

Wolverhampton City



Primary Care Trust

# QUALITY COUNTS



**The Quality Account of services provided by  
Wolverhampton City Primary Care Trust**

Quality Counts 2010 - 2011

## PART 1

### QUALITY COUNTS 2010/11

#### Introduction by Chief Executive and Chairman

Welcome to Wolverhampton City Primary Care Trust's 'Quality Counts' 2010/11. This is the second year we have developed an account of the performance of our organisation in the context of the quality of services we deliver.

Wolverhampton City PCT Provider Arm is responsible for the delivery of a wide range of complex community based services, within the city and the surrounding area, to adults with physical and mental health issues and to children and their families. In addition to the community based services, the Provider Arm also delivers inpatient services in two hospital settings: a mental health acute service and a community rehabilitation service.

The Provider Arm staff and professional teams care for people at every stage of life: from new-born babies to people reaching the end of their lives.

Our services are designed to support our service users in a number of ways

- The promotion of healthy lifestyles
- Delivering interventions to meet people's specific, non urgent, short term care needs.
- Supporting people with Long term conditions or other ongoing issues affecting their physical and mental health.
- Responding to people with urgent care requirements which can be appropriately managed in the community.
- Supporting people to maintain or regain their maximum potential during or following an accident or periods of illness
- Supporting people at the end of their life to die at home if that is their wish.

As a community service we aspire to design our services to be delivered as close to people's homes as possible. In many cases our care is delivered directly into people's own homes. Where this is not possible services are delivered from locality based clinics and in some cases specialist services are sited in one location in the City.

Many of our services are delivered in partnership with other health and social care organisations, or as part of integrated teams where professionals from different organisations are based together and operate as single teams. We are the host provider for a number of health and social care services including mental health, community intermediate care and the out of hours services.

### Our Vision

- To be the providers of excellent care and patient experience within our community

### Our Values

- Services which are efficient, high quality and provide value for money
- Services that are safe and effective
- Services that provide choice to meet the needs of individual patients and service users
- We will work with our partners and other organisations
- We aim to meet the diverse needs of our multicultural community
- We aim to be the healthcare provider people in Wolverhampton and the surrounding areas will choose.

Quality is an integral part of the Trust Board's agenda who regularly monitors the quality and performance of the service it provides by receiving reports from Directors who are jointly responsible for performance, quality and safety.

Quality and safety is discussed in more detail each month by the Provider Quality Committee for Community Services and Effective Services Committee for Mental Health and Addiction Services. These sub committees receive quarterly directorate reports on all areas of quality: patient safety, experience of services, effectiveness of services, risk management and compliance with CQC Essential Standards of Quality and Safety (ESQS).

Monthly reporting of a quality dashboard which provides an overview of performance against quality indicators such as Commissioning for Quality and Innovation (CQUIN) payment framework, the Chief Nursing Officer's High Impact Actions and our top 3 priorities for 2010/11.

A Quality and Governance Framework which captures all elements of quality and safety provides evidence of compliance within the Provider and highlights any concerns.

A planned programme of Quality 'Walkrounds' monitors those Provider services, West Park Rehabilitation Hospital; Walk In Centre and Penn Hospital; which present a greater risk in relation to patient safety using the framework of the National Patient Safety- First Campaign. All of these activities assist in identifying any gaps in relation to quality of service provision, opportunity to take corrective actions and provide assurance to the Board.

Last year we produced our first "shadow" Quality Counts which reflected our performance for 2009/10. This year's Quality Counts demonstrates progress against our previous "shadow" account, highlights what we are doing well, where improvements are required, describe our priorities for improvement in the forthcoming year and demonstrate how we have involved and listed to service users, staff, partner organisations and local networks to determine these priorities. We have used three aspects of quality: safety, experience and effectiveness to show the standard of the services we have provided during 2010/11, and to identify priorities for improving quality in 2011/10 as our services transfer from the PCT to the Royal Wolverhampton Hospitals NHS Trust and Sandwell Mental Health Foundation Trust.

The Trust Board has agreed the content of this account and has formally approved the document for publication.

**Statement from Chief Executive and Chairman**

This report shows that Wolverhampton City Primary Care Trust has provided services of a high quality during 2010/11. The board has reviewed this quality account and is assured that the information in this document is accurate.



**Jon Crockett, Chief Executive  
Wolverhampton City Primary Care Trust**



**Jim Oatridge OBE, Chairman  
Wolverhampton City Primary Care Trust**

**If you have any views about this quality account that you would like to share with us please contact the Patient and Public Engagement Team at Coniston House, Chapel Ash, Wolverhampton WV30XE or phone 01902 445894**

## PART 2

### COMMUNITY SERVICES PRIORITIES FOR IMPROVEMENT FOR 2011 /12

Under the Government's requirements for the reshaping of the NHS, all Primary Care Trusts were required to transfer their directly delivered patients' services to provider organisations and all community services transferred to The Royal Wolverhampton Hospitals NHS Trust on 1st April 2011.

To ensure that our priorities for improvement for 2011/12 reflect the integration of services with the local hospital, the Members of the Royal Wolverhampton Hospitals NHS Trust who represent patients, carers and local organizations across the city identified through consultation the following priorities for improvement out of 15 options.

<b>Priority 1:</b>	Patient Safety -	Infection Prevention and Control
<b>Priority 2:</b>	Patient Safety-	Pressure Ulcers
<b>Priority 3:</b>	Patient Experience-	Delays
<b>Priority 4:</b>	Clinical Effectiveness-	Nutrition

These priorities have also been identified as national priorities and will be monitored through Commissioning for Quality and Innovation (CQUIN) payment framework which rewards excellence; Quality Innovation productivity and prevention (QIPP) programme which is all about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients and the Chief Nursing Officer's High Impact Actions, to improve patient care, improve quality and release savings.

### Progress against our priorities for improvement

A Trust lead has been identified for each of our 4 key priority areas and progress will be monitored and measured by regular reporting as follows:

Infection prevention – Infection Prevention and Control Committee	Monthly
Pressure Ulcers – Quality and Safety Committee	Quarterly
Delays – Trust Management Team	Monthly
Nutrition – Nutrition Steering Committee	Quarterly

Each committee is chaired by an Executive Director of the Board or senior clinician. We will also report on our progress against these priorities in next year's Quality Account.

### PRIORITY1: Infection Prevention and Control

Last year in our “shadow” account we reported on the significant progress in tackling and reducing infections caught while receiving care from the NHS.



*In March 2011 Wolverhampton City Primary Care Trust scooped a top national award for patient safety in primary care in the annual Patient Safety Awards. The PCT was the only NHS organisation in the Black Country to win an award.*

*The PCT's PREVENT initiative to screen people in care homes for MRSA was praised by the judges for performing “better than targets set by the Strategic Health Authority for 2009/10.”*

*The awards, organised by the Nursing Times and Health Services Journal, recognise excellence in patient safety which arguably presents the greatest challenge for modern healthcare.*

Wolverhampton introduced a co-ordinated programme of MRSA screening across the city in 2008 with the aim of reducing the risk of healthcare-associated infections. As a result, there was a dramatic fall in the number of patients in residential care home testing positive for MRSA. At the end of the first phase of the programme, there were 144 positive cases out of 1,665. Latest available results showed 14 cases out of 539. People who test positive for MRSA are given treatment.



### Winners: Infection Prevention and Control

Jon Crockett, chief executive of Wolverhampton City PCT said: “I am very proud of our infection prevention and control team which has led the way with this ground breaking project”. The team produced a training DVD and an information folder and provide a support group for care home managers. The care homes are invited to sign a pledge of commitment to owning and improving infection prevention standards year on year by allowing an infection prevention audit which scores their compliance to infection prevention standards. They receive a bronze, silver or gold award depending on their annual score. Now in its third year more than 20 care homes have received Gold awards compared to only 2 homes in year 1.

“We have a strong tradition in Wolverhampton of working together as a health economy to eradicate hospital and community healthcare-associated infections. We have invested heavily in tackling this important issue and to give patients, residents of homes and the public confidence about the cleanliness of their local hospital, health centres and care homes.”

The editor of the Nursing Times commented that the shortlisted entrants had “shown that patient safety is their priority, and worked tirelessly to put it at the top of their agendas.”

### **What is MRSA and MSSA?**

MRSA can cause a serious blood infection, called MRSA bacteraemia. Since 2005/06 there has been a significant fall in the number of cases from 82 to just 2 cases in 2010/11. We have also been monitoring the number of MSSA bacteraemias.

Meticillin Sensitive Staphylococcus Aureus (MSSA) is an organism that occurs naturally on the skin of approximately 30% of the population. National enhanced surveillance of bacteraemia with MSSA has been launched to allow collection data around causes. We have already been collecting this data. Over half of the bacteraemias diagnosed last year occurred outside of healthcare. Admission screening for MSSA is not currently undertaken by Royal Wolverhampton Hospitals NHS Trust. Screening ‘high risk’ groups such as renal patients prior to invasive treatment is under consideration. The measures implemented to reduce bloodstream infections such as High Impact Interventions (HII) for line care and catheter care in conjunction with basic infection prevention measures such as hand hygiene and environmental cleanliness will continue to protect patients against acquiring a health care associated infection. With these measures total numbers of MSSA bacteraemias have halved over the last five years.

### **Clostridium Difficile**

We also continue to focus on reducing the number of C. difficile toxins, an infection which is potentially more serious for patients. A local annual target of no more than 12 cases was achieved during 2010/11 with only 8 cases of C. difficile identified at West Park Rehabilitation Hospital.

### **Infections related to urinary catheters**

During 2010/11 we have also focused our energy on recording all patients with a urinary catheter.

Urinary tract infections (UTIs) make up a large proportion of healthcare-associated infections (HAIs) in the UK and four out of every five can be traced to indwelling catheters (Health Protection Agency 2009). Reducing the number of catheters by catheterising patients only when absolutely necessary and also minimising the time that a catheter is in place will reduce the number of ‘catheter associated urinary tract infections’.

During both audits undertaken in September 2010 and repeated in March 2011, there was clear evidence recorded for all patients with urinary catheters documenting the need for catheterization, the length of time the catheter had been in place and records of each catheter change.

#### **Actions for 2011/12**

- Continue the good work and set targets to further reduce MRSA/ MSSA bacteraemias and C. Difficile infections.
- Develop a policy of early removal to achieve a reduction in indwelling catheters and Catheter Acquired UTIs.

