Plymouth

The NHS Plymouth Provider – Quality Account

Quality Report

2009 – 2010

'Healthy people leading healthy lives in healthy communities'

DRAFT

Distribution: -

The first Quality Account of NHS Plymouth Mental Health Services

Version	1.0	Committee Represented at:
Date		
Date		
Date		
Date		

A report explaining the Quality of the care we offer and how we are seeking to improve

Final Version
Board Approval in June 2010

Contents

1. Chief Operating Officer Summary ____ Page 3
2. Introduction ____ Page 5
3. Quality Overview ____ Page 5
4. Performance Framework ____ Page 7
5. Participating in Clinical Audit ____ Page 7
6. Research and Development ____ Page 9
7. Commissioning for Quality and Innovation (CQUIN) ____ Page 11
8. Two Examples of Quality Initiatives ____ Page 12
9. How our Regulator the Care Quality Commission (CQC) Views our Services ____ Page 14
10. Staff Satisfaction – Care Quality Commission National Staff Survey ____ Page 15
11 Our Priorities for improvement for 2010/11 ____ Page 17
   - 11.1 Priority 1 – Patient Experience ____ Page 17
   - 11.2 Priority 2 – MRSA Rates ____ Page 21
   - 11.3 Priority 3 – Privacy, Dignity and same sex environments ____ Page 23

DRAFT

1. Summary by the Chief Operating Officer – Steve Waite

NHS Plymouth's commitment to quality

Improving quality for our patients and for the public we serve is fundamental to us and at the heart of everything we do. By providing a Quality Account each year we are showing our commitment to remain accountable to our local community. We welcome this opportunity to demonstrate our commitment and also to commit further to extending the scope of our Quality Account to all services provided by NHS Plymouth.

This report is structured in line with guidance from the Department of Health and includes our response to national requirements and reports; our priorities for quality improvement in 2010/11 and a more general quality overview.

As part of our development of this Quality Account we have engaged with and involved our local Overview and Scrutiny Committee, Local Involvement Network (LINks), staff and patients and our commissioners to agree how we should demonstrate our commitment to quality. Over the next year we will be talking and engaging further with our stakeholders to help us identify future priorities for quality improvement and continue with our commitment to improve the quality of our services.

NHS Plymouth has declared compliance with 42 of the 44 core national standards which cover seven key areas of health and healthcare, including safety, patient focus, clinical effectiveness and cost effectiveness assessed by the Healthcare Commission's and performed well for many aspects of our national priorities assessment achieving a score of Good. Our safety records (MRSA rates) and patient satisfaction rates are higher than the national average.

NHS Plymouth is committed to improving the experience of our patients, public and service users and equally committed to helping people move on or back to more independent living. To enable this to happen we have introduced significant programmes to build our culture and capabilities around quality, and have identified a range of areas where we want to improve the quality of our services further.

Overview of organisational effectiveness initiatives

The Trust's quality programme is fully aligned with its broader business strategies to ensure that the right issues are prioritised at the right time. It is supported by internal structures and processes to increase organisational effectiveness. Two examples of our work in this area are:

- The Productive Ward Series
- Alternative Place of Safety Suite (APOS)

DRAFT

How we have prioritised our quality improvement initiatives

These are our priorities for improving quality in 2010/11. The current position and our future plans are described further in the pages following.

Priority 1: Improve our patient's experience by involving patients and carers and drawing on their experiences to inform every aspect of care.

Priority 2: To reduce our MRSA rates by 2% in the next year.

Priority 3: To provide Privacy, Dignity and same sex environments for people who use our services.

These have been signed off by:

Priority 1: Chief Operating Officer, Director of Mental Health, Assistant Directors and Modern Matron

Priority 2: Chief Operating Officer, Nurse Consultants and all Senior Managers

Priority 3: Chief Operating Officer, Director of Mental Health Services, Assistant Directors and Modern Matron

To agree on these priorities, we have assessed each initiative looking at to ease of implementation and the what improvements can be made in safety, outcomes and experience.

These priorities link closely to the Commissioning for Quality and Innovation (CQUIN) payment framework, out of the three quality priorities at least two are directly related to the three CQUIN indicators agreed with our Commissioners.

Our selected priorities and proposed initiatives

Each of the priorities above, with our proposed initiatives for 2010/11, is described in detail on the next few pages.

We have also included areas of improvement identified from inspection reports.

