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Date: 12 June 2012

Please ask for: Ross Jago, Democratic Support Officer
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Thursday 21 June 2012
Time: 3 pm
Venue: Warspite Room, Council House

Members:
Councillor Mrs Aspinall, Chair
Councillor Monahan, Vice Chair
Councillors Mrs Bowyer, Fox, Gordon, James, Dr. Mahony, Mrs Nicholson, Parker, Jon Taylor and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and officers are requested to sign the attendance list at the meeting.

Please note that unless the chair of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

Bob Coomber
Interim Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. TO NOTE THE APPOINTMENT OF CHAIR AND VICE CHAIR

The panel will note the appointment of the Chair and Vice-Chair for the municipal year 2012 / 13.

2. APOLOGIES

To receive apologies for non-attendance by panel members.

3. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

4. APPOINTMENT OF CO-OPTED REPRESENTATIVES

The panel to consider the appointment of co-opted representatives.

5. MINUTES (Pages 1 - 14)

The panel will be asked to confirm the minutes of the meeting on 7 March 2012 and the 4 April 2012.

6. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

7. TERMS OF REFERENCE (Pages 15 - 16)

The panel will consider draft terms of reference.

8. TRACKING RESOLUTIONS (Pages 17 - 18)

The panel will monitor progress on previous resolutions.

9. ADULT SOCIAL CARE - LOCAL ACCOUNT (Pages 19 - 32)

The panel will consider a draft of the Adult Social Care Local Account.

10. QUALITY ACCOUNTS:

10.1. EXPRESS DIAGNOSTICS **(Pages 33 - 40)**

The Panel will consider the Express Diagnostics quality account.

10.2. PLYMOUTH HOSPITALS NHS TRUST **(Pages 41 - 74)**

The panel will consider the Plymouth Hospitals NHS Trust Quality Accounts.

10.3. PLYMOUTH COMMUNITY HEALTHCARE **(Pages 75 - 112)**

The Panel will consider the Plymouth Community Healthcare Quality Accounts.

10.4. SOUTH WEST AMBULANCE SERVICE NHS TRUST **(Pages 113 - 134)**

The Panel will consider South West Ambulance Service NHS Trust Quality Accounts.

11. WORK PROGRAMME **(Pages 135 - 136)**

The panel will consider the draft work programme for the municipal year 2012-13.

12. FUTURE DATES AND TIMES OF MEETINGS

The panel will be asked to note the dates of future meetings for the municipal year 2012/13. All meetings will commence at 3 pm –

19 July 2012
13 September 2012
22 November 2012
24 January 2013
28 February 2013
11 April 2013

13. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 7 March 2012

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Mrs Aspinall, Mrs Bragg, Browne, Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Sue Kelley, Local Involvement Network.

Also in attendance: Councillor Grant Monahan – Cabinet Member for Health and Adult Social Care (Plymouth City Council), Pam Marsden - Assistant Director for Joint Commissioning and Adult Social Care (Plymouth City Council), Jo Yelland – Programme Lead for Putting People First (Plymouth City Council), Kate Anderson - Manager (Plymouth Memory Service), Sara Mitchell – Locality Manager, (Plymouth Community Healthcare), Helen O'Shea - Interim Chief Executive (Plymouth Hospitals NHS Trust), Amanda Nash – Head of Communications (Plymouth Hospitals NHS Trust).

The meeting started at 10.00 am and finished at 12.15 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

60. DECLARATIONS OF INTEREST

The following declaration of interest was made in accordance with the code of conduct –

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	67. Safeguarding Vulnerable Adults Task and Finish Group.	Care home manager.	Personal

61. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

62. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD

The Democratic Support Officer provided the panel with an update on the status of the tracking resolutions.

Agreed to note the progress made against tracking resolutions.

63. **OLDER PEOPLES' MENTAL HEALTH SERVICE REDESIGN**

The panel received a report from Sara Mitchell of Plymouth Community Healthcare and Kate Anderson of the Plymouth Memory Service on the Older People's Mental Health Service Redesign. It was reported that -

(a) extensive engagement had taken place with patients, carers and staff;

(b) the staff engagement period had shown that staff wished to have some influence over the design of the space and be assured that training for new equipment would be in place;

(c) Patients and carers were happy with the facilities to be provided at Mount Gould and the Modern Matron would be investigating whether it would be feasible to provide a hairdressing service at the site;

(d) there had been overwhelming support from all internal and external stakeholders who viewed the redesign strategy as offering an improvement in patient care.

In response to questions from the panel it was reported that –

(e) the Memory Service was working with GPs and other health professionals to ensure that early diagnosis of dementia was possible through the correct capturing of data, particularly in primary care, it was hoped that this would increase early diagnosis rates;

(f) wards at Mount Gould would never be understaffed and if necessary temporary staff would be drafted in. The redesign would result in a proactive and responsive team to help provide care away from the clinical setting;

Agreed to confirm support for the Older People's Mental Health Service Redesign.

64. **PERSONAL BUDGET POLICY**

The Cabinet Member for Health and Adult Social Care, Councillor Monahan, and Assistant Director for Joint Commissioning and Adult Social Care, Pam Marsden, introduced the report on the personal budget policy. It was commented that the policy was in response to a number of national policy initiatives (*Our Health, Our Care Our Say* (January 2006), Putting *People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (2007), Think local, Act Personal (2010)).* The policy would assist the council in achieving a national target of 100% of people eligible for council services to be receiving them through a personal budget and a direct payment by April 2013.

The programme lead for Putting People First and Integration, Jo Yelland, reported that there were four elements to the delivery of a mainstream personal budget system, and Adult Social Care would provide –

(a) a personalised care management system that maximised the potential for people to regain and maintain independence through reablement services;

(b) a clear and transparent resource allocation system (RAS) based on an objective assessment of need;

(c) easy access to direct payments to encourage people to exercise maximum independence from the Council and increase their choice and control;

(d) a clear risk enablement policy that ensured safeguarding processes facilitated informed decision making and risk management without unnecessarily restricting people's lives.

In response to questions from members of the panel it was reported that –

(e) independent advice would be provided through advocacy services commissioned by the local authority;

(f) the reduced spend in Adult Social Care related to clerical support, the introduction of a pre-payment card referred to within the report would remove the need for a large amount of financial services support within the department;

(g) the disabled facilities grant was administered through the Homes and Communities Department and possible additional funding sources for adaptations were being investigated;

(h) funding on payment cards could be used anywhere where a standard debit or credit card was an accepted form of payment. There were safeguards in place when it came to what funding could be spent on and the department would retain an ability to limit where money could be spent.

Agreed -

(1) to recommend that Cabinet agrees the Personal Budget Policy and its implementation from the 1 April 2012;

(2) that the panel is disappointed with the late addition of this policy to the forward plan and that in future late additions to the forward plan are minimised to enable interested parties, including scrutiny panels, to engage with decision makers in advance of such decisions being made.

PLYMOUTH HOSPITALS NHS TRUST

65. PENINSULA COLLEGE OF MEDICINE AND DENTISTRY

The Chair introduced Helen O'Shea, Interim Chief Executive of Plymouth Hospitals NHS Trust (PHNT), the chair requested that Helen provided the panel with the Trust's view on the recent announcement that the Peninsula College of Medicine and Dentistry was to split to form two separate medical schools in Plymouth and Exeter. Helen reported that –

(a) the split would leave Plymouth with less students studying to be medical doctors;

(b) there had been no consultation process with stakeholders before the announcement was made;

(c) the Hospital Medical Staff Committee and the Local Medical Committee had both raised concerns that there had been no consultation or engagement with stakeholders. They were concerned that the Plymouth Medical School would not be viable with only 75 medical students.

The panel echoed all of the concerns raised by the PHNT and also raised concerns that the decision could affect the growth of the city.

Agreed -

(1) to invite the Vice Chancellors of the University of Exeter and the University of Plymouth, along with the Dean of the Peninsula College of Medicine and Dentistry to a special meeting of the panel to discuss the rationale behind the split;

(2) to recommend to the overview and scrutiny management board, that the Growth and Prosperity Overview and Scrutiny Panel should also be invited to the above meeting to consider how the split may effect the city's aspirations for growth.

66. FOUNDATION TRUST BUSINESS PLAN

The Interim Chief Executive, PHNT, introduced a report and Integrated Business Plan (IBP) on the Trust's application to become a Foundation Trust. It was reported that –

(a) Plymouth Hospitals NHS Trust (PHNT) was applying for Foundation Trust status as part of its strategic plan but also in line with National direction for all acute NHS providers to become Foundation trusts by 2014;

(b) the initial feedback from the panel highlighted the insufficient reference to the city plans and ambitions, this was a failure on the part of PHNT to adequately reflect the significance of the partnership and synergy of both organisations' strategies in language that is uniformly recognised;

(c) the Trust hoped to engage the panel in a meaningful discussion to ensure that the IBP is supported, aligned with and reflective of the wider City ambitions;

(d) a revised draft of the IBP would be submitted to the Strategic Health Authority in March, the comments of the panel would be included.

Agreed that –

(a) the panel would raise questions and make any immediate suggestions for the next draft of the IBP through the Democratic Support Officer;

(b) any further feedback is submitted by the panel during the consultation period through the Democratic Support Officer;

(c) the March IBP revision is shared and debated with the panel, at a mutually convenient date, between beginning of April and end of July;

(d) the panel consider the actions above are sufficient to assure that the panel has been engaged and the plan can be supported.

67. **SAFEGUARDING VULNERABLE ADULTS TASK AND FINISH GROUP**

Councillor McDonald introduced the report of the Task and Finish Group on safeguarding vulnerable adults. It was reported that-

(a) the group had found that the safeguarding policy and procedures were robust, fit for purpose and an example of national best practice;

(b) the Safeguarding Adults Team were supported by a multi agency partnership of high quality officers contributing to the safeguarding of adults in the city;

(c) the group had raised concerns that public awareness of procedures was low and expressed concern that group were unable to interview service users or carer representatives;

(d) the group felt that the free alerters training provided by the team and needed to be better publicised amongst the voluntary and community sector;

(e) members of the Task and Finish Group felt that the Health and Adult Social Care Overview and Scrutiny Panel could provide a more comprehensive oversight of the safeguarding service and should receive regular reports from the safeguarding adults board.

Agreed that the safeguarding vulnerable adults task and finish report is submitted to the Overview and Scrutiny Management Board on 28 March 2012.

68. **WORK PROGRAMME**

The Democratic Support Officer advised the panel that PHNT had provided briefing reports on becoming a no smoking site and the development of the Trust's Quality Accounts.

The papers were distributed at the meeting.

Agreed to add a review of the work undertaken by Plymouth Local Involvement Network, regarding the Gypsy and Traveller communities' access to Health and Social Care Services, to the work programme.

69. **MINUTES**

Agreed -

1. that the minutes of the meeting of the 25 January 2012 were approved as a correct record;

2. to recommend to management board that the constitution is amended to allow minutes to be considered at the start of the meeting.

EXEMPT BUSINESS

70. **PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST BUSINESS PLAN (E3 and 4)**

With reference to minute 65 above, the Interim Chief Executive of Plymouth Hospitals NHS Trust submitted confidential information on the Integrated Business Plan for Foundation Trust Status.

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 4 April 2012

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Mrs Aspinall, Browne, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Nicholson.

Apologies for absence: Councillors Mrs Bragg, Casey and Tuffin.

Also in attendance: Councillor Grant Monahan - Cabinet Member for Health and Adult Social Care, Vice-Chancellor Professor Wendy Purcell (Plymouth University), Deputy Vice-Chancellor Mary Watkins (Plymouth University), Vice- Dean Professor Robert Sneyd (Peninsula College of Medicine and Dentistry (PCMD)), Vice-Chancellor Sir Steve Smith (University of Exeter), Deputy Vice-Chancellor Professor Janice Kay (University of Exeter), Dean Professor Steve Thornton (PCMD), Helen O'Shea - Interim Chief Executive (Plymouth Hospitals NHS Trust), Barry Keel - Chief Executive (Plymouth City Council), Carole Burgoyne – Director for People (Plymouth City Council), Giles Perritt – Head of Policy, Performance and Partnerships (Plymouth City Council), Ross Jago - Democratic Support Officer (Plymouth City Council).

The meeting started at 12.30 pm and finished at 2:30pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

71. DECLARATIONS OF INTEREST

The following declaration of interest was made in accordance with the code of conduct –

Name	Minute No. and Subject	Reason	Interest
Councillor Dr Mahony	73. Peninsula College of Medicine and Dentistry.	General Practitioner and Member of the Devon Medical Committee.	Personal

72. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

WITNESSES

73. PENINSULA COLLEGE OF MEDICINE AND DENTISTRY

73a VICE-CHANCELLOR PROFESSOR WENDY PURCELL, UNIVERSITY OF PLYMOUTH

The Chair invited Vice-Chancellor Professor Wendy Purcell to address the panel, it was reported that –

(a) the opportunity to address the panel was welcomed. Plymouth University hoped to continue to work closely with the city council;

(b) the Peninsula College of Medicine and Dentistry (PCMD) would provide a successful legacy, it was viewed as one of the top ten medical schools in the country and received high scores for satisfaction for courses and teaching;

(c) PCMD was the first medical school established in England for 30 years and its students treated up to 500 patients a day;

(d) the ethos of the school was to provide a socially inclusive approach to recruiting medical trainees and addressing health inequalities experienced on the peninsula, which reflected Plymouth University's alignment with city priorities;

(e) in 2011, the new Dean and the PCMD Executive wrote to the two Vice-Chancellors of Plymouth and Exeter to express their concerns regarding the governance arrangements and requested that universities revisit the PCMD governance structures;

(f) it was felt that PCMD in its current format had outgrown current governance and partnership arrangements, the ability of PCMD to react to the changing higher education and health environment had been hindered by those arrangements;

(g) both universities announced in January intent to move forward with independent missions, with Plymouth becoming a regional centre for dental research. The resulting two schools would build on the success of PCMD;

(h) the current position would be that 86 medical students would remain in Plymouth along with 64 dentistry students;

(i) the university had recently announced investment in health research and the new Institute of Translational and Stratified Medicine would ensure patients benefited from research findings through tailored treatment plans in a "bench to bedside" approach. There would also be a rolling PhD programme and further investment in state-of-the-art research laboratories and equipment.

In response to questions from the panel, it was further reported that –

(j) Plymouth University was involved in delivering the city priorities, an example of which included the partnership work at the Tamar Science Park. The University had a good understanding of the aspirations Plymouth City Council had set for an ambitious city.

(k) an active Public Health Masters programme would continue and the Director of Public Health for Plymouth was involved;

(l) PCMD had delivered on providing an inclusive approach to medical trainee recruitment, and frontline services were being provided where needed, such as the School of Dentistry in Devonport. The location of services and training provided by the future school in Plymouth would be aligned to reflect the health inequalities in the city;

(m) both Alison Seabeck MP and Oliver Colvile MP were consulted, both raised concerns regarding the possible loss of dental school and were assured that the dental school would be an essential component of the future medical school. They had also expressed a sense of loss and asked why the demerger was necessary;

(n) there had been "retrospective consultation" and there would be a change in the local workforce;

(o) there had been insufficient engagement with health colleagues, although views from the Devon Local Medical Committee and Derriford Hospital Medical Committee had been considered and further correspondence had taken place. The NHS would continue to have a right to engage on any curriculum content, there would also be assurances on placements and there would be no changes to Service Increment for Teaching;

(p) a medical school with 86 students would not be the smallest in the UK, the proposed numbers would be more than originally bid for.

The Chair thanked Professor Wendy Purcell and her team for their time.

73b VICE-CHANCELLOR PROFESSOR SIR STEVE SMITH, UNIVERSITY OF EXETER

The Chair invited Professor Sir Steve Smith to address the panel, it was reported that –

(a) Professor Sir Steve Smith was in agreement with the comments made by Professor Purcell. This was not a "conventional divorce" and was a result of the change of funding structures in higher education;

(b) the demerger of PCMD would be the best outcome for Plymouth and

reflected the recommendations of the Sainsbury Review of Science and Innovation (2007).

In response to questions from the panel it was reported that –

(c) Plymouth would benefit from the demerger as, when including the school of dentistry, more students would remain in the city;

(d) back office costs for the delivery of both medicine and dentistry programmes were shared;

(e) there was no need to change placements. The Acute Trusts wanted students from both proposed institutions, there would be no changes to SIFT and there was an agreement between the Universities to run a similar curriculum over the transition. Acute Trusts would have the option to choose where their students came from.

(f) the University of Exeter's research area has driven membership of the Russell Group;

(g) the University of Exeter had consulted widely locally, PCMD could not be resurrected;

(h) both schools would be economically and educationally viable, there would be a small economic loss to Exeter rather than Plymouth. The University of Exeter had been in touch with all key stakeholders since the announcement in January;

(i) following a meeting with Professor Purcell on the 11 November the Universities moved forward with Heads of Terms. A communications strategy was developed and it was agreed that each institution would speak to their stakeholders locally;

(j) the University of Exeter had received letters from Cornwall Council and Devon County Council which were supportive of the proposals. Key consultations with funders had led to a statement that both funders were in agreement;

(k) following consultation there had been changes to the numbers of students and some aspects of the education programmes;

(l) following legal advice the proposals were viewed as a "Done Deal".

The Chair thanked Professor Sir Steve Smith and his team for their time.

73c **BARRY KEEL, CHIEF EXECUTIVE, PLYMOUTH CITY COUNCIL**

The Chair invited Barry Keel to address the panel. Answering questions from the

Panel it was reported that –

(a) this was a very important issue for the city. The consultation with funders was important but the University and future of PCMD was key for the city and consultation should have included those affected by the proposals;

(b) the Chief Executive was not aware of the statement of intent and was not aware of proposals until shortly before they were announced in January. The Chief Executive was made aware of the proposals by a local government contact and subsequently approached the Vice-Chancellors;

(c) the consultation approach did not align with Plymouth City Council's partnership arrangements and the position of local Members of Parliament could be at odds with what was reported by Vice-Chancellors, it was hoped that all partners would take lessons from the process as carried out so far;

(d) the Chief Executive did not know the details of the governance surrounding the PCMD arrangement, but in the world of Local Government, a successful service would not be dismantled based only on ineffective governance arrangements as these could be changed;

(e) the public sector was changing rapidly and the viability of two smaller medical schools was questioned. Areas of the medical sector were merging and becoming more specialised and the demerger of a successful medical school seemed at odds with the changing landscape, particularly as the numbers of students was expected to go down;

(f) the reason for having two medical schools in the south west 40 miles from each other should be questioned. A similar decision which led to Exeter Airport becoming a regional hub sounded the death knell for Plymouth City Airport;

(g) the city's links to the medical sector were essential for ongoing growth. The medical sector accounted for 21,000 jobs and grew four percent in the city between 2008 and 2010 during the recession;

(h) PCMD was established within a city health environment, Plymouth was the 15th largest city in the uk and there were concerns that changing PCMD would damage the healthcare community in the city;

(i) the advantages of the "divorce" had not been clearly communicated to stakeholders;

(j) the panel could make recommendations to include a 12 weeks consultation period and an options appraisal, guarantees around numbers of students, the viability and longevity of proposed schools and links to Acute Trusts.

The Chair thanked the Mr Keel for his time.

73d HELEN O'SHEA, INTERIM CHIEF EXECUTIVE, PLYMOUTH HOSPITALS NHS TRUST

The Chair invited Helen O'Shea, Interim Chief Executive Plymouth Hospitals NHS Trust, to address the panel. Answering questions from the Panel it was reported that –

(a) the number of medical students within care settings should remain the same and there should not be a service impact, but there were concerns over the continuing viability of two smaller medical schools;

(b) PHNT were not consulted during the development of proposals, but have been involved since two weeks before the announcement.

(c) the process could have been better, if consulted sooner PHNT would have been more able to support the feelings and emotions of the consultant body within the Acute Trust;

(d) PCMD was a successful school and there was disappointment that there were proposals to demerge. PHNT have been assured there is a common agreement regarding placements, however concerns remain on the viability of two medical schools;

(e) the preference of PHNT would be to retain a single peninsula medical school.

The Chair thanked Ms O'Shea for her time.

74. PANEL RECOMMENDATIONS

Following the submissions from witnesses the panel considered making recommendations, during discussion it was commented that -

(a) there had been insufficient dialogue with stakeholders;

(b) the panel had not been assured of the viability of the two schools;

(c) the reputational value of the college would not be maintained;

(d) the panel was not assured that the proposed demergers best fulfilled the regional and national ambitions of the city;

(e) although it was acknowledged by both universities that consultation had been inadequate neither university had offered to address this issue.

The panel agreed to recommend to the University of Exeter and Plymouth University that –

1. there is an immediate pause in the process of demerging the Peninsula College of Medicine and Dentistry;

2. a 12 week consultation exercise is undertaken, in line with the Government's published code of practice for consultation;

3. an options appraisal detailing alternatives to the demerging of PCMD is made available during the consultation period;

4. no further action is taken until the outcomes of the consultation process are known.

75. **EXEMPT BUSINESS**

There were no items of exempt business.

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Health and Adult Social Care Overview and Scrutiny Panel
Terms of Reference

1. To scrutinise matters relating to health and public health and to hear the views of local residents, with a view to improving health services, reducing health inequalities and improving the health of local residents.

2. To respond to consultations by local service commissioners, providers and by the Department of Health.

3. To consider whether changes proposed by local health trusts amount to a substantial variation or development and, if so, to take appropriate action including appointing members to any joint committee where the proposals cover more than one local authority's area, including undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, (as amended by Health and Social Care Act 2012) regulations and guidance under that section.

4. To assist the council in the management of its contractual arrangements relating to LINks under section 221 (1) of the Local Government and public involvement in health act and statutory instrument 2008 No. 528.

5. To scrutinise the impact of the Council's own services and of key partnerships on the health of its population.

In performing the above duties the Panel will scrutinise:-

- Arrangements made by local NHS bodies to secure hospital and community health services for the residents of Plymouth;

- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;

- the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;

- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;

- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Section 11 of the Health & Social Care Act 2001;

- Social care services and other related services delivered by the authority.

Policy Areas

- Adult Social Care
- Partner Organisations NHS Plymouth South Hams and West Devon, NHS Plymouth Hospitals Trust, South West Ambulance Service, LINk, NEW Devon Clinical Commissioning Group, Health and Wellbeing Board, Strategic Health Authority and the Department of Health.

- Safeguarding across commissioned providers

Cabinet Members

- Public Health and Social Care

Directorate

- Public Health
- People Directorate

Corporate Priorities

The panel will support the following city priorities through its activities –

Raise aspirations
Promote Plymouth and encourage people to aim higher and take pride in the city.

Reduce inequalities
Reduce the inequality gap, particularly in health, between communities.

Provide value for communities
Work together to maximise resources to benefit customers and make internal efficiencies.

LSP Link

- (Shadow) Health and Wellbeing Board

Membership

The Chair of the Panel shall serve on the Overview and Scrutiny Management Board. The panel can consider inviting non-voting co-opted members to join the panel, subject to the approval of management board. All Members of the panel will adhere to the general rules of overview and scrutiny.

TRACKING RESOLUTIONS
Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
04/04/12 Minute 74 (1)	there is an immediate pause in the process of demerging the Peninsula College of Medicine and Dentistry;	These resolutions refer to the special meeting of the panel held on the 4 April 2012 when the panel considered the demerging of the Peninsula College of Medicine and Dentistry.	The panel's recommendations were forwarded to a meeting of the Full Council where they received unanimous support.	A further update will be provided to the panel at the first meeting of the municipal year 2012 – 13.	21 June 2012
04/04/12 Minute 74 (2)	a 12 week consultation exercise is undertaken, in line with the Government's published code of practice for consultation;				
04/04/12 Minute 74 (3)	an options appraisal detailing alternatives to the demerging of PCMD is made available during the consultation period;				
04/04/12 Minute 74 (4)	no further action is taken until the outcomes of the consultation process are known.				

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)
Red = Urgent – item not considered at last meeting or requires an urgent response

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Developing a Local Account

Adult Social Care

1. Background

The coalition government has set out a different approach from the previous government on the way that performance management operates in Local Government. There has been a move away from inspection regimes and scored judgments, including the abolition of the Annual Performance Assessment for Adult Social Care.

However it is still important that Adult Social Care services remain transparent and find a meaningful way of reporting back to citizens and communities about performance. One way of doing this is through the publication of Local Accounts:

"Local accounts, as the name suggests, would be self-assessed and published by the council – there would be no national Government role in assurance. They would be based on an account of the quality and outcome priorities which the council has chosen, in consultation with its partners, and the progress it has made in achieving them during the past year."[1]

All Local authorities are encouraged to develop a Local Account and for 2011 recent ADASS guidance has suggested "all councils with social care responsibilities consider producing a short, accessible local account during 2011/12 and preferably by December 2011"

This document sets out our approach both to developing a Local Account which looks back over 2010/11 and for future years.

2. Content

The government has already signaled that it does not intend to specify the content of a Local Account: "and think the best organisation to decide how to engage citizens is the council themselves"[2]

However they have offered guidance as to some of the key features of a Local Account:

- A statement from the council's board, or the proposed Health and Wellbeing Board, on their quality and outcome priorities and how these have been taken forward over the year;
- A description of how the council is working with other partners locally in support of shared outcome priorities
- A requirement that the account is signed off by the Local Involvement Network, or proposed HealthWatch would provide an important local check and balance in the system.
- A selection of data and measures which demonstrate the objectives chosen locally and the progress made during the past year, in support of the overall narrative.