### **PRIORITY 2: Pressure Ulcers**

Pressure ulcers represent a major burden of sickness and reduced quality of life for patients and increase time in hospital and costs to the NHS, estimated to be 1.4 – 2.1 billion per annum. Pressure ulcers are estimated to occur in 4-10% of patients admitted to hospital. It is estimated that 20% of people in nursing and residential homes may be affected and up to 30% of the population in general. Reduction in the number of avoidable pressure ulcers within hospital and community could result in potential savings, but more importantly improve the quality of life for many patients.

In 2010/11, in response to the Chief Nursing Officer's High Impact Actions, a city wide Tissue Viability Steering group was developed to provide a unified governance approach to monitoring, reporting and reducing the occurrence of pressure ulcers in the community and hospital setting.

Throughout 2010/11 we have been recording the number of all pressure ulcers (grades 1-4) that patients have developed whilst under the care of our services. We also investigated all grades 3 and 4 pressure ulcers to identify the causes and ensure that we learn what changes we can put in place to improve the outcomes for patients in the future. We reported the outcome of these investigations to the Trust Board.

The introduction of a Tissue Viability team working across both New Cross Hospital and Community Services will ensure more effective recording of all pressure ulcers and standardise education, clinical advice and evidence based practice on both pressure ulcer prevention, and maintaining skin integrity. The team will work to reduce pressure ulcers across the city of Wolverhampton, both in hospital, community and residential care home setting.

The development of a Tissue Viability Strategy will also focus on chronic wounds with the development of a database to record information about chronic wounds that patients may have, and the introduction of a 'chronic wound toolkit' to standardise treatment and improve healing of chronic wounds.

We are also working with our Commissioners as part of the QIPP programme and CQUIN framework to reduce grade 3 and 4 pressure ulcers by 80% in hospital and 30% in community and chronic wounds by 50% by 2014.

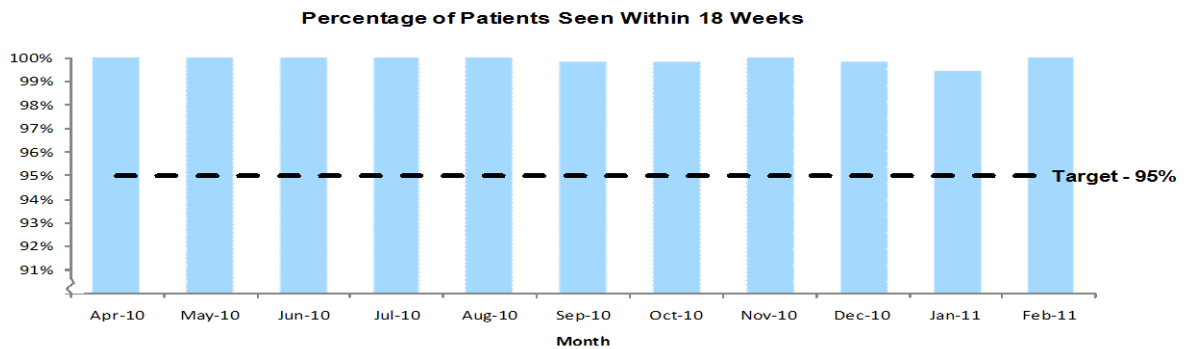
#### **Actions for 2011/12**

- Develop a city wide database of pressure ulcers and chronic wounds
- Agree a city wide wound care formulary
- Reduce grade 2 pressure ulcers by 10%

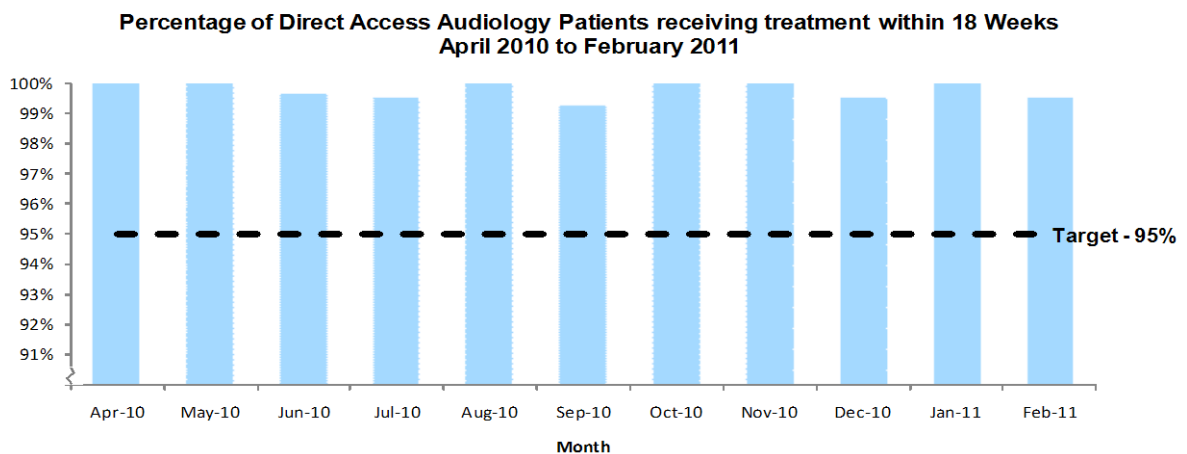
### **PRIORITY 3: Delays**

Improving waiting times was a priority identified by our stakeholders in 2009/10. Many of our services, such as the Orthopaedic clinical assessment service (OCAS), Contraception and sexual health service (CASH) consistently achieved the national waiting times of 18 weeks from referral to treatment as can be seen below:

## QUALITY COUNTS 2010 – 2011



**Audiology** also consistently achieved the 18 week referral to treatment target with 99 % of patients receiving their appointment within the target timescale each month.



**Foot Health Services** during 2010/11, unfortunately, experienced great difficulties in meeting waiting times and offering appointments for patients of intermediate or low risk.

The Service has worked hard to put improvements in place and currently achieves the national waiting times for new patient assessment and treatment. It is also currently undergoing a major service redesign, part of which involves reviewing the capacity within the service with the aim of increasing the availability of appointments.

The service has introduced a number of initiatives and new ways of working to help facilitate this, including an earlier start time for podiatrists in community health centres.

For a temporary period the service was able to offer evening and weekend podiatry appointments at Landport Road, for patients with an intermediate foot risk status who have been experiencing delays in receiving their appointments.

When patients are unable to attend Landport Road, alternative appointments are offered where possible, with appointment slots within community health centres offered to those patients with the highest risk first.

### Foot Health Plans for 2011/12

Delays such as waiting times and appointments will remain one of our top priorities in 2011/12.

### Further developments for 2011/12

- The implementation of a new telephone management system to improve the quality of call handling
- A new appointment system which means that high risk patients will be given a confirmed follow up appointment, in line with their clinical need, before leaving the department after their visit
- The implementation of an electronic patient record which is aimed at improving the quality of information across the multidisciplinary team and improve timely access to clinical records. All of the clinic locations are being reviewed to ensure they are being fully utilized

### PRIORITY 4: Nutrition

Malnutrition is a cause and a consequence of disease leading to worse health and clinical outcomes in all social and NHS care settings. Approximately one in four patients in NHS hospitals are either malnourished or at risk of malnutrition.

Age UK, (formerly Age Concern and Help the Aged) reports that patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50. Well-hydrated and nourished patients get better more quickly and have a shorter length of stay. Feeling nourished is also key to a positive patient and carer experience - one of the most frequent issues raised with Age UK by the relatives of older people who have been in hospital is the lack of appropriate food and help with eating and drinking for people who are unable to manage this for themselves.

All patients admitted to West Park Rehabilitation Hospital, Community Intermediate Care Team or our Community Nursing Teams are screened for malnutrition using the Malnutrition Universal Screening Tool (MUST). Patients who are identified as being at risk are referred to dieticians or offered dietary advice and oral nutritional supplements.

Protected meal times on wards at West Park Rehabilitation hospital ensure patients who are the most vulnerable get support at meal times.

Staff also recognised the importance of hydration for patients and introduced a scheme which involved housekeeping staff, nurses and volunteers. Housekeepers distribute cooled bottled water for inpatients twice a day or more frequently if required.

Bottled water is supplemented with tap water & sugar free squash. Fruit juice or water is provided at mealtimes and hot squash at other times if requested. Nursing staff have improved the recording and monitoring of patients fluid intake.



*This project was awarded the Patient Safety Hydration Best Practice Award 2010 by the Patient Safety Agency, National Catering Association and Royal College of Nursing.*

### STATEMENTS RELATING TO QUALITY OF NHS SERVICES PROVIDED

The following are statements of assurance from the Board and serve to offer assurance to the public that our organisation as a whole is:

1. Performing to essential standards such as meeting Care Quality Commission Registration.
2. Measuring our clinical processes and performance by participating in National Clinical Audits.
3. Involved in research and initiatives for improving quality such as quality improvement through CQUIN payment framework and QUIPP programme.

#### Actions for 2011/12

- The implementation of an electronic MUST tool as part of e-SAP (electronic single assessment process tool)
- Audit use of MUST nutritional screening tool and nutritional supplement/ advice as part of tissue viability management and Quality Walk rounds.
- Audit protective meal times

#### Review of services

During 2010/11 Wolverhampton City PCT provided Community services from West Park Rehabilitation Hospital, Gem Centre, Phoenix Walk in Centre, other local health centres and patients own homes.

The Wolverhampton City PCT has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by Community Provider Services reviewed in 2010/11 represents 11.3 percent of the total income generated from the provision of NHS services by the Wolverhampton City PCT for 2010/11.

#### Participation in Clinical Audits

During 2010/11 Wolverhampton City Community Provider Services participated in the 4 national clinical audits that it was eligible to participate in. These were as follows:

- ❖ Heart Failure Audit
- ❖ Stroke Care (National Sentinel Stroke audit)
- ❖ National Sentinel Stroke Audit (Clinical)
- ❖ National Falls and Bones Health Audit

	Eligible	Participated	Contribution
<b>National Sentinel Stroke Audit (Organisational)</b>	Yes (part)	yes	Data provided in conjunction with acute trust data
<b>National Sentinel Stroke Audit (Clinical)</b>	Yes (part)	yes	Data provided in conjunction with acute trust data
<b>National Falls Bone &amp; Health Audit</b>	Yes (part)	yes	Data provided in conjunction with acute trust data
<b>Heart Failure Audit</b>	Yes (part)	yes	Data still being collected

Results from these national audits will be available in from May 2011 onwards. Services will review the findings and develop and monitor an action plan aimed at making quality improvements where indicated.

### Local Clinical Audits

Community Services teams conducted 36 local clinical audits during 2010/11, some of which were audits against national standards sets by NICE (National Institute for Clinical Excellence).