DRAFT

2. Introduction

We are committed to engage our staff, patients and public more fully in further improving the quality of services and identifying future priorities for quality improvement.

Services we Provide
During 2009/10 the NHS Plymouth Mental Health Services provided an extensive range of NHS Services including the acute unit (Glenbourne); Recovery Services (Lee Mill; Syrena House; Greenfields; Gables Unit; Edgcumbe Unit); Community Services (Primary Care Liaison Services; Assertive Outreach Services; Community Forensic Team; Crisis Response Team – The Home Treatment Team; Services for Older People including Pinewood and Oakdale units, Psychiatric Liaison Services; Community Mental Health Teams; Memory Service; Access to Mental Health Services; Psychology Services and Therapy Services.

Our Priorities for Quality Improvement

1. **Improving the Patient Experience**
2. **Managing and reducing MRSA Rates and other Healthcare Associated Infections**
3. **Privacy, Dignity and Same Sex environments for people who use our services.**

Succeeding Together

We are immensely grateful to all those service users, carers, members, commissioners and others who have supported and worked with us during the past year. Together we can succeed in this journey of quality improvement and excellence.

3. Quality Overview

This section of the report considers progress on a wide range of quality issues with a focus on **Patient Safety, Clinical Effectiveness** and **Patient Experience**. It also considers progress on national priority indicators.

Patient Safety Indicators

It is not only crucial that services are as safe as they can be, but that we can demonstrate that this is the case: to ourselves, our partners, our patients, service users, carers and to the public. We chose the following indicators to help demonstrate this:

A. **Recording of Risk – Serious Untoward Incidents (SUI's)**
B. **Alternative Place of Safety Suite (APOS)**

Table 1 Safety – How we did					
Indicator	**Data Source**	**Trust 08/09**	**Trust 09/10**	**National Benchmark**	**Comments**
A. Serious untoward incidents	Strategic Information Management	**19.5%**	**38.9 %**	100%	The Trust aims to achieve 100%

DRAFT

reported to the Mental Health Commissioner and Strategic Health Authority within 24 Hours	System (STEIS)				
B. Use of APOS suite versus Police Cells.	The number of core assessments completed	N/A	164	Reduce the use of Police cells for people who would probably benefit from Mental Health Services.	The Trust and the Police have agreed a workable framework for operating APOS.

Clinical Effectiveness Indicators

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 measurable indicators to demonstrate how we are doing on key measures of effectiveness.

C. Clients regularly reviewed

D. NICE Guidance

E. Clients with Care Plans

Table 2 Effectiveness – How we did

Indicator	Data Source	Trust 08/09	Trust 09/10	National Benchmark	Comments
C. Percentage of service users seen during the year who have received a review.	Electronic patient record for Mental Health information – ePEX data system	80%	77 %	CPA Policy requires a minimum of 6 monthly reviews	Trust target set at 90% of those eligible throughout the year.
D. Improve compliance with NICE Clinical guidelines.	• Smoking cassation Audits • Bipolar Disorder Audit • Mental Wellbeing and Older People • Schizophrenia Audit	Not fully Compliant	Compliant	Engage with NICE Clinical guidelines	As per Trusts Clinical Audit plan
E. Percentage of Care –coordinated clients with a care plan	Electronic patient record for Mental Health information - ePEX data system	96%	91%	100%	Trust target set at 100% of those eligible throughout year

Patient Experience Indicators

To improve the patient and carer experience the Trust will continue to obtain real time feedback from service users and act on their feedback.

F. Privacy, Dignity and Gender Sensitivity

G. Patient Environment Action Team - PEAT

Table 3 Patient Experience – How we did

Indicator	Data Source	Trust 08/09	Trust 09/10	National Benchmark	Comments
F. Compliant with Department of Health requirements	Strategic Health Authority reporting	N/A	Redevelopment works on the wards	100% Compliant	The Trust aims to attain Excellence across all areas

DRAFT

G. Specific Units • Mount Gould Hospital • Plympton Hospital • Lee Mill • Glenbourne	National Patient Safety Agency – PEAT Scores	Environment • Excellent • Excellent • Excellent • Excellent	Food Score • Excellent • Excellent • Excellent • Excellent	Privacy & Dignity Score • Excellent • Excellent • Excellent • Good	Environment • Excellent • Excellent • Excellent • Excellent	Food Score • Excellent • Excellent • Good • Excellent	Privacy & Dignity Score • Excellent • Excellent • Excellent • Excellent	Fully Compliant	The Trusts aims to attain Excellent across all areas

4. Performance Framework

The Trust has been developing a much more robust Performance Management Framework, and the Business and Quality Performance Indicators are reviewed monthly by the Board.