[1] Transparency in outcomes: a framework for adult social care 2010

[2] Transparency in outcomes: a framework for adult social care 2010

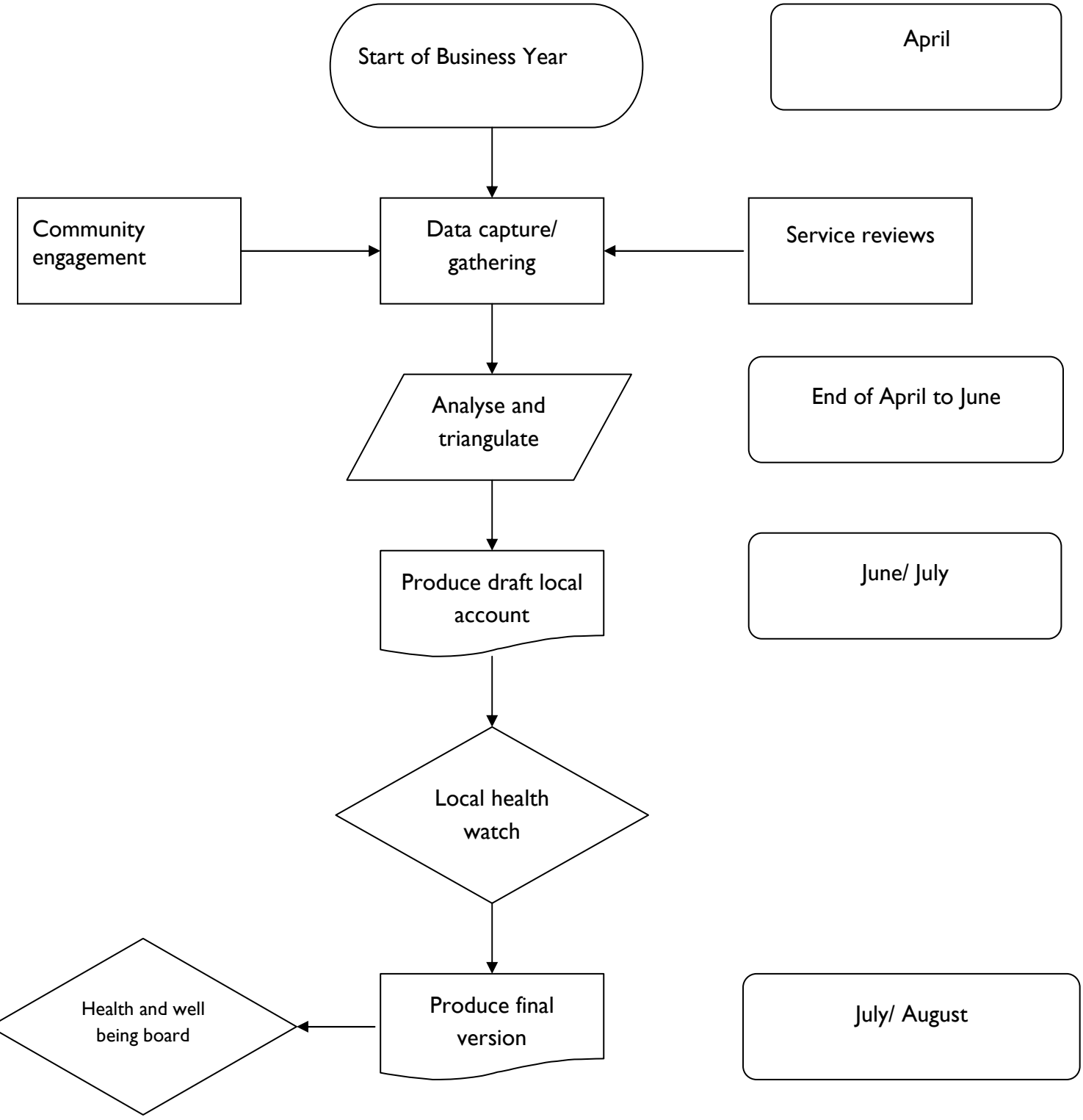
In addition to these elements it is recommended that the Local Account should be structured around the four outcome domains set out in the Adult Social Care Outcomes Framework (ASCOF);

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

3. The Process of Developing a Local Account

The process of producing a Local Account should be linked to the wider corporate business planning cycle, indeed the Local Account should 'fall out' of the end of this process. There will be a key number of dependencies, particularly financial and performance information, that will constrain the timeline, but if the end of the year is March, the Local Account should be produced as soon as possible after that date if it is to be timely and relevant. It is therefore proposed that the Local Account should be published during July/August of each year, which allows sufficient time for information to be gathered and validated.

There is no prescribed method of approval or formal reporting for a Local Account, but initial guidance from ADASS suggests that Local HealthWatch would have a role in signing off the report, and the Health and Well Being Board could be the recipient of the final report. The following diagram from ADASS outlines the approach to be followed:



4; 2010/11 Local Account

As many features of the new system are not in place, such as the Health and Well Being Board and the new Outcomes Framework only commenced in April 2011 a different approach has been necessary for this Local Account. As the fundamental basis of a Local Account is the views and experiences of our customers, this will be the main focus of this year's document. This focus will be supported by information on performance, expenditure, quality and safeguarding. (See Appendix One for Draft Local Account)

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Adult Social Care
Local Account 2010/11

Introduction

"Welcome to our first Local Account which sets out how well Adult Social Care in Plymouth is meeting people needs. The document looks back over 2010/11 and sets out what we have done well, what we believe we could do better and the priorities for the future. At the centre of this report are the views and experiences of our customers and a focus on quality and safeguarding. There are many achievements set out in this document which are not solely down to the work of Plymouth City Council but are a result of the efforts of partners and of all the providers and their staff that we work with in the private and voluntary sectors. We thank all agencies and stakeholders for their continued support"

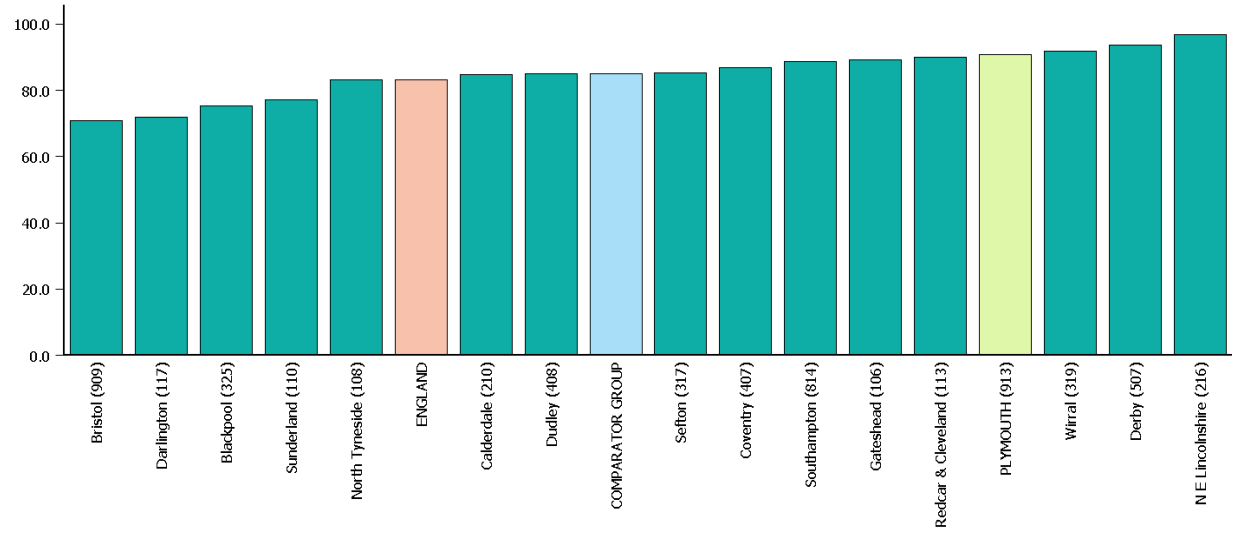
Cllr Grant Monahan,
Cabinet Member for Adult,
Health & Social Care

How well are we performing?

Each year we are required to complete returns to Central Government outlining how we are performing against a series of measures. These are called the national indicator set. The tables below indicate how well we did in 2010/11 in comparison to similar types of Local Authorities and the England Average

National Indicator 125- Achieving Independence for older people through rehabilitation/intermediate care

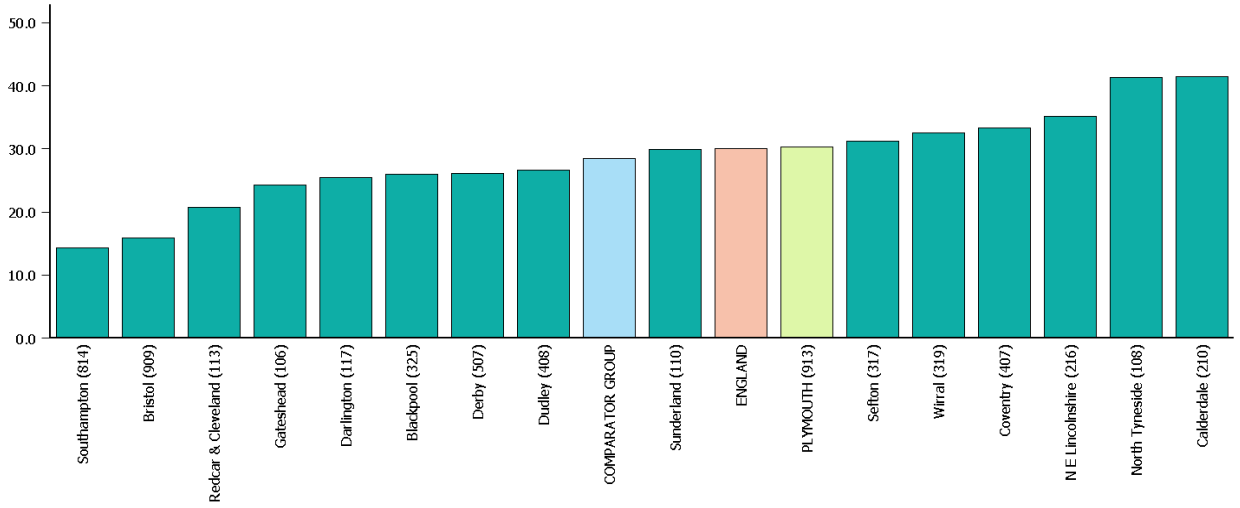
This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams.



Comment - We performed well on this indicator, exceeding the England Average and our Comparator Average

National Indicator 130 – Social Care clients receiving self directed support (direct payments and individual budgets)

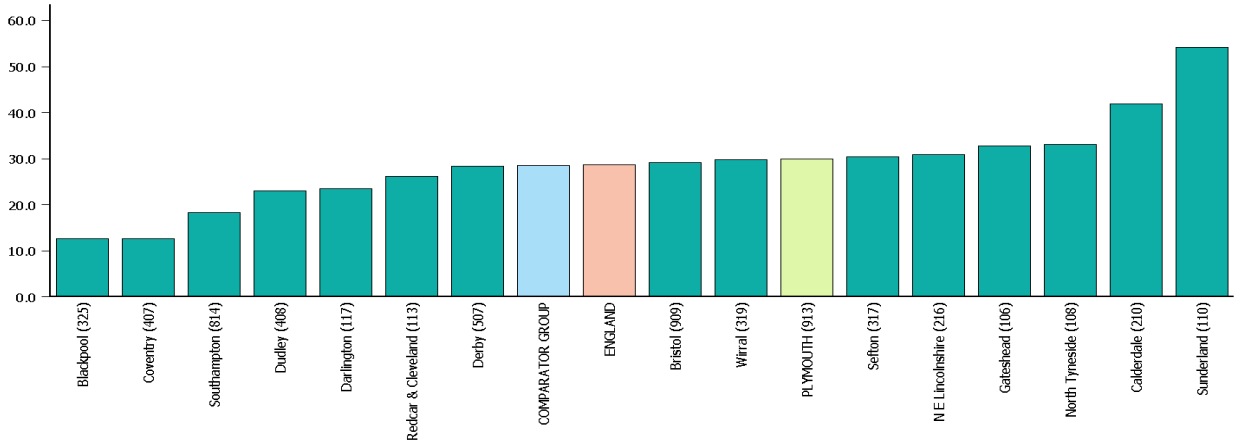
This indicator measures the degree to which clients are receiving self-directed support to design the support or care arrangements that best suit their specific needs.



Comment - We performed well on this indicator, exceeding the England Average and our Comparator Average

National Indicator 135 – Carers receiving needs assessment or review and a specific carer's service, advice or information

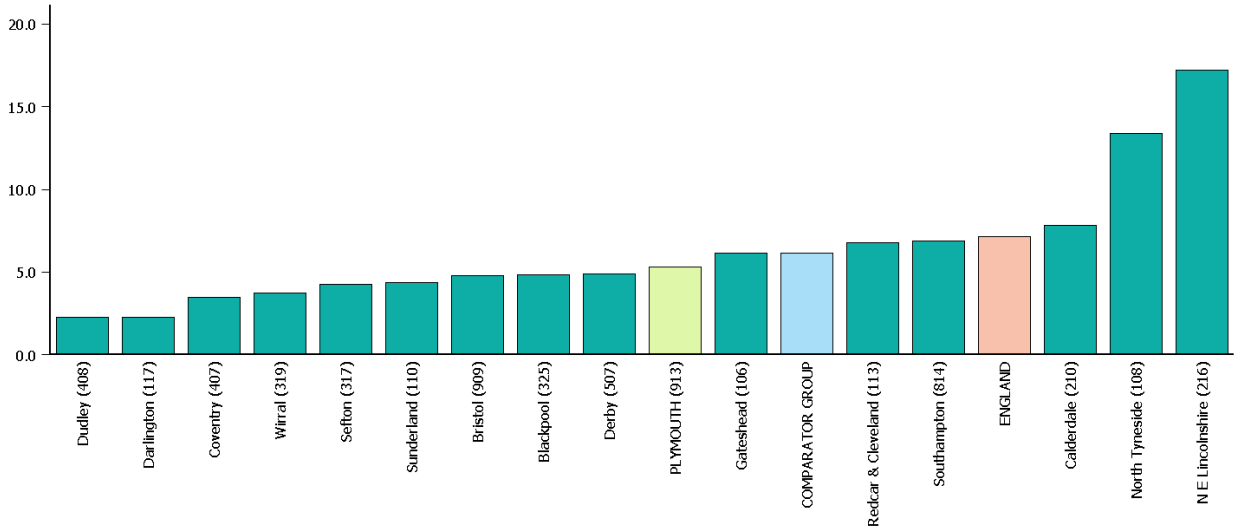
This measure provides a measurement of engagement with, and support to, carers.



Comment - We performed well on this indicator, exceeding the England Average and our Comparator Average

National Indicator 146 – Adults with learning disabilities in employment

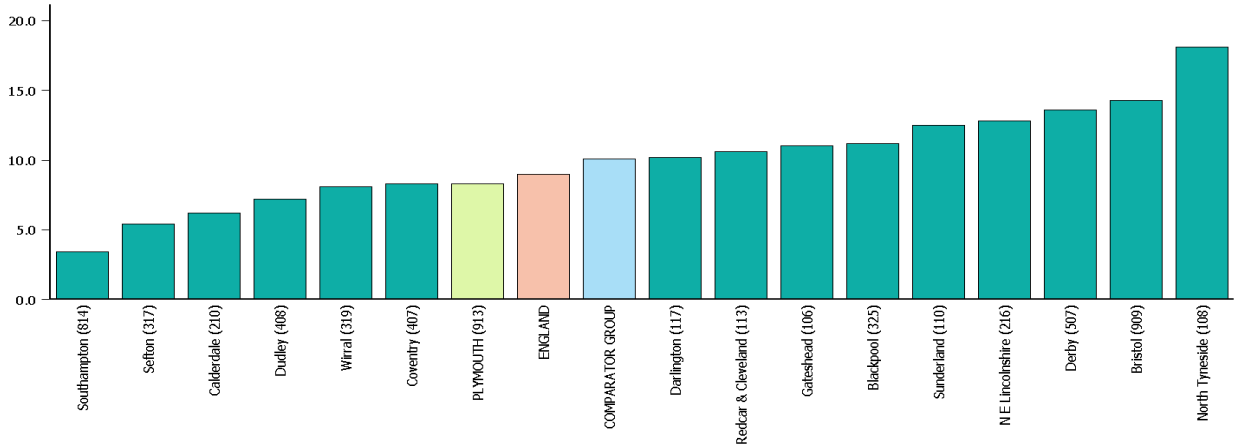
This indicator measures the employment outcomes for adults with learning disabilities



Comment - We could have done better against this indicator and we want to improve and in response we have developed an employment strategy in order to get more people into employment

NI150 (VSC08) - Adults in contact with secondary mental health services in employment

This indicator measures employment outcomes for those adults in touch with secondary mental health services.



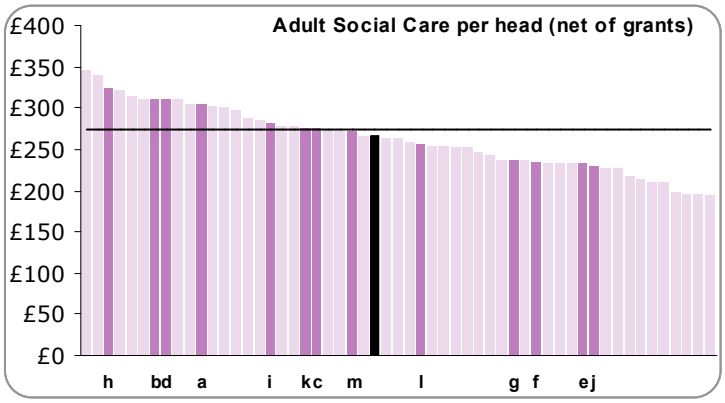
Comment - Although close to the England and Comparator group averages we could have done better against this indictor and we want to improve. We are working with a range of partners in the statutory and voluntary sectors to develop more opportunities and are ensuring that staff members consider employability and pathways back to work at an early stage.

Where we spend the money- Adult Social Care Expenditure

The table below sets out the total gross expenditure for Adult Social Care in the period 2010/11

Total Gross Expenditure	**£90,753,000**
Older People	£45,962,000
Adults Aged Under 65 with a Physical Disability	£10,163,000
Adults Aged Under 65 with a Learning Disability	£26,729,000
Adults Aged Under 65 with Mental Health Needs	£5,492,000
Other Adult Services	£2,195,000

Recent benchmarking on adult social care expenditure as shown that as a Local Authority we spend slightly under the average amount



The black line on the graph shows Plymouth's expenditure whilst the dark purple are our comparator groups. The light purple are other Local Authorities

Safeguarding Adults

Protecting the most vulnerable adults remains at the heart of what we do and during 10/11 we progressed a number of initiatives, which have included:

- The establishment of a single point of contact for all safeguarding alerts. This has allowed us to ensure a consistent approach and to closely monitor the work that comes into the department.
- The formation of Plymouth Users Safeguarding Hub. This development has provided a forum for ensuring people with a learning disability help us to improve our safeguarding response.

- The delivery of high quality training to staff, service users and other appropriate individuals.
- The appointment of an independent chair of safeguarding meetings. This appointment has brought consistency and a more robust approach to the process.
- The appointment of a Detective Sergeant to the Safeguarding Adults Investigation Team, Devon and Cornwall Constabulary. This post reflects the commitment from the police to support the safeguarding of adults across the city.

These developments resulted in an increase in referrals from 568 (09/10) to 711 (10/11). We believe this increase reflects the raising of awareness across the city, which has been achieved through training, publicity, media campaigns and also to the more consistent approach described above.

Improving Quality

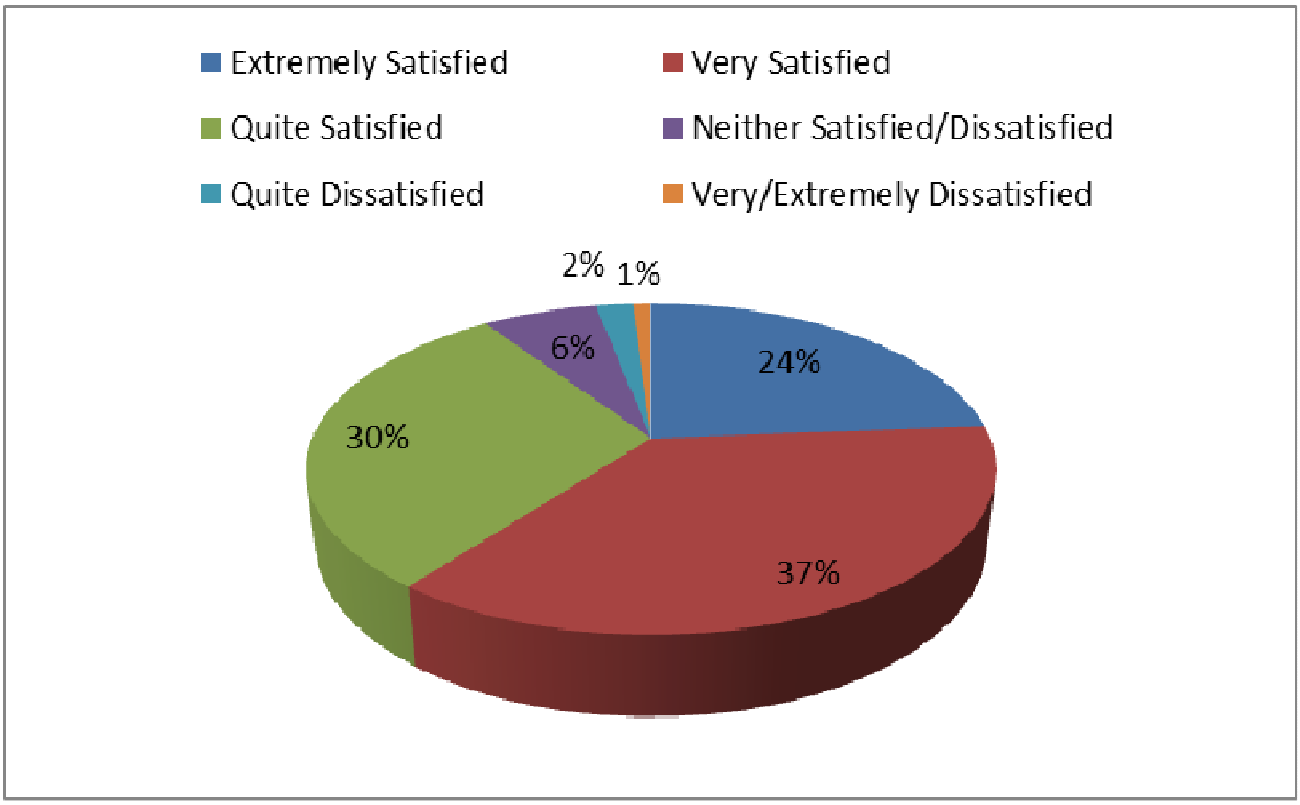
Underpinning Safeguarding is our commitment to improving the quality of care and support services in the City. An important aspect of our approach has been the development of the Dignity in Care Home Forum, which is a mixture of service providers, commissioners, professionals who are committed to improving the standards of care in all care home settings. In 2010 this forum and the work of Care Home Practitioners won the Great British Care Award for Dignity in Care category. The judges commented "this team are working with vision and imagination to help the care home sector in Plymouth really understand the meaning of dignity and to improve the quality of experience for residents".

During 2010/11 our Trading Standards department also developed the Buy with Confidence Scheme, which is designed to take the headache out of finding traders you can trust. All the businesses registered on the website have been vetted and approved by Trading Standards to ensure that they operate in a legal, honest and fair way. There are now over 80 traders registered with the scheme with the number growing all the time.

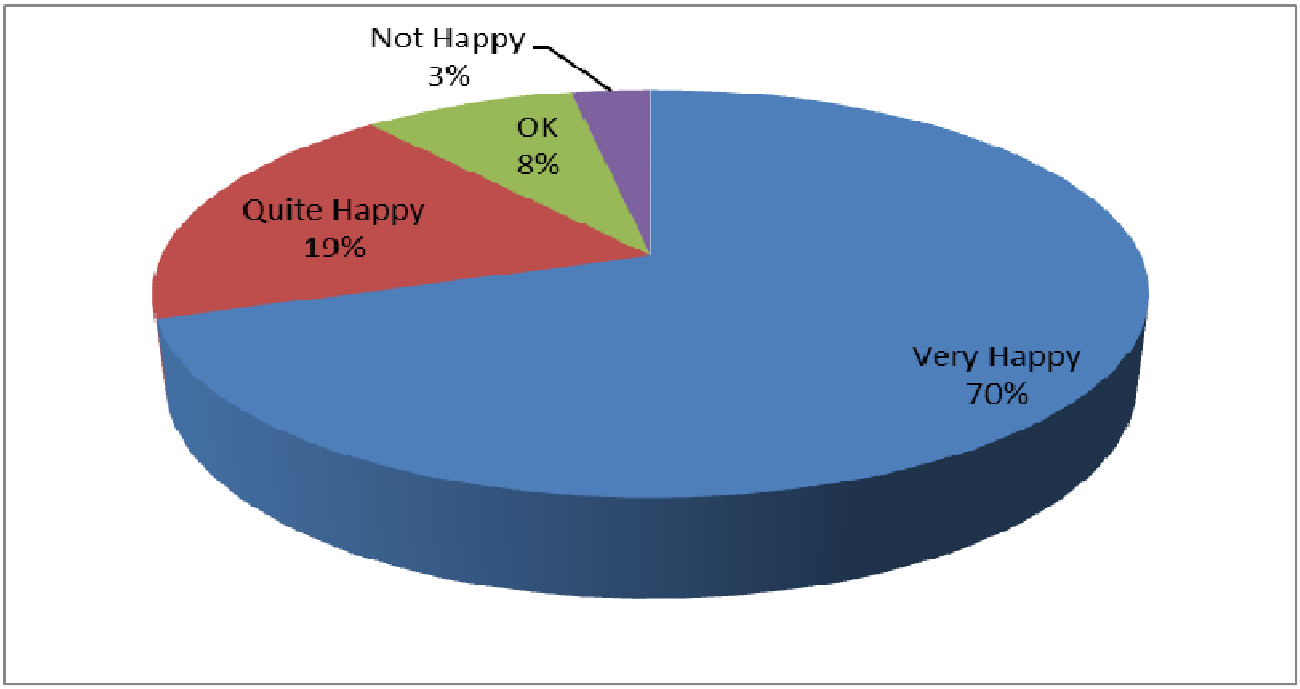
From January 2010 we have been coordinating 5 councils to pilot the development of the Dementia quality Mark for the South West. This kite mark will give reassurance that a chosen home will be able to meet the needs of the person with dementia. Plymouth online directory POD will contain information about the care homes who have achieved this kite mark.

What Our Customers Think!

Each year we complete a survey of what people think of the care and support they receive. Satisfaction levels of the 483 respondents who responded to the question "Overall, how satisfied are you with the care and support services you receive?" are set out below;

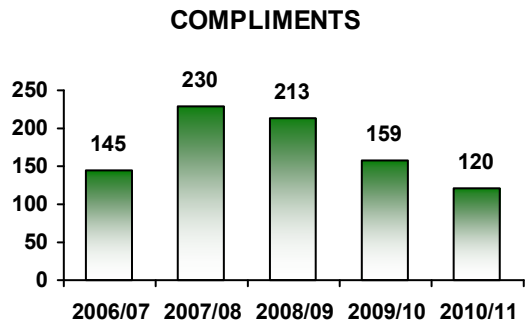


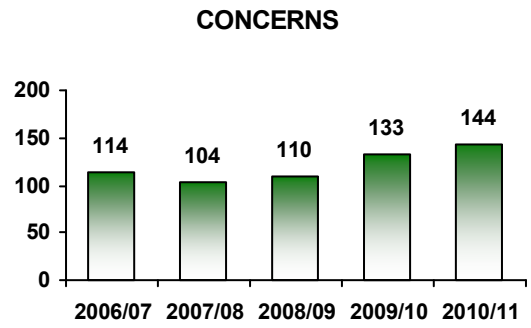
97 Learning Disability clients responded to the same question, with their views set out below:

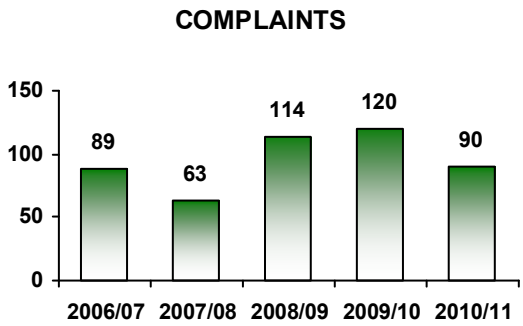


Customer Compliments, Concerns and Complaints

Customer feedback (including compliments, concerns, complaints or suggestions) is crucial for Adult Social Care to improve services, meet the needs of customers, continue good practice, identify trends and inform future service needs and provision. Examples of how people can communicate their feedback include: by phone using a dedicated free phone telephone number, by email direct to the complaints inbox, by letter or in writing by completing a complaints form. The following graphs show the compliments, concerns and complaints received within the Adult Social Care Department made between 1 April 2010 and 31 March 2011, with comparator data provided to show trends in each area.