An example is the Community Heart Failure Team who, as part of the Black Country Cardiac Network Group for Chronic Heart Failure, completed audits to assess whether they were referring patients for device therapy in line with NICE guidance.

The audits demonstrated that the service does correctly follow NICE guidance which means that patients are getting properly referred for the treatment they require.

The services use the information they gather from the audits to identify where changes could be made that would improve the quality of healthcare that community services provide:

Some of the main themes from information gathered include:

- Some services use clinical IT software to help record accurate clinical information about the patients they treat. Audits identified that changes could be made to the way that the software is used so that it is better utilised and better quality information collected. This in turn will contribute to improved outcomes for the patient.
- Continue to monitor and report on how infection prevention measures are applied in the clinical area.
- Continue to monitor and report on how infection prevention measures are applied in the clinical area in relation to medical equipment.
- Some services identified that they needed to provide better quality information leaflets to patients explaining the treatment they were receiving.
- Community clinical practice teachers audited the type and quality of clinical equipment that community nurses are required to carry with them when they travel across the city. The reason for the audit was to ensure that nurses are able to deliver the correct care when they arrive at a patient's home and that there are no delays to treatment due to faulty or missing

### Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Wolverhampton City PCTs Community services in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 86.

Participation in clinical research demonstrates Wolverhampton City PCT Community Services provider's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Wolverhampton City PCT Community Services provider was involved in 19 clinical research studies during 2010/11, some of which are listed below.

### Portfolio research

'Portfolio' research is defined as nationally recognised and funded research which has been adopted onto the National Institute for Health Research (NIHR) portfolio of projects.

Service Area	Title
Rehabilitation	LoTS Care: Stroke System of Care Trial. Cluster randomised trial evaluation of a patient and carer-centred system for longer term stroke care.
	Attention and Executive Function after Brain Injury – the Birmingham University Cognitive Screen (BUCS)
	Getting out of the House Study (TOMAS)
	Randomised controlled trial of an OT intervention for residents with stroke in UK care homes.
Community	NHS adoption of NHS developed technologies – telephone survey.
	HOVIS – Home Visits after Stroke.

### Non-Portfolio research

'Non-portfolio' research is activity which is often locally managed and funded, including 'own-account' and academic studies

Service Area	Title
Rehabilitation	A study on the prevalence of vestibular system dysfunction (VSD) in elderly fallers who do not report dizziness referred to community falls prevention service within Wolverhampton City PCT.
	The use of exercise by community occupational therapists as a treatment option for people with Parkinson's Disease.
Child & Families	A grounded theory exploration of brief therapy within a child and adolescent mental health service (CAMHS): parent and practitioners perspectives
	Circle of Security: An attachment based group intervention in a CAMHS setting – a pilot project.
	Randomised controlled trial to compare two methods of constraint induced movement therapy to improve functional ability in the affected upper limb in pre-school children with hemiplegic cerebral palsy.
Community	Is an induction package beneficial to ease the transition period from a student health visitor to a newly qualified health visitor?
	The effect of using copper heelers in alleviating joint and musculoskeletal aches and pains.
	A comparative analysis of the four TB services in the Black Country.
	Why do patients with heart failure attend a weekly exercise programme? (version 1)

The improvement in patient health outcomes in Wolverhampton City PCT Community Services provider demonstrates that a commitment to clinical research leads to better treatments for patients. There were 19 members of clinical staff involved in research approved by a research ethics committee at Wolverhampton City PCT Community Services provider during 2010/11.

Professional Group	No. of Staff involved in research
Medical	2
Physiotherapy	8
Occupational Therapy	5
Psychology	2
Nursing (incl. Health Visiting)	2
<b>Total</b>	<b>19</b>

These staff participated in research covering 5 medical specialties.

Our engagement with clinical research also demonstrates Wolverhampton City PCT Community Services commitment to testing and offering the latest medical treatments and techniques.

### Goals agreed with our commissioners – Use of the CQUIN payment framework

A proportion of Wolverhampton City PCT's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Wolverhampton City PCT for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at

[http://www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html)

The CQUIN Scheme we agreed with Commissioners covered the following Performance Indicators and our achievements are detailed in the following table:

No	CQUIN Goal	Achievement (Trust Data)
2	100% of patients referred to the End of Life Team on a supportive care pathway	<b>100%</b>
3a	95% of patients have received a pressure risk assessment within 6 hours	<b>&gt;95% for 11 months</b>
3b	100% of patients at risk of grade 2,3 and 4 pressure ulcers with a care plan	<b>100%</b>
3c	Less than 10 community inpatient acquired pressure ulcers per quarter	<b>5-7 per quarter</b>
3d	100% of grade 3 & 4 pressure ulcers reported as SUI and RCA completed	<b>100%</b>
3e	100% of patients who deteriorate from grade 3 to grade 4 reported	<b>No deterioration from grade 3 to 4</b>
4	Patient Experience Regional survey inpatients. This indicator measures patient's experience of their care and treatment and is captured using 2 surveys at the beginning and end of the year.	<b>Improvement in all 5 questions</b>
	Patient Experience Regional survey Community services pathways. This indicator measures patient's experience of their care and treatment and is captured using 2 surveys at the beginning and end of the year.	<b>&gt;75% achieved for all questions</b>
5	Less than 8 patients per year with MSSA infection	<b>0 MSSA infection</b>
6	90% of patients that have had nutrition assessment completed following acceptance to CICT caseload	<b>&gt;90% for 6 months</b>
	95% of patients have had nutrition assessment completed on admission to the inpatient setting	<b>&gt;95% for 11 months</b>
7	95% of patients admitted to community hospital will have a discharge plan, including estimated date of discharge within 5 days of admission	<b>&gt;95% for 8 months</b>

### What others say about the provider?

#### Care Quality Commission (CQC)

Wolverhampton City PCT's Community Services is required to register with the Care Quality Commission and its current registration status is unconditional as of 31 March 2010 and permits the following regulated activity to be carried out at the registered locations:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Urgent care services
- Nursing Care
- Family planning services

The Care Quality Commission has not taken enforcement action against Wolverhampton City PCT's Community services during 2010/11.

#### CQC Special Review of Stroke Services

The PCT has participated in a special review relating to the following areas during 2010/11. In May 2010 the CQC announced that it had selected Stroke services nationally to be subject to a special review. A special review is an in depth assessment of the performance of health and /or social care organisations, to provide assurance to people who use services and the public that services are meeting standards and are of high quality.



*The results gave an overall assessment for Wolverhampton PCT area as 'Best Performing' which is the highest category. 26% of PCTs nationally were scored as Best Performing. The average score placed Wolverhampton PCT in the top quarter of Trusts nationally. The PCT performed well in the majority of areas contributing to the overall high score.*

However the trust was scored as 'below average' in the following areas:

- Secondary prevention, this data was taken from QOF and measured the % of stroke and TIA patients with blood pressure ranges in the previous 15 months of 150/90 or less, and % of patients with cholesterol of less than 5mmol/l.
- No Equality Impact Assessment of the National Stroke Strategy (60% of Trusts reported this)
- Not providing a 7 day TIA service
- Early Supported Discharge is not supported by a Stroke specialist.
- Lack of integrated reviews of patients between Health and Social care.

These are seen as areas where improvement is needed and an action plan and further recommendations have been developed by the Stroke Project Group.

#### Data Quality

Wolverhampton City PCT submitted records during 2010/11 to the Secondary Uses services for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was

## **QUALITY COUNTS 2010 – 2011**

100% and 100% included the General Medical Practice Code for admitted patient care and for outpatient care.

Wolverhampton City PCT was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission. =

### **Information Governance Toolkit attainment levels**

Wolverhampton City PCT Information Governance Assessment Report overall score for 2010/11 was 75% and was graded green.

**PART 2**

**MENTAL HEALTH SERVICES PRIORITIES FOR IMPROVEMENT FOR 2011 /12**

**Our Vision**

“To improve the mental health and wellbeing of people so that service users can live as independently as possible by providing support as close as possible to the community where people live”

**Our Values**

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

We recognise that recovery from mental illness needs to be part of a wider social context involving family, community, housing, employment and leisure.

Wolverhampton provides a range of inpatient, community specialist mental health and addiction services for people from the age of 16 upwards. Many services are based in the local community, so that people can receive care in an environment they are used to, including in their own home. Dedicated, specialist teams work closely with patients, their carers and families to deliver individualised care.



**Penn Hospital**

This year, we are required to publish a report on the quality of acute and community healthcare services provided for Mental Health and Addiction Services This section gives you information so that you can compare our performance with other Mental Health organisations that also provide acute and community healthcare and provides assurance that we are meeting essential standards required by the Care Quality Commission (CQC).

We measure our clinical processes and performance through participation in National Clinical Audits and are involved in initiatives to improve quality through clinical trials and set goals with our commissioners to improve quality through innovation.

Following the White Paper “Equity and excellence: Liberating the NHS” and in response to the progression of transforming community services for Mental Health and Addiction Services, it has been agreed that services will formally transfer to Sandwell Mental Health Foundation Trust from July 2011, subject to final approval by the regulator.

These arrangements include the transfer of Children’s and Adolescent Mental Health Services and in preparation these services have been aligned to Mental Health and Addiction Service management arrangements from November 2010. For the purpose of this year’s Quality account report, performance against these services will be detailed within the Provider Community Quality Account report.

Priorities for quality improvement for 2011/12 will be reflected within the Quality report for Sandwell Mental Health Foundation Trust Annual Report.

Improving quality is important for Mental Health and Addiction Services. We have asked our service users and staff to identify their top 3 priorities for improvement.

### **PRIORITY 1: Safety - 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 a very important part of their treatment and care. Failure to give medication or missed doses may be because medication is not available and may result in patient harm or deterioration. This is a national priority and will be monitored closely and reported every 3 months to Wolverhampton City PCT Commissioners.

### **PRIORITY 2 : Experience- Being treated with respect and dignity**

Providing services which are of high quality and culturally sensitive is very important for our service users and staff. Reducing the stigma that people with mental health experience is also our priority. We participate in two national surveys, every year, where patients are asked if they were treated with respect and dignity by healthcare professionals; we will develop more regular feedback systems so that this is continuously monitored and reported through the Patient Experience report to the Operational Risk Group and Executive Committee.

### **PRIORITY 3: Effectiveness - To increase the amount of services provided in community as close to home as possible**

The services' aim is to improve the mental health and wellbeing of people so service users can live as independently as possible. To provide the support necessary to do this as close as possible to the community where people live is an important part of our model of care. Delivering services within the community or patients own homes, promotes faster recovery, prevents unnecessary admissions to hospital and maximizes independent living. Increasing the amount of services within the community is part of our transforming community services agenda and the opportunity for patients to be treated in their own home is closely monitored and reported every 3 months to Wolverhampton City PCT Commissioners.