The development of the Business Performance and Quality Report is to incorporate quality measures into a balanced scorecard with Key Performance Indicators (KPI's). The scorecard pulls together a balanced list of National Indicators of Quality and is reviewed by the Provider Governance Committee and Board. Directorate chapters, focusing on specific performance areas and quality indicators are reviewed monthly, to ensure regular scrutiny of Quality.

A simple traffic light system helps identify areas that are weaker in performance and are reviewed by the Provider Board, the Provider Governance Committee, Directorate Business Meetings and Quarterly Business Review Meetings.

By reviewing data at all levels, the Business Performance reporting framework allows individual services and Directorates to take action to improve quality in their areas. The standardised approach also allows for comparison across all Directorates, so that where a low score for a key performance indicator occurs. It can be escalated through the scorecard system and a Trust-wide approach can be taken.

5. Participating in Clinical Audit

NHS Plymouth places significant importance on the delivery and implementation of a comprehensive audit programme that covers all services that we provide. Our Mental Health Services are instrumental in taking forward a number of important areas of audit.

During 2009/10 NHS Plymouth Mental Health Services participated in four national clinical audits and national confidential enquiries.

- The reports of four of national clinical audits were reviewed by the provider in 2009-2010 and NHS Plymouth intends to take the following actions to improve the quality of healthcare provided.
- NHS Plymouth has recently received the audit report from the National Continence organisational clinical audit; a feedback meeting is planned where an action plan will be developed.

During 2009/10 NHS Plymouth Mental Health Services participated in four clinical audits against NICE guidelines.

- The reports of four NICE clinical audits were reviewed by the provider in 2009/10 and NHS Plymouth intends to take forward the finding as identified the following actions to improve the quality of healthcare provided.

During 2009/10 NHS Plymouth Mental Health Services participated in nine local clinical audits.

DRAFT

– Clinical audits reports were reviewed by the provider in 2009/10 and NHS Plymouth will take the appropriate action to improve the quality of healthcare provided by the audit findings.

Audits

National audits		
No	*Audit title*	
1	Strategic Health Authority Carers Assessment	
2	Strategic Health Authority Dementia audit	**A CQUIN INCENTIVE SCHEME INDICATOR – Goal no1 – the development and implementation of an integrated Dementia pathway.**
3	National Continence organisational clinical audit 2009	
4	Audit of completed suicides 2008-2009	

NICE Audits			
No	*NICE Code*	*NICE Title*	*Audit title*
1	PHI001	Smoking cessation: Brief interventions and referral for smoking cessation in primary care and other settings	HTT NICE Smoking Cessation audit
2	PHI001	Smoking cessation: Brief interventions and referral for smoking cessation in primary care and other settings	Harford and Bridford NICE Smoking Cessation audit
3	CG38	Bipolar disorder (CG38)	NICE Bipolar Disorder Audit
4	PH16	Mental wellbeing and older people (PH16)	Mental wellbeing and older people

Local clinical audits	
No	*Audit title*
1	Use of SSRI antidepressants in newly diagnosed patients of depression
2	Monitoring of Physical health parameters in patients in Rehabilitation psychiatry.
3	Physical Health Screening in Adult Psychiatric Inpatients
4	Monitoring of Lithium Therapy in In-Patient settings viz. acute wards and rehab units
5	Benzodiazepine presribing in substance misuse setting
6	An audit of inpatient liaison psychiatric service for the older people
7	Audit of Psychiatric Medication administered above BNF limits to Inpatients on the Glenbourne Unit
8	MH Record Keeping Audit 2009
9	Depot Polypharmacy Audit

DRAFT

Audit Plan for 2010/11

Timetable for the Mental Health Directorate for 2010 – 2011			
Month		**Month**	
April	• Carers Audit • NICE Personality Disorder • APOS Service evaluation	**Nov**	• Depot Audit • NICE Promoting mental well being at work • CAMHS to AMHS
May	• NICE Schizophrenia re-audit • Wristbands	**Dec**	• Ligature Audit • Falls policy re-audit
June	• National audit anxiety and	**Jan**	• NICE Dementia

	depression	2011	
July	• Pharmacy Audit	**Feb**	• NICE Audit TBC • PEAT
Sept	• National falls clinical audit (data collection September to December) • Health Records	**Mar**	• Count me in census • NICE Schizophrenia
Oct	• Health Records		