The complainant can refer their complaint to the Local Government Ombudsman at any point in the complaints procedure. During 2010/11 four complainants asked the Ombudsman to consider their complaints. The Ombudsman did not investigate further any of the four complaints for the following reasons:

- One complaint was considered "premature" by the Ombudsman who asked the Local Authority to consider the complaints in accordance with the statutory procedure.
- The Ombudsman considered one complaint to have been remedied appropriately by the Local Authority and he therefore took no action.
- The Ombudsman considered two further complaints and then "exercised his discretion" to take no further action.

Transforming Adult Social Care

A key element in the way that we improve services is the roll out of the personalisation agenda whereby we give people greater choice and control over the care and support they receive. A key way we can achieve this is by giving people a personal budget or direct payment. For 2010/11 we set a target of having 30% of clients on either a PB or DP by 31st March 2011, and we achieved 31% or a total of 2248 clients, which comprised:

- Personal Budgets; 1099 (of which 709 were new in 2010/11)
- Direct Payments; 545 (of which 68 were new in 2010/11)
- Carers Direct Payments 604 (of which 556 were new in 2010/11)

Some key achievements of 2010/11;

More extra care housing

Extra care housing has been a key initiative across the city to support more people to remain living independently for longer. We currently have 6 such developments. They have purpose built apartments and are fully accessible to people with disabilities. 24-hour care is available on site. Working with Devon and Cornwall Housing Association 2011 saw the opening of Devonport Views, a 42 bedded extra care scheme for older people.

Better information for all

The Plymouth Online Directory (POD) is an online directory of social care and health services and has been designed as a one stop shop to make information more accessible and give people greater choice and control over the services they want to use. The website draws together information and highlights services and organisations to help people maintain their independence in their own homes. There is information on local and national charities, community groups and organisations offering advocacy services, money advice and training, employment and volunteering opportunities. There is also a register for personal assistants who people can use if they want to employ someone to help them in their home.

Transforming learning disability services- short breaks for people with complex needs.

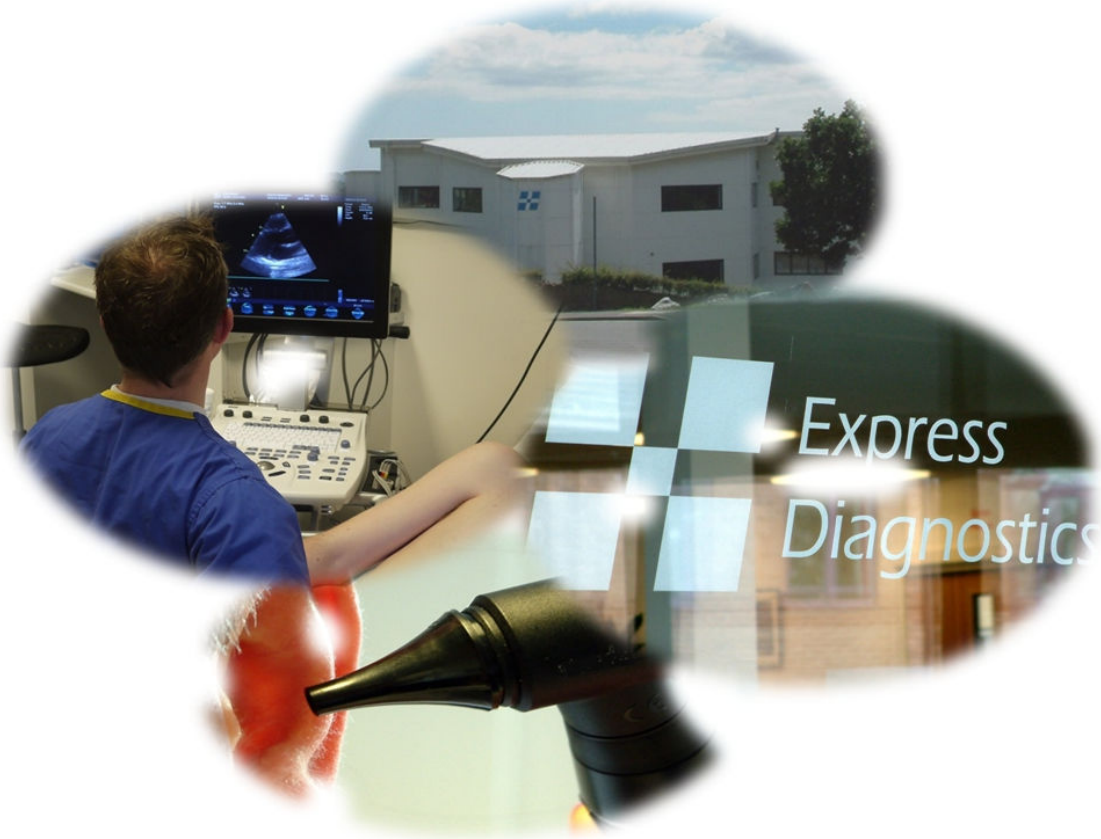
In 2010 we successfully bid to SWRIEP for capital funding to transform short break services for people with a complex need by closing an outdated building and consolidating short breaks onto one site. We consulted with service users and offered tailor made services through personal budgets to 40 people and in November 2011 secured completion of a new extension to our short break service for young people in transition and people with complex needs.

Improvement priorities for 2011/12

In 11/12, we wanted to continue to improve the service that we provide and as such we have a number of service improvements priorities that we have focused on;

- Improve the experience of people accessing and using our services by introducing one front door for all referrals, a new personalised care management service.
- Develop more preventative services and increase opportunities for volunteering.

- Increase the number of service users and carers who have personal budgets and direct payments.
- Develop a Reablement service that promotes independence and recovery
- Develop a Market Position Statement which sets out the types of services we will be commissioning in the future
- Develop more accommodation and employment opportunities for clients with mental health issues and adults with a learning disability.
- Improve the quality of services for people with dementia by working with providers to ensure they are able to support people with dementia.



Express Diagnostics

Quality Accounts

for

2011 - 2012

Part 1

Statement from the Finance and Business Development Director

Express Diagnostics is a Division of Cardio Analytics Ltd, an Independent Clinic providing Diagnostic Test Services to the NHS, Private hospitals and private/self-referral patients.

This is the second set of Quality Accounts produced by Express Diagnostic.

During 2011-2012, we have continue to provide high quality services to patients referred to the Express Diagnostics Clinic for assessments, diagnostic tests and treatments, which is reflected in the results obtained in our patient satisfaction survey.

Of the improvements we stated that we would make during the period 2010 – 2011, we have:

- Acquired a new electronic directly bookable patient appointment system which is currently undergoing test prior to being rolled out in June 2012.

- Increased the number of customers using our web based National Holter Service with a further 18 GP practices nationwide making use of this service.

- Identified a suitable Image Exchange Portal (IEP) system. The web-based application will allow the secure transfer of patient ultrasound images recorded at Express Diagnostics to healthcare professionals responsible for the patient's care.

- We continually monitor our processes and procedures to ensure continued compliance with the requirements of the Care Quality Commissions Standards of Quality and Safety.

Although we have made every effort to ensure that all patients are seen at the appointed time, there are still occasions outwith our control, which results in a patient being seen later than the appointed time.

We now look forward to the challenges presented by the new NHS clinically-led commissioning, introduced with the Health and Social Care Act, and achieving Qualified Provider status, for services already commissioned and new services.

To the best of my knowledge and belief the information in these accounts is accurate

I. N. Jarvis
Finance and Business Development Director

Part 2

Priorities for improvement

The improvements proposed for the year 2012 – 2013 are based on our continued commitment to providing a high quality service which meets and wherever possible exceeds the expectations and requirements of our patients and customers.

1. Upgrade the fabric of clinical rooms.

2. Provide and train a Hearing Aid Assistant, to undertake minor repairs to patient hearing aids.

Review of Services

Express Diagnostics provided 9 specialist services to the NHS during 2011-2012. They include the following Assessments and Diagnostic tests and treatments:-

Hearing Assessments.
Hearing Aid Fitting & Repair.
Exercise Tolerance Testing.
Recording Electrocardiograms.
Echocardiography.
24hour Holter ECG Recording and Analysis.
7 Day ECG Event Recording and Analysis.
24 Hour Ambulatory Blood Pressure Monitoring and reporting.
Spirometry (Lung Function).

Income generated from services provided to the NHS services in 2011 – 2012 represents approximately 98% of the total income generated from the provision of services provided by Express Diagnostics for 2011 – 2012.

Three local region PCT's commissioned Express Diagnostics to provide Audiology, Cardiology and General Medical diagnostic test, treatment and analysis services.

The Express Diagnostics National Holter Service was also contracted to provide 24hour Holter ECG analysis and report services to hospitals and GP practices throughout the United Kingdom, including:

3 NHS hospitals.
57 GP Practices.
15 Private hospitals and clinics.

Participation in clinical audits

The diagnostic and treatment services provided to the NHS by Express Diagnostics are not included in the current list of national clinical audits. The company was not therefore required to participate in national clinical audits or national confidential enquiries for the year 2011 – 2012.

Internal Audits

During 2011 – 2012, the company have carried out a number of internal quality audits which covered all of its current clinical assessment and diagnostic test processes. A number of minor shortcomings were identified during these audits, all of which have been resolved and

Research

Participation in Clinical Research
Two NHS patients who underwent diagnostic test procedures at the Express Diagnostics clinic in 2011 – 2012 were recruited to participate in research approved by a research ethics committee.

Goals agreed with commissioners

Use of the CQUIN payment framework.

The Express Diagnostics income for 2011 – 2012 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. The company was not asked by the PCT commissioners to take part in this process.

What others say about Express Diagnostics?

Comments will be inserted when they have been received from NHS Commissioners, Plymouth LINk and Plymouth City Council Oversight Committee.

Statements from the CQC

The following conditions of registration apply:-

- Diagnostic and Screening Procedures
- Treatment of Disease Disorder or Injury

The Care Quality Commission did not take any enforcement action against the company during 2011 – 2012.

Express Diagnostics has not participated in any special reviews or investigations by the CQC during the period covered by these accounts.

Data Quality

NHS number and General Medical Practice Code Validity

Express Diagnostics did not submit any records to the Secondary Users Service, for inclusion in the Hospital Episodes Statistics during 2011-2012.

Information Governance

Express Diagnostics Information Governance Assessment is currently being progressed. The overall score for 2011-2012 will be provided when assessment is completed.

Clinical Coding Error Rate

Express Diagnostics was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2011 – 2012.

Part 3

Review of Quality Performance

Patient Safety

During the year 2011-2012, two patients referred to Express Diagnostics for Diagnostic Exercise Tolerance tests were transferred to hospital by ambulance for further investigation, after reporting chest pains during or shortly after completing the test protocol. They were transferred to the Emergency department at Derriford hospital for further investigation.

Ambulance response times to these incidents were within 5 and 8 minutes respectively.

Accidents and Near Misses

Two minor accidents were recorded during 2011-2012.

A patient suffered bruising to the knee whilst walking on a treadmill at the start of an Exercise Tolerance Test. The test was halted and the patient was examined by the doctor in attendance. After a short period of rest, the patient was allowed to leave the premises unaided.

A patient's relative tripped and suffered minor scrapes to her knee and hand after tripping over a lip on the inclined entrance to the building. The edge of the incline has been modified to remove any tripping hazard.

Patient Feedback

53% of patients attending the Express Diagnostics Clinic during 2011-2012 completed and returned the patient satisfaction questionnaire. The questionnaire is handed to every patient on completion of their assessment, diagnostic test or treatment.

Table of Patient Satisfaction

	Helpfulness of Reception Staff	Helpfulness of Medical Staff	Speed of Appointment	The Service Received	Seen At The Appointed Time
Totally Satisfied	89.6%	92.5%	88.1%	92.0%	90.8%
Very Satisfied	9.5%	7.0%	10.0%	7.5%	8.0%
Slightly Satisfied	0.4%	0.2%	1.0%	0.3%	0.5%
Neither Satisfied or Dissatisfied	0.4%	0.1%	0.4%	0.1%	0.2%

Slightly Dissatisfied	**0.1%**	**0.1%**	**0.3%**	**0.1%**	**0.4%**
Very Dissatisfied	**0.0%**	**0.0%**	**0.1%**	**0.0%**	**0.0%**
Totally Dissatisfied	**0.1%**	**0.0%**	**0.1%**	**0.0%**	**0.1%**

All comments and suggestions received from patients who completed and returned their questionnaires are forwarded to the Clinical Services Director, who reviews the comments and where appropriate, initiates action to carry out improvements.

Where patients provide adverse comments on the service(s) they received, their concerns were investigated. Where the patient(s) provided their contact details, the results of the investigation and corrective action taken, were communicated to these patients.

Customer Complaints

Complaints or minor concerns were received from 18 patients during 2011-2012, all of which were investigated and resolved to the patient's satisfaction. The majority of the concerns related to the length of time taken from seeing their GP, to being offered an appointment at Express Diagnostics.

Diagnostic Test Statistics

The number of patients attending Express Diagnostics for assessments, diagnostics tests and treatments during 2011 – 2012 are provided in the following tables:

Audiology Services

Type of Test Performed	Number of Patients
Patients referred for Hearing Assessments	1651
3 Year Hearing Re-assessment	95
Patients fitted with one Hearing Aid*	292
Patients fitted with two Hearing Aids*	943
Hearing Aid Repair appointments	1713

* Includes Hearing Aids replaced as a result of outcomes from 3year assessments.

Cardiology Diagnostic Services

Type of Test Performed	Number of Patients
7 Day Cardiac Event Recording and Analysis	609
24hr Holter ECG Recording and Analysis	1441
Exercise Tolerance Tests	244
Echocardiogram recorded and results reported	2330
ECGs Recorded for patients	1098

Other Tests & Examinations

Type of Test Performed	Number of Patients
24 hour Ambulatory Blood Pressure Monitoring and Reporting	1240
Lung Function Tests	156
General Medical Ultrasound Examinations	11

Patient Non-Attendance for Appointment

During 2011– 2012, 182 (2.4%) of the patients referred by their GP for assessments and diagnostic tests at Express Diagnostics, failed to attend for their appointment, despite efforts being made to contact the patients by telephone 24 hours before their appointment to confirm they would attend.

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Plymouth Hospitals NHS
NHS Trust

Quality Account 2011/2012

Contents

1 Chief executive statement

We are continuing to keep patient safety and a high quality patient experience at the centre of all we do to ensure we continue to meet our key objective of providing excellent patient outcomes.

We recognise that this depends on the actions of all our staff and on our commitment at Board level to provide the correct environment for this culture to flourish.

This Quality Account reflects our approach to doing this and outlines the progress we are making.

During 2011/12 we have made significant progress. Our hospital's mortality rates are some of the lowest in the country, and we have seen significant reduction in events that cause harm to our patients, such as serious pressure sores and falls. Our national patient surveys continue to highlight that our staff care for patients and carers with dignity and compassion.

We have also introduced a number of initiatives in our operating departments to embed a culture of safety and have been asked to share this good practice with other organisations. We have continued to

work with partner organisations to ensure that our patients are cared for in the most appropriate settings.

We have continued our strong focus on reducing hospital acquired infections in the Trust. Our infection control team were recognised nationally for their work in reducing surgical site wound infections and we were successful in delivering a very challenging C Difficile target. Whilst our performance in reducing MRSA was significant, unfortunately, the Trust had 6 cases against a target of 5.

During 2011/12 we have continued to work hard to find ways to involve our frontline clinical staff from all disciplines in improving the quality of the services we provide for our patients and carers. This Quality Account presents some of their successes.

I am therefore pleased to present this third Quality Account for 2011/12, which I believe to be a fair and accurate report of our quality and standards of care.

Signature to be added:

Helen O'Shea
Interim Chief Executive

Quality Account requirements

All providers of NHS services must produce an annual Quality Account as set out in the National Health Service (Quality Account) Regulations 2010 which took effect in April 2010

This is the third Quality Account that we have published.

The regulations specify what should be in the Quality Account. We have used the Department of Health Toolkit as the basic template for our Quality Account as well as the published guidance from Monitor, the Independent Regulator of NHS Foundation Trusts.

The Quality Account provides information about our progress over the last year and our ambitions for the year ahead. We believe it will be of interest and value to patients, carers and the public as well as those who buy our services.

Quality narrative

1.1 Our current view of the Trust's position and status on quality

This year we will embed our newly developed Quality Framework based on Safe Care, Personal Care and Effective Care. This will enable us to inform the users of our services what we do well, what we need to improve and how we will do this.

During 2011/2012 we have improved our approach to the delivery of safe, personal and effective care for our patients. We have continued to develop our quality framework to ensure timely delivery of important information to our clinical teams. This includes information on mortality rates, investigations, infection control rates, privacy and dignity and end of life care.

How did we do?

We have reduced our mortality (death) rate by 12%. Our current mortality rate shows that we are significantly better than most hospitals.

We introduced Root Cause Analysis training. This enables staff to analyse adverse events to reveal the root cause of the problem and learn how to prevent the same thing happening again.

Our incident reporting rate has doubled. During the year we encouraged more reporting of 'no harm' or 'near miss' incidents to improve our understanding. A high incident reporting rate is a positive thing and demonstrates a safe culture where potential problems are identified and action taken to prevent harm.

We have seen a 28% reduction in adverse events measured through the Global Trigger Tool (GTT). The Trust uses this tool for measuring the frequency and severity of adverse events. The GTT complements our incident reporting process to identify areas for improvement.

A number of patients were unintentionally harmed during surgery last year. These incidents were investigated and it was highlighted that the appropriate safety checks were not always completed. We have learnt from these incidents and have improved our compliance. 98% of surgical patients have the Surgical Safety Checklist completed appropriately.

We have improved reporting and monitoring of hospital acquired pressure sores. This information has allowed us to implement interventions that have reduced the number of serious pressure sores being reported.

We have worked with our patients, commissioners and our teams to ensure patients are treated in the most appropriate place, this could be in hospital or at home.

To provide more effective care we have introduced the 'Enhanced Recovery Programme' across four key specialities: Gastroenterology, Orthopaedics, Urology and Gynaecology. This is reported later in this document.

Our commitment to patients can be summed up in our patient promises which were implemented during 2011/2012:

- **I will…… care for you compassionately and respectfully**
- **I will …… give you clear information and involve you in your care**
- **I will ….. give you the best treatment I can when you need it**
- **I will ….. make sure you are treated in a clean and safe environment**

2 Priorities and Statement of Assurance

2.1 Report on Priorities for 2011/12

Last year we identified five priority areas for improvement. The following sections describe our achievements against these priorities.

These priorities were:

Priority 1

Reduce avoidable harm through improved levels of learning from incidents and complaints.

Priority 2

Ensure the early detection and appropriate escalation of unwell patients.

Priority 3

Ensure effective pathways of patient care across the health community (including appropriate follow up, continuity of clinical care, reducing length of stay and reducing delayed discharges)

Priority 4

Ensure optimal outcomes of care through delivery of evidence based best practice

Priority 5:

Improve overall patient satisfaction scores, based on the results of the National Inpatient Survey, and aim for the upper quartile for all NHS Hospitals.

Priority 1: To reduce avoidable harm through improved levels of learning from incidents and complaints

Our priority was to reduce levels of harm, continuously improve services and to ensure that when things go wrong lessons are learnt and changes made. It is acknowledged internationally that despite our best efforts some patients suffer harm in hospital and many others narrowly avoid a similar experience, this is known as a 'near miss'.

How did we do?

What we did well:

- We have reduced our mortality (death) rate by 12%. This is measured via the Dr Foster mortality database. Dr Foster can predict the expected number of deaths for each hospital in England based on local information and patient type. Our current mortality rate shows that we are significantly better than average in this area.
- Root Cause Analysis training was introduced. This enables staff to analyse adverse events to reveal the root cause of the problem and learn how to prevent the same thing happening again. Root Cause Analysis is nationally recognised as an important learning aide when things go wrong. This training is available every month for all members of staff.
- Our incident reporting rate has doubled. During the year we encouraged more reporting of 'no harm' or 'near miss' incidents to improve our understanding. A high incident reporting rate is a positive thing and demonstrates a safe culture where potential problems are identified and action taken to prevent harm.
- We have seen a 28% reduction in adverse events measured through the Global Trigger Tool (GTT). The Trust uses this tool for measuring the frequency and severity of adverse events. The GTT complements our incident reporting process to identify areas for improvement. The tool involves clinical teams regularly reviewing a number of randomly selected medical records to identify any adverse events that occurred during a patients stay in hospital.
- A small number of patients were unintentionally harmed during surgery last year, including the occurrence of one never event. These incidents were investigated and it was highlighted that the appropriate safety checks were not always completed. We have learnt from these incidents and have significantly improved our compliance. Currently, 98% of surgical patients have the Surgical Safety Checklist completed appropriately. We have been asked to share this good practice with other hospitals and have worked with several other hospitals in the region to disseminate this learning.
- We have improved reporting and monitoring of hospital acquired pressure sores. This information has allowed us to implement interventions that have reduced the number of serious pressure sores being reported.

What we need to work on:

- We have not yet achieved all of the targets we set for this priority. In particular, we have not achieved a 30% reduction in the percentage of patients with hospital acquired pressure sores. As mentioned above we have improved our processes for identifying patients with pressure sores and will continue to work with clinical teams. We will monitor our improvement through regular audit of our inpatient areas using the National Safety Thermometer and report to the Safe Care Group.

Next steps:

- Reducing avoidable harm to patients remains a key priority for 2012/13 see section 2.2.

Priority 2: Ensure the early detection and appropriate escalation of unwell patients

This priority was to reduce the number of unexpected cardiac arrests by ensuring patient observations are carried out in a timely way and that the deterioration in patient condition is dealt with quickly and by someone with the appropriate level of knowledge and skill.

Improving care for the acutely unwell patient is a key focus for the Trust. We know that earlier recognition of acutely unwell patients improves their chance of surviving. Recognising and managing deterioration of acutely unwell patients can prevent the majority of cardiac arrest calls. This also allows us to identify patients who are approaching end of life and make appropriate decisions for a dignified and peaceful death.

How did we do?

What we did well:

- The number of unexpected cardiac arrests has reduced by 11% compared to the previous year. This indicates that the actions summarised below are improving the care of the deteriorating patient.
- We introduced a colour banded 'early warning system' observation chart for the detection and appropriate escalation of unwell patients – patients that "trigger" on the observation chart are added to a special notice board and discussed at a daily briefing.
- Briefings were introduced to ensure a structured handover of key patient information.
- In addition all cardiac arrest calls are investigated to identify areas for improvement.
- The percentage of patients who "trigger" on the early warning system and receive an appropriate response is monitored monthly, alongside the number of rapid response calls made per month. We are seeing improvement in this area, resulting in better outcomes for our patients.

What we need to work on:

- Although we have seen significant improvements in the number of unexpected cardiac arrests, further work is required to ensure that every clinical observation that triggers on our colour coded chart is escalated and acted on appropriately.

Next steps:

- We will continue to work with clinical teams and provide education about the importance of early intervention when caring for acutely unwell patients. This is one of our key safety indicators and this work will be monitored monthly by our Safe Care Group.

Priority 3: Ensure effective pathways of patient care across the health community (including appropriate follow up, continuity of clinical care, reducing length of stay and reducing delayed discharges)

This priority aimed to improve both patient and carer experience and to reduce costs. We are aiming to reduce the average length of stay for both our emergency and planned patients. We are also working to reduce our follow-up waiting list backlog to ensure that patients receive timely appointments.

We have introduced an Outpatient Efficiency Work Programme to improve and streamline administration processes for outpatients and provide a better experience for patients and carers.

We have introduced the Enhanced Recovery Programme. This was identified as an essential element of the Quality, Innovation, Productivity and Prevention (QIPP) National Programme. Enhanced Recovery Programme benefits include:

- The patient will be in the best possible condition for surgery i.e. any pre-existing conditions will be managed in Primary Care.
- The patient will have the best possible management during and after the operation i.e. minimally invasive surgery, reduced starvation and fluid management.
- The patient has the best post-operative rehabilitation i.e. planned mobilisation and improved pain relief.

How did we do?

What we did well:

- We have achieved a 49% reduction in the follow-up waiting list backlog.
- Introduction of Outpatient Efficiency Work Programme.
- The 'Enhanced Recovery Programme' was implemented across four key specialities: Gastroenterology, Orthopaedics, Urology and Gynaecology.
- Orthopaedics: Enhanced Recovery (ERAS) for major joint surgery – length of stay has reduced by two days for both hip and knee replacement. The team are proactively measuring patient satisfaction on discharge and at six weeks post operatively. Patient feedback to date has been very positive.
- Gastroenterology – a patient diary outlining daily goals has been piloted. The diary aims to manage patient expectations and encourages a standardised approach from the clinical teams. This concept has been well received by patients and staff and is being considered for adoption by other specialities.

What we need to work on:

- Further work is required to ensure that the Enhanced Recovery Programme is rolled out to other surgical specialties including Urology and Gynaecology.

Next steps:

- Enhanced Recovery Programme to be rolled out to other surgical specialties.
- Continue work to reduce follow-up waiting list backlog. This is being monitored closely by our Safety & Quality Committee.

Priority 4: Ensure optimal outcomes of care through delivery of evidence based best practice

This priority was set as we recognise adopting best practice provides the maximum opportunity to ensure optimal outcomes for patients. There are a number of key healthcare organisations who are responsible for identifying best practice which is shared through published guidance, including:

- NICE Clinical Guidelines, Interventional Procedure Guidance, Technology Appraisal Guidance and Public Health Guidance.
- National Confidential Enquiries in Peri-Operative Deaths (NCEPOD) – 'Age Old Problem' and 'Mixed Bag'.
- National Patient Safety Agency (NPSA) Alerts and Reports.
- Royal College and Professional Society Guidance and Reports.

Implementation of guidance is closely monitored to ensure that we provide all our patients with best practice treatment as recommended nationally.

How did we do?

What we did well:

- Compliance with NICE guidance has increased to 70%.
- Targets to ensure appropriate VTE risk assessment and thromboprophylaxis were met.

What we need to work on:

- We will continue to work on improving our compliance with national best practice guidelines and this has been identified as a key priority for the coming year, see section 2.2.

Next steps:

- We have selected a number of important Quality Standards as our focus for the coming year, see section 2.2 for full details.