### Review of services

During 2010/11 Wolverhampton City PCT provided Mental Health and Addiction services from Penn Hospital, Horizon House and a variety of Community Mental Health Resource Centers across the City of Wolverhampton.

The Wolverhampton City PCT Mental Health and Addiction Services Provider has reviewed all the data available to them on the quality of care in these services.

In November 2010 Child and Adolescent Mental Health Services (CAMHS) were transferred from the PCT Community provider to direct management of the Mental Health and Addiction Services.

The income generated by the NHS services reviewed in 2010/11 was £35 million this represents 7.4 percent of the total income generated from the provision of NHS services by Wolverhampton City PCT for 2010/11.

### Participation in clinical audits

During 2010/11 there were 2 national clinical audits and 1 national confidential enquiry covering acute and community mental health and Addiction services that Wolverhampton City PCT provides.

During that period we participated in 100% of national clinical audits and 100% of national confidential enquiries of which we were eligible to participate in.

The national clinical audits that Wolverhampton City PCT Mental Health and Addiction Services provider were eligible to participate in during 2010/11 are as follows:

- The national audit of psychological therapies for anxiety and depression
- Prescribing topics in mental health services. (POMHS)
- The National Audit of Schizophrenia

The national audit of Schizophrenia is currently in the pilot phase, which we did not participate in. We will be participating in the national roll out programme which begins in April 2011.

The national confidential enquiry that Wolverhampton City PCT Mental Health and Addiction Services provider was eligible to participate in during 2010/11 is as follows:

- National confidential inquiry into suicides and homicide by people with mental illness

The national clinical audits and national confidential enquiry that Wolverhampton City PCT Mental Health and Addiction services provider participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry.

<b>National Clinical audit</b>	<b>Number of cases submitted</b>	<b>Actions identified</b>
POMHS Topic 1: Screening for the metabolic syndrome in community patients receiving antipsychotics	March 2010 – 30 patients May 2011 – 31 patients	Annual physical health checks in Assertive Outreach for those on Antipsychotics reinforced.
POMHS Topic 2: Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and PICU wards	2010-201001 between 43 and 66 patients per month	Reduce “as required” prescriptions and prescribe according to need’. High dose antipsychotic prescribing policy developed and implemented
The national audit of psychological therapies for anxiety and depression	Audit report to be published October 2011	TBC
<b>National Confidential Enquiry</b>	<b>Number of cases</b>	<b>Actions identified</b>
National confidential inquiry into suicides and homicide by people with mental illness	National data: 14249 Suicides 589 Homicide convictions	Ensure robustness of Risk assessments where there has been a history of violence Reduce absconding

### **Local Clinical Audit**

The reports of 6 local clinical audits were reviewed by the Mental Health and Addiction Services Clinical Effectiveness Group during 2010/11 and services intend to take the following actions to improve the quality of healthcare provided.

1. Clinical Supervision audit actions: to raise awareness of clinical supervision and training provided.
2. Missed doses audit actions :Increase awareness/communication to staff by flowchart development and availability in all clinical areas
3. Pharmacist interventions Audits: Improve intervention data quality and performance monitoring. Enhance joint working with clinicians.
4. Documentation audit –monitor at local level weekly and improve practices. Review guidance and training for staff
5. Medicines reconciliation Audit- Review and implement enhanced reconciliation process, monitor at local level. Improved guidance for staff.
6. Skills audit –development of training programme /plan and review staff development programme.

Quality in Alcohol and Drug Services audit (QUADS). Each year our services are audited using a nationally agreed governance protocol to ensure that all Drug and Alcohol services operate safely under guidance. Failure to meet these standards requires the National Treatment Agency (NTA) to look into our suitability to provide these services. The latest assessment in January 2010 showed full compliance with the national standards.

Every 3 months the NTA monitor and publish how many people with addiction problems are engaging in effective treatment for 12 weeks or more. Our current performance for Wolverhampton Drug services shows that 1187 people, against a target of 1207, were in effective drug treatment between November 2009 and October 2010.

The NTA also monitor how many people complete their care programme from the service as planned and their satisfaction with the service they received. Our latest figures show that we have improved our performance since April 2009 by 10% to 29%, further improvement is needed to meet the national average of 44% and an action plan is in place to achieve this.

### Research

The number of patients receiving NHS services provided or sub-contracted by Penn hospital in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 119.

Participation in clinical research demonstrates Mental Health and Addiction Services provider's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Mental Health and Addiction Services provider was involved in 26 clinical research studies during 2010/11.

The improvement in patient health outcomes in Mental Health and Addiction Services provider demonstrates that a commitment to clinical research leads to better treatments for patients. There were 14 members of clinical staff involved in research approved by a research ethics committee Mental Health and Addiction Services provider during 2010/11.

Professional Group	No. of Staff involved in research
Medical	5
Nursing	4
Psychology	4
Occupational Therapy	1
Total	14

These staff participated in research covering 5 medical specialties.

As well, in the last year, 4 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Wolverhampton City PCT Mental Health and Addiction Services commitment to testing and offering the latest medical treatments and techniques.

### Goals agreed with commissioners

A proportion of Wolverhampton City PCT Mental Health and Addiction Services provider income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Wolverhampton City PCT 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 2009/10 and for the following 12 month period are available on request from the Head of Contracting and Marketing, Wolverhampton City Primary Care Trust, Coniston House, Chapel Ash Wolverhampton WV3 0XE.

### What others say about the Provider?

Wolverhampton City PCT Mental Health and Addiction Services are required to register with the Care Quality Commission and its current registration status is unconditional as of 31 March 2011.

The Care Quality Commission has not taken enforcement action against Wolverhampton City PCT's Mental Health and Addiction services during 2010/11.

Wolverhampton City PCT Mental Health and Addiction Services provider is not subject to periodic reviews by the CQC.

Wolverhampton City PCT Mental Health Services have participated in investigations by the Care Quality Commission relating to the following areas during 2010/11:

The CQC visited on the 22<sup>nd</sup> & 30<sup>th</sup> July 2010 and identified 3 improvement actions and 7 compliance actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety

### Compliance actions

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

Regulated Activity	Regulation	Outcome
Assessment or medical treatment of persons detained under the Mental Health Act 1983	Regulation 11	Outcome 7
	<p><b>Why we have concerns</b></p> <p>During our site visits to Penn Hospital on the 22 July 2010 and 30 July 2010 we could not find evidence to demonstrate that all staff delivering direct patient care had received training in safeguarding adults and the management of actual and potential aggression</p>	<p><b>The outcome for people that should be achieved</b></p> <p>The PCT should ensure that all relevant staff know how to respond appropriately to suspicions of abuse and incidents requiring the use of restraint.</p> <p>This compliance action is required so that all patients admitted to Penn Hospital are protected from abuse and the risk of excessive or unlawful restraint</p>
Assessment or medical treatment of persons detained under the Mental Health Act 1983	Regulation 13	Outcome 9
	<p><b>Why we have concerns</b></p> <p>During our visits to Penn Hospital on the 22 July 2010 and 30 July 2010 we found inconsistencies in both practice and the standard of record keeping and general management of medicines on the wards</p>	<p><b>The outcome for people that should be achieved</b></p> <p>The PCT should ensure that Penn Hospital has effective systems in place to handle medicines safely. This compliance action is required so that people who use services are protected from the risks of the unsafe use of medication</p>
Assessment or medical treatment of persons detained under the Mental Health Act 1983	Regulation 15	Outcome 10
	<p><b>Why we have concerns</b></p> <p>During our visits to Penn Hospital on the 22 July 2010 and 30 July 2010 we found that the design of the hospital premises and the level of admissions could compromise people's privacy, dignity and safety.</p>	<p><b>The outcome for people that should be achieved</b></p> <p>The PCT should ensure that Penn Hospital has effective systems in place to ensure that safety and security risks are managed appropriately. This compliance action is required so that people who use services are protected from the risks of unsafe and suitable premises.</p>

Mental Health Services provider intends to take the following action to address the conclusions or requirements reported by the CQC.

Mental Health Services responded to these issues by developing an action plan which is incorporated into a wider service improvement plan, where each action is linked to a service improvement work stream. Each Work stream is supported by its own project plan monitored centrally within the directorate. The CQC requested update information on progress against the action plan in February 2011 and made an unannounced visit to Penn Hospital on the 21<sup>st</sup> February.

Mental Health provider has made the following progress by 31st March 2011 in taking such action.

Overall, the visit on 21<sup>st</sup> February was very positive. Key findings were:

The works to the environment were visible and have made a difference to the ward for both patients and staff. The remedial works around ligature points was clear but noted that bedroom doors have not had anti ligature handles installed. Staff were not able to clarify on this point. The quality of care plans was very good. Care plans reviewed were detailed and patient centred. There were clear goals and reasons for these goals identified, personal and relevant to the patient. There was evidence of review and updates. We noted in the care plans reviewed consistent compliance with section 132 (patient rights)

From discussions with staff, including recent new starters, and review of rotas, whilst there is still a reliance on bank and agency staff, staff reported that the situation was much improved and continues to improve. There was some reflection that having a number of new staff all at the same time created some pressures, all new staff had settled well and overall staff felt the working environment was less stressful.

- We found no out of date medication and evidence of clear recording of prescriptions. We identified for one patient missed doses of medication (mood management), refused day 1 and then the next day missed as there was no stock. We could not identify any action being taken to seek doctor review around the consecutive missed doses and not clear why there was no stock.

### **Data Quality**

Wolverhampton City PCT Mental Health and Addiction Services provider will be taking the following actions to improve data quality

Wolverhampton City PCT Mental Health and Addiction Services provider submitted records during 2010/11 to the Secondary Uses services for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was 100% and 100% included the General Medical Practice Code for admitted patient care and for outpatient care.

Wolverhampton City PCT Mental Health and Addiction Services provider score for 2010/11 for Information Quality and Records Management assessed using the information Governance Toolkit was 70% and was graded Green – satisfactory.

Wolverhampton City PCT Mental Health and Addiction Services provider was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

## PART 3

### HOW MENTAL HEALTH AND ADDICTION SERVICES MET OUR TOP 3 PRIORITIES FOR 2010/11

This section is where you will find information relating to the quality of Mental Health and Addiction services provide. Making sure of the quality of our services is part of everything we do.