In addition to this timetable there are other audits that need to be undertaken .These can include any external requests for audit.
Other audits that will be undertaken include:

- Infection Prevention and Control
    - Mattress audits
    - Hand washing audits
    - Safe handling of Sharps and avoidance of inoculation injuries
    - Clinical Waste management audits
- Patient Surveys

6. Research and Development

NHS Plymouth recognises the importance of Research and Development (R&D) in improving effectiveness, efficiency and patient and carer experience. Research and Development (R&D) supports and underpins NHS Plymouth's aims, values and mission statement.

Research and Development Mission Statement:

To develop a strong research culture, which takes a population-wide perspective and delivers high quality evidence, based on:

- Collaborative working
- Education and training
- Targeted investment
- Improved patient care

To become a Trust that encourages and supports research as part of its core business.

Current Initiatives in 2009/10

- To publish the average time taken for the local research approval process to be completed (Currently within the 42 day target).
- To use the NIHR coordinated system for gaining NHS permission for all network studies and be working towards integrating non network studies within this model.
- To act as a sponsor for research studies wherever possible.
- To embed research into job descriptions of all clinical staff band 5 and above.
- To provide support mechanisms to enable the majority of staff to be engaged at some level with research as part of their day to day roles.
- To be a key collaborator with the Universities and Acute Trusts in leading research projects.
- To have a reputation for sound governance mechanisms that are facilitative of research, with Key Performance Indicators based on approval times.

DRAFT

- To have met in full their requirements of DH requirements to support research in the NHS. (July2009).

Key Improvements Initiatives for 2010 – and leading up to 2014

- Be acknowledged as the leading PCT in the South West for research support, development and facilitation, and playing a role in supporting the other PCTs as appropriate.
- Lead on high impact research projects, having Chief Investigators who are Trust employees.
- Attracting high calibre staff to the Trust based on our strong research culture.
- Strengthening both Providing and Commissioning functions through evidence based approach to service delivery.

The delivery of those initiatives will result in NHS Plymouth being in the forefront of service delivery, strengthening Quality, Productivity and Patient safety and targeting appropriate areas for Innovation (QIPP) and planning. NHS Plymouth staff will benefit from the research-rich culture as part of a creative clinical environment and benefit the health community.

By raising the Trust's profile, undergraduate, newly qualified and experienced practitioners will seek employment within the Peninsula. Additionally, high quality research will inform decisions taken by the Trust in ensuring that the quality and effectiveness of patient care is maximised.

Our Selected Priorities

Our current research projects, (related to Mental Health needs are listed below)	
A UK Registry for Huntington's disease: collaboration with Euro-HD	Case Control Studies of psychiatric in-patients and those discharged
Diabetes Alliance for research in England (formerly Research Alliance for Diabetes)	Study of Suicide in the Criminal Justice System
Care for offenders: Continuity of Access (COCOA)	Prospective memory and social functioning in first episode psychosis.
Informed consent for genetic testing in people with a learning disability	Families and Substance abuse; a qualitative exploration of emotional and relational themes and patterns
Study of the costs of care by disease severity in Alzheimer patients SCoDA	South West Improving Access to Psychological Therapies (SWIAPT) Evaluation Project
Donepezil and memantine in moderate to severe Alzheimers disease (DOMINO-AD)	Evaluation of personalised health budget pilots
Evaluation of the impact of the choosing health financial commitment supporting the physical health care needs of people with severe mental illness at National, Regional and PCT level in England	The aetiology and prevention of in patient suicide
Victims of homicide with Mental Health illness (PLY001)	PREVENT - Preventing depression relapse in NHS through mindfulness based cognitive therapy (MBCT)

Proposed Initiatives

Objective	Specific Tasks	Target Date
Commission research topics that offer opportunities for new and innovative ways of working, whilst maintaining a focus on the Trust's priority areas	• Develop a partnership approach with other relevant stakeholders, including university and non NHS public sector agencies to maximise resources, manpower and impact	Long-term Strategy
Enhance the research environment within the Trust, increasing opportunities for innovation, attracting high calibre staff	• Build a resource which offers local research to be supported, through FSF, RDS and expert advisors. • Build research capacity into appropriate posts, thus giving focus and capacity to research activity. • Strengthen awareness of funding opportunities	Long-term Strategy
Engage local partners, including academic bodies, the public, carers and users in topic selection, data collection and implementation of research findings	• Holding key events targeting stakeholders in order to share findings of research • Use the results from patient surveys, complaints, clinical audit to consult on topic selection.	Ongoing monthly events [lunchtime seminars]

DRAFT

7. Commissioning for Quality and Innovation (CQUIN)

During 2010/11 we have agreed three main areas relating specifically to Mental Health, in addition to our other CQUIN related activities for non-mental health provided services.