Priority 5: Improve overall patient satisfaction scores, based on the results of the National Inpatients survey, and aim for the upper quartile for all NHS Hospitals

This priority was set as we believe patients have the right to be treated in an environment that makes them feel safe and cared for. We listened to patients and acted on their concerns to make improvements, with the aim that patients will leave us having had a positive experience.

The National Inpatient Survey provides an annual view of patient experience and our goal was to improve the percentage of patients who rated the care received as 'excellent'.

What we did well:

- Every month patients are asked if they are happy with the care they received through a programme of continuous local inpatient surveys. Survey results are shared with the relevant teams with action plans developed to address key issues raised.
- We appointed a Matron for Safety & Quality to focus solely on improving the patient experience.
- 94% of our patients were cared for in a single sex setting.
- Introduction of our learning disabilities website, including information to ease the patient journey and provision of specialist trained liaison nurses. Our service has been commended by Mencap.
- In 2010 we developed four patient promises after consultation with patients and staff. During 2011, we focused on implementation of the promises listed below:
  - I will…… care for ***you*** compassionately and respectfully
  - I will …… give ***you*** clear information and involve you in your care
  - I will ….. give ***you*** the best treatment I can when you need it
  - I will ….. make sure ***you*** are treated in a clean and safe environment

What we need to work on:

- Further work is required to ensure we deliver an improvement in 'excellent' and 'very good' response rates for overall care received as described in our National Inpatient Survey. We aim to be in the top 20% of acute Trusts.
- Continued work is required to ensure we are in the top 20% performing Trusts for provision of single sex accommodation in the national inpatient survey.

Next steps:

- Expand our local survey activity to include outpatients, maternity and A&E. Provide instant feedback which will enable timely improvement to services for our patients and carers.
- Train our staff to focus on putting you as the patient first and to let you know what we are doing to help you.
- We will include all our feedback into one report to ensure rapid continuous improvement.
- We will roll out specific training for our staff to embed our patient promises to improve our patient and carer experience.

2.2 Priorities for 2012/13

When choosing the quality priorities for the coming year we reviewed achievement against last year's priorities. A selection of priorities for delivery in 2012/2013 have been developed in consultation with key Trust stakeholders including the Safety & Quality Committee, Trust Board and senior executives.

The Trust's three quality improvement priorities for 2012/2013 are:

Priority 1: Safe Care
To reduce avoidable harm to patients from:

- Pressure ulcers (hospital acquired)
- Falls
- Catheter associated urinary tract infections
- VTE
- MRSA
- C.Difficile

Priority 2: Personal Care
To improve the overall patient experience with particular focus on the following domains:

- Communication
- Responsiveness to call bells
- Food and nutrition
- Access and Waiting

Priority 3: Effective Care
To improve pathways of care in line with NICE Quality Standards for:

- Cancer standards
- Chronic Heart Failure
- Chronic Kidney Disease
- Glaucoma
- Specialist Neonatal Care
- Stroke
- VTE prevention

Priority 1: To reduce avoidable harm to patients from: Pressure ulcers, Falls, Catheter associated urinary tract infections, VTE, MRSA, C.Difficile

Rationale

Pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism (VTE) are the most commonly reported avoidable harm events within acute trusts. The National Safety Thermometer is a local improvement tool for measuring, monitoring and analysing these harm events. We will use this information to drive improvements and reduce avoidable harm.

We have a zero tolerance approach to infection. This means we will do all we can to improve cleanliness and prevent infection. Our Infection Prevention and Control Team will continue to work with clinical teams to reduce the number of cases of MRSA and C.Difficile reported per year.

Current status

We have reviewed our current position based on information from the past 12 months. We have then used this information to set targets for the coming year. Our current status is as follows:

Improvement Area	Performance 2011-12	Target 2012-13
Reduce the percentage of patients with grade 3 and 4 hospital acquired pressure ulcers	3.7% Apr 11 – Feb 12	<3.0%
Reduce the number of inpatient falls resulting in serious harm	78 incidents	<50
Reduce harm from catheter associated urinary tract infection by reducing the number of days where a catheter is in situ	Data not previously collected	Monthly data collection
Reduce harm from venous thromboembolism by ensuring that patients receive a risk assessment and are given appropriate prophylaxis	92%	>95%
Reduce the number of MRSA bacteraemias	6	<3
Reduce the number of C.Difficile cases	41	<25

* Targets to be agreed with commissioners.

How will we do it?

We will improve our surveillance of the improvement areas listed above by implementing the National Safety Thermometer. Each of the improvement areas is supported by a workstream with a designated clinical lead.

Measuring progress

We will monitor progress and implement changes to practice via the Safe Care Group chaired by the Medical Director with a monthly Safety & Quality Dashboard produced and presented at these meetings.

We will introduce the 'Knowing How we are Doing' initiative into all of our ward areas; this is a dashboard that is made up of a number of key safety and quality indicators, which will enable ward staff to monitor their progress in these areas and take action.

Priority 2: To improve the overall patient experience with particular focus on the following domains: communication, responsiveness to call bells, food and nutrition, access and waiting

Rationale

We believe patients have the right to be treated in an environment that makes them feel safe and cared for. Our previous patient survey results indicate areas for continued improvement. This is in addition to the requirement to take appropriate action in response to trends and themes identified through PALS and Complaints. We will particularly focus on the experiences of patients with learning disabilities, dementia and elderly patients and their carers.

Current status

We have expanded local survey activity over the past 12 months using an electronic system (Meridian) whereby patients are asked if they are happy with the care they received. Results are shared with relevant teams and actions agreed to address key issues raised. The new electronic survey system provides instant feedback which enables timely improvements for our patients.

The National Inpatient Survey provides an annual view of patient experience and our goal was to improve the percentage of patients who rated the care they received as 'excellent'.

The National Outpatient Survey which is undertaken every 2 years, showed that patients rated the hospital in the top 20% of similar organisations.

Improvement Area	Performance 2011-12	Target 2012-13
Improve the percentage of patients who would recommend the Trust to family/friends	88%	>90%
Improve the percentage of patients rating the hospital as 'excellent' or 'very good' as an overall satisfaction score	80%	>85%
Increase the percentage of patients being given a choice of appropriate admission date	19%	>25%
Improve the percentage of patients who feel they were treated with dignity & respect by staff	79%	>85%
Improve the percentage of patients rating the quality of hospital food as 'very good' and 'good'	49%	>75%
Improve the percentage of call bells responded to within 5 minutes	80%	>90%
Reduce the percentage of patients reporting that they were given conflicting information by staff	66%	<50%

* Targets to be agreed

How will we do it?

We have an agreed Patient Experience Action Plan which we will continue to develop throughout the year. This includes actions to address issues highlighted through local and national survey activity, feedback from our stakeholders including

LINk/Healthwatch, and themes identified through complaints and PALS. We will measure progress in several areas, including those listed below.

Measuring progress

We will monitor progress and implement changes to practice via the Personal Care Group chaired by the Chief Nurse on a bi-monthly basis. We will provide quarterly updates to the Safety & Quality Committee and results will be included as part of the Safety & Quality Dashboard produced and presented at these meetings. They will include:

- Overall satisfaction scores
- If your admission was planned in advance were you given a choice of admission dates?
- If you required assistance at mealtimes was this offered to you?
- If you needed to use your call bell was this responded to within a reasonable timeframe?
- During your stay do you consider that the nurse staffing levels were adequate?
- Were you involved in discussions about your discharge?
- During your stay, were you treated with dignity and respect?

Priority 3: To improve pathways of care in line with NICE Quality Standards for: Cancer standards, Chronic Heart Failure, Chronic Kidney Disease, COPD, Diabetes, Glaucoma, Specialist Neonatal Care, Stroke, VTE prevention

Rationale

NICE Quality Standards are derived from the best available evidence and set out aspirational but achievable markers of high quality cost-effective patient care.

How will we do it?

Each of the Quality Standards will have a designated clinical lead responsible for leading on each improvement workstream. A baseline assessment will be completed to identify where work is required, action plans will then be produced and actions implemented.

Measuring progress

We will monitor progress and implement changes to practice via the Effective Care Group chaired by the Assistant Medical Director for Quality with a bi-monthly dashboard produced and presented at these meetings. This work will be supported by Clinical Audit.

2.3 Statements of assurance from the board

During 2011/12 Plymouth Hospitals NHS Trust continued to provide (or sub contract) 64 NHS services.

The Trust has reviewed all data available to us on quality of care in all these NHS services.

The income generated by the NHS services reviewed in 2011/2012 represents 100% of the total income generated from the provision of NHS services by Plymouth Hospitals NHS Trust for 2011/2012.

Clinical Audit

Clinical audit is an evaluation of the quality of care provided against agreed standards and is a key component of quality improvement. Its aim is to provide assurance and to identify improvement opportunities. The Trust has a yearly programme of clinical audits which includes three types of audit:

- National audit where specialties are asked to become involved.
- Corporate audit where we set a list of clinical audits which are carried out by the Clinical Audit Support Team on a Trustwide basis.
- Local audit which clinical teams and specialties determine and which reflect their local priorities and interests.

National Clinical Audit

During 2011/12, the Trust completed 17 National Clinical Audits (NCA) as listed below, those highlighted in grey are those on the HQIP approved list. The Trust is also in the process of actively participating in a further 35 NCAs shown in the second table.

Speciality	Audit Title	Organising Body	Completion Date	Audit Lead
Dietetics	Children's Nutrition Audit 2011	Ulster University	May-11	Susan Love (Vivienne Jones as directorate lead)
Emergency Department	Rolling 3 year programme - Vital signs in majors recording	College of Emergency Medicine	Jan-11	Dr Andrew Kelly
Emergency Department	Rolling 3 year programme - Fever in Children (Paediatric fever)	College of Emergency Medicine	Jan-11	Dr Andrew Kelly
Gastroenterology	IBD National Audit Ulcerative colitis & Crohn's disease	British Society of Gastroenterology	Jun-11	Mr Chris M Hayward
Gastroenterology	IBD Quality Improvement Project (QIP)	Royal College of Physicians	Aug-11	Mr Chris M Hayward
Gynaecology - Fetal Medicine	NHS FASP/RCOG amniocentesis & chorionic villus	FASP	14 March – 8 April 2011	CRW/IAM

Speciality	Audit Title	Organising Body	Completion Date	Audit Lead
Healthcare Science & Technologies – Small Cell Lung Cancer	CONVERT – Concurrent Once daily Versus twice daily Radiotherapy	Christie Hospital NHS Foundation Trust	Apr-10	Nikki Blackler
Healthcare Science & Technologies – Clinical & Radiation Physics	Third UK National CT Survey	HPA	28-Feb-11	Nick Rowles
Healthcare Science & Technologies – Clinical & Radiation Physics	National Patient Dose Database	HPA	14-Feb-11	Nick Rowles
Healthcare Science & Technologies – Radiotherapy Physics	Breast Dose Import Low	National Radiotherapy Trials Team	Mar-11	Nicola Blackler, Savva Rizkalla
Healthcare Science & Technologies – Radiotherapy Physics	IMRT Implementation Programme	NCAT	Dec 10 – March 2011	Jackson Zifodya
Medicine - Respiratory	COPD	Royal College Physicians	2010	Dr Phil D Hughes
Medicine - Respiratory	Adult Asthma (2011)	British Thoracic Society	Oct-11	Helen Harris
Medicine - Respiratory	Adult Community Acquired Pneumonia	British Thoracic Society	May-11	Dr Phil D Hughes
Medicine - Respiratory	Adult Non Invasive Ventilation NIV	British Thoracic Society	May-11	Dr Phil D Hughes
Plastic Surgery – Breast Surgery	National Mastectomy and Breast Reconstruction Audit	The NHS Information Centre for Health & Social Care	31-Mar-11	Mr Eric Drabble
Medicine - Respiratory	Emergency Oxygen Audit (15)	British Thoracic Society	01-Nov-11	Dan Higgs & Natalie Lewis

Speciality	Audit Title	Organising Body	Completion Date	Audit Lead
Breast Screening	NBSS Audit	Quality Assurance Reference Centre, National Breast Screening Service	Continuous, running April to March every year, finalised in September each year	Dr Jim Steel Mrs Frances Slater
Child Health - Cystic fibrosis	Port -CF	Cystic fibrosis trust	Ongoing	Dr Alan Cade
Child Health	Epilepsy (12)	RCPCH	Ongoing	Dr Rebecca Smith
Child Health - Diabetes	National diabetes audit (Paediatrics)	RCPCH	Ongoing	Dr Rebecca Smith
Endocrinology	Acromegaly Database	Society of Endocrinology		Dr Daniel Flanagan
Gynaecology	BSGE Endometriosis data base	Gynae endoscopy society		Mr Jonathon Frappell

Speciality	Audit Title	Organising Body	Completion Date	Audit Lead
Gynaecology	National Heavy Menstrual Bleeding audit (HMB)	RCOG		Mr Peter Scott
Haematology	Does follow up blood test predict relapse of diffuse large B cell lymphoma (1215)			Dr Simon Rule
Healthcare Science & Technologies – Radiotherapy Physics	SABRE	Cancer Research UK	31-May-13	Savva Rizkalla
Hepatology	Demographics and management of Hepatitis B (908)			Dr Matthew Cramp
Histopathology	National: Audit of NHSBCPS specimens for 2010 (1496)			Dr C McCormick
Medicine - Care of the Elderly	National Audit of Dementia (1230)	Royal College of Psychiatrists		Karen Grimshaw
Medicine - Care of the Elderly	National audit of falls and bone health in older people (1352/ 8)	Royal College of Physicians		Dr Jamie Fulton
Medicine - Respiratory	Port CF	Cystic Fibrosis Trust	On-going	Dr David Derry
Medicine - Respiratory	LUCADA	Royal College Physicians * NCASP	On-going	Dr Philip J Pearson
Medicines Management	National: Southwest SHA quality & patient safety improvement programme: Missed doses	Southwest SHA	Ongoing	Ann Cardell
Neonatology	Vermont – Oxford Network	Vermont – Oxford Network	Continuous	Dr Alex Allwood
Neonatology	Centre for Maternal and Child Enquiries	CMACE / MBBRACE	Continuous	Dr Alex Allwood
Neonatology	National Neonatal Audit Programme	National Neonatal Audit Programme	Continuous	Dr Alex Allwood
Neonatology	Neonatal Data Analysis Unit	Neonatal Data Analysis Unit	Continuous	Dr Alex Allwood
Neonatology	British Paediatric Surveillance Unit	British Paediatric Surveillance Unit	Continuous	All NICU Consultants
Neurology	The Sentinel Stroke Audit	Royal College of Physicians	Continuous	Ian Wren
Neurology	Acute Stroke – Stroke Improvement National Audit (SINAP)	Royal College of Physicians	Continuous	Ian Wren
Neurosurgery	Outcomes in cerebral Abscesses (1102)			Mr Kevin Tsang

Speciality	Audit Title	Organising Body	Completion Date	Audit Lead
Neurosurgery	Timing of Prothrombin Complex Concentrate Therapy in anticoagulated patients with intracranial haemorrhage (1218)			Mr Peter Whitfield, Mr Elfyn Thomas
Neurosurgery Emergency Critical Care	National: retrospective review of neurosurgery intervention in traumatic brain injury (1516)			Dr Peter MacNaughton
Neurosurgery	Shunt Registry	Addenbrookes Hospital	Ongoing	Prof John Pickard
Oncology - Cancer Support Centre	Skin cancer patient satisfaction survey(1478)			Ruth Devlin
Orthodontics	Advice on use of mouth-guards	British Orthodontic Society		Nominated SpR
Orthodontics	Use of functional appliances	British Orthodontic Society		Nominated SpR
Orthodontics	Cross-infection control of orthodontic impressions	British Orthodontic Society“		Nominated SpR
Orthopaedics	LMT Hemiarthroplasty for fractured neck of femur audit (814)			Mr Jonathon Keenan, Mr Christoph McAllen
Orthopaedics	National: Audit of VTE risk factors in patients who have had VTE and been treated in DVT clinic (1657)			Mr Christoph McAllen
Orthopaedics	National Joint Registry	National Joint Registry	Ongoing	
Urology	National Suprapubic Catheter insertion Audit (1214)			Mr Paul McInerney

The reports of national clinical audits are reviewed by the appropriate clinical lead together with the Medical Director.

Corporate Audit

A total of 6 corporate themed audits have been conducted during 2011/12, the results of which have been reported to the individual directorates as completed and Trust wide summary reports have been reported to the Clinical Governance Steering Group and later the Effective Care Group for monitoring of actions.

Local Audit

The results of local audits are reviewed by the relevant Directorate Governance Groups along with analysis of the proposed actions following audit findings.

Research

The Trust's Strategic Plan for Research and Development is an important step forward in the Trust's business both financially and in terms of reputation.

Clinical research is about improving the clinical treatments available to patients and discovering new ways of managing conditions. Our strategy aims to ensure that we are at the forefront of research and that patients can have confidence in the treatments we provide. This work supports the Trust's strategic care programmes by developing a research rich culture and an environment which is based on research strengths, targeted investment and collaborative research.

PHNT has a well-established research base, demonstrating significant and sustained growth over the last two years (296 active projects in 2009-10 and 415 active projects in 2011-12), especially in commercial clinical trials. Research income from commercial clinical trials has grown from £574,525 in 2009-10 to £854,822 in 2011-12. PHNT is a member of the new Quintiles Peninsula Prime Site. This collaboration is expected to attract a further £2m to the Peninsula in the next four years.

The Research & Development Department (R&D) have identified pathways and processes to deliver an income increase of £500k in 2012-13. With recognition by all departments that research is part of core business, together with continually improving pathways and processes, we expect to see further increases in recruitment figures. These increases will maintain and attract extra funding from the research networks hosted by PHNT, as well as attracting greater commercial research to the Trust over the next five years. PHNT is currently the highest recruiter of patients to interventional studies in the Peninsula; recruiting more patients to this type of study than the rest of the Peninsula put together. The 2011-12 patient recruitment data for the National Institute for Health Research (NIHR) portfolio studies is still being collected, but currently stands at 4287 patients receiving NHS services which were recruited to participate in research for the Trust. This represents a 235% increase on 2008-09. Areas of particular research expertise include neurology, haematology, diabetes, emergency services research and oncology. Recruitment to these and other specialties will be further enhanced by PHNT research nurses working collaboratively across the healthcare community. PHNT is committed to improving recruitment by 10% over the next 2 years.

There has been a strengthening of the research infrastructure by R&D partially through utilisation of funding from the National Institute for Health Research (NIHR) Clinical Research Networks. PHNT now employs 52 whole-time-equivalent research nurses across the Trust. Workforce changes planned within the Research Nurses structure will see the development of a team structure to support particular specialties. The implementation of the Research Nurse competency initiative will develop the research nurse workforce, offering a career structure which will both support and help to retain the Research Nurse skill base. With this infrastructure, and with other support arrangements, the Trust has been able to confidently operate in the 'delivery phase' of the Trust's Strategic Plan for Research and Development.

Dr Simon Rule the Associate Medical Director (AMD) for R&D, has been proactive in engaging with the Peninsula College of Medicine and Dentistry (PCMD) and Plymouth University leadership teams to identify opportunities for research synergies between the organisations. Dr Helen Neilens, the Trust Research Advisor, has also been instrumental in encouraging research links between the Trust and the University, with many active collaborations involving the Faculty of Health, the School of Biomedical and Biological Sciences and the School of

Psychology. From a nursing perspective there have been links with the University to look at developing a research framework which seeks to identify practical opportunities for collaboration in postgraduate education and research. The Trust also hosts a NIHR accredited Clinical Trials Unit (PenCTU) which, with the split of the Peninsula Medical School, on re-accreditation the plan will be for it to become the Plymouth Clinical Trials Unit; helping to further support academic research and act as a complementary resource for R&D here in Plymouth.

In view of the recently announced proposed split of the Peninsula Medical School, PHNT is currently engaging closely with Plymouth University to develop collaborative working across the research environment. Plymouth University has identified a budget of £25m in support of this collaboration. The planned Medical School split offers a unique opportunity to Plymouth to develop a robust collaborative research structure across the healthcare community.

The R&D Dept successfully hosted its inaugural *Plymouth Hospitals Research Conference 2011: Leading Research for Patient Benefit.* This event was a very well received and attended by researchers and clinicians from the Plymouth area. The Conference will take place again this September and bi-annually in future.

The Trust continues to play a full and active part in the organisation and promotion of clinical research in the Peninsula. Specialty groups were created by the NIHR Clinical Research Network to ensure *'access to clinicians with the topic based expertise and enthusiasm that is critical to the success of the NIHR CRN'*. Regional leads are appointed for speciality groups both to promote NIHR portfolio research in the speciality area and to provide a channel of communication between the regional and national levels. The Trust is represented amongst the Peninsula speciality group leads, by Professor Freeman (Reproductive Health), Dr Cramp (Hepatology) and Dr. Minto (Anaesthetics).

The Trust also plays a key role in the training of researchers throughout the Peninsula. Dr. Chris Rollinson (Trust's Research Governance Manager) is the Peninsula NIHR Link Facilitator for training.

The Trust will seek to maintain the momentum of growth in research activity. Our efforts will be focused on supporting our researchers to enable them to develop as research leaders able to win significant research grants and become Chief Investigators of major research studies with a national and international profile.

The R&D Department welcomes the priority the Trust Board attaches to R&D in its developing strategic thinking and the challenging target of top ten percent performance for R&D involvement nationally.

Care Quality Commission

The Care Quality Commission (CQC) is the organisation which regulates and inspects health and social care services in England. All NHS hospitals are required to be registered with CQC in order to provide services and are required to maintain specified 'essential standards' in order to retain their registration. As part of its role the CQC is required to monitor the quality of services provided across the NHS and to take action where standards fall short of the essential standards. Their assessment of quality is based on a range of diverse sources of external information about each Trust which is regularly updated and reviewed. This is in addition to their own observations during periodic, planned and unannounced inspections. If an issue raises concern during the data review process or from other sources of information CQC may undertake an unplanned, responsive inspection.

No enforcement action has been taken against the Trust during 2011/12 and the Trust has not been the subject of a responsive inspection. The Trust was, however, the subject of a routine planned inspection in 2011/12. This involved a detailed review of relevant information, observations on how people were being cared for, discussions with staff and talking to people who use services. The CQC's report was published in August 2011 and concluded that the Trust was compliant with all of the essential standards of safety and quality but, in order to maintain this, suggested some improvements were made. These improvement areas and the Trust's response may be summarised as follows:

- **The CQC concluded that "In a small number of areas within the hospital there are not always sufficient numbers of suitably qualified, skilled staff available to provide adequate cover for short term temporary absences". Specifically, some wards were short of staff at the time of the Care Quality Commission inspection.**
  The Trust has reviewed staffing levels across all wards has actively recruited additional Healthcare Assistants and Registered Nurses to bring staffing up to established levels. This issue continues to be monitored on a weekly basis by the Chief Nurse and the Senior Management Team.

- **The Care Quality Commission concluded that "Improvements are needed to ensure women and their families know how to make a complaint". Specifically, it was noted that Maternity Services patients were not receiving information about the Trust's complaints process.**
  The Maternity Service has been provided with a supply of the complaints leaflets for inclusion in patient information packs. We have also improved the timeliness of responding to complaints. This is reviewed by our Safety & Quality Committee on a monthly basis and continues to improve.

- **The Care Quality Commission concluded that "There are new arrangements being made for training clinical staff on the management of medicines and assessing that they have the competency and skills needed, but these are not fully implemented yet."**
  The medicines management training programme has now been implemented.

In summary, the Trust continues to be fully registered with CQC across all if its locations without conditions and continues to monitor compliance across all of the essential standards.

Data quality

Clinicians and managers need ready access to accurate and comprehensive data to support the delivery of high quality care. Improving the quality and reliability of information is therefore a fundamental component of quality improvement.

At Plymouth Hospitals NHS Trust we monitor the accuracy of data in a number of ways including the monthly Data Quality Steering Group (DQSG). This group utilises the Trust's internal Data Quality Dashboards and external Dashboards to monitor key indicators. Within the Performance & Management Information Department is a Data Quality Team, whose priorities are led by the DQSG.

Each directorate area in the Trust has one or more Data Quality Champions. These operational Data Quality leads ensure their area is performing in accordance with the required standards. As well as the internal Data Quality Dashboard, there are a variety of Data Quality reports used by the Data Quality Team and operational leads to validate and correct issues.

National Data Quality Validity and Benchmarking

Plymouth Hospitals NHS Trust provides submissions to the Secondary Uses System (SUS). This is a single source of comprehensive data which enables a range of reporting and analysis in the UK and is run by the NHS Information Centre.

This SUS data feeds the SUS Data Quality Dashboards and the Dr Foster Data Quality reports used to validate and benchmark performance. Each month the DQSG reviews any failing indicator and ensures there is an action plan to resolve this. During 2011/2012 this has led to improvement in NHS Numbers, Registered GP Practices, Postcodes and Attendance Outcomes.

Information Governance Toolkit Attainment Levels

The Information Governance Toolkit provides an overall measure of the quality of data systems, standards and processes. The score a trust achieves is therefore indicative of how well they have followed guidance and good practice.

The Trust's Information Governance Toolkit score for 2011/12 was 75% which demonstrates satisfactory compliance against a scoring matrix of satisfactory/not satisfactory. An improvement plan has been produced in order to further progress the agenda in preparation for the 2012/13 submission.

Clinical Coding

Clinical coding is the process by which patient diagnosis and treatment is translated into standard, recognised codes which reflect the activity that happens to patients. The accuracy of this coding is a fundamental indicator of the accuracy of patient records. PHNT was subject to a successful Payment by Results clinical coding audit by the Audit Commission during 2011/2012.

Revalidation

Revalidation is the process by which doctors are assessed as competent to continue to provide medical care to their patients. This is administered by the General Medical Council and is coming into force in 2012/2013. It will take approximately five years for all doctors to be accredited.

The Trust Board has nominated its Responsible Officer, who is leading on the implementation of revalidation for all medical staff. The timetable is being set by the GMC, and we expect that our first revalidation recommendations will be made during 2012/2013. The Trust participates in the Regional Responsible Officers network events, and submits quarterly Organisational Readiness Self Assessment returns.

3. Quality overview

In selecting our quality metrics for the quality overview we have chosen measures from the Trust Quality and Safety scorecard which forms part of our continuous Trust review and reporting.

These measures cover patient safety, experience and clinical outcomes. The metrics are nationally known to be important indicators in their respective areas, as well as reflecting our quality priorities. Historical performance has been included along with a column to specify what an individual measure means.