The information below shows 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

Ensuring patients receive their medication at the right time is a very important part of their treatment and care. Failure to give medication or missed doses may be because medication is not available and may result in patient harm or deterioration. To date there have been 38 medication administration incidents reported across inpatient and community services of which:

Medication administration incident category	Number	Risk Category
Admin of Incorrect drug prescription	18	Low
Failure to administer drug	1	Low
Missed dose	19	Low

The full scope of medication incidents are monitored monthly by the Operational Risk Group.

An audit of omitted or delayed critical medicines caused by medicines being unavailable, was undertaken in May 2010 and January 2011 in response to a NPSA Rapid Response Alert (Feb 2010) .Findings identified an improvement in the reduction of the rate of omissions 1.4% (May 2010) to 1.1% (Jan 2011)

Medicines reconciliation audits within inpatient services have identified a 100% compliance in Sept 2010 and 87.5% compliance in Jan 2011.

#### Medicines task group action plan

The medicines task group action plan was developed in response to issues raised by the CQC following a responsive visit in July 2010. These relate predominantly to medication stock control management and prescribing practices. The action plan has been monitored by the operational risk group.

#### Prescribing Practices

There have been 91 prescribing and transcribing incidents reported across inpatient and community services. These have been predominantly noted within inpatient services and the majority of incidents have been categorised as low risk .There has been significant progress in the identification and management of such incidents with clinicians.

In order to identify the scope and root cause of these issues pharmacists have formally recorded their interventions in order to develop a robust performance monitoring system, and data for individual Consultant teams/Doctors This is communicated and monitored monthly by the senior medics forum and Operational Risk Group.

Nursing staff have also been issued with further guidance and online training on good prescribing practices in order to support this process.

This is a national priority and is monitored closely and reported monthly to the Operational Risk Group and Clinical Effectiveness group.

### Experience of our Service Users

This year we have received feedback from two “Listening to patients” surveys for people receiving Mental Health services.

**In patient Survey outcomes for Penn Hospital** - 26 patients responded to the survey

% Response	Category
58%	Rated care received as Excellent to Good
58%	Felt that they were treated with respect and dignity by psychiatrists
35%	Felt that they were treated with respect and dignity by nurses
46%	Considered their hospital room or ward was very/fairly clean

**Survey of Patients who have received services in the Community** - 319 patients responded to the survey

% Response	Category
56%	Rated care received as Excellent to Good
88%	Felt that they were treated with respect and dignity by staff
96%	had trust and confidence in their community psychiatric nurse (CPN)
83%	patients had enough say in decisions about their care and treatment

### Improving Privacy and Dignity

Privacy and Dignity is currently monitored through PEAT external inspections and the Adult inpatient and community mental health surveys

- Inpatient Survey 2010 -91% of patients said they were treated with respect and dignity by staff
- Community Survey 2010 - 88% of patients say that they were treated with dignity and respect by the staff member that they saw.

The results of this year’s external inspection of the patient environment, hospital food and privacy and dignity scores are shown in the following table

Site Name	Environment Score	Food Score	Privacy & Dignity
Penn Hospital	Excellent	Excellent	Excellent

### Eliminating Mixed Sex Accommodation

The revised Operating Framework for 2010-2011 identified that NHS organizations are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. The DH CNO Briefing PL/CNO/2010/3 (November 2010) identified requirements with regard to recognising, reporting and eliminating breaches of this policy. These are mandatory with immediate effect.

## QUALITY COUNTS 2010 – 2011

Governance arrangements to ensure a robust reporting and performance management process are in place to support these requirements. Local policy and procedures have been reviewed accordingly. Monthly performance reports are presented to the Operational Risk Group and the quarterly summary of progress detailed in the Healthcare Governance performance report.

At Penn Hospital there are two acute admission wards for our younger adults (16-65 years) which are compliant with single sex accommodation requirements. Sandalwood Ward is an 8 bedded intensive care unit has dedicated male and female bathroom and bedroom facilities.

In order to ensure full compliance across inpatient services by April 2011 the following actions have been identified:

Hospital Ward	Issue	Action
Sandalwood Ward	Availability of female only lounges.	Sandalwood ward will use the 2 conservatories at each end of the single sex spurs as day rooms.
Cedar Ward	Availability of female only lounges.	Cedar ward requires alterations to the layout of the ward. Options identified female only lounge provision to be located at far end of ward. Estates have surveyed the ward and plans and costs agreed
	Usage of third bay.	Cedar ward is compliant with single sex accommodation regulations within the two operational bays. Plans have been agreed and remedial works gone out to tender in order to utilise the third bay which currently requires additional resources to ensure compliance

### Addiction Services New Horizons Group

The New Horizons Group has been established to provide an open forum for service users to raise issues and discuss services. A comments/complaints box system is also operated via the Voluntary sector council, an independent service provider. Complaints and comments are published in their substance magazine to inform service users of issues and remedial actions.

### Effectiveness of the Services we provide

There has been significant progress in the development of service provision within the community. The Mental Health Strategy 2011/12 aims to build upon this progress to date.

The following key service changes are of note in progressing this agenda during 2010/11

### Addiction Services

Addiction Services are currently working with both commissioners and stakeholders to develop the strategy for drug treatment, "Building recovery in the community". This involves the redesign the recovery system.

There has been a 36% increase in the size of GP caseloads for shared care agreements of clients engaged with addiction services enabling services to be delivered and monitored locally with strengthened partnership arrangements. The Community Team has also seen an increase in the number of planned exits from the service which now averages at 41% compared to a national average of 40%.

The Needle exchange system has been moved to community pharmacies to enable clients to access this service within their local communities in order to improve compliance with safe injecting practices.

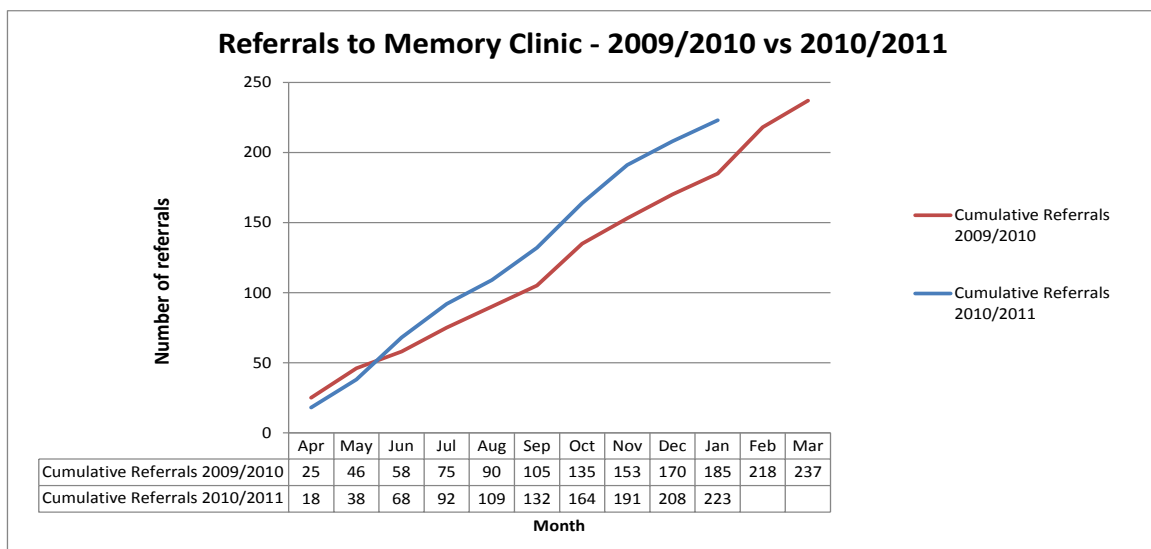
The closure of pharmacy services at Horizon House and transfer to community pharmacy services has enabled access closer to home for service users.

**Operation Engage**

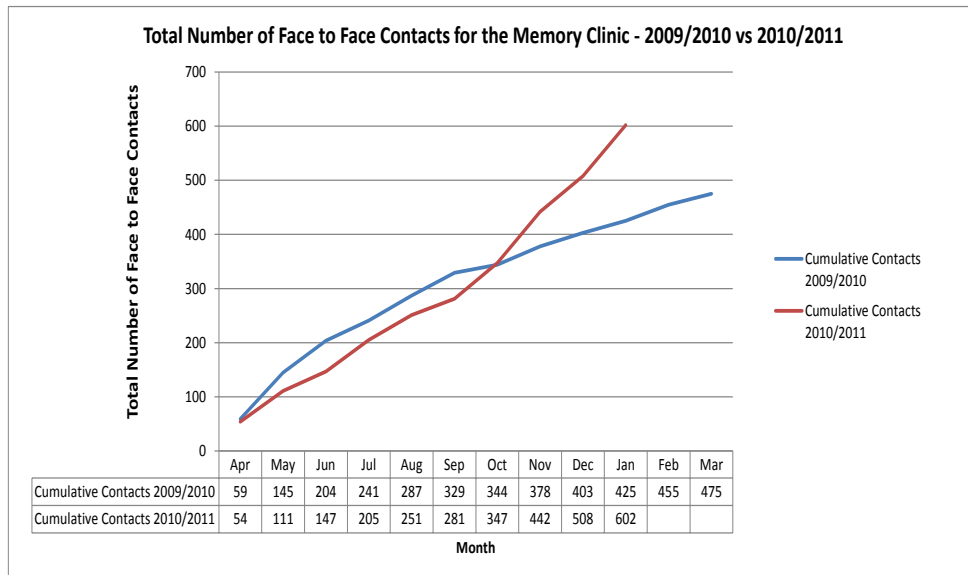
In November 2010 Addiction Services implemented 'Operation Engage' a structured 8 week programme that aims to prevent service users dropping out of treatment. The first 3 months of this project saw 71% of people referred to it either complete treatment successfully or re-engage with treatment preventing them from 'dropping out'

**Mental Health Services**

Work has been undertaken with Commissioners to review the delivery of services to older adults this has resulted in the expansion of memory clinic activity, in line with the dementia care bundle project at RWHT, and has generated a 21% increase in referrals to the memory clinic (when comparing April to January data during 2009/2010 and 2010/2011).