Goal no	Description of Goal	Quality Domain	Description of Indicator	Indicator Name	National or Regional	Indicator Weighting	Rational for Inclusion	Data Source and Frequency of Collection	Final Indicator Value (payment threshold)
1	Improve the care of people with dementia through the development of an integrated Dementia Pathway across Mental Health and Learning Disability, Community and Acute Sectors	Effectiveness, innovation, patient experience, safety.	Development and implementation of an integrated Dementia Pathway across Mental Health & Learning Disability, Community and Acute Sectors: leading and working on NHS Plymouth elements of the pathway in partnership with all key stakeholders.	Dementia pathway	National Indicator	40	To improve dementia patients' experience by ensuring that safe and effective care is given, communication channels are clear, and cross boundary working is achieved across Mental Health, Community and Acute Sectors, resulting in a better quality of life for both inpatients and outpatients under the care of the local health economy.	Performance monitoring via Joint Commissioning Steering Group for Dementia. Prescribing within National guidelines and audit for compliance.	Completion of all elements of indicator

Goal no	Description of Goal	Quality Domain	Description of Indicator	Indicator Name	National or Regional	Indicator Weighting	Rational for Inclusion	Data Source and Frequency of Collection	Final Indicator Value (payment threshold)
2	Improve patient reported experience.	Patient experience, safety.	Improve patient experience by implementing improvements based on the findings of the following a) CQC Community Mental Health Survey b) CQC Mental Health Inpatient Survey c) Greenlight self-assessment	Patient survey results.	N/A	30	As external, quality assured measures of patient experience, the CQC surveys provide a robust evidence base for identifying areas of improvement in patient care and experience.	Annual survey results	Minimum 20% improvement in performance in 2010 surveys compared to 2009 results

Goal no	Description of Goal	Quality Domain	Description of Indicator	Indicator Name	National or Regional	Indicator Weighting	Rational for Inclusion	Data Source and Frequency of Collection	Final Indicator Value (payment threshold)
3	Implementation of a maximum referral to first treatment waiting time of **8 weeks** for Psychology and	Patient experience.	Implementation of a maximum referral to first treatment waiting time of **8 weeks** for Psychology and Psychotherapy	Waiting time.	National and Regional	30	Improving access to specialist Psychology and Psychotherapy services will reduce the number of a	Monthly monitoring via ePEX	95%

DRAFT

	Psychotherapy services within all services		services				patients escalating into more acute settings and will provide a more responsive service to patients' needs, improving satisfaction with services and reducing inequalities		

8. Two Examples of Quality Initiatives

Productive Ward Series – Glenbourne Unit and Pinewood & Oakdale Wards

The Productive Ward Series has been implemented in the Glenbourne and the wards AT Plympton Hospital since May 2009 with the fundamental aim of releasing time to deliver quality, patient-focussed care to every individual admitted to the units. This includes making practical changes focussing on a multi-disciplinary approach to a variety of different aspects to make the most of time and resources on the wards.

A number of initiatives have been implemented, included the well organised ward, focussing on slips and falls and reviewing the process of handovers between shifts. To date, positive changes have been made in the handover module and well organised ward module. Wards have also implemented the patient status boards, enabling staff to have clear information readily available regarding the patients on each unit.

The key to the improvement being made on the wards has been through true multi-disciplinary involvement, from domestic staff to consultants, with everyone being given the opportunity to make suggestions about ways in which to improve the ward environment. This has resulted in staff feeling empowered and feeling confident to be involved in enabling sustained changes on each ward. The Productive Ward Series also has a clear requirement for senior managers to regularly review and discuss progress with ward staff.

The Glenbourne Alternative Place of Safety Suite

The provision of an APOS suite in the Glenbourne unit is part of a national initiative to reduce the reliance on police stations to accommodate individuals detained under s136 of the Mental Health Act. Prior to the APOS suite individuals were routinely taken to the main police station.