Target	Performance 2010-11	Target 2011-12	Performance 2011-12	What this means
Safety measures reported				
Incidence of C-diff	32	43	41	Lower score is better
Incidence of MRSA	4	5	6	Lower score is better
Hand hygiene completion rates	100%	100%	97.5%	Higher % is better
Hand hygiene compliance rates	99%	95%	97%	Higher % is better
Patient falls resulting in harm or death	103	97	78	Lower score is better
Incident reporting rate – per 100 admissions	3.86 (Sept 10)	5.25	6.37	Higher score is better
Number of Never events	6	0	1	Lower score is better
% of observation charts completed accurately	89%	95%	95%	Higher % is better
Number of cardiac arrest calls	239	215	212	Lower score is better
Ulcer prevalence (% of patients with pressure ulcers) Grades 2, 3, 4 ► Total patients: ► Hospital acquired:	7.8% 4.1%	30% reduction	8.3% Apr 11 – Feb 12 3.7% Apr 11 – Feb 12	Lower % is better
% patients receiving appropriate VTE risk assessment (started recording from July 2010 – month on month increase to Feb 2011)	Jun 10 - 59% Feb 11 – 90%	90%	92%	Higher % is better
% patients receiving appropriate thromboprophylaxis	96%	95%	95%	Higher % is better
Clinical outcome measures reported * National Average = 100				
Mortality (HMSR)	77.7 Relative Risk*	73.8 Relative Risk*	80.1 Apr 11-Jan 12	Lower score is better
% stroke patients spending 90% of their stay on ASU	68%	80%	77.3%	Higher % is better
Fractured NOF – delays to surgery < 36hrs	59%	70%	62%	Higher % is better
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	1.6% (942)	0.8%	1.37%	Lower % is better
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	2.9% (27)	2%	1.8%	Lower % is better

Target	Performance 2010-11	Target 2011-12	Performance 2011-12	What this means
Patient experience measures reported				
PEAT Scores ► Food & hydration ► Environment ► Privacy & dignity	 Excellent Good Good	 Excellent Excellent Good	 Good Good Good	Higher is better
Recommender scores (would definitely recommend)	86%	88%	88%	Higher is better
Overall satisfaction scores (excellent and very good)	79%	84%	80%	Higher % is better
Overall Dignity and respect (always)	79%	84%	79%	Higher % is better
% patients receiving care in single sex setting	82%	85%	94%	Higher % is better
% patients given a choice of admission date	21%	25%	19%	Higher % is better
% patient rating cleanliness as very or fairly clean	97%	97%	98%	Higher % is better
% involved as much as wanted to be in decision about their care	54%	57%	55%	Higher % is better
% experiencing delayed discharge from hospital (stating no)	43%	35%	41%	Lower % is better
Complaints and concerns	702	600	733	Lower is better
Complaints and concerns responded to within target time	38%	80%	81% at the end of March	Higher % is better

3.2 National targets and regulatory requirements

Target	Performance 2010-11	Standard 2011-12	Performance 2011-12	What this means
Incidence of C-Diff	32	43 (max)	41	Lower score is better
Incidence of MRSA	4	5 (max)	6	Lower score is better
18 week maximum wait for admitted patients from point of referral to treatment	93.5%	90%	92.8%	Higher % is better
18 week maximum wait for non admitted patients from point of referral to treatment	98.3%	95%	96.8%	Higher % is better
Maximum time in ED of four hours from arrival to admission, transfer or discharge	96.7%	95%	94.78%	Higher % is better
All cancer two week wait	95.4%	93%	94.5%	Higher % is better
Two week wait for symptomatic breast patients (cancer not initially suspected)	97.8%	93%	97.5%	Higher % is better
31 day (diagnosis to treatment) wait for first treatment: all cancers	98.0%	96%	98.3%	Higher % is better
31 day wait for second or subsequent treatment: surgery	97.2%	94%	96.9%	Higher % is better
31 day wait for second or subsequent treatment: anti cancer drug treatments	100.0%	98%	99.8%	Higher % is better
31 day wait for second or subsequent treatment: radiotherapy treatments	95.4%	94%	96.6%	Higher % is better
62 day (urgent GP referral to treatment) wait for first treatment: all cancers	86.2%	85%	84.7%	Higher % is better
62 day consultant upgrade wait for first treatment: all cancers	90.5%	85%	90.3%	Higher % is better
62 day wait for first treatment from consultant screening service referral: all cancers	91.9%	90%	89.2%	Higher % is better
Access to genitor-urinary medicine clinics (48 hours)	100.00%	100%	100%	Higher % is better
Access to rapid access chest pain clinics within two weeks from referral from GP	100.00%	>=98%	100%	Higher % is better
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	1.6%	<=0.8%	1.37%	Lower % is better
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	2.9% (27)	<5%	1.8%	Lower % is better
Delayed transfers of care	3.4% (1352)	3.5%	2.3%	Lower % is better

Shadow Governors Feedback & Contribution

The Shadow Governors have contributed to this Quality Account during the consultation and review process.

The Governors have expressed support for a culture of continuous improvement in all areas and have suggested a number of specific areas for improvement based on their own experiences.

The Governors commented on some of the key achievements over the past year and expressed their encouragement with regards to these improvements. The Governors have also helpfully provided feedback on the style and language used and this will be incorporated during the development our future Quality Accounts.

Statement from our Local Involvement Network (LINk) Plymouth LINk

Statement to be inserted following consultation.

Statement from our Local Involvement Network (LINk) Cornwall LINk

Statement to be inserted following consultation.

Statement from commissioning PCT

Plymouth Hospitals NHS Trust has worked extremely hard to ensure that its focus on the continuous improvement of quality of care is at the centre of the services it provides, and as lead commissioner, the Western Locality of NHS Devon, Plymouth & Torbay is pleased to work in partnership with the Trust to support this approach. The Quality Account for 2011/12 describes the achievements, priorities and planned actions to drive forward quality improvement focusing on national, local and regional priorities as well as those areas which we know are important to patients. The Quality Account also recognises the importance of issues of consistency and productivity that underpin quality improvement. NHS Devon, Plymouth & Torbay is happy to support the development of the Trust's quality and safety improvement programme through the use of CQUIN, which has provided incentives to clinicians to continuously respond and improve care based on patient experience and best evidence.

The Trust has demonstrated improvement on the priorities identified with last year's account with some areas of outstanding performance and areas which can be further improved during this year. The Trust performance in reducing MRSA has been significant despite failing to achieve its challenging target – having 6 cases against a target of 5. The work of the infection control team has been exemplary in reducing surgical site infections and good progress has been made in terms of embedding a culture of safety in operating departments.

Good progress has been made in the strengthening, monitoring and reporting of the quality of care provided. The Trust has demonstrated its commitment to capturing and acting upon patient experience with the introduction of systems to perform real time surveys of the quality of care received. This will ensure that quality improvement is built upon feedback from patients. Overall in the year 2011/12 we would agree with the progress on quality improvement described within the Quality Account, and we have been witness to the efforts of the Trust to put quality of care at the heart of everything it does.

The 2011/12 priorities described by the Trust are consistent with the priorities agreed with NHS Devon, Plymouth & Torbay in improving the experience of patients within the care they receive, working to increase reliability and productivity, ensuring patient safety and progressing clinical excellence. NHS Devon, Plymouth & Torbay has also worked with the Trust to support these improvements through CQUIN where possible. In particular, the focus on the avoidance of hospital acquired pressure sores and efficiencies in outpatient processes are supported by NHS Devon, Plymouth & Torbay, as we know that these are issues which can make a significant difference to the outcome for patients both clinically and in terms of their experience.
The alignment of the Trust's philosophy for quality of care with NHS Devon's is critical as it is only an open and respectful partnership between commissioner and provider and its managers and clinicians that will drive improved outcomes for patients. The description of the achievements made in 2011/12 and the focus on quality during 2012/13 demonstrate in absolute terms the commitment of the Trust from ward to Board to improving quality of care and we continue to support the approach the Trust has taken, the principles for quality improvement it has adopted and its priorities for the future.

Cornwall Health & Adults Overview & Scrutiny Committee

Cornwall Council's Health and Adults Overview and Scrutiny Committee (HAOSC) agreed to comment on the Quality Account 2011-2012 of Plymouth Hospitals NHS Trust (PHT). All references in this commentary relate to the period 1 April 2011 to the date of this statement.

The Committee is extremely concerned regarding the lack of permanent leadership and the financial challenges faced by the Trust at a time of possible significant change in their status and within the national health frameworks. There is also anxiety about the impact of this on the recruitment and retention of staff, and the impact on essential nursing care.

The work undertaken by PHT in relation to Cornish patients is welcomed but we wish to see an ongoing commitment to service provision and increasing use of Cornish health facilities for outpatient's appointments for these patients where appropriate.

The Committee is disappointed with the Trust performance in relation to stroke and fractured neck of femur.

The improvements in theatres, pressure sores and cleanliness is commended by the Committee and is felt to demonstrate the continued hard work of the staff within the Trust.

The HAOSC believes that the Quality Account is a good reflection of the services provided by the Trust, and provides a comprehensive coverage of the provider's services.

Plymouth Health & Adults Overview & Scrutiny Committee

Statement to be inserted following consultation.

Devon Health & Adults Overview & Scrutiny Committee

Devon County Council's Health and Wellbeing Scrutiny Committee has been invited to comment on the Plymouth Hospitals NHS Trust Quality Account 2011/12 which includes the priorities for 2012/13. All references in this commentary relate to the reporting period 1st April 2011 to 31st March 2012 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee's knowledge.

The Scrutiny Committee particularly welcomes the 12% reduction in mortality rates as well as the 28% reduction in adverse events achieved in the reporting period. The Scrutiny Committee would like to see the Trust achieve the desired target of 30% reduction in pressure sores and welcomes the inclusion as a priority for the coming year. The committee is concerned about the patients who were unintentionally harmed during surgery but accepts the 98% compliance with the surgical safety check list. The Committee hopes that the Trust will achieve 100% compliance. The Scrutiny Committee also notes the progress against action taken in response to the Care Quality Commission's identified areas for improvement.

The Trust has attended Devon County Council's Health and Wellbeing Scrutiny as part of the consultation arising from the application for NHS Foundation Trust status by April 2013. The Trust's Medical Director confirmed that NHS Trust status would be granted and that the consultation related to process, strategy and future plans including proposed governance arrangements. The Committee had an informative discussion leading from the Trust's presentation.

The Scrutiny Committee is content with the level of patient involvement detailed in the Quality Account and welcomes the quality priorities for improvements 2012/13. The Committee fully supports the core values of the Trust relating to respect and positive attitudes and the vision to deliver excellent clinical outcomes and looks forward to continued partnership working.

Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011.

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

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

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

By order of the Board

Chairman
Date:

Interim Chief Executive
Date:

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Draft Quality Account 2011/12

Supporting People to be Safe, Well and At Home

(Artwork to be completed by PDS Print)

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Part One

1. Introduction

Quality Accounts are annual reports to the pubic from providers of NHS funded healthcare which outline the quality of services they provide. You (the public) can use this Quality Account by Plymouth Community Healthcare (PCH) to understand:

- What we are doing well.
- Where we need to make improvements.
- What our priorities for improvement are for the coming year.
- How we have involved staff, people using our services, carers and others to decide those priorities.

Quality Accounts aim to improve our accountability to the public. We do this by providing open, honest and meaningful information on the quality of NHS funded healthcare services that we provide for the communities of Plymouth.

The Quality Account submitted by PCH (then known as NHS Plymouth Provider) in June 2011, identified three priorities for the organisation. Two of the three priorities have been achieved and progress can be viewed in Part Three of this account.

1.2 Services provided by Plymouth Community Healthcare

Plymouth Community Healthcare is an independent social enterprise providing NHS funded healthcare for local people. We provide community physical and mental healthcare for around 270,00 people living in Plymouth as well as some specialist services for those living in Devon and Cornwall.

Some of the services we provide include district nursing, health visiting, community and inpatient physical and mental healthcare for adults, primary care, dental services, child and adolescent mental health services, podiatry, minority injuries unit, physiotherapy, school nursing, stroke and neurological rehabilitation and services for young people and children. These services are based out in the community including from the following sites:

- Local Care Centre Mount Gould Hospital
- Cumberland Centre
- Gables
- Syrena
- Plym Bridge House
- Glenbourne
- Lee Mill
- Nuffield Clinic

Plym Bridge House, Child & Adolescent Mental Health facility

Community healthcare services are organised around five geographic localities: North West, North East and Central, South East, South West, Plympton and Plymstock. Specialist services are based in a sixth locality – Corporate/Central and these services are available to everybody no matter where they live in Plymouth. Each geographic locality has an assigned locality manager who is responsible for the management, delivery and development of integrated community based care services in designated areas.

To learn more about us, please visit our website:
www.plymouthcommunityhealthcare.co.uk

1.3 Chief Executive's Statement

Welcome to our first Quality Account as Plymouth Community Healthcare which covers the financial year from **1 April 2011 to 31 March 2012**. Plymouth Community Healthcare, previously NHS Plymouth provider services, officially formed on 1 October 2011 as an independent health services provider separate to the commissioning organisation NHS Plymouth.

This account covers **both NHS Plymouth provider services and Plymouth Community Healthcare** for the reporting period. It looks back on the previous year's information regarding quality of services, explaining both what we are doing well and where improvement is needed. It is also forward looking and identifies areas that PCH will improve for the coming year, and how we will achieve and measure progress.

Photo of Chief Executive

People using our services and their carers deserve the highest quality of care we are able to provide and as the health environment becomes more competitive quality is becoming more important in everything we do. We welcome this opportunity to demonstrate our commitment.

The organisation's vision is to 'Support people to be Safe, Well and at Home'. To work together with others to help the local population to stay physically and mentally well, to get better when they are ill, and to remain as independent as they can until the end of their lives. Our vision is supported by a set of values which strengthen quality improvement in all that we do.

Our Values

Involvement: Always involve the adults, children, and young people we care for in deciding how we can provide our services to best meet their needs.

Collaboration: Are committed to working collaboratively with other organisations to achieve improved health outcomes for the local population.

Delivery: Make sure that the people we care for are able to access the right help, at a time that they need it and in a place that is close to their home.

Empowerment: Recognise the contribution our staff make and believe in making sure that our staff receive the right training and support to help them do their job to the best of their ability every day that they come to work.

Think Family: Understand that offering services across the age range offers opportunities to develop a 'Think Family' approach to the care that we deliver.

From a national perspective a number of initiatives have been introduced to improve the quality of care we provide. These include Commissioning for Quality and Innovation (CQUIN), and Quality, Innovation, Productivity and Prevention (QIPP). These initiatives are intended to improve the outcomes for people using our services by linking quality improvement to the contracting process and rewarding organisations for delivery of those improvements.

Locally, PCH is working alongside key partners such as the Children and Young People's Trust Board and Executive, Children and Adults Safeguarding Boards, the Harbour Centre and Plymouth City Council – Team Plymouth to ensure that our priorities are aligned with key partners to improve the patient experience and quality of services.

As PCH continues to grow as a social enterprise we will ensure that the quality of our services and service improvement remain our top priority. To help support this we have recently developed a quality improvement strategy and a strategy for involving people who use our services and their carers. The strategies support our broader business strategies to ensure that the right issues are prioritised at the right time.

Our workforce is crucial to driving up quality and through their continued dedication and commitment we have continued to maintain high quality standards. Examples of quality initiatives taking place across the organisation are shown in Part Three of this account. Some of our key achievements over the last year have been the development of an involvement forum for people using our services and their carers, our recent visit by the Care Quality Commission confirming that all the essential standards of quality on our Local Care Centre Mount Gould Hospital site are being met, and maintaining infection and prevention control standards.

The priorities identified for 2012/13 that have been deemed the most important are:

- Providing information about our services to the population we serve.
- Improving the way we involve people using our services and their carers.
- Developing and building partnerships.
- Providing the right level of information to people using our services.

You can read more about our priorities in Part Two of this report.

I would also like to take this opportunity to thank our statutory partners, communities of interest, people using our services and their carers who have helped us to focus on the areas that are important and make a difference.

This account sets out a true and accurate narrative of our achievements during the reporting period and I hope you find the information useful and meaningful.

Steve Waite
Chief Executive

Part Two

2. Our priorities for quality improvement in 2012/13

The four key areas for improvement in 2012/13 and the content of this Quality Account have been identified through feedback from staff, people using our services, carers, commissioners, partner organisations and members of the public. A variety of methods have been used to gain feedback, such as newsletters, committees, and through various events.

Plymouth Community Healthcare worked in partnership with Plymouth Local Involvement Network (LINk) to help identify what issues are important. In collaboration with LINk we asked people using our services, staff and others to help us identify key priorities.

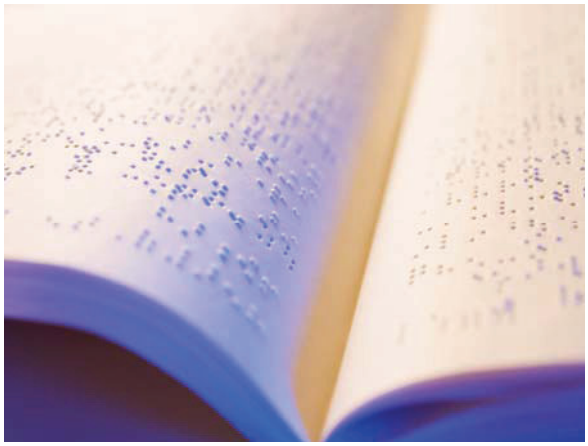
Based on what people told us, and acknowledging existing initiatives and benchmarking, the following four priorities have been identified as quality improvement indicators for 2012/13:

Patient Experience: Priority 1	**Provide information to the population we serve about the services we provide in ways that people can understand e.g. using a range of methods and accessible formats.** **This priority has also been identified as one of our Equality Objectives by our local interest groups in Plymouth.**
Patient Experience: Priority 2	**Improve the way we involve people using our services and their carers in order to gain an in depth understanding of their experience of care and treatment provided by PCH.**
Patient Experience: Priority 3	**Continue to develop and build on partnerships in order to deliver a seamless care pathway for people using our services e.g. being able to move easily from one service to another.**
Clinical Effectiveness: Priority 4	**Providing the right level of information to people using our services.**

Three of the four priorities identified for the coming year are new areas for improvement, and have been signed off and agreed by PCH's Board. Priorities set for 2011/12 have been achieved, apart from one which focuses on providing the right level of information to people using our services. This priority will be carried forward to 2012/13. Progress against 2011/12 priorities can be viewed in Part Three of this account.

Priority 1	Provide information to the population we serve about the services we provide in ways that people can understand e.g. using a range of methods and accessible formats.

Plymouth Community Healthcare was officially formed on 1 October 2011, and at the time the Board decided not to rush into having a new logo or associated branding. It was also decided that this was not something that NHS money should be spent on. Recently we were successful in bidding for some funding form the Social Enterprise Investment Fund (SEIF) and we will be using some of that to develop our marketing and communication materials.



The aim will be to ensure that our stakeholders are aware of the services that we provide and also to provide information about the organisation.

Through the recently established involvement forum for people using our services and Plymouth LINk, PCH will develop a rolling communications programme to ensure that information regarding our services and the organisation is communicated to the population that we serve through a range of methods and accessible formats. This work programme will be supported by dedicated resources.

We will measure progress through feedback from the LINk, people using our services and their carers through established processes. For example through feedback from customer services information, satisfaction surveys, forums and meetings.

Priority 2	Improve the way we involve people using our services and carers in order to gain an in depth understanding of their experience of care and treatment provided by PCH.

Plymouth Community Healthcare currently uses various methods to involve people using our services and their carers. For example satisfaction surveys, feedback from LINk, national benchmarking surveys, forums and events.

The aim will be to develop a more formal and 'joined up' feedback system for people using our services and their carers which enables PCH to capture and respond to views and comments in a timely manner. A business case is being developed to explore how this can be achieved.

We will measure progress by assessing whether there has been an increase in:

- The numbers of projects and initiatives that people using our services and carers have been able to influence or be involved in.
- People using our services and their carers feel that PCH has taken notice of their views.
- The range and types of opportunities available for people using our services and their carers in completing satisfaction surveys.

Involvement forum for people who use our services and carers

In January 2012, PCH developed a strategy for involving people who use our services and their carers. Over the last 6 months, PCH in partnership with people who use our services have been working together to establish a dedicated involvement forum.

This forum has now been set up. Its main purpose is to provide a voice for people who use our services and their carers, to learn from their experiences and to act as a reference group for individual projects and wider programmes.

[insert service user photo. Caption – ***Members of the Service User and Carer Involvement Forum***].

Priority 3	Continue to develop and build on partnerships in order to deliver a seamless care pathway for people using our services e.g. being able to move easily form one service to another.

Part of PCH's Integrated Business plan is to deliver an 'ageless' service in all aspects of service provision. Plymouth Community Healthcare has already demonstrated its ability to develop partnerships in order to provide focused services across the city. This includes the locality working model which has recently been introduced by PCH. The new model of working will enable PCH to further develop and build on partnerships in health and social care.

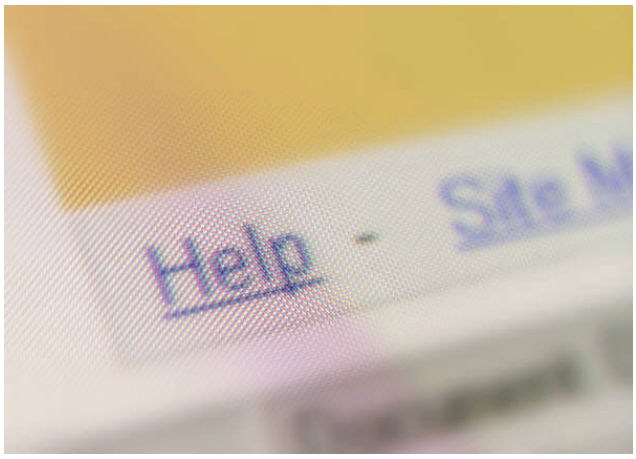
Localities have already commenced involvement with the Primary Care sector and other key stakeholders, and PCH already works with the acute sector as part of the Quality, Innovation, Productivity and Prevention (QIPP) process to ensure the robust mapping of care pathways.

The aim is to build on the locality working model in order to deliver a seamless care pathway for people using our services. The key to the success of this priority will be partnership and joint working.

Progress will be measured by people using our services through feedback from Plymouth LINk, customer services information, surveys, Patient Opinion (mechanism which provides a feedback for health services), involvement forums for people who use our services and committee meetings.

Priority 4	Providing the right level of information to people using our services.

Information plays a crucial role in supporting people to take care of themselves and improve their quality of life. In 2009 the Department of Health (DH) introduced an initiative called 'Information Prescriptions'. An Information Prescription is like a medicines prescription. Medicines prescription tells a patient what drugs they need to take for their condition; an Information Prescription helps patients to learn more about the condition, and how to cope with it on a daily basis. It provides sources of information, useful contact details and website addresses. Information Prescriptions can provide a route for helping individual's access information to feel empowered and more able to participate fully in decisions about their care.



The aim is to introduce an 'Information Prescriptions' web page that contains a series of links and signposts to guide people to sources of information about heath and care - for example information about conditions and treatments and support groups. To support information prescriptions, PCH is in the process of establishing an information and leaflet group.

The web page will be 'user friendly' and staff will be able to download information which can be distributed to users of our service and carers who do not have access to the internet. Further information regarding this priority is set out in Part Three of this report.

Progress will be measured by monitoring the usage of PCH's Information Prescriptions website (when it is established later in the year).

How will we review, monitor and deliver these priorities?

Our Quality Account will be monitored through the organisation's Governance and Performance processes. This will include regular reports to our Safety, Quality and Performance Committee. These priorities will also be an integral part of PCH's Quality Improvement Strategy for the coming year which strengthens our approach to quality.

We have developed a **quality report** which incorporates local and national quality measures. A simple traffic light system helps identify issues at an early stage. These quality reports are discussed and scrutinised at our monthly Safety, Quality and Performance Committee which enables services to take action to improve quality in their areas as part of a rolling programme.

In order to provide additional assurances, PCH Board, Plymouth LINk and other third parties will receive a quarterly progress report against each of the priorities identified.

2.1 Statements of assurance relating to the quality of services provided

2.1.1 Review of Services

During 1 April 2011 to 31 March 2012, PCH provided 52 NHS services.

Plymouth Community Healthcare has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents 97 % of the total income generated from the provision of NHS services by PCH for 2011/12.

2.1.2 Participation in National Clinical Audits and National Confidential Enquiries

By being involved in clinical audits nationally, regionally and locally we can discover where the organisation is providing excellence in its services and where we can improve.

During 2011/12, three national clinical audits and no national confidential enquiries covered NHS services that PCH provides.

During that period PCH participated in 100% of national clinical audits for which it was eligible to participate in. Plymouth Community Healthcare was not eligible to participate in any national confidential enquiries.

The national clinical audits and national confidential enquiries that PCH was eligible to participate in, and actually participated and for which data collection was completed during 2011/12 are listed in Table 1. This includes the number of cases submitted to each audit or enquiry of the number of registered cases required by the terms of that audit or enquiry.

Table 1

Audit or Enquiry	Eligible to participate in	Actually participated in	Data collection completed	No. of cases submitted	Actions identified
National Clinical Audits					
Continence (Pilot)					
Organisational Audit	Yes	Yes	Yes	N/A	Action plan in place.
Clinical Audit	Yes	Yes	Yes	30	Reviewing results.
Schizophrenia					
Survey of people using our services	Yes	Yes	Yes	43	In the process of reviewing the reports.
Carer Survey	Yes	Yes	Yes	17	
Clinical Audit	Yes	Yes	Yes	83	
Parkinson's					
Organisational Audit	Yes	Yes	Yes	N/A	Awaiting final report.
Clinical Audit	Yes	Yes	Yes	61	

The reports of three national clinical audits are in the process of being reviewed by PCH for 2011/12, and we intend to develop action plans as appropriate to improve the quality of healthcare provided.

The reports of 10 local clinical audits were reviewed by the provider in 2011/12. For each local clinical audit undertaken, an action plan is created for each team involved, or an overarching action plan is developed if appropriate. Each audit has an identified lead and the action plans are monitored through PCH's Safety, Quality and Performance Committee.