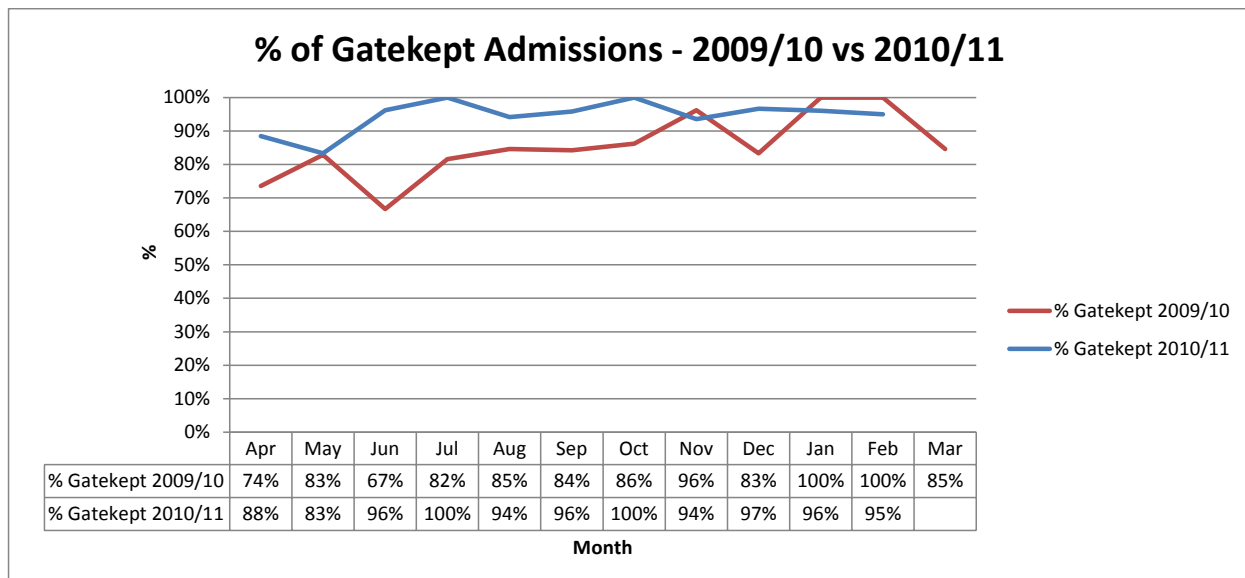
The total number of contacts made by the memory clinic has also increased over the same period by 42%.



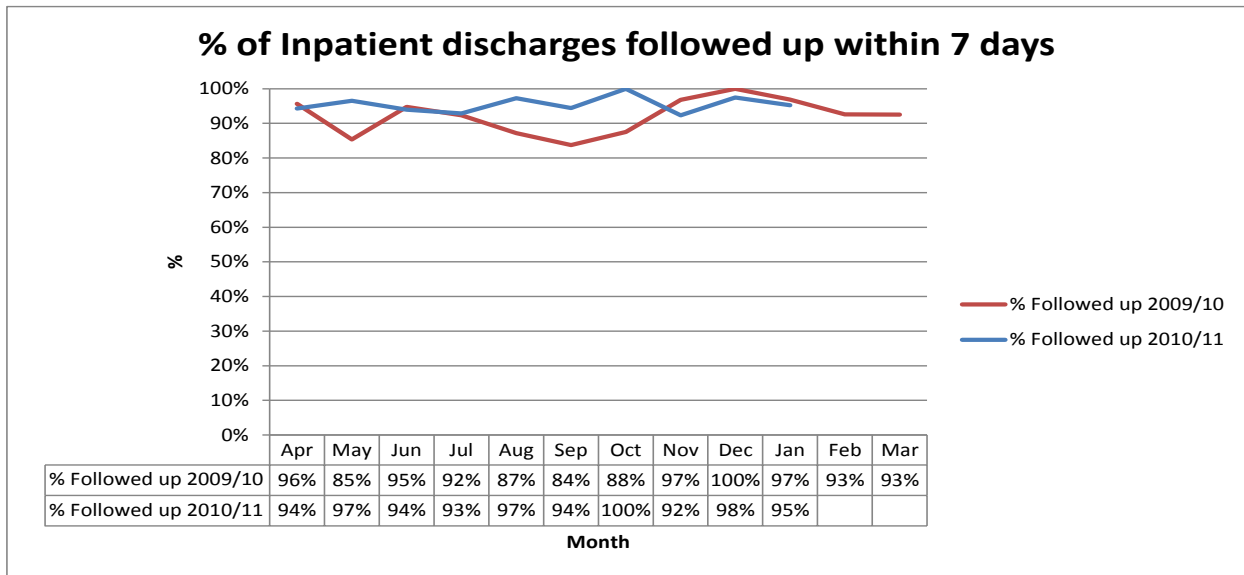
**Crisis Resolution Home Treatment Team**

The crisis resolution home treatment team provides intensive support for people in mental health crises in their own homes: The service operates to provide prompt and effective home treatment, including medication, in order to prevent hospital admission and give support to informal carers and is available 24 hours a day, 7 days a week.

In 2010/11, trusts are required to continue providing these services whilst also demonstrating that the teams in place are functioning properly as a gateway to inpatient care and also facilitating early discharge of service users. Year to date figures indicate a 95% compliance rate in comparison with a 84% compliance rate at the end of 2009/10.

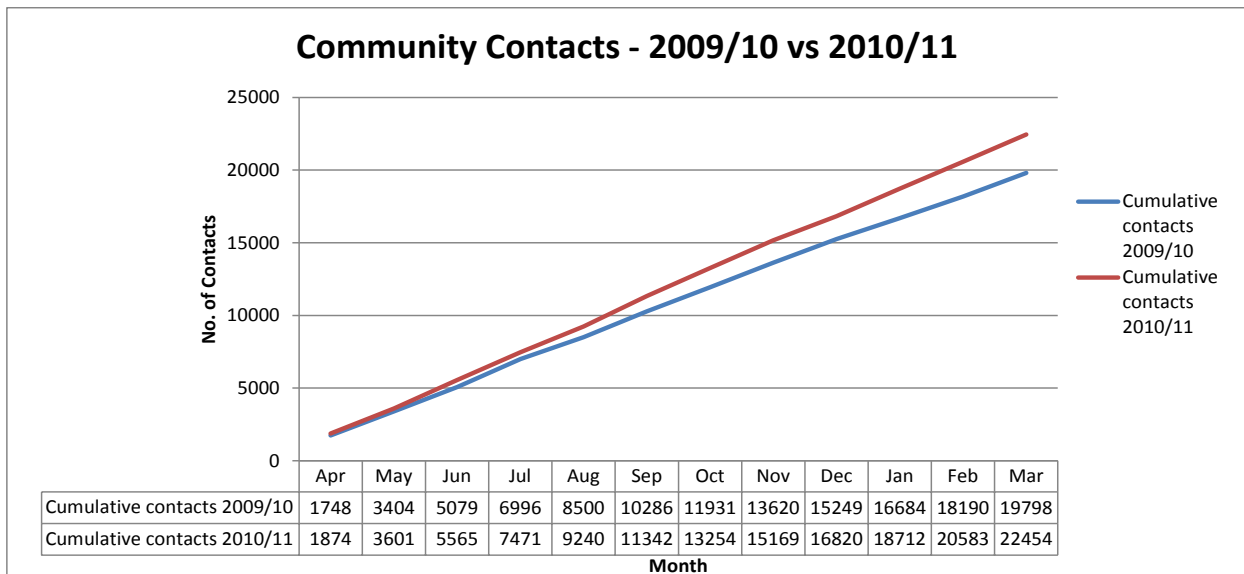


Reductions in the overall rate of death by suicide will be supported by arrangements for securing provision by PCTs of appropriate care for all those with mental ill health. This includes action to reduce risk and social exclusion and improve care pathways, it includes action to follow up quickly all those on the care programme approach (CPA) who are discharged from a spell of inpatient care. Year to date figures indicate that 95% of patients discharged from an inpatient stay were followed up within 7 days, this compares with 92% for 2009/10.



### Care Closer to Home

The increased level of treatment within the community has led to a 13% increase in contacts during 2010/11 in comparison with 2009/10.



### Complaints

Complaints information provides valuable feedback for Mental Health and Addiction Services about the quality of services we are providing and subsequently demonstrable evidence to patients and the public of what action our services have taken to learn from complaints and to put in place measures to improve the quality of services.

There have been 35 formal complaints made to the service since 1<sup>st</sup> April 2010

- Of these 13 were investigated and a satisfactory conclusion reached within nationally designated timescales for complaints management.

## **QUALITY COUNTS 2010 – 2011**

- Of these 9 were investigated and a satisfactory conclusion reached however the nationally designated timescales for complaints management were exceeded.
- Of these 13 are currently undergoing investigation and have not yet been concluded.

One complaint was referred to the Health Service Ombudsman for scrutiny and the Ombudsman has requested further clarification of information provided which is an ongoing issue at present.

Mental Health and Addiction services recognize that complaints investigations are occasionally complex and the ability to conclude the process in line with nationally designated timescales if not always possible.

A review of the complaints management process and procedures has been completed in February 2011 and remedial actions implemented in order to ensure that our complaints management systems are robust and timely whenever possible.

This review has also strengthened the ability of services to communicate lessons learnt from complaints investigations into the Mental Health and Addiction services governance systems and processes, to ensure that learning is disseminated and acted upon effectively at service delivery level.

### PART 3

#### HOW COMMUNITY SERVICES MET OUR TOP 3 PRIORITIES FOR 2010/11

Wolverhampton City PCT Provider Arm is responsible for the delivery of a wide range of complex community based services, within the city and the surrounding area, to adults with physical health issues and to children and their families. In addition to the community based services, the Provider Arm also delivers inpatient services and a community rehabilitation service. As a community service we aspire to design our services to be delivered as close to people's homes as possible. In many cases our care is delivered directly into people's own homes. Where this is not possible services are delivered from locality based clinics and in some cases specialist services are sited in one location in the City.

In 2009/10 through consultation with patients, local people and our partners in care across the city we identified areas for improvement and the following three priorities were chosen as the most important for 2010/11. Our performance against these top 3 priorities is detailed below

**PRIORITY 1 – Safety** Reduce the number of medication incidents, such as drugs incorrectly prescribed, drugs incorrectly prepared and drugs given in error.

The number of errors is monitored by the Provider Quality Committee via the quality dashboard and Directorate quarterly reports. From April 2010 there have been 37 medication incidents where drugs have been incorrectly prescribed, incorrectly prepared or given in error. Where drugs were given incorrectly, no harm occurred but further advice was sought and patients observed for any ill effect. A medication incident review group has been set up within Community services to focus on reducing incidents. As the number of incidents are low and resulted in no harm, this will no longer be a priority but will continue to be monitored through the quality dashboard.

In January 2010 the Trust registered with the CQC and declared itself compliant against all regulated activity except Regulation 13 (Medicines Management) and Regulation 16 (Suitability, availability and safety of equipment) as it was identified that further work was required in order to confirm compliance in the areas of medicine reconciliation and medical devices management. Patient safety is our primary concern, and ensuring that patients in our care receive the correct medication is of paramount importance. Since October 2010 100% of patients admitted to West Park Rehabilitation hospital have their medication reconciled with their GP. As a result of these actions, the PCT was able to declare full compliance in December 2010.