The police are the first contact for those who are detained under s136 of the Mental Health Act. Their initial assessment is based on whether the person appears to be suffering from " mental disorder and to be in immediate need of care and control….and if necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety".

The APOS suite is located on the Glenbourne site but has its own discrete entrance and the area itself is furnished to provide a safe but relaxed environment.

The police and a member of nursing staff from the unit carry out an assessment to ensure that the person is not under the influence of drink and /or drugs and not being overtly violent or aggressive.

DRAFT

If this is not the case an arrangement is made for the person to be seen by a doctor and an approved mental health professional. This ensures that the person detained has the opportunity to talk about the events which have been affecting them and advice and guidance can be offered.

The service has been operational throughout 2009/10 and during that time 164 people have been brought to the suite for assessment.

A recent Care Quality Commission visit highlighted the good working practice between the police and health services and the quality of the environment where the persons were detained.

DRAFT

9. How our regulator the Care Quality Commission (CQC), views our services

NHS Plymouth is required to register with the Care Quality Commission (CQC) and following assessment of our application CQC agreed to register NHS Plymouth with full registration status granted without conditions.

As part of the registration application NHS Plymouth had to register Regulated Activities with CQC, these are:

- Treatment of disease, disorder or injury
- Assessment of medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Nursing Care
- Family Planning Services

In addition to the regulated activities 10 locations were identified and application for registration were submitted, these are:

- Cumberland Centre
- Lee Mill Hospital
- Glenbourne Unit
- Syrena
- Nuffield Clinic
- Mount Gould Hospital
- Peninsula Medical School
- PCT headquarters
- Plympton Hospital
- The Gables

NHS Plymouth declared compliant with all but two regulations for the whole trust plus and additional regulation for one specific unit.

The regulations we are not compliant with are Regulation 20 - Records and Regulation 23 - Supporting Workers and for the Glenbourne Unit Regulation 13 - Management of Medicines. Action Plans have been implemented for the three areas with completion and achievement of Regulations 13, 20, and 23 by 31st March 2010, 31st May 2010 and 30th April 2010 respectively.

The most recent periodic review carried out by the CQC, previously known as the Healthcare Commission is the Annual Check, made the following conclusions as detailed below, this assessment was for the whole provider arm of the Trust:

Overview Score
Meeting Core Standards – Providing Services **Almost Met**

Standards

NHS Plymouth monitored compliance against core standards throughout 2009 and reviews of the action plans for core standards C9 and C11b through Provider Governance Committee and Provider Board who meet monthly. All aspects of compliance were considered to determine the declaration against reasonable assurance

and the evidence to support compliance was considered during the period 1 April 2009 – 31 October 2009 and reported through the governance structure to Trust Board for ratification.

As noted above because the action plans completion date were dated 30 September 2009 for C9 and 31 July 2009 for C11b NHS Plymouth had to declare not met for these two standards for the interim declaration made in October 2009. All other standards were declared fully met.

For C9 the areas of work which needed to be undertaken were around Clinical Record Management with regard to the retention, destruction and storage or clinical records. In line with the Records Management Code of Practice 2006 effective systems for the management of records needed to be put in place. The Executive Team agreed a Business Case for the appointment of a Health Records Manager and Records Co-ordinator and appointments were made in July 2009. In September 2009 a review was undertaken to ensure a database of records and clinical notes was implemented it was envisaged that this would improve the clinical records maintenance and storage issue.

For C11b two elements of the Mandatory Training programme, which had been agreed by the Trust Board, attendance percentages fluctuated from November 2008, they were in the areas of Fire and Diversity Training. As noted above increased mandatory training sessions and bespoke packages were made available to all directorates from March 2009.

10. Staff Satisfaction – Care Quality Commission National Staff Survey

INTRODUCTION

The Care Quality Commission (CQC) published the findings of the national NHS staff survey, structured around the four pledges to staff in the NHS Constitution which was published in January 2009.

As in previous years, NHS Plymouth chose to survey its entire staff with questionnaires sent to 2,302 eligible employees of which 1,326 staff completed and returned a usable survey questionnaire. Our final response rate was determined to be 58%, slightly down on the 62% achieved in 2008 but better than the national average response rate for all Trust in England of 55%.