2.1.3 Participation in clinical research

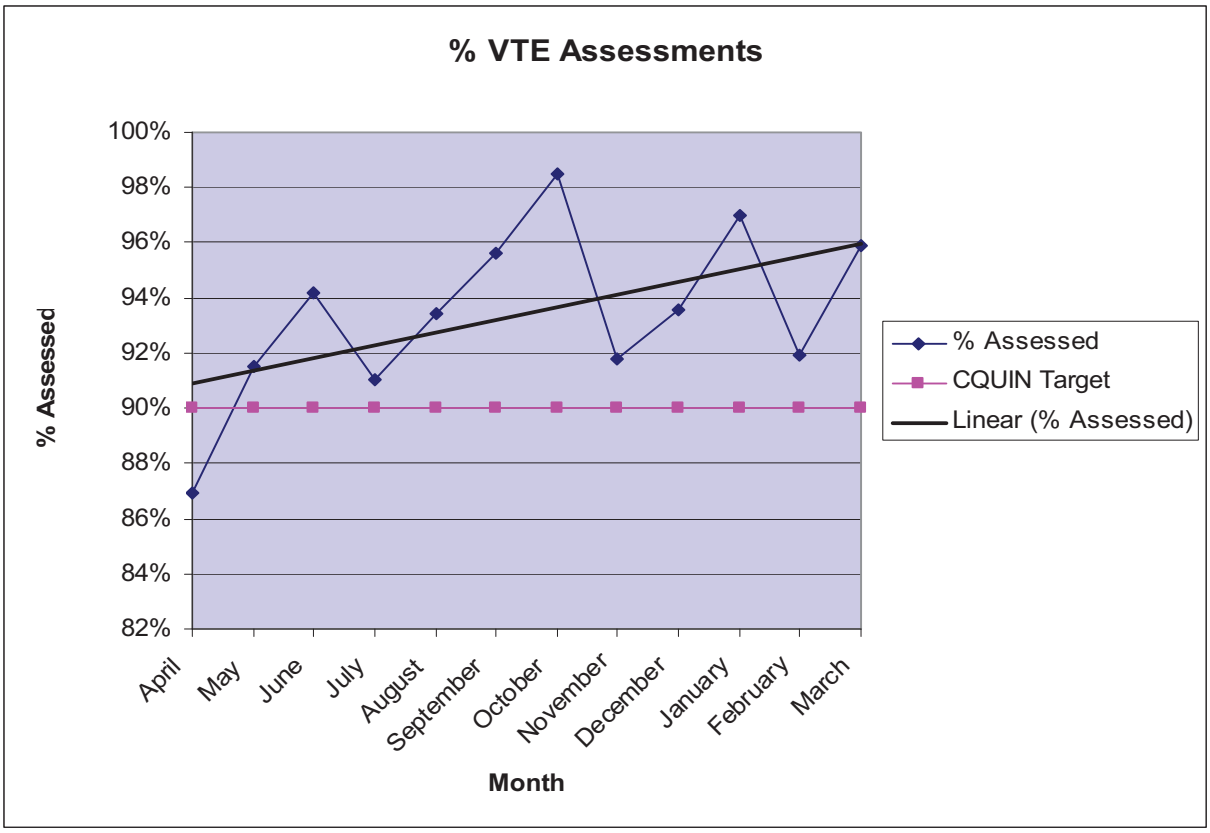
We recognise the importance of involving people using our services in clinical research. Being able to use their direct experience helps us to provide better services and improve quality.

The number of patients receiving NHS funded services provided or sub-contracted by PCH for the period 1 April 2011 to 31 March 2012, that were recruited into the high Quality National Institute of Health Research kite-marked studies during that period was 83.

2.1.5 Goals agreed with Commissioners

A proportion of PCH's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between PCH and NHS Plymouth Primary Care Trust through the Commissioning for Quality and Innovation (CQUIN) payment framework.

A significant area of improvement for the organisation has been Venous Thromboembolism (VTE) assessments which have been carried out by PCH. This is shown in the graph below. VTE is a significant cause of mortality, long-term disability and chronic ill health.



Further details of the agreed goals for 2011/12 and for the following 12 month period are available on request from:

Liz Cooney
Director of Governance & Deputy Chief Executive
Local Care Centre
200 Mount Gould Road
Plymouth PL4 7PY

Liz.Cooney@nhs.net

2.1.6 How our regulator the Care Quality Commission (CQC) views our services

Plymouth Community Healthcare is required to register with the Care Quality Commission and its registration status is full registration status without conditions.

In February 2012, the CQC carried out a review of PCH's services as part of a routine scheduled of planned visits. During the visit to PCH' s Local Care Centre Mount Gould Hospital site they visited three wards which provide general rehabilitation as well as rehabilitation services for patients following a brain or spinal injury, stroke, trauma or orthopaedic surgery. They also spent time in three outpatient clinics for memory, foot care and the fitting and supply of orthopaedic appliances. The CQC spoke to patients, relatives and staff to find out what they thought of the care provided.

> *"When one patient was asked if they felt well cared for they replied, 'very much so'. They were positive about the staff's attitude and said, 'they've always got time for a word or a joke'. They said the night staff were 'very kind' and "always kept up a sense of humour'. The staff were described as 'very kind, very nice people' ".*
>
> *(CQC Review of Compliance Report March 2012)*

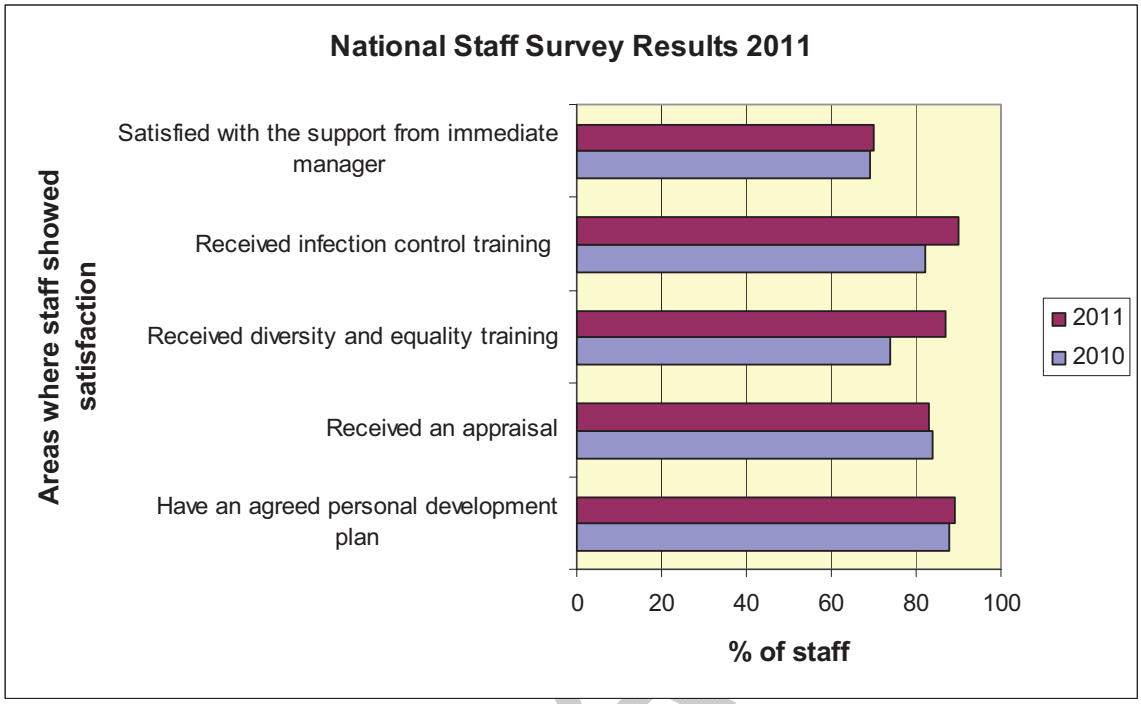
The CQC report received by PCH has been very positive and they found that we were meeting all the essential standards of quality and safety. In order to maintain this, the CQC have suggested some improvements and an action plan has been developed to take forward these suggestions.

The CQC has not taken enforcement action against PCH during the reported period (1 April 2011 to 31 March 2012), and PCH has not participated in any special reviews or investigations by the CQC during this time. This means that we have not received any untoward concerns about the services we delivered during this period, and it recognises the adequacy of the systems we have in place to oversee patient safety and quality.

2.1.7 Care Quality Commission national staff survey

The CQC published findings of the national NHS staff survey for 2011. Plymouth Community Healthcare chose to survey a random sample of its workforce with questionnaires sent to 800 eligible employees of which 351 staff completed and returned a useable survey.

There are a number of areas where staff showed their satisfaction in the way they are managed, trained and valued. The graph below provides a comparison against 2010 results in these areas, and the results show an overall improvement in the way that staff are managed, trained and valued. The focus on appraisal and personal development continues to be a high priority within the organisation.



2.1.8 Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. We understand the importance of ensuring that information held within the organisation is of the highest quality possible so that it enables us to make informed, accurate and timely decisions about our patient care and our community involvement.

Over the past year our Clinical Systems team have developed 'active' reports to enable users to identify data quality problems with the data input by or on behalf of themselves. We have also continued to develop automated warnings so that errors, omissions and duplications are identified and resolved in a timely manner. This information is now being fed back to users so that they can understand the importance of their own data quality.

There has been a significant piece of work to improve the NHS number allocation process in our Mental Health and Community system. This has in turn produced an improvement in the NHS number population across the whole database and its related datasets such as the Mental Health Minimum Dataset (MHMDS). Within the MHMDS the NHS number population improved from 98.8% in Q1 to 99.2% by Q4.

Plymouth Community Healthcare submitted records during 1 April 2011 to 29 February 2012 to the Secondary User Service 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:

- 99.3 % for admitted patient care (national average 98.8%).
- 99.4 % for out patient care (national average 99.0%).

The percentage of records in the published data which included the patient's valid General Medical Practice (GMP) Code was:

- 99.9 % for admitted patient care (national average 99.9%).
- 99.5 % for out patient care (national average 99.7%).

To improve data quality PCH will set up monitoring reports to ensure that there is an attempt to resolve the NHS Number and GMP code for all inpatients and outpatients where the data items are not initially entered. The Clinical Systems team will be responsible for the monitoring of these data items.

Plymouth Community's Healthcare's Information Governance Assessment Report score overall for 1 April 2011 to 31 March 2012 was 38% and was graded 'red' (not satisfactory) from the Information Governance Toolkit Grading Scheme. This was an honest baseline assessment of our position against the requirement as a newly formed organisation. We acknowledge that further work is required in this area and have established an Information Governance Group which is chaired by the Director of Finance who is PCH's information governance lead. In addition we have developed an information governance improvement plan for 2012/13 to help improve our standards.

Plymouth Community Healthcare was not subject to the Payment by Results clinical coding audit during 1 April 2011 to 31 March 2012 by the Audit Commission.

Part Three

3. Review of our quality performance in 2011/12

This is a review of PCH's quality performance over the past year. The information relates to community physical and mental health services that we provide for both adults and children.

Progress and performance against the priorities below identified for 2011/12 are reported and grouped under three themes; patient experience, patient safety and clinical effectiveness. Plymouth Community Healthcare's Safety, Quality and Performance Committee and Lead Commissioner have been involved in the monitoring of progress against our priorities. We will be working more closely with Plymouth LINk over the next year to help monitor progress against our 2012/13 priorities.

Priority 1 for 2011/12 : Patient Experience	**Achieved**
To treat people using our services with respect and dignity. The aim was to ensure that all people using our services receive the very best 'customer care services' from all of our staff and services.	✓

Plymouth Community Healthcare commenced a programme of customer services training in 2011. Feedback from participants at an early stage of the programme identified that we needed to take a more tailored approach regarding customer services within service areas. Based on this feedback we are currently developing individual team based visits to provide advice and training for staff aimed at their particular strengths and weaknesses. This will continue to be developed and monitored.

At present our approach revolves around learning from complaints and the lessons learnt from people using our services and their experiences. Over the last year the Complaints Manager has been working with services and created a 'Learning from Complaint's Group'. The group meets monthly to review all complaints and identifies learning which is implemented and shared across the organisation by way of a quarterly newsletter to improve the quality within services. This work will continue within the new locality working model that has been adopted by PCH.

In addition we will also be introducing Patient Opinion – www.patientopinion.com as a Commissioning for Quality & Innovation (CQUIN) target. Patient Opinion provides people who use our services and their carers with a way to share their experiences of health services.

Working with LINk to help meet our priorities

Plymouth Community Healthcare has worked successfully with LINk over the last year. LINk has provided us with local feedback to help shape the work we do to achieve our priorities on patient care. LINk has also supported the development of this year's Quality Account and we look forward to working more closely with LINK in the future to help achieve our priorities for 2012/13.

Priority 2 for 201/12 : Patient Safety **To reduce the number of medication incidents, such as drugs incorrectly prescribed, drugs incorrectly prepared and drugs given in error. This is a national priority and the aim is to improve the medication incident reporting.**	**Achieved** ✓

Plymouth Community Healthcare continues to adopt an open culture within the organisation where it is normal practice for staff to report medication incidents without fear of being criticised or reprimanded. This includes learning from incidents, sharing good practice and examining how incidents have been dealt with.

The Medicines Governance Group which meets monthly now has a standing item on its agenda regarding medication incidents. Incidents are reviewed and learning has been used to improve medication errors across the organisation by sharing any lessons learnt from incidents.

The Medicines Governance Group reports to the Safety, Quality and Performance Committee which has helped support the process. There are a number of examples where this has taken place in order to improve medication errors (see 3.2.5).

The reviewing of medication incidents will continue. Learning and progress will continue to be recorded and monitored through PCH's Safety, Quality and Performance Committee on a monthly basis.

Priority 3 for 201/12 : Clinical Effectiveness Providing the right level of information to people using our services. The aim is to introduce an 'Information Prescriptions' web page that contains a series of links and signposts to guide people to sources of information about heath and care - for example information about conditions and treatments and support groups.	Remains a priority for 2012/13

Plymouth Community Healthcare's new website is currently under construction and therefore the web page for Information Prescriptions will need to be developed. As a consequence this will remain a priority for 2012/13.

To support this priority, PCH is in the process of establishing a group which will focus on information and leaflets for people who use our services. The purpose of the group is to ensure that the information and leaflets we provide which are produced within PCH are of a good written standard and that the content is accurate and up to date. By providing good information it can help lessen any anxiety and confusion for people who use our services and enhance their understanding of the services. Patient information leaflets will be uploaded to the web page when it has been developed.

3.1 Patient Experience

3.1.1 Privacy, dignity and respect

"One patient described their care as 'excellent' and said they were 'always treated with dignity'. They said their family had looked at paperwork. Another patient said they felt safe and had been treated with dignity."

(CQC Review of Compliance Report March 2012)

We are committed to making sure that all people using our services receive high quality care that is safe, effective and focused on their needs. Providing same sex environments for people who use our services is a national and organisational wide target in order to improve privacy and dignity. The NHS Constitution states that all patients have the right to privacy and to be treated with dignity and respect. This is of the highest priority within PCH.

Plymouth Community Healthcare is compliant for Delivering Same Sex Accommodation (DSSA) within all our inpatient settings. Work continues to ensure that the dignity of people using our services is respected at all times. Examples of this include the redesign of washing and toilet facilities in the recent move from Plympton to Mount Gould for older people's services. This included bariatric facilities on some of the inpatient wards.

In-Patient Moves from Plympton to Mount Gould

Patients and staff moved from Plympton Hospital to Mount Gould in April 2012. Following lots of planning and consultation with staff, service users, families and other stakeholders earlier in the year, Pinewood and Oakdale wards moved.
Full refurbishment of both the units at Mount Gould has taken place to ensure they are both suitable for new users of our service. Very careful planning took place to make sure the moves happened as smoothly as possible. This was a huge achievement for all the staff involved. This move means that patients will now be able to access some of our physical health services more easily by being on the Mount Gould site.

3.1.2 Satisfaction Survey of people using our services

In June 2011 PCH launched the second year of its satisfaction survey for people using our services and 99% of respondents felt that they had been treated with dignity and respect.

Following the results of the survey conducted in June 2011, each service has developed action plans within their areas. Action plans have been monitored by the service managers to ensure progression. Although the annual satisfaction survey serves a purpose, PCH is looking at adopting a different approach to gain feedback from people using our services and carers.

What we have learnt from the process over the last year is that the annual survey does not have the capacity to respond to issues in a timely manner. In order for PCH to be more responsive a business case is being developed to explore systems that can capture feedback in a timely manner enabling services to act on 'real time' information. This work also links in to our Quality Account priorities for 2012/13. One of which focuses on improving the way we involve people using our services and their carers in order to gain an in depth understanding of their experience of care and treatment provided by PCH. The starting point for this programme of work has been the recent development of an involvement forum for people using our services and carers.

"Feel that I am treated always with a lot of respect and understanding, and that my level of care and contact with services is just right."

"Pleased with regular visits from care workers. They respect me and try hard to find a solution to my illness."

(2011 Mental Health Community Survey)

Care Quality Commission (CQC) Survey of people who use community mental health services 2011

The results of the CQC survey community mental health services are based on a sample of service users, in Plymouth this meant that 821 people were approached and of those a third (or 33.5%) of all those sent a survey responded (or 275 people).

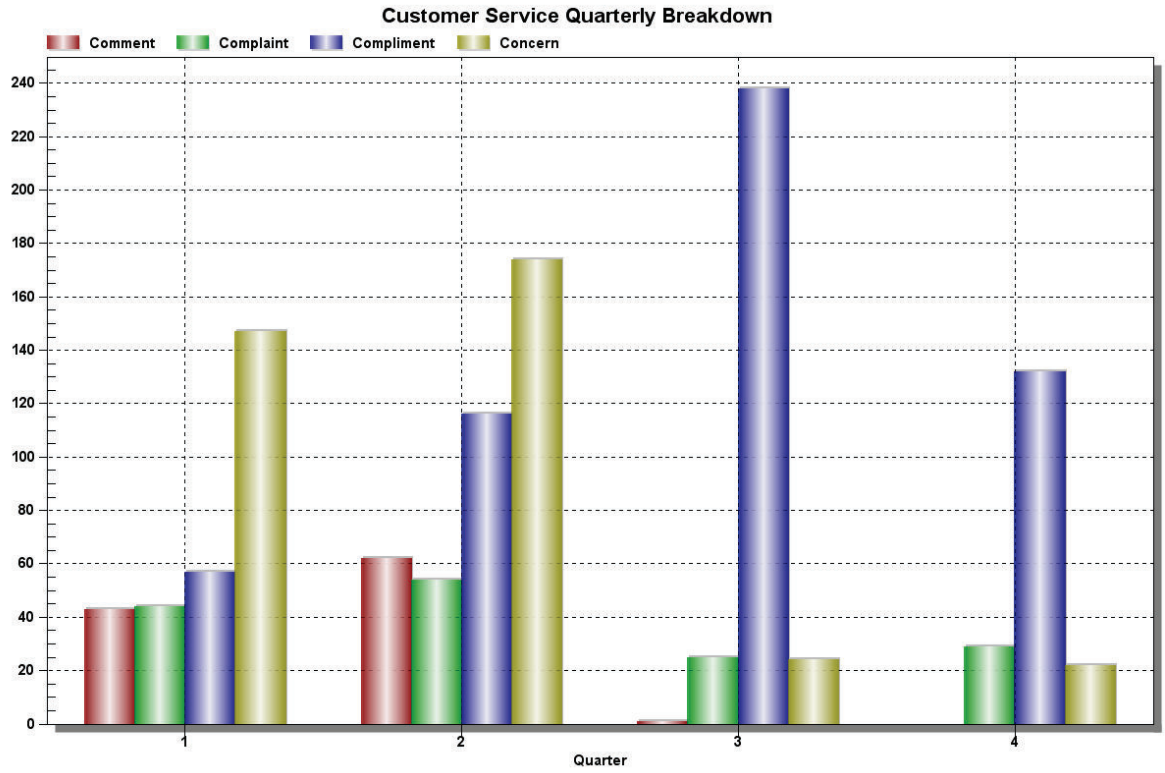
Overall 81% of respondents felt the care they received from PCH mental health services was either: excellent, very good or good.

3.1.4 Customer services

Plymouth Community Healthcare's Safety, Quality and Performance Committee receive monthly reports regarding complaints, comments, concerns and compliments (known as the four C's). The organisation recognises the need to accurately capture comments, concerns, complaints, and compliments data to ensure that lessons learnt from people using our services and their experiences can be embedded, and positive comments can be promoted within service teams.

Work will continue over the next year which will include visits to individual teams to provide support, training and advice which are tailored to their specific needs.

The graph below shows the number of comments, concerns, complaints and complaints PCH has received in the reporting period.



3.2 Patient Safety

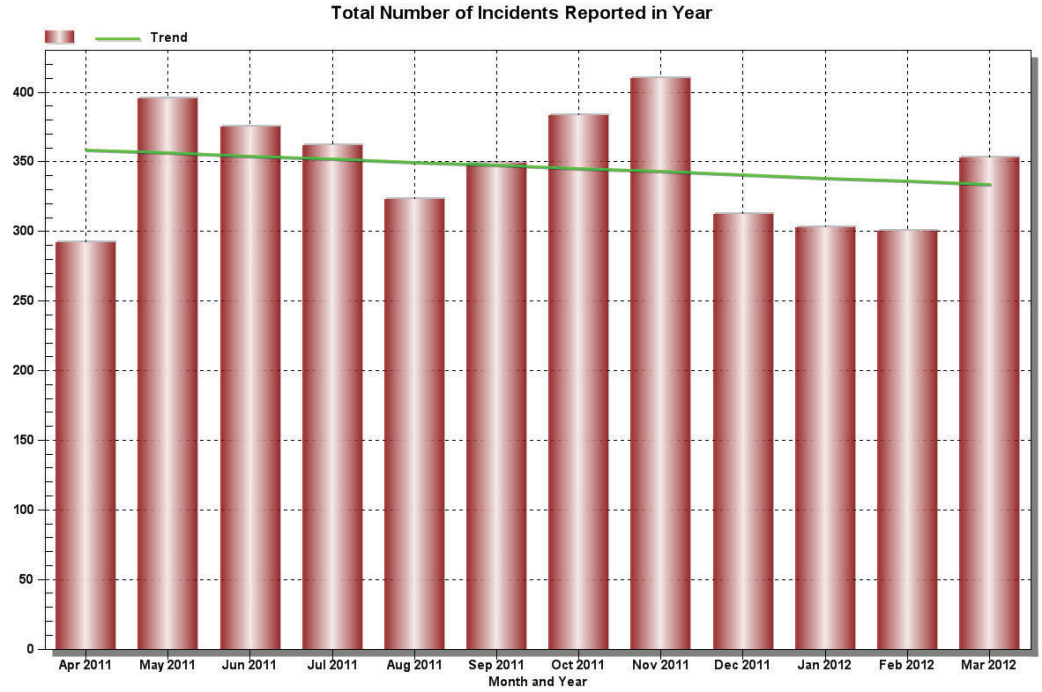
3.2.1 Promoting a responsive learning culture

Plymouth Community Healthcare recognises the value and importance of ensuring all lessons from incidents are embedded within the organisation. To this end, work of the Serious Incidents Requiring Investigation (SIRI) Panel continues in order to implement and embed lessons learnt from SIRI's. The group is led by the Director of Governance and provides assurance that quality improvements are being made as a result of incident learning.

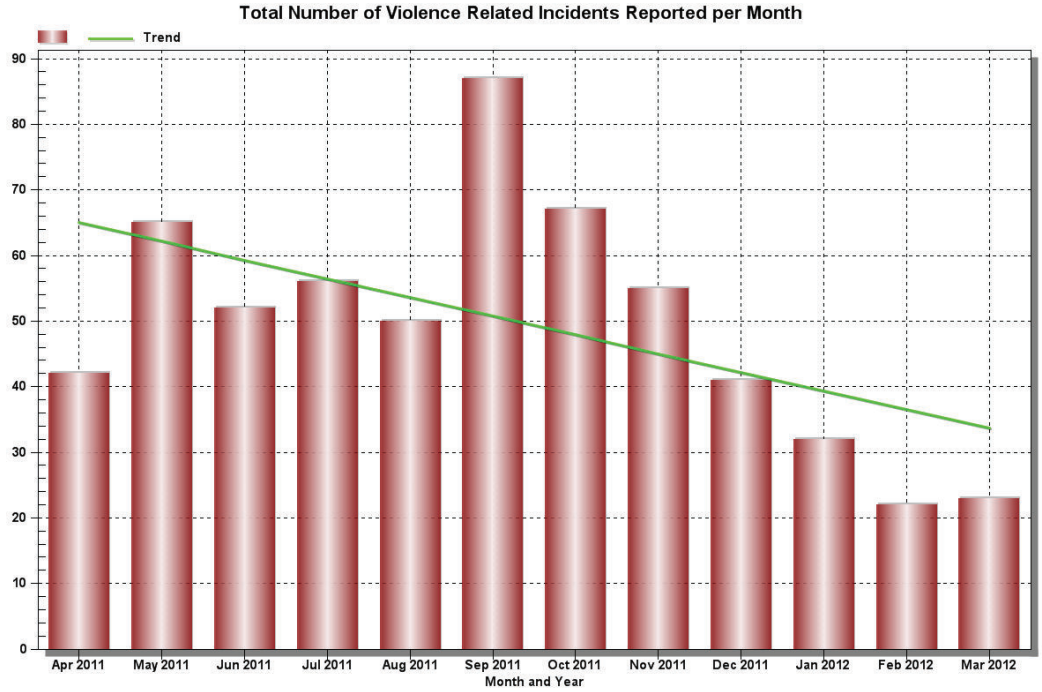
3.2.2 Incident reporting

Staff are actively encouraged to report incidents of all types, and to help with this a new web based reporting system has been introduced. This has been well received by staff and has led to improved quality in the reported incident information. This system allows for better monitoring of incidents across the organisation.

The graph below shows the number and trend of reported incidents over the last 12 months.



The graph below shows the number and trend of reported incidents of violence over the last 12 months.



New reports covering risk and safety are being developed to reflect the new locality working model that that has been adopted by PCH.

3.2.3 Infection prevention and control

Keeping patients and wards infection free is a key priority for PCH. During the last year PCH has achieved zero cases of hospital acquired Clostridium difficile (healthcare acquired infection) and for the second year in succession there have been no cases of MRSA (Methicillin Resitant Staphylococcal Aureus Bacteraemia). This fantastic achievement is the result of the hard work of staff right across the organisation and the support of patients and visitors.

Healthcare associated infections remain one of the health service's biggest challenges. Plymouth Community Healthcare is determined to minimise the risk of any infection. It is committed to having the highest possible standards of hygiene and infection prevention and control. This commitment has seen the number of cases of Clostridium Difficile more than halve from nine cases (2009 - 2010) to four cases (April 2010 – March 2011) and now to zero (April 2010 – March 2012), and MRSA remaining consistently low with only five cases in the last year. MRSA Bacteraemia rates are zero. However, PCH is not complacent and continues to work hard to eradicate all hospital acquired infection.

Ward of the Year – Infection Control

This is the second year that this initiative has taken place and wards take pride in their achievements. The ward which scores the highest in the infection and prevention control audit is presented with a certificate of achievement by the organisation's Chairman. *(insert photo)*

Kingfisher Ward receives certificate from PCH Chairman

Bug of the month

A short leaflet 'Bug of the month' has been produced to send out to staff via the Infection Prevention Control Link Practitioners (ICLPs) on a monthly basis. The first issue discussed Pseudomonas – a type of infectious bacteria. This followed an outbreak in Ireland and in the West Midlands linked to plumbing in an intensive care unit.

3.2.4 High quality environments and facilities services

We know how important it is to people using our services that the accommodation and food they receive whilst in our care are of the very highest standards. Plymouth Community Healthcare takes part in the National Patient Safety Agency's Patients Environmental Action Team (PEAT) programme which involves an annual assessment.

Following our assessments in 2011, PCH has been classed as excellent in all but one score. In each location three elements were assessed, the ward and hospital environment, nutrition and the privacy and dignity provided. All those involved in these aspects of patient care have continued to work really hard to look after and improve our facilities and in

particular the environments where we can care for people using our services. Although the organisation has scored very well there are still improvements that can be made

The table below shows the PEAT scores for both 2009/10 and 2010/11.