**PRIORITY 2 – Experience** Be treated with respect and dignity

90% of our patients surveyed should feel they have been treated with respect and dignity. This is reported quarterly through the Patient Experience report and quality dashboard to Provider Quality Committee.

In April – June 2010 82% (259 patients) for Phlebotomy, TB, Heart Failure, Continence and Tissue Viability said they were treated with respect and dignity. Services which did not achieve 90% were asked to identify actions to ensure staff treated patients with respect and dignity.

In July- September 2010 93% (89) patients for West Park Rehabilitation hospital said they were treated with respect and dignity.

In October – December 2010 97% (112 patients) on four community services pathways: COPD, Diabetes, Continence and Wound Care said they were treated with dignity and respect.

Monitoring of this important target will continue through our programme of patient surveys and the implementation of patient experience tracker, devices which capture patient feedback in real time.

Our commitment to improving privacy and dignity for patients at West Park Rehabilitation hospital by the provision of additional toilet and washing facilities in ward areas has further improved our compliance with the government's requirement to eliminate mixed sex accommodation.

<b>PRIORITY 3 – Effectiveness</b>	Improve waiting times for services
-----------------------------------	------------------------------------

95% of patients must receive their first treatment within 18 weeks, This national target applies to Orthopaedic clinical assessment service (OCAS) and Contraception and sexual health service (CASH), provided by Community Services Provider. Waiting times are reported on a monthly basis to provider services management team and our commissioner. From April to December 2010 the national target of 95% for OCAS and CASH was achieved each month. The actual figure was 99.9%. 80% compliance was achieved within 6 weeks. The national target of 95% was achieved for hearing services. 99.9% (9322 out of 9324) diagnostic tests were carried out within 6 weeks. As already mentioned, this will remain a priority for 2011/12.

### A LISTENING ORGANISATION – Your experience of our services

Patient experience is important if we are to improve services, as 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.

Through the CQUIN payment framework we have undertaken four surveys of patients who have received care and treatment from four of our services within the community or West Park Rehabilitation hospital.

### How patients rated their experience during 2010/11

96 patients responded to the Community Hospital Patient Experience CQUIN baseline questionnaire distributed in June 2010, following which targets for improvement were agreed with commissioners and an action plan implemented by the directorate. Sixty patients completed a follow up questionnaire in February 2011. Five CQUIN questions below were incorporated into a survey which asked thirty questions in total to measure the experience of the whole patient journey. Results show an improvement in all five questions and achievements of all targets.

Question	Patients who said Yes June 2010	Targets for improvement	Patients who said Yes February 2011
On your arrival to the ward were you welcomed, introduced to people and given information about your stay?	78%	>78%	87%
Were you given enough time to discuss your problems?	78%	>78%	80%
Did staff explain the purpose of your medication and side effects?	64%	>70%	80%
Were your family and home situation taken into account when planning your discharge?	80%	>80%	90%
Did the hospital staff give you contact details for problems following discharge?	66%	>66%	75%

## QUALITY COUNTS 2010 – 2011

112 patients in receipt of care from Community Services pathways for diabetes, chronic obstructive pulmonary disease (COPD), continence and wound care responded to our baseline questionnaire in August 2010. A target of 75% for all questions was agreed. 54 patients completed a follow up questionnaire in March 2011:

Question	Patients who said Yes in August 10	Patients who said Yes in March 11
Have you been involved as much as you wanted to be in decisions about your care and treatment?	91%	98%
Were you given enough time to discuss your condition with healthcare professionals?	90%	100%
Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?	91%	96%
Do you know what number/ who to contact if you need support out of hours (after 5pm)?	79%	85%
Overall have staff treated you with dignity and respect?	97%	100%
Overall, are you satisfied with the personal care and treatment you have received from community services?	95%	100%

The results of the hospital's external inspection of patient environment, hospital food and privacy and dignity scores are

	Environment Score	Food Score	Privacy & Dignity
West Park Hospital	Good	Excellent	Good

### What staff say about working in our organisation

The White Paper "Equity and Excellence" stated that "staff who are empowered, engaged and well supported provide better patient care". Having a motivated workforce that is up to date and fit to practice is fundamental to the delivery of high quality, safe and effective patient care.

### Staff Opinion Survey 2010 – results for All Provider Services\*\*

\*\* These figures include Community and Mental Health, Learning Disabilities and Addiction Services.

Survey Question	2009	2010	Comments
Levels of staff engagement [PCT overall figure only]	*3.70	*3.64	Decrease from 09
% staff feeling satisfied with the quality of work and patient care they are able to deliver	71%	69%	Decrease from 09
% staff receiving job relevant training, learning and development	83%	84%	Improvement since 09
% staff appraised	66%	68%	Improvement since 09
% staff able to contribute to improvements at work.	68%	64%	Decrease from 09
Levels of job satisfaction	*3.54	*3.50	Decrease from 09
% that would be happy with the standard of care at their trust if friends or family needed treatment	*3.51	*3.50	Decrease from 09
Work pressure felt by staff	3.20	3.16	Decrease from 09
Commitment to work life balance	3.57	3.64	Increase from 09
% effective team working	49%	3.82	Scoring changed to summary score from %09
% staff working extra hours	63%	67%	Increase from 09
%staff witnessing potentially harmful errors, near misses or incidents in the last month	27%	27%	No change
%staff reporting potentially harmful errors, near misses or incidents in the last month	99%	95%	Decrease from 09

## QUALITY COUNTS 2010 – 2011

% staff reporting good communication between senior managers and staff	30%	30%	No change
Staff intention to leave job	2.64	2.65	Slight increase

Staff surveys were sent to 845 staff in the PCT. This represents 33.80% of all staff. The number of surveys returned represents 15% of the total workforce.

### **Patient Safety Incident reporting**

Directorates currently review their incidents on a monthly basis both at team level and within the local Directorate Risk Action Groups. Individual incidents are reviewed to understand why the incident happened and further investigation is carried out if indicated. Incident trends are also reviewed which demonstrates where further initiatives are needed to improve safety.

Directorates report all of this information onto the Community Services Provider Quality Committee on a quarterly basis where it is further scrutinised. Lessons learned from the investigation of incidents is shared across all services through this forum.

Any serious incidents that require investigation are reported to the Strategic Health Authority and a high level Root Cause Analysis (RCA) is conducted to understand where failings may have occurred.

### **How do we inform the board what is happening at service level?**

On a quarterly basis Provider Services submit a Quality and Safety report to the Trust Board which shows incidents trends and what has been done to reduce incident rates.

On a monthly basis the Trust Board are informed of Provider services top risks and what is being done to reduce these risks and what serious incidents have been reported within that month. The findings from the RCA investigations and lessons learned is fed back to the Trust Board on a monthly basis.

The latest data available from the National Patient Safety Organisation showed the 576 incidents reported by Provider Services fell into the following 'degree of harm' categories with the highest % (72%) falling into the 'No harm' category

Degree of harm		Provider Services % of incidents
No Harm	416	72.2%
Low	97	16.8%
Moderate	53	9.2%
Severe	2	0.3%
Death	8	1.4%
Total	576	100.0%

### **NHS Litigation Authority (NHSLA)**

In March 2010, Community Services provider achieved NHSLA level. Following integration with The Royal Wolverhampton Hospitals Trust, an action plan to achieve level 2 will be developed.

### 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.

From 1st April 2010 to 31st March 2011 Community services provider received 68 formal complaints and a further 105 contacts/ concerns raised through our Patient Advice and Liaison Service (PALS).

Complaints by directorate/ speciality	Number		
Allied Health Professionals	35 (31 for foot health services)		
Community Services	14		
Rehabilitation	9		
Children's Young People & Families	9		
Dental	1		
	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>
Total number of complaints	54	51	68
Referrals for independent review		2	4

A local target of responding to all complainants within 25 working days was set. Where delays were anticipated, complainants were contacted by phone or letter to agree revised timescales. Since November 2010, all complaints have been responded to within timescales.

None of the referrals to the Parliamentary and Health Service Ombudsman were investigated.

Top Complaint categories	2008-09	2009-10	2010-11
Care and treatment	15	16	22
Appointments and waiting times	10	12	31
Staff attitude	13	10	5
Communication & Information	5	7	9

More than 50% of concerns and contacts raised through PALS were also about access and waiting times for services.

### Improving care and treatment

The Trust is committed to implementing the Chief Nursing Officer's High Impact to improve patient care. Three of the high impact actions are aimed at reducing pressure ulcers, preventing falls and improving nutrition and hydration, All of these are relevant to care provided both to inpatients and patients in the community and are themes of complaints. Some of the measures implemented are detailed below.

Reducing pressure ulcers through the adoption of pressure ulcer care bundle, the provision of pressure relieving equipment and patient/ carer education on the importance of pressure area care and nutrition and early referral to tissue viability team is consistently applied. The number of acquired pressure ulcers is monitored monthly.

Reducing inpatient falls through the adoption of a falls care bundle, investment in high/ low beds and patient movement alarms has resulted in reduction of the number of falls and severity of injury. This is monitored monthly. Older people who have experience falls are referred to the Wolverhampton Falls Prevention Services who offer tailored assessment, treatment and advice on how to reduce the risks of falling. This service received 16 compliments during 2010/11.

Improving nutrition and hydration through protected meal times, the audit of fluid balance charts and recording of nutritional intake and staff training has been reinforced as part of the privacy and dignity training programme.

### Appointments and waiting times

The aim of the Community Foot Health Service is to assess, diagnose and provide high quality treatment and care to those who have problems with severe pain, mobility, or those whose feet and limbs are at risk due to underlying medical disorders. It operates from over 20 locations across the city of Wolverhampton. During 2010/11 the service has experienced significant difficulties in being able to generate sufficient appointments to meet patients' needs. In recognition of these difficulties the podiatry team was allocated additional funding to employ trained staff and a formal review of the service commenced to maximize effectiveness and efficiency and ensure accessible high quality services. All patients with the highest risk or who meet the department's emergency criteria are offered appointments as a priority. Unfortunately the service is only able to offer patients in the lower risk groups a guide as to when they are likely to be reviewed in clinic.

### Staff Attitude

Improving staff attitude and ensuring patients are treated with dignity and respect is a key action in our single equality scheme. Attending customer care training is mandatory for all staff. These measures have seen a reduction in complaints about staff attitude in 2010/11.

### Communication

Service Users of Foot health services have also experienced significant problems with contacting the service by phone. Consequently a new telephony system is being introduced so that patients are able to contact the service directly. In the interim foot health staff have worked closely with Customer Services to resolve complaints locally by contacting patients directly to arrange appointments.

