult inpatient mental health survey. The PCT was rated excellent for environment, food and privacy and dignity in this year’s external inspection of Penn Hospital.

Effectiveness of the Services we provide

A crisis resolution home treatment team provides intensive support for people in mental health crisis in their own home: the team stays involved until the problem is resolved. The service is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. It is available 24 hours a day, seven days a week.

In 2009/10, PCTs were required to continue providing these services while also demonstrating that the teams in place were functioning properly as a gateway to inpatient care and also facilitating early discharge of service users. This has improved from 71 per cent in April 2009 to the current 100 per cent.

Information on the quality of services provided by Penn Hospital and the crisis resolution home treatment team is shown on this page. The details show how we performed against important targets as well as what our patients and the public have said matters most to them.

Safety of our Services

Mental healthcare for people with severe mental health problems is co-ordinated under a Care Programme Approach (CPA). The CPA ensures that there is communication between everyone involved in the assessment of the patient’s care needs and includes details of what should happen in an emergency or crisis.

All patients who are discharged from inpatient care must be followed up within seven days of discharge. As a result of our efforts, we have seen a significant increase in the number of patients receiving a seven day follow up from 82 per cent in 2007/08 to 91 per cent in 2009/10.

<table>
<thead>
<tr>
<th>Care Programme Approach</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
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</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>373</td>
<td>444</td>
<td>395</td>
</tr>
<tr>
<td>Followed up within 7 days</td>
<td>306</td>
<td>425</td>
<td>361</td>
</tr>
<tr>
<td>Not followed up within 7 days</td>
<td>67</td>
<td>19</td>
<td>34</td>
</tr>
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Everything we do relates to the quality of services to the public

Copyright
Review of quality performance for community services

THROUGHOUT our consultation and discussions with patients and service users, one of the most important and consistent messages is to increase the amount of services provided in the community as close to home as possible.

The Wolverhampton End of Life Care (EOLC) service began in July 2008. District nurses and palliative care workers provide 24 hour care and advice for patients with life-limiting illness, following best practice guidance to help patients remain at home. Every patient is given a care plan which identifies their wishes around the care they receive and where they want to receive it.

Before the service was introduced an average 18 per cent of people died (from any cause) at home in Wolverhampton. Since the service started, the number of patients referred for end of life care and who have died in their home in Wolverhampton is now 78 per cent (April 09-December 09 figures).

A recent survey of carers of end of life care patients found:
- 100 per cent were very satisfied/satisfied with the care delivered
- 97 per cent felt well supported by the district nursing service
- 94 per cent had all the equipment they felt was needed to keep the patient at home.

One hospital patient was told she had only a few weeks to live and wanted to return home to be in familiar surroundings with her family around her. However this proved difficult because she needed intravenous drug therapy via a central line, which is not a procedure district nurses usually provide.

Members of staff from the hospital and community teams worked together to overcome the many difficulties preventing the patient’s discharge home.

After a few days preparation, the hard work paid off and the patient was able to return home whilst still receiving the treatment she needed to keep her safe and comfortable.

The Walk-in Centre at the Phoenix Health Centre offers seven day access to highly skilled district nurses for the treatment of minor injuries and illnesses as an alternative to the accident & emergency departments at hospital. Most people are seen and treated within an hour.

Children, Young People and Family Services
Children, young people and family services provide services for children and teenagers up to 16 years old and anyone under 19 with special health needs.

A recent survey among 50 parents and children attending the clinical suite at the Gem Centre identified their top three priorities as:
- clean environment
- friendly staff
- waiting times.

Maintaining Health and Wellbeing and Promoting Healthy Lifestyles
One of the PCT’s key areas of work is to encourage local people to adopt healthier lifestyles.

The PCT offers a range of services to support people to improve their health including stop smoking, food health, walking for health and the new health trainer service which provides individual health advice and support.

Other services include falls prevention, oral health improvement, sexual health and teenage pregnancy.

Summary
The NHS Constitution (2009) contains rights and pledges relating to patients’ involvement in discussions and decisions about their care and the expectation that organisations such as Wolverhampton City PCT will improve the quality of care and patient experience.

By working together we can make the best use of NHS money to improve local health, maintain mental and physical wellbeing, get better when we are ill and get the care we need at the end of our life.
Support backs for services

Commissioners response to the Quality Account

THE Provider has a clear set of service values which have guided its work and has strived to help make improvements in relation to public perceptions and the quality of care.

The Provider has strengthened the clinical governance and clinical quality structure which has enabled a more robust reporting of clinical quality standards.

As Commissioners, we are extremely delighted that the Provider has achieved the MRSA targets within the local health economy and the positive reports from patient experience.

We are pleased that the Provider has attained and achieved the single sex accommodation standards.

The Provider has improved its performance in the number of mental health patients being assessed (gatekeeping targets).

As Commissioners, we are also delighted with the newly-commissioned end of life care service. District nurses and palliative care support workers now provide 24-hour care and advice for patients with life-limiting illnesses, following best practice guidance in order to help patients remain in their own homes. All of these patients have a care plan that identifies their wishes around the care they receive and where they want to receive such care.

As Commissioners, we verify this statement as a true and accurate record of the services commissioned by community and mental health services in Wolverhampton.

OVERALL, this seems to be a positive account of the quality being achieved by Wolverhampton City Primary Care Trust and the trust should be congratulated on the improvements it has made.

Where jargon is used within the document it is hoped that a final version will be developed for the public giving explanations of abbreviations used.

The report covers a number of valuable areas and brief comments on these are set out below.

Safety of our services

Performance in reducing the incidence of MRSA is excellent and reflects the focus which the trust and its partners have placed on this issue over the past few years.

However, there seems to have been a five per cent reduction in the number of patients who received a seven day follow up on discharge from acute mental health inpatient care.

Your experience of our services

The inclusion of Patient Advice and Liaison Service (PALS) concerns data would have given a broader patient and public perspective of services provided by the PCT.

The protective meal time and family rounds initiatives at West Park Rehabilitation Hospital are welcomed as are the measures taken for staff that show poor attitude.

The work that has been carried out to reduce waiting times across some of the services appears to have been effective.

It would be helpful to show the numbers of patients who use...