	2009/10			2010/11		
Site Name	**Environment Score**	**Food Score**	**Privacy & Dignity Score**	**Environment Score**	**Food Score**	**Privacy & Dignity Score**
Mount Gould Hospital	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Plympton Hospital	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
Lee Mill	Excellent	Good	Excellent	Excellent	Excellent	Excellent
Glenbourne	Excellent	Excellent	Excellent	Excellent	Good	Excellent

3.2.5 Medicines Management

The correct use of medicines plays a significant part in achieving successful outcomes for patients and we recognise how important it is for people using our services to receive the right medication at the right time in support of their recovery. All PCH staff who are involved in the giving of patient medication are trained to a high standard and have clear policies and procedures to follow. When errors do occur these are reported as incidents and the staff involved are supported to undertake further training and / or adjustments to their working practices. Individual teams review their incidents as a learning tool and more serious errors or frequently occurring errors are reviewed by the Medicines Governance Group where any required changes to policies or procedures are discussed.

Reducing the number of medication incidents was one of our priorities for 2011/12 which has been achieved. The number, type and severity of medication errors will continue to be monitored on a monthly basis across the organisation. It is important to appreciate that human error can never be completely eliminated however by having robust systems in place it will help minimise errors and their impact on patients. We continue to have an average rate of reporting of 'no harm' incidents and this is regarded as good as that demonstrates an active reporting culture within the organisation.

3.3 Clinical Effectiveness

An effective service can be defined as one that provides the right service, to the right person at the right time. This section sets out some of our measures of effectiveness and how we are doing.

3.3.1 Waiting times

The national target set by the Department of Health, which seeks to ensure that patients who want it, and for whom it is clinically appropriate, can expect to start their treatment within a maximum of 18 weeks from referral. There has been a general trend within the organisation towards consistently lowered waiting times.

Orthotics:
Waiting times and improving access

Our Orthotics Service has continued to improve access to the services they offer for people using our services. The service provides the supply and fitting of orthopaedic footwear which includes insoles, splints and customised footwear.

There has traditionally been an issue with long waiting times for this service with the longest wait for treatment being 116 weeks in April 2010 and 75 weeks in April 2011. During 2011/12, the 18 week RTT target has been achieved and sustained.

The improvement in waiting times for the Orthotic service has largely been achieved with improved waiting list management. Sustainability has been made easier by a change of role for the administration team to that of clinic assistants. Not only will this enable more patients to be seen overall but it has also improved the efficiency of the service to offer an improved experience for the people using our services.

3.3.2 National Institute for Health and Clinical Excellence Audits 2011/12

The National Institute of Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. During 2011/12, PCH conducted 12 NICE audits in respect of published NICE Guidelines relevant to its services. Conducting NICE audits is seen as 'good practice' and helps us improve our compliance with NICE Guidelines.

Issues regarding assessment, implementation and monitoring of NICE guidance within the organisation are fed back to individual directorates and our Safety, Quality and Performance Committee. This ensures:

- Compliance with national standards in respect to the delivery and monitoring of NICE guidance.
- Effective audit and monitoring arrangements are in place for NICE guidance.
- Results and findings of clinical audit and clinical effectiveness projects are reviewed.
- Progress of action plans arising as a result of clinical audit, clinical effectiveness projects and NICE guidance implementation/workshops.

Releasing time to care: The Productive Series

The Productive Series which is being implemented across PCH clinical settings supports frontline teams to redesign and streamline the way they manage and work. This is helping achieve significant and lasting improvements – predominately in the extra time that they can give to patients, as well as improving the quality of care delivered whilst reducing costs.

The Productive Series has adopted efficiently techniques previously used in car manufacturing and safety techniques learned in the aviation industry. By working with clinical staff teams, these tools and techniques have been adapted for use in healthcare settings in a practical and innovative way.

The key to the success of The Productive Series is that improvements are driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work.

At each stage in the Productive process the patients and carers perspective is sought. Understanding the patient and carer's daily experience of our services help the teams to focus on what matters to them, and how improvements, although sometimes small, can make a big difference.

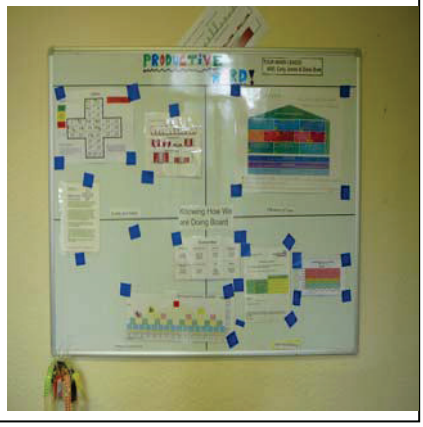
Currently 12 inpatient areas and 15 community based teams and services are involved in the programme and significant efficiency improvements are being achieved.

Productive Series Work in Practice

A Community Teams clinical room, which has undergone 5S (basic technique used in Well Organised Working Environment Module).Note the colour coded visual management system that is used across the organisation.

A Patient Status at a Glance board designed by District Nursing Teams. Using this system provides team members with essential information at a glance, minimising interruptions and omissions.

A Knowing How we are doing board in use on one of the Mental Health Recovery Wards. Use of clinical information helps the team to drive, sustain and evidence further improvements.



More Quality Improvements…..

Plymouth Community Healthcare passes stage 2 of the Baby Friendly Initiative

The Baby Friendly Initiative works with the healthcare system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. They provide support for healthcare facilities that are seeking to implement best practice, and offer an assessment and accreditation process that recognises those that have achieved the required standard.

Initial accreditation as a Baby Friendly Hospital takes place in three stages. In February 2012 PCH passed the Stage 2 assessment which involves the assessment of staff knowledge and skills. PCH is now eligible to move on to the Stage 3 assessment which includes the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.

(insert image)

Children's Day Programme Celebrates One Year of Helping Local Children

The Children's Day Programme run by the Child and Adolescent Mental Health Service (CAMHS) which is part of PCH has celebrated its first year of helping local children since its redesign in 2010.

The Day Programme is unique in the South West and has had over 80 children take part since it re-opened in late 2010. It supports children who are often having difficulty coping with the challenges of everyday life.

Children aged between 5 and 12 are referred to the Day Programme from other teams within the Plymouth CAMH service for an assessment. All the professionals who have worked with the child meet with the family and other important people such as their teachers. A package of support and often intervention tailored to the individual child is put together to ensure each child continues to be helped after the programme.

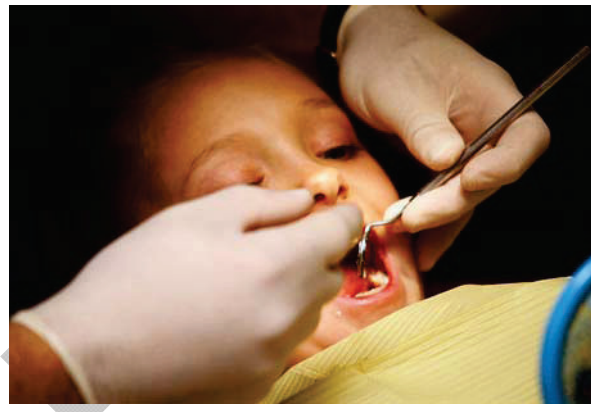
"The Children's Day programme has been wonderful. I can't fault them - they have listened to me and they have listened to my son. He has been assessed and they have found the underlying problems. His behaviour is now so much better – it has been an absolute revelation. I and my son have got our lives back." (*insert photo)*

Collaborative Working - Plymouth Smiles: Fluoride Varnish Project

Dental decay still remains a significant problem for many children in Plymouth so prevention and protection are essential.

In 2011 PCH gave the go ahead for a new fluoride varnishing project to be started in 24 schools identified by the 2009 five year dental survey. Plymouth's project started in September 2011 with 17 schools and 7 more will join in September 2012. Parents of children in reception and year one are contacted before the first application to get their consent (the fluoride is applied twice in the school year).

When the project started it was expected that approximately 50% of the parents would consent but thanks to the huge support of the teachers and staff in the schools the Plymouth scheme has had 80% - 90% uptake .Thanks to this fantastic support between Education and Health, Plymouth may eventually out smile the rest of the country



Insert photo - Caption: Volunteers working at the coffee shop

Partnership Working - Plymouth Community Healthcare working with WRVS

One of the biggest providers of coffee shops in hospitals in the country has been working with PCH to revamp its coffee shop, which has recently reopened within the Local Care Centre Mount Gould Hospital. The coffee shop is run by a group of volunteers from the Women's Royal Voluntary Service (WRVS). The WRVS is a voluntary organisation that specialise in providing practical support for older people to remain independent in their own homes. Working within PCH's Local Care Centre enables the registered charity to raise funds for elderly care at the same time as gifting back money to PCH to directly help inpatient care.

3.4 Statements from third parties

As part of the process for developing this document, we have shared the initial draft with our statutory stakeholders; our lead Commissioner, LINk and the Health Overview and Scrutiny Committee. They were offered an opportunity to comment ahead of publication, and below are the statements that we received.

3.5.1 Western Locality of NHS Devon, Plymouth and Torbay

Plymouth Community Healthcare has worked extremely hard to ensure that its focus on the continuous improvement of quality of care is at the centre of the services it provides, and as lead commissioner, NHS Devon, Plymouth and Torbay is pleased to work in partnership with PCH to support this approach. The Quality Account for 2011/12 describes the achievements, priorities and planned actions to drive forward quality improvement focusing on national, local and regional priorities as well as those areas which we know are important to patients. The Quality Account also recognises the importance of issues of consistency and productivity that underpin quality improvement. NHS Devon, Plymouth and Torbay is happy to support the development of PCH's quality and safety improvement programme through the use of CQUIN, which has provided incentives to clinicians to continuously respond and improve care based on patient experience and best evidence.

The organisation has demonstrated improvement on the priorities identified with last year's account with some areas of outstanding performance and areas which can be further improved during this year. The work of the Medicines Governance Group in ensuring that lessons are learned and shared following medication incidents has been exemplary and good progress has been made in terms of embedding a culture of sharing and learning from mistakes. In the coming year, recruiting additional Health Visitors to support the delivery of national health promotion targets will be a challenge.

The organisation has demonstrated its commitment to capturing and acting upon patient experience and intends to introduce systems to progress this work further, including systems that will perform real time surveys of the quality of care received. This will ensure that quality improvement is built upon feedback from patients. Overall in the year 2011/12 we would agree with the progress on quality improvement described within the Quality Account, and we have been witness to the efforts of the organisation to put quality of care at the heart of everything it does.

The 2011/12 priorities described by PCH are consistent with the priorities agreed with NHS Devon in improving the experience of patients in the care they receive, working to increase reliability and productivity, ensuring patient safety and progressing clinical excellence. NHS Devon has also worked with PCH to support these improvements through CQUIN where possible. In particular, the focus on developing information systems to support local managers and clinicians to monitor and improve services is supported by NHS Devon, Plymouth and Torbay as we know that these are issues which can make a significant difference in outcomes for patients. The description of the achievements made in 2011/12 and the focus on quality during 2012/13 demonstrate in absolute terms the commitment of PCH from ward to Board to improving quality of care and we continue to support the approach

the organisation has taken, the principles for quality improvement it has adopted and its priorities for the future.

Jenny Winslade
Director of Nursing
For the cluster of North, Eastern and Western Devon, Plymouth and Torbay.

3.5.2 Plymouth Local Involvement Network (LINk)

Plymouth LINk has enjoyed a continued positive working relationship with Plymouth Community Healthcare over the last year through regular meetings and areas of work raised through local feedback on Plymouth Community Healthcare services.

Plymouth Community Healthcare takes a proactive approach to involving LINk in the creation of their quality accounts, and for both 2011/2012 and 2012/2013 LINk has supported public consultation on the priorities for the year ahead through local events and meetings. It is really positive to see 3 out of 4 priorities focused on the patient experience, and the adoption of LINks recommendations to focus priorities on accessible information, patient involvement and partnerships. These are 3 areas championed by Plymouth LINk across health and social care in the city in response to local feedback.

Plymouth LINk has not been actively involved in monitoring progress against the priorities for 2011-2012 and recommends that these are shared with LINk regularly throughout the year so that LINk can contribute to overseeing their achievement. Plymouth LINk looks forward to working closely with Plymouth Community Healthcare over the next year to develop the strategy for service user and carer engagement, raise and work on local feedback, strengthen patient involvement and ensure quality account priorities are achieved.

3.5.3 Plymouth Health and Overview Scrutiny Committee:

Unfortunately, due to the impending local government election purdah (pre-election) period, HOSC were unable to feedback before the publication date. However, we welcome members' comments and will incorporate these in due course.

3.5.4 Plymouth Community Healthcare's response to our commissioners and LINk

We would like to thank these parties for taking the time to comment on the initial draft of our final Quality Account. Plymouth Community Healthcare acknowledges and supports these comments and would like to continue to work with both our lead commissioner and LINk in order to maximise opportunities to improve quality and safety. In particular this will achieved through the development of the patient experience agenda and will influence the structure and content our Quality Account in future years.

3.6 Conclusion

The purpose of our Quality Account is to improve our accountability to you (the public) by providing open, honest and meaningful information on the quality of our services.

This publication details the progress which we have made in a number of areas and the priorities which we have highlighted for the coming year. Plymouth Community Healthcare believes that by driving forward the Safety, Effectiveness and Patient Experience agendas that real quality and value can be added to the care and support we offer to people using our services and carers.

We have listened to the feedback from our stakeholders and will take action to ensure that the comments we have received will be reflected in the action we take to improve the quality of our services.

3.7 How to provide feedback on this Quality Account

We welcome feedback from staff, people using our services, carers, visitors, commissioners, partner organisations and members of the public to help improve the quality of services delivered. If you would like to make any comments regarding the services we provide you can do so via the contact details below.

Email: customerservicespch@nhs.net
Telephone: 01752 435201

Or write to:

Customer Services Department
Plymouth Community Healthcare
Room AF3
Local Care Centre
Mount Gould Road
Plymouth PL4 7PY

Insert image

4 Glossary

Care Quality Commission (CQC)
The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England.

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

Clinical Coding
Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes.

Commissioning for Quality and Innovation Schemes (CQUIN)
A payment framework which encourages further improvements in quality and innovation.

General Medical Practice Code
The General Medical Practice Code (Patient Registration) is an organisation code. All NHS organisations have a unique code which indentifies the organisation. It is essential to enable the transfer of clinical information about the patient from the patient's GP

Hospital Episode Statistics
Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Health Watch
Health Watch will be established as a new independent consumer champion for health and social care as described in the Government's NHS white paper where.

Indicators for Quality Improvement
The Indicators for Quality Improvement (IQI) are a resource for local clinical teams providing a set of robust indicators which could be used for local quality improvement and as a source of indicators for local benchmarking.

Information Governance Tool-kit (IGT)
The Information Governance Toolkit is a set of Department of Health standards by which organisatons are assessed to ensure that information is held, obtained, recorded, used and shared lawfully and ethically.

Information Prescriptions
An Information Prescription is a little like a medicines prescription. A medicines prescription tells a patient what drugs they need to take for their condition; an Information Prescription helps patients to learn more about the condition, and how to cope with it on a daily basis.

Local Involvement Networks

Local Involvement Networks (LINks) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. LINks also have powers to help with the tasks and to make sure changes happen.

NHS Number

Everyone registered with the NHS in England and Wales has their own NHS Number. It is the only national unique patient identifier, used to help healthcare staff and service providers match people to their health record. It is an important step towards providing safer patient care and improving the quality of NHS number data has a direct impact on improving clinical safety.

Overview and scrutiny committees

Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services.

Patient Environment Assessment Team (PEAT) Scores

An annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care, such as cleanliness, food and infection control.

Secondary Uses Service

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

If you would like this information in another language or format please contact: ☎ 01752 434711 Monday to Friday, 9am to 5pm or ply-pct.qualityaccounts@nhs.net

Arabic / تصريح للترجمة

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ply-pct.qualityaccounts@nhs.net

Chinese / 中国人

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Farsi / فارسی

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ply-pct.qualityaccounts@nhs.net تماس حاصل نمائید.

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ply-pct.qualityaccounts@nhs.net

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Eğer bu belge veya bilgiyi başka bir dilde ya da erişilmesi mümkün bir şekilde arzu ediyorsanız, lütfen isteyiniz. Lütfen bu numarayı arayın: ☎ 01752 434711 ply-pct.qualityaccounts@nhs.net

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South Western Ambulance Service NHS
NHS Foundation Trust

responsive
committed
effective

foundation trust
South Western Ambulance Service NHS

quality review 2011/12
quality account 2012/13

An introduction to Quality

Professor Sir Bruce Keogh
NHS Medical Director Department of Health

Mr David Bennett
Chief Executive of Monitor

Quality Accounts now represent a critical part of the overall quality improvement infrastructure of the NHS. Their introduction in 2010 marks an important step forward in putting quality reporting on an equal footing with financial reporting.

The Government's White Paper, Equity and Excellence: Liberating the NHS, set out how the improvement in quality and healthcare outcomes would be established.

Quality Accounts demonstrate a relentless focus on improving service quality. This compliments the duties set out in Monitor, independent regulator of NHS Foundation Trusts, current quality governance guidance.

Boards are ultimately responsible for quality of care provided across all service lines and they must ensure that Quality Accounts:

- demonstrate commitment to continuous, evidence-based quality improvement;
- set out to patients where improvements are required;
- receive challenge and support from local scrutineers;
- enable Trusts to be held to account by the public and local stakeholders for delivering quality improvements.

To improve accountability the Quality Account must provide progress against previously identified improvement priorities, or explain why such priorities are no longer being pursued. Demonstrate how the review of services and patient, public and, where appropriate, governor engagement has led to these priorities being set.

This will realise the vision of an open and transparent NHS, enabling the success of the NHS Foundation Trust governor model to become autonomous and locally accountable.

The published evidence shows that public disclosure in itself does not generally drive improvement, but rather it is the organisational response that Trusts put in place to improve their record on quality that drives improvement.

Quality Accounts are beginning to demonstrate quality improvements for the things that matter most to patients.

This joint statement to the NHS sets the context nationally and underpins the South Western Ambulance Service NHS Foundation Trust approach to continuous quality improvement.

A statement on quality from the Chief Executive

This is the second Quality Report for the South Western Ambulance Service NHS Foundation Trust and I am pleased to confirm that the Trust has again exceeded all of the national targets for the year 2011/12.

The Trust provides 999 Emergency Ambulance Services (A&E), GP out of hours Urgent Care Services and Patient Transport Services across the four counties Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. The Urgent Care Service operate in Dorset and Somerset only. The Trust is a key conduit to the effective delivery of the health and social care network for the residents and visitors of the south west.

The Trust is committed to making the safety of patients a high priority for all of the services we provide. In 2012/13 the Trust will continue to focus on the implementation of quality improvement initiatives. The commitment to improve the experience and clinical outcomes for patients and to enhance patient safety is key to every decision made by the Trust.

The Trust Strategic Goals have been updated for 2012/13 and continue to be focus on modernisation to deliver all standards and quality requirements:

- High Quality, High Performing;
- Improving Patient Pathways;
- Right Care, Right Place, Right Time;
- To be a credible competitor for Urgent Care Services;
- To be the obvious choice for Patient Transport Services.

In addition to these, the Trust has four annual corporate objectives which reflect relevant ambulance priorities:

- Deliver and improve upon the national clinical quality indicators;
- Deliver and improve upon the national and local commitments;
- Work towards sustainable services;
- Demonstrate the Trust commitment to social and organisational responsibilities.

The Trust has a good track record of improving quality aims to continuously expand, refine and develop its services. It will continue to work closely with all staff, volunteers and the people it serves to make improving services a priority for the coming year. This report celebrates the collective hard work and outstanding achievements of all staff and volunteers.

I confirm that, to the best of my knowledge, the information in this Quality Report is accurate.

Ken Wenman
Chief Executive

Priorities for improvement and statements of assurance from the Board

A review of quality improvement priorities for 2011/12

The modern ambulance service plays a much more crucial role in delivering care to those with urgent needs in relation to both acute and chronic medical presentations and also social care and mental health care.

In 2011/12 the Trust introduced the Right Care, Right Place, Right Time initiative, which continues to focus on providing patients who contact the 999 service with the most appropriate care. Care that meets the clinical need, is delivered by the most appropriate clinician and is provided at a location that is most suitable to the needs of the patient and the wider health care community.

NHS Pathways was launched in the Clinical Hubs just before the start of 2011/12. The system is designed to improve the patient experience through 999 call takers have using enhanced processes to enable better identification of the clinical skills and time frame required to meet the individuals needs.

The Trust has continued to develop its engagement with stakeholders, with the new Communications and Membership Sub Group of the Council of Governors meeting throughout 2011/12.

In 2011/12 the Trust published a quality account which built on the continuous quality improvement journey. An overview of the Trust's performance against its 2011/12 Quality Account priorities and improvements are set out below:

Priority 1 – Patient Safety

Falls - Why a priority?

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75 years in the UK. Each year, over 700,000 older people in the UK attend Emergency Departments following a fall. In people aged 65 years and over, the fall, together with the resulting fractures, accounts for over four million bed days each year in England alone.

The consequences of a fall can be significant, life changing, and in many cases life-threatening. Increased rates of falling, and the severity of the consequences, are associated with advancing age. Falls are not however an inevitable consequence of old age; they are normally due to the presence of one or more underlying risk factors. Falls have a diverse multi-factorial aetiology, with more than 400 separate risk factors being identified. Recognising and modifying these risk factors is crucial to preventing falls and injuries.

Aim

To explore the impact of patients who fall in the community and who are not transported to hospital, in order to devise, implement and monitor an enhanced falls referral system.

Initiatives

- Establish a coherent system in the 999 control rooms (Clinical Hubs) to identify fallers and agree reporting

mechanisms and data formats with Commissioners;
- Undertake a Falls Audit in Cornwall and the Isles of Scilly, Devon and Somerset (Dorset complete 2010/11);
- Produce a Falls Review with recommendations;
- Agree with Commissioners standard patient falls pathways across all four counties.

Did we achieve this priority?

Yes, the Trust has worked closely with Primary Care Trusts (PCTs) to develop falls referral pathways across the South West, with every area now covered by a falls scheme. The focus has been to further develop the current systems to enable referrals to be made to a single point of access within each County. Such a system already exists within Cornwall, and is set to be launched across Dorset and Somerset during 2012. In order to support the continued development of falls services, the Trust implemented systems to enhance the analysis of calls where patients have experienced a fall. This enabled the provision of data to PCTs on the number of patients who had experienced a fall in nursing and residential homes, in order to focus on this vulnerable group. A leaflet was introduced to provide patients with information and support following a fall, and a staff awareness campaign was conducted to highlight the importance of falls referrals. The Trust is committed to continuing the focus on establishing a single point of access for falls referrals across the South West during 2012/13.

Priority 2 – Clinical Effectiveness

Analysis of Healthcare Professional Calls - Why a priority?

The majority of Healthcare Professional Calls are received from General Practitioners (GPs). We aim to explore the number and demand profile of Healthcare Professional Calls received from each practice across Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. Understanding the impact of the Healthcare Professional Calls workload will help us inform future service developments.

Aim

Analyse the ratio of Healthcare Professional Calls to the number of patients registered at each GP practice during the Urgent Care Services in and out of hours GP and healthcare professional operational periods. This will enable joint working between the Trust and PCTs to establish local variations and further analyse outlying practices eg those with very high or low rates of referral.

Initiatives

- Understand the impact of call re-categorisation on the A8 response time target and Healthcare Professionals Call workload;
- Undertake an analysis of Healthcare Professional Calls activity, identifying trends, patterns and differential use of the service by localities;
- Work with Commissioners to explore local variations in utillisation by practices;
- With the support of Torbay Care Trust, link with GP Consortia leads to explore unscheduled admissions and focus on the impact of the long term conditions agenda;
- Explore the potential role of the Trust in undertaking GP home visits;
- Publish guidance to Healthcare Professionals booking an appropriate ambulance service response, highlighting the current response times to each category, to promote the use of longer three to four hour responses when clinically safe and appropriate;
- Agree on-going monitoring and review of the Healthcare Professional Calls workload to identify changes in access.

Did we achieve this priority?

Yes, working with all commissioning PCTs, the Trust ensured that the details of all GPs working across the South West were available within the Clinical Hub call management system (C3). This has enabled more accurate recording of the Healthcare Professional booking each call, with a summary report presented to PCTs on a monthly basis.
In order to support the utilisation of ambulance services by GPs and other Healthcare Professionals, a publication detailing how to book the most appropriate services was disseminated widely across the South West. The Executive Medical Director will be leading further GP engagement during 2012/13.

Emergency Care Practitioner (ECP) - Why a priority?

ECPs are the Trust's highest skilled Paramedics. Their contribution to patient care is invaluable. However, across the Trust operational counties there are known disparities in clinical skills and productivity levels.

Aim

Scope current clinical performance and productivity levels of ECPs. Identify best practice and areas for improvement. Determine new models of clinical service provision and scope opportunities from GP Commissioning Consortia; especially within the primary care setting.

Initiatives

- Develop a tool to measure ECP clinical performance;
- Roll out measurement tool, understanding the impact of the different service models across the four operational counties;
- Following the introduction of the ECP skills passport, evaluate the current skill set of ECPs;
- Understand the variation in ECP clinical practice and performance across the Trust;
- Implement the ECP strategy, pilot different models of service provision and establish the optimum clinically effective and productive use of ECPs;
- Produce a generic skill-set based on the most productive models of care, whilst appreciating that 'one size does not fit all';
- Scope the benefit of utilising ECPs in the primary care setting and identify new opportunities that arise from development of GP Consortia;
- Build relationships with GP Consortia to scope the financial investment required and clinical effectiveness of utilising ECPs within the primary care setting.

Did we achieve these priorities?

Yes, the Trust worked closely with NHS Pathways and the senior ECP team to embed the standard ECP skill set within the Clinical Hub (Control Centre) systems. The development enables each call to be assessed for suitability for an ECP response, as part of the Trust's strategy for increasing their utilisation.

A clinical performance tool was developed and utilised within a comprehensive audit which for the first time measured the clinical performance of ECPs. A survey of the current clinical skill level practiced by each ECP was also completed, which will influence further developments during 2012/13. A range of trials have been successfully conducted to evaluate different models of service provision. The publication of the ECP Strategy and Policy during March 2012 places the Trust in a strong position to develop the role and its contribution to patient care over the forthcoming year and beyond.

Clinical Research - why a priority?

High quality clinical research evidence is vital to assess the effectiveness of clinical services. It underpins the development of robust clinical policies to support service developments that optimise clinical outcomes for patients. High quality research ensures patients can benefit from new and better healthcare treatments, based upon sound and relevant evidence.

Aim

Increase participation in clinical research contributing to the knowledge base for pre-hospital care. Increase engagement with studies on the UK Clinical Research Network portfolio. Continue to raise awareness of the importance of clinical research. Embed clinical research within the Trust culture by ensuring all relevant staff have completed the Good Clinical Practice training.