Staff within Childrens, Young People and Families directorate have reviewed appointment processes for GPs clinic appointments for immunizations, to improve communication when patient details are updated.

Compliments by directorate/ specialty	Number
Allied Health Professionals	40
Community Services	3
Rehabilitation	19
Children's Young People & Families	6
Dental	1

Below are some examples of what patients have said about their experience of our services.

***“On two visits to Audiology I was met by the most courteous, helpful and efficient staff offering the best service anyone could wish for”***

*“Thank you for giving me the confidence to undertake exercises to strengthen my leg muscles which has made me more mobile and lessens the chance of me falling again.... the Falls Prevention Team are friendly professionals.”*

***“I have attended the Phoenix Walk in Centre twice, once on a bank holiday, on both occasions I received excellent treatment and advice.”***

### OUR SERVICES

Throughout our consultation and discussions with patients and service users, one of the most consistent messages is the importance of services provided in the community as close to home as possible. The following examples demonstrate how we continue to provide community based services.

#### Community Matrons – Tele healthcare

The Community Matron Service uses 'Tele-healthcare' equipment to support patients with certain long term health problems in their own home. Equipment is placed in the patient's home for a period of time. On a regular basis, maybe once a day or more, the equipment will be used by the patient to answer questions about how they are feeling and also take readings such as blood pressure or heart rate.

The equipment will then alert healthcare professionals, via a telephone line, if there are any problems. It is aimed at helping people manage their long term health conditions in their own home by measuring and monitoring vital signs and other health related activity. Patients with heart failure, ischaemic heart disease, chronic obstructive pulmonary disease, high blood pressure and bronchiectasis have received tele-health monitoring with the community matron team.

In 2009/10 45 patients received tele-health monitoring with the community matron team and in 2010/11 there were 123 patients. As a result of tele-health monitoring 43 hospital admissions were avoided during 2010/11. Peace of mind for those being monitored comes from a small, easy to use machine which prompts and guides patients through a series of tests as part of their agreed, personalized management plans, checking anything from weight and blood pressure to heart and pulse rates and oxygen levels.

#### An example of how Telehealthcare works:

A 74 year old lady who suffers breathlessness and abnormal heart rhythms monitors her blood pressure and oxygen levels at home. Together with answering four or five questions, if she has a problem, she gets a call from her community matron. The system gives reassurance and improves quality of life for patients who don't have to go through the anxiety of constant trips to clinics or hospital for checkups. It also helps community matrons manage their caseloads more effectively.

#### Urgent Care Peer Review - Health Economy Overview

Community services participated in a peer review of Urgent care, Critical care, Stroke (acute phase) & TIA and Vascular services by the West Midlands Quality Review Service (WMQRS) in September 2010. The aim of the review is to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

#### General Comments and Achievements

The health economy urgent care group was working well and there was evidence of good working relationships between the PCT and Royal Wolverhampton Hospitals NHS Trust. Good admission avoidance schemes were in place, including a respiratory nursing team which took referrals from the Emergency Department and facilitated discharge of patients with chronic conditions. A specialist nurse for older people also attended the Emergency Department regularly and liaised with families about the care of particularly frail older people.

There were discharge liaison nurses in the Trust and PCT nurses who came into the Trust in particular, for continuing care assessments. These nurses also reviewed and assessed patients in nursing homes. There were separate teams of community matrons and hospital at home nurses. Community matrons managed patients with long term conditions and aimed to avoid admissions as much as possible. The hospital at home team supported community-based therapies, including intravenous therapy for cellulitis and DVT, tele-healthcare, and management of exacerbations for patients with COPD.

### Walk in Centre (Phoenix)



Walk in Centre based at Phoenix Health Centre

### General Comments and Achievements

This service provided patient-centred care from a good facility. The service was mainly nurse-led, with highly experienced staff, and it provided excellent access to care for the local population. Leadership was strong. The environment within the facility was very good. Good patient information was available and there was a thorough programme for keeping skills of staff updated. Governance processes were robust and well-embedded into the service.

### Good Practice

Initial assessment was particularly well-organised.

A programme of rotation was in place, with staff spending some time working in the Emergency Department in order to maintain their skills.

Nursing staff were well trained and with Nurse Practitioners and Non-Medical Prescribers on duty at all times. There were also three paediatric Advanced Nurse Practitioners who liaised closely with youth services. There were good arrangements for induction and ensuring all staff had and maintained appropriate competences.

### Further Consideration

Strengthen collaborative working with GP out of hours  
Develop formal referral pathways with mental health and addiction services  
Implement formal links with Emergency Department and mental health services

### Community Intermediate Care Team

The community intermediate care team (CICT) employs both staff from the PCT and the local authority. Together they prevent unnecessary admission to hospital or other care establishments,

or enable early discharge from hospital by promoting rehabilitation, independence and recovery at home.

Recently, a daughter whose mother is receiving support from CICT wrote to the PCT to express her thanks: *“My mother had a fall at the beginning of March and was hospitalised for a week before being discharged to my home. After a couple of weeks she needed to return to her own home but I had concerns as to how she would cope. I contacted social services and the social worker arranged for the CICT to visit, which they promptly did from the following day. They have shown tremendous kindness and excellent nursing care and have supported my mother in increasing her independence and confidence on a daily basis”*

### Community Children’s Nursing Service



*Two nurses from Wolverhampton City Primary Care Trust have scooped a Black Country Innovation Award for their work with young people needing end of life care. A sister, from the community children’s nursing service, and a palliative care nurse work in tandem so as to provide a better service for 16-24 year-olds with palliative care or end of life needs.*

The Director of provider operations for the PCT, said: “This important service supports a small number of young people in Wolverhampton who have life-limiting health conditions or serious illness such as cancer - as well as their families - through what is an immensely difficult and stressful time.

“The two services now work closely together for the benefit of these young patients and are also linked into the West Midlands Paediatric Palliative Care Network which works to promote good practice across the Black Country. I am delighted that their hard work has been recognised in this way.”

He added that a number of improvements had been made by the services working in partnership including patients being able to access more services including a 24-hour service and a rapid response to any equipment that was needed. Another benefit was that the children’s community nursing team had received training in end of life care and all healthcare professionals involved now used the same documentation.

Jon Crockett, chief executive of the PCT, said: “These awards celebrate achievements in workforce development and join the many accolades PCT staff have achieved, showing that improving patient care is at the very heart of our workforce and all that we do.”

### GEM Centre



## **Review of Wolverhampton City PCT's Quality Counts report 2010/11**

### **Wolverhampton LINK's response to the Quality Account**

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

The use of jargon contained within your quality account is as bad now as in previous years. As mentioned in last year's feed-back, 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.

#### **Infection Prevention and Control**

The continued reduction in cases of MRSA is welcomed and the pre screening of patients prior to admission and treatment is obviously contributing. The initiative by the PCT to improve infection prevention standards with training year on year across all departments and in care homes regarding MRSA and MSSA is very worthwhile.

#### **Pressure Ulcers**

The development of a Tissue Viability team and Strategy is a very welcome development.

#### **Delays**

The major concern in this area has been the foot health service, however we are aware that this service is now out for public consultation and we look forward to the reshaping of this service to better meet patient needs during 2011-2012.

#### **Nutrition**

We agree that well hydrated and nourished patients are as important in recovery terms as medical treatment as highlighted in the LINKs audit at RWHT.

#### **Our Priorities for Quality Improvement 2011/12**

We would welcome the opportunity to become involved in the process of monitoring the priorities for quality improvement for 2011/12.

### **Health Scrutiny Panel's response to the Quality Account**

Members of the Health Scrutiny Panel agreed that based on the knowledge of the Wolverhampton City Primary Care Trust, the report presented is an accurate reflection of the range and quality of healthcare services provided.

The information appears to be consistent with previous reports and updates during the year considered by this Panel.

The Panel welcomes the continued strong focus on improving the quality of care at all stages of the patient's journey and the issues listed as priorities for improvement within the City of Wolverhampton during 2011/12.

### **Commissioner's response to the Quality Account**

Services delivered to patients during 2010/11 consist of a range of complex community based services, the quality account provides performance information as the host provider for a number of health and social care services including mental health, community intermediate care and the out of hours services.

Community Services have very strong vision and values attached to each and every service they provide, the PEC and PCT Board routinely receive quality and performance information that enables assurance that the vision and values are being actively achieved.

Towards the end of the year services transferred from the PCT to RWHT and the PCT is pleased to be able to report that this transition was well achieved and enabled continuity in the on going quality of services provided to patients. The philosophy of community services continues to be developed enabling care to be provided closer to home.

The PCT has routinely monitored quality standards of healthcare being received by patients through joint working with service providers. This has been achieved via regular review meetings and quality visits, these will continue during 2011/12 enabling standards of care to be challenged and confirmed by the PCT in it's role as a commissioner.

Service improvements have been prioritised for the coming year in patient safety (infection prevention & control, pressure ulcers), patient experience (delays) and clinical effectiveness (nutrition). Each of these priorities are actively supported by the PCT and where appropriate will be driven forward as a quality incentive that is deemed to be reasonably achievable on a progressive basis. Performance against quality indicators such as Commissioning for Quality and Innovation (CQUIN) payment framework will continue to be applied enabling community services to further improve and assure the PEC and PCT Board where service improvement is being achieved.

The PCT's provider arm has been able to consistently assure the Trust Board of performance & quality standards and the PCT is confident that this will continue and further improvement measures will be made to enable standards of healthcare to be the best of its kind.

**Summary**

This document – our second Quality Account – gives you information on some of the services that we provide to citizens of Wolverhampton and highlights some of the quality improvement measures that we have already put in place and our intentions for the coming year. Next year community services will be included in The Royal Wolverhampton Hospitals Quality account and mental health and addiction services in Black Country Partnership NHS Foundation Trust.

## **How to contact Wolverhampton City Primary Care Trust**

We welcome your comments on the content of our Quality Counts report and any suggestions on how we can improve future publications.

Please contact:

Patient and Public Engagement Team  
Coniston House  
Chapel Ash  
Wolverhampton  
WV30XE

Telephone: 01902 445894  
Email: [getinvolved@wolvespct.nhs.uk](mailto:getinvolved@wolvespct.nhs.uk)  
Website: [www.wolvespct.nhs.uk](http://www.wolvespct.nhs.uk)

Contact the PCT if you want this report in another format – large print, a different language or a spoken version.

Quality Counts is also available on our website which has special features to make the text larger, change the colour of the screen or read back the on-screen text.

**Quality Counts 2010 - 2011**