Initiative

- Align the Trust Clinical Research strategy with the objectives of the Peninsula Comprehensive Local Research Network. The Trust will strengthen contacts with partners in health, academia and industry to fully exploit opportunities to participate in clinical research, and increase public engagement with clinical research engagement and development;
- The Trust continues to work with the NHS National Institute for Innovation and Improvement and other partner organisations in developing an Intelligent Mattress. Development work is progressing well with GX Design who have completed a mattress prototype that enables patients to be weighed, supporting clinicians in managing paediatric emergencies. Hoana Medical are also working closely with the Trust to embed patient monitoring technology within the Intelligent Mattress.

Did we achieve this priority?

Yes, much has been achieved during 2011/12 in terms of promoting the research agenda, raising awareness and embedding a research culture within the organisation. The Trust participated in all applicable National Institute for Health Research portfolio studies (n=5), as well as four non-portfolio projects. The well established Research and Development Group continues to provide an oversight of the research process, and has enabled the Trust to deliver a robust and efficient approval process for new projects. Research focused key performance indicators have been introduced to enable monitoring of related performance by the Trust Board. All relevant staff have completed Good Clinical Practice training. Looking ahead to 2012/13, the Trust has expressed an interest in supporting a further four projects, many of which will hopefully progress to become active research studies within the organisation. The robust research management and governance mechanisms which have been established will ensure that the research agenda continues apace over the coming years.

Priority 3 – Patient Experience

Increase Patient Satisfaction - Why a priority?

The Trust has consistently put the patient at the heart of every decision it makes by making patients the focus of everything we do. However, the Trust can go further and do more. By creating better and more transparent opportunities for patient feedback, the Trust will better understand the patient experience to make improvements across its three service lines.

Aim

The Trust will establish a systematic approach to gather patient satisfaction and experience feedback for improvement action planning.

Initiative

- Analyse the 999 Emergency Ambulance Service (A&E) and Patient Transport Services (PTS) patient surveys completed in 2010/11;
- Analyse the new Urgent Care Services (UCS) patient surveys distributed each month from 1 April 2011;
- Establish a Patient Experience and Quality sub group with the Trust Council of Governors to consider action plans for implementation in 2011/12. Develop a Trust policy for the systematic collection of patient experience to influence the Trust future priorities;
- Carry out regular audits on the new NHS Pathways triage system in Clinical Hubs (999 control rooms), which is a new call handling software.

Did achieve this priority?

Yes, the surveys were analysed and the outcome reported to the Trust Quality and Governance Committee and Commissioners. The reports were extremely positive and only three actions were identified for the A&E survey, all of which have been completed. Due to the overwhelmingly positive response from patients to the PTS survey, the Trust issued a further new survey to those who book the service; the results will be reported in 2012/13.

The UCS team analysed the surveys received throughout 2011/12 and produced reports back to staff published in the Chief Executive's Bulletin newsletter.

A Patient Experience Sub Group of the Council of Governors was established in June 2011, meeting four times in 2011/12. The Sub Group reviewed and commented on the new Patient Experience Policy which was approved in September and monitored by the Quality and Governance Committee, and was also involved in the development of a new patient experience feedback leaflet.

Two in depth reviews of the impact of NHS Pathways were undertaken by the Trust Learning from Experience Group in 2011/12 and reported to Commissioners. These considered feedback through complaints and incident reports; call handling audits; and measured improvements made to the system throughout the year to improve the patient experience.

Quality priorities for improvement 2012/13

The Trust aspires to involve patients, members, the public and all stakeholders in developing its ongoing priorities. As a newly authorised NHS Foundation Trust the organisation has a Council of Governors and a membership of over 10,000, which have enabled greater patient and public involvement during 2011/12. The Council of Governors established a Patient Experience sub group to support this key agenda.

In 2011/12 the Trust Board of Directors monitored the Quality Account and Commissioning for Quality and Innovation priorities within the Corporate Performance Report which is presented each month. The Quality and Governance Committee also received detailed reports at its bi-monthly meetings. These effective monitoring systems will be continued and maintained throughout 2012/13.

Patient Safety

Priority 1 patient re-contact with the ambulance service - why a priority?

Following the publication of Taking Healthcare to the Patient (2005), the Trust has worked to align its workforce and the clinical skill set they provide with the needs of patients. An increasing emphasis has been placed upon the development of systems which enable patients who call for an ambulance to be assessed over the telephone, and their issue resolved without the attendance of an ambulance resource. The introduction of the NHS Pathways triage system has better equipped Clinical Hub (Control Centre) staff with the ability to undertake this role, supported by experienced Nurses and Paramedics in the role of Clinical Supervisors.

Where an ambulance resource does attend an incident, transportation to hospital is not always the most appropriate outcome; a key part of the transformation has been the need to support our clinicians to access alternative care pathways that enable patients to remain on-scene. The attending clinician may decide that the patient's condition does not require admission to hospital, or that referral to an alternative care pathway is preferable. Alternatively, the patient may decide that they do not wish to attend hospital. It is vital that all such decisions follow clinical guidelines, the patient is safe to remain on-scene, and decisions are made in conjunction with them, are appropriate, clinically sound and made in their best interests.

The introduction of the Ambulance Clinical Quality Indicators during 2011 highlighted the importance of measuring the clinical safety of episodes of care which either do not result in an ambulance attending (hear and treat) or where an ambulance attends but the patent is not conveyed to hospital (see and treat). Although in some cases re-contact with the ambulance service after closure of the original call is inevitable, the measure may prove beneficial in evaluating the effectiveness and safety of the advice and care delivered.

Aim

Establish the clinical rationale behind re-contacts with the 999 service, in order to ensure patient safety. The project would identify trends, manage associated risks and develop potential means to reduce re-contact rates, leading to the agreement of a re-contact rate improvement target or trajectory.

Initiatives

- Complete an audit of patients who were initially attended to by an ambulance during the agreed sample period and re-contacted the service. The audit will include in-depth clinical review of the initial and subsequent Patient Clinical Records (PCRs);
- Complete an audit of patients who were initially dealt with using hear and treat pathways during the agreed sample period and re-contacted the the service. The audit will include review of the initial and subsequent NHS Pathways call triage and an in-depth clinical review of the PCR for the subsequent attendance;
- Hold meetings with Lead Commissioner to review evidence for the actions above, and to establish whether areas of potential improvement have been identified during the initial audits;
- Subject to area/s of improvement being identified, agree an improvement target or trajectory for the reduction of the re-contact rate with the Lead Commissioner.

How will we know if we achieve this priority?

Audits completed and actions for areas of potential improvement agreed with the Lead Commissioners.

Priority 2 Infection Prevention and Control Monitoring- Why a priority?

Healthcare acquired infections cause serious problems for the NHS. Infections can complicate illnesses, cause distress to patients and their family, and in some cases may even lead to patient death. It is estimated that healthcare acquired infections kill around 5,000 people a year and contribute to 15,000 more deaths. Around 100,000 people acquire a healthcare associated infection each year, with 30% of these being preventable. The Trust is committed to creating robust systems of infection prevention and control. Three of our key priorities as part of the Cleaner Care Initiative are:

- Thoroughly cleaning the vehicles during each shift;
- Cleaning the trolley bed and any equipment used after each patient;
- Ensuring that patients receive care in an environment that we would be proud for our relatives to experience.

In addition to daily cleaning by ambulance staff, all ambulance interiors receive a comprehensive clean every eight weeks, by dedicated Make Ready Operatives. The Trust has consistently achieved the internal 90% compliance target for the delivery of this cleaning regime. In order to ensure that regular cleaning has occurred and the deep clean has achieved the standards expected by the Trust, it is important to measure the outcome of the clean, not just the fact that it has taken place. During 2011 the use of Adenosine Triphosphate (ATP) monitoring technology was piloted on emergency ambulances and will be expanded to include the assessment of Patient Transport Service (PTS) ambulances during 2012/13.

ATP monitoring is an emerging technology which enables organisations to monitor the effectiveness of their environmental surface cleaning. ATP is the energy molecule within all living cells. After cleaning, the amount of ATP that remains on a surface is a direct indication of cleaning effectiveness. Using a chemical reaction involving an enzyme isolated from the firefly, ATP monitors convert the amount of organic matter containing ATP on a surface to an objective numerical measurement.

The monitor enables the reading to be assigned to an individual vehicle, allowing remote monitoring and analysis of the results. In addition to providing a new and novel method to evaluate the Trust's cleaning programmes, the initiative will also reaffirm the importance of vehicle cleaning amongst staff.

Aim

During 2012/13 PTS Team Leaders will utilise ATP monitors to obtain random swabs of vehicle interior surfaces, according to a sampling protocol. The results will be evaluated to assess the effectiveness of routine daily and eight weekly deep cleaning on PTS vehicles.

Initiatives

- Conduct ATP monitoring across the PTS ambulance fleet.

How will we know if we achieve this priority?

Monitoring of ATP conducted across the PTS ambulance fleet and reported to the Infection Prevention and Control Group.

Priority 3 pressure ulcers - Why a priority?

Pressure ulcers, also sometimes known as bedsores or pressure sores, are a type of injury that affects areas of the skin and underlying tissue. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. Pressure ulcers develop when pressure and/or friction is applied to an area of skin over a period of time. The extra pressure disrupts the flow of blood through the skin, starving the surrounding tissues of oxygen and nutrients, causing it break down and form an ulcer.

Healthy people do not get pressure ulcers, because they are continuously adjusting their posture and position so that no part of their body is subjected to excessive pressure. However, people with health conditions that make it difficult for them to move or those with type two diabetes are more vulnerable to pressure ulcers. It is estimated that just under 500,000 people in the UK will develop at least one pressure ulcer each year. For some people, pressure ulcers are a minor inconvenience, but for others they develop into life-threatening complications such as blood poisoning.

The presence of significant pressure ulcers which are not being actively managed by the patient's GP or any other Healthcare Professional may indicate that the patient is suffering from neglect.

Aim

Increase staff awareness of the identification and reporting of pressure sores, according to the National Institute of Clinical Excellence (NICE) Guidance.

Initiatives

- Develop educational materials for ambulance clinicians to increase their awareness of and ability to recognise pressure sores;
- Launch a Pressure Sore Learning Zone within the Trust's Intranet to link Trust resources with those available externally;
- Deliver additional education to 75% of eligible frontline clinicians across the Trust to increase staff awareness and ability to recognise pressure sores.

How will we know if we achieve this priority?

Development of educational materials, availability of the Pressure Sore Learning Zone, delivery of additional education to frontline clinicians.

Clinical Effectiveness

Priority 4 Major Trauma (MTC) - Why a priority?

Major trauma is the leading cause of death in all groups under 45 years of age, and a significant cause of short and long term morbidity. The National Audit Office estimates that there are at least 20,000 cases of major trauma each year in England resulting in 5,400 deaths, and many others resulting in permanent disabilities requiring long-term care. Trauma costs the NHS between £0.3 and £0.4 billion a year in immediate treatment alone, as well as resulting in an annual lost economic output of between £3.3 - £3.7 billion.

Historically, all trauma patients have been transported to the nearest hospital Emergency Department, with those with the most significant injuries subsequently being transferred to a specialist centre. International evidence demonstrates that over 600 additional lives could be saved across the UK each year, if patients with the most severe injuries were transported directly to specialist Major Trauma Centres.

During 2011/12 the Trust has worked closely with organisations across the South West to develop the major trauma system, which was launched on 2nd April 2012. Ambulance clinicians use a triage tool to identify those patients who would benefit the most from direct admission to one of the MTCs at Plymouth, Southampton and Frenchay Hospitals. Patients who are unable to reach a MTC within a safe time, or have less severe injuries, will continue to be transported to more local Trauma Units (normally the Emergency Department at their local hospital).

The introduction of the major trauma system significantly increases the length of time that ambulance clinicians are required to deliver care to critically injured patients during long journeys to hospital. Further education and assessment is required to ensure that all ambulance clinicians are confident and competent in the care of this group of patients; a group to which individual clinician exposure has been low. The Trust has committed to the delivery of a two day educational programme, focusing on the assessment and management of trauma to support the introduction of new interventions such as the EZ-IO intraosseous device (the insertion of a needle into a patient's arm or leg bone in order to give medicines or fluid therapy). The training will also focus on the accurate identification of patients who are suitable for direct admission to a MTC, as this is one of the most significant pre-hospital challenges.

Over-triage creates inefficiencies for the ambulance service, with ambulances tied up in longer unnecessary round trips to major centres. There is also an impact on other patients in MTCs, whose quality of care may suffer due to an excessive number of patients with less severe trauma. In contrast, under triage may result in patients who may benefit from direct care at a MTC receiving less timely care at their local hospital, or being unnecessarily delayed by a later secondary transfer to a MTC.

Aim

Increase the availability of major trauma specialist care across the South West, by ensuring that patients are transported to the most clinically appropriate centre for their needs.

Initiatives

- Deliver a second day of trauma training to frontline clinicians across the Trust;
- Introduce the EZ-IO intraosseous access device to all frontline emergency ambulances and RRVs;
- Audit the percentage of patients transported to a MTC who did not fulfil the major trauma criteria (excluding those within the standard MTC catchment area.).

How will we know if we achieve this priority?

Delivery of the second day of trauma training to 95% of frontline clinicians across the Trust by 31st March 2013.
Evaluation and reporting of the over triage rate for patients within the Trauma system.

Patient Experience

Develop a targeted approach to patient feedback - why a priority?

The Trust is proud of its patient-centred approach and constructive investigation of and response to the feedback it receives through concerns raised by patients and their families. However, these form only a very small proportion of the Trust contact with its service users and there may be useful comments and feedback of which the Trust is not aware. Further work is planned for 2012/13 to encourage patients and their families to provide as much as information about their experience of the Trust services as possible, and how it meet their expectations.

Aim

The Trust will develop a targeted approach to gather feedback on patient experience, including seeking input from support groups for specific conditions, and with an awareness of any potential for inequity of access.

Initiatives

- Undertaking dignity, privacy and respect discovery interviews;
- Establishing feedback clinics at summer events;
- Dissemination of patient experience leaflets by Trust governors;
- Analysis of feedback to develop an improvement plan.

How will we know if we achieve this priority?

Discovery interviews completed and reported. Approval of an improvement plan by Trust Commissioners.

Statement of assurance from the Board

Statutory statement

This content is common to all providers which make Quality Accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

1 During 2011/12 the South Western Ambulance Service NHS Foundation Trust provided and/or sub-contracted three NHS services:

- Emergency (999) Ambulance Service;
- Urgent Care Service;
- Non Emergency Patient Transport Service.

1.1 The South Western Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

1.2 The income generated by the NHS services reviewed in 2011/12 represents 93.48% of the total income generated from the provision of NHS services by the South Western Ambulance Service NHS Foundation Trust for 2011/12.

2 During 2011/12, nil national clinical audits and nil national confidential enquiry covered NHS services that South Western Ambulance Service NHS Foundation Trust provides.

2.1 During that period South Western Ambulance Service NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in during 2011/12 are as follows: not applicable.

2.3 The national clinical audits and national confidential enquires that South Western Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2011/12, are listed below alongside the number of cases submitted to each audit or enquiry as a % of the number of registered cases required by the terms of that audit or enquiry. not applicable

2.4 The reports of one national clinical audit were reviewed by the provider in 2011/12 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Call to needle target verification.

This action will improve the quality of health care from this one national clinical audit:

- Myocardial Ischemia National Audit Project (MINAP) – national database gathering information on all patients who have had a heart attack and who have acute coronary syndromes.

The reports of three local clinical audits were reviewed by the provider in 2011/12 and South Western Ambulance Service NHS Foundation Trust intends to take actions to improve the quality of healthcare provided which are listed on the Trust website www.swast.nhs.uk.

3 The number of patients receiving NHS services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 249.

4 A proportion of South Western Ambulance Service NHS Foundation Trust income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between South Western Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2011/12 and for the following 12 month period are available on request from www.swast.nhs.uk.

The monetary total for the Commissioning for Quality and Innovation payments, for all service lines, for 2011/12 was 1,559,801 and 2010/11 was 1,672,343.

5 South Western Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'compliant without conditions'.

The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2011/12.

6 South Western Ambulance Service NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.

7 South Western Ambulance Service NHS Foundation Trust did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

8 South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2011/12 was 82% and was graded green, satisfactory.

9 South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Part 3 – Quality overview

The Trust long term Strategic Goals and annual Corporate Objectives reflect quality priorities which include national priorities and local commitments. These are reported within the Trust Corporate Performance Report which is presented to the Trust open Board at each meeting.

The indicators and information below have been selected to describe the continuous quality journey the Trust is making. Where possible either historical or benchmarking against national information has been provided to help contextualise the Trust's performance.

Emergency Ambulance 999 Services

Key Performance

Key Performance Indicator	Target %	Performance 2011/12	Performance 2010/11	Performance 2009/10
Category A8	75	76.05 (provisional)	78.86	78.3

* Category A8 – Life threatening emergency calls, presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Urgent Care Service (UCS)

The Trust has 13 quality targets for this service and regularly meets and exceeds 12 of these. This has shown considerable improvement from 2010/11 when 10 quality targets were met or exceeded. An improvement plan is in place to ensure the Trust continues to improve and meets all 13 in the future.

Patient Transport Service (PTS)

Key Performance Indicator	Target %	Performance 2011/12	Performance 2010/11
Calls received and answered within 25 seconds	80	Tbc	87
Calls into the PTS Control abandoned	Less than 4	Tbc	3
Contracted activity levels to be completed	100	Tbc	100

Additional Quality Achievements

✓ Successfully developed and introduced the Right Care, Right Place, Right Time Initiative;
✓ Hosted two Award Ceremonies for hundreds of clinical and support staff to acknowledge their outstanding and excellent long service and achievements;
✓ Continued to meet Level 1 for NHSLA Risk Management Standards with top scores;
✓ Nil Ombudsmen complaints upheld;
✓ Implementation of a new triage system - NHS Pathways;
✓ Implementation of a new Capacity Management System;
✓ Implementation of access to patients Summary Care Record integrated within the Adastra system in all treatment

centres and the east clinical hub;
- ✓ Launch of Senior Clinician on Call;
- ✓ Appointed a dedicated Patient Safety Improvement Manager to focus on learning arising from patient feedback and incidents;
- ✓ Appointed a Stakeholder Engagement Manager to improve service user involvement
- ✓ First Ambulance Trust to launch Transexamic Acid;
- ✓ Launch of Hazardous Area Response Team (HART);
- ✓ Continued registration with the Care Quality Commission without compliance conditions;
- ✓ Successfully completed a series of health promotion campaigns;
- ✓ Patient Advice Leaflets reviewed and placed on every ambulance;
- ✓ Completed preparations for the launch of the Major Trauma System across the Southwest from Monday 2 April 2012, including training all clinicians;
- ✓ Monthly patient surveys for Urgent Care Service always report high satisfaction 90% plus;
- ✓ Completed an independent staff survey.

Performance of Trust against selected metrics

Safety Measures and Patient Experience Reported	2011/12	2010/11	2009/10
Adverse Incidents	2,498 of which: 0% – significant 6.9% – moderate 93.1% – low	2,384 of which: 2% – significant; 6% – moderate; 92% – low	2,345 of which: 08.29% - significant 29.00% - moderate 64.71% - low
Serious Incidents	28	45	29
Making Experiences Count – Complaints, Concerns and Comments	496	489	504
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	454	428	370
Health Service Ombudsman complaints upheld	0	0	0
Compliments	719	788	945
Central Alert System (CAS) received	170	191	193

During 2011/12 the Trust, as last year, continued to be one of the highest reporters of incidents to the National Patient Safety Agency (NPSA) National Reporting and Learning Scheme (NRLS) database. This level of reporting reflects a strong practice of incident recognition and supports a good a continuous patient safety culture.
In addition to providing reports on adverse incidents for the Learning From Experience Group, the Quality and Governance Committee and a number of internal Trust meetings, comprehensive reports on adverse incidents are also produced for the Trust's Lead Commissioners at quality monitoring meetings. Sharing such information is good practice and enables shared learning of incidents.

A fundamental part of the Trust's risk management system is to ensure that serious incidents are appropriately managed to ensure lessons are learnt. During 2011/12 28 incidents were identified as falling under the Trust Serious Incident Policy and 29 Serious Incident investigations were heard by Serious Incident Review Meetings, chaired by

a clinical director or deputy director. Following a Serious Incident Review Meeting the Outcome report and draft Action Plan is presented to the Directors Group for final approval of the actions before they are included within the Trust's Serious Incident Action Plan. Progress against actions contained within the Serious Incident Action Plan is monitored by the Trust Board of Directors and lessons disseminated via Trust publications.
The Central Alert System (CAS) is an electronic web-based system developed by the Department of Health, the National Patient Safety Agency (NPSA), NHS Estates and the Medicines and Healthcare products Regulatory Agency (MHRA). This aims to improve the systems in NHS Trusts, Strategic Health Authorities, and the Department of Health for assuring that safety alerts have been received and implemented. During 2011/12 the Trust acknowledged 100% of CAS' within 24 hours, which exceeds the requirement to acknowledge these within 48 hours. In 2011/12 1 alert (0.6%) has exceeded the time specified for implementation.

Ambulance Clinical Quality Indicators:

2011/12 has been a pilot year for Ambulance Clinical Quality Indicators (ACQI) data collection from all ambulance trusts in England, no national targets have been introduced this year.

These new indicators are not targets in themselves but are designed to stimulate continuous improvement in care. It is recognised that 2011/12 is a transitional year to enable definitions to be confirmed and to improve the consistency of reporting across Ambulance Trusts.

The Department of Health have developed a national dashboard enabling the comparison of the trust performance to its fellow ambulance services. The Trust has also established a sub-group of the Corporate Performance Review Group to work specifically on the ACQI.

With effect from 2012/13 the Department of Health intends to require organisations to include the following indicators from the ACQI in the Quality Account.

Ambulance Clinical Quality Indicators (collected for reference during 2011/12)

Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	National Average (Oct)
Outcome from Acute ST-Elevation Myocardial Infraction (STEMI) - % of patients suffering a STEMI and who receive an appropriate care bundle	73.79%	76.70%	76.04%	81.67%	83.42%	79.68%	79.43%	**74.00%**
Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle	53.92%	64.93%	57.44%	56.33%	55.70%	55.66%	65.55%	**68.40%**

Data for these indicators is not currently available for information after October 2012. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process and the delays experienced in collecting some of the data from third party sources (eg acute trusts, MINAP system).

Clinical Performance Indicators (CPIs)

Clinical Effectiveness - Outcome Measures Reported	Cycle 4 Oct 2009 to Apr 2010	Cycle 5 May 2010 to Sept 2010	Cycle 6 Oct 2010 to Apr 2011	Cycle 7 May 2011 to Sep 2011	Cycle 7 National Average
Care of Patients with Acute MI (STEMI) - Heart Attack					
Aspirin Administered	88.62%	91.60%	85.71%	93.50%	96.50%
GTN Adminstered	85.83%	86.40%	77.14%	86.50%	92.17%
2 Pain Scores Recorded	90.15%	89.70%	89.60%	91.60%	80.80%
Morphine Administered	68.20%	70.40%	80.41%	89.80%	81.30%
Analgesia Administered	67.27%	68.00%	79.80%	88.80%	86.20%
Care of Patients with Hypoglycaemic Attacks					
Blood Glucose 1 Recorded	99.00%	98.20%	97.59%	100.00%	98.80%
Blood Glucose 2 Recorded	97.20%	96.70%	98.78%	98.63%	97.90%
Treatment Recorded	98.40%	99.30%	100.00%	98.97%	97.90%
Care of Patients with Asthma					
Respiratory Rate Recorded	99.30%	91.00%	94.36%	98.54%	99.10%
PEFR Recorded	33.20%	37.00%	42.72%	73.66%	78.70%
SpO2 Recorded	88.20%	85.00%	92.45%	89.76%	92.70%
B2 Agonist Administered	98.20%	95.00%	95.45%	98.54%	96.60%
Oxygen Administered	98.40%	97.00%	97.65%	99.02%	95.80%
Care of Patient with Stroke and Transient Ischaemic Attack					
FAST 1	93.77%	98.92%	91.50%	97.67%	95.60%
Blood Glucose Recorded	94.63%	92.98%	93.00%	98.33%	95.60%
Blood Pressure Recorded	99.32%	98.66%	96.30%	99.33%	99.50%

The method of calculating the results for these CPIs has been updated to reflect the way in which the recently

introduced national Ambulance Clinical Quality Indicators are calculated. Cycles 1 to 6 were calculated under the old method and Cycle 7 under the new method and therefore direct comparison to previous cycles is not valid.

Assurance statements - verbatim

to follow

Statement of directors' responsibilities in respect of the quality report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011/12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    a. Board minutes and papers for the period April 2011 to June 2012;
    b. Papers relating to Quality reported to the Board over the period April 2011 to June 2012;
    c. Feedback from the commissioners dated tbc;
    d. Feedback from governors dated tbc;
    e. Feedback from LINks dated tbc;
    f. The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated tbc;
    g. The latest national patient survey and the latest national staff survey 2011;
    h. The Head of Internal Audit's annual opinion over the trust's control environment dated tbc;
    i. CQC quality and risk profiles dated from April 2011 to March 2012.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and

review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

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

By order of the Board

3 June 2011 Date  **Heather Strawbridge,** Chairman

3 June 2011 Date  **Ken Wenman,** Chief Executive

Independent Assurance Report to the Council of Governors of South Western Ambulance Service NHS Foundation Trust on the Annual Quality Report

to follow

Would you like to have a say in the future of South Western Ambulance Service by becoming a Foundation Trust member?

Help us to help you by calling 01392 261526 or visit www.swast.nhs.uk/ft

If you would like a copy of this report in another format such as braille, audio tape, total communications (suits the needs of learning disabled) large print, another language or any other format, please contact:

Telephone: 01392 261586 **Email:** publicrelations@swast.nhs.uk **Fax:** 01392 261560

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2012/13

Topics	J	J	A	S	O	N	D	J	F	M	M
Health Integration Programme											
Healthwatch											
Health and Wellbeing Board											
Joint Strategic Needs Assessment (JSNA)											
Joint Health and Wellbeing Strategy (JHWBS)											
Public Health Transition											
Joint Priorities											
Tobacco Control											
Alcohol Harm Reduction											
Dementia Strategy		**19**									
Safeguarding Vulnerable People											
NHS Devon Cluster Primary Care Trust											
QIPP Programme											
NEW Devon, Clinical Commissioning Group (Western Locality)											
Authorisation											
Commissioning Intentions											

Topics	J	J	A	S	O	N	D	J	F	M	M
Plymouth NHS Hospitals Trust											
Foundation Trust Business Case											
Plymouth City Council – Adult Social Care											
Social Care Transformation Programme											
Plymouth Community Healthcare											
Recovery Pathways (Mental Health Service)		**19**									
Forward Plan Items											
Advocacy Provision						**22**					
Older persons charter				**13**							
Performance Monitoring											
Quality Accounts											
Finance and Monitoring Report											
Referred by Local Involvement Network											
Services for Gypsies and Travellers											