Staff Survey Questions	Trust	National
TOP RANKING SCORES		
Percentage of staff having have equality and diversity training in last 12 months	62%	43%
Perceptions of effective action from employer towards violence and harassment	3.64	3.59
Percentage of staff agreeing that they have an interesting job	83%	81%
Trust commitment to work-life balance	3.65	3.62
BOTTOM FOUR RANKING SCORES		
Percentage of staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months	20%	15%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	17%	14%
Fairness and effectiveness of incident reporting procedures	3.35	3.44
Percentage of staff able to contribute towards improvements at work	62%	69%

WHERE STAFF EXPERIENCE HAS IMPROVED	Trust 2008	Trust 2009
Percentage of staff appraised in last 12 months	61%	79%
Percentage of staff appraised with personal development plans in last 12 months	52%	71%
Percentage of staff working in a well structured team environment	39%	46%
WHERE STAFF EXPERIENCE HAS DETERIORATED		
Percentage of staff suffering work-related stress in last 12 months	24%	31%
Percentage of staff experiencing discrimination at work in last 12 months	3%	8%
Staff Job Satisfaction	3.64	3.54

The Trust has developed a Staff Survey Action Plan to tackle areas of weakness and regularly monitor improvements made in readiness for the 2010/11 survey results.

DRAFT

11. Our Priorities for Improvement for 2010/11

Priority 1: **Patient Experience**

Improve our patient's experience by involving patients and carers.

To improve the Patient Experience

- **Description of Issues and Rationale for Prioritising**

In accordance with feedback from patients, we will continue with our commitment to provide the best patient experience, so that we are adjudged by patients, families and carers to be recommended, because of our high quality patient centred care.

- **Aims**

To improve the patient and carer experience the Trust will obtain real time feedback from patients and act on their feedback. Ward and team patient experience systems will be established to collect feedback, including activities on the wards such as

- **Protected ward time**
- **Productive ward series (Glenbourne, Pinewood and Oakdale)**
- **The wards community meetings; daytime /evening**
- **The Acute Care Forum**
- **The Glenbourne Development Group**
- **Access to smoking cessation advisors**
- **The Wellness Group**
- **Plympton Hospital Development Group**

Current Status 2009 / 10 – Inpatient Survey Results

Acute Inpatient - Comparison with Other Trusts in 2009			
	2009 Trust	**All Trusts**	**RAG / Trend**
About the Ward			
Made to feel welcome on arrival by staff	70%	71%	Green →
Staff definitely knew about previous care received	21%	25%	Amber ↑
Told completely about ward routine on arrival	32%	35%	Amber ↑
Did not share a sleeping area with opposite gender	91%	92%	Green →
Never bothered by noise at night from staff	79%	79%	Green →
Always felt safe in hospital	38%	44%	Amber ↑
Hospital food very good	34%	23%	Green ↑
Always able to get specific dietary needs	43%	39%	Green ↑
Hospital ward or room very clean	58%	51%	Green ↑
Toilets and bathrooms very clean	56%	42%	Green ↑
Hospital definitely helped keep in touch with family	41%	44%	Amber ↑
Received all help needed from staff with home situation	50%	42%	Green ↑
Hospital Staff			
The Psychiatrist always listened carefully	40%	57%	Amber →
Always given enough time to discuss condition and treatment with Psychiatrist	48%	49%	Green →
Always had confidence and trust in the Psychiatrist	46%	47%	Green →
Always treated with respect and dignity by the Psychiatrist	64%	69%	Amber →
The Nurses always listened carefully	54%	46%	Green ↑
Always given enough time to discuss condition and treatment with Nurses	45%	39%	Green ↑
Always had confidence and trust in the Nurses	43%	43%	Green →
Always treated with respect and dignity by the Nurses	61%	55%	Green ↑
Care and Treatment			
Had the purposes of medications explained completely	44%	39%	Green ↑
Told about possible side effects of the medication completely	21%	25%	Amber →
Always given enough privacy when discussing condition or treatment	60%	56%	Green ↑
Definitely involved as much as wanted to be in decisions about care and treatment	39%	32%	Green ↑
Difference between wanting talking therapy and having talking therapy in hospital	3%	23%	Red →
Definitely found talking therapy helpful	36%	49%	Amber →
Enough activities available all of the time on weekdays	37%	22%	Green ↑
Enough activities available all of the time evenings and weekends	9%	13%	Amber →
Definitely felt enough care taken of physical health	41%	43%	Green →
Service Users Rights			
When sectioned, rights were explained completely (small numbers)	38%	36%	Green ↑
Made aware of how to make a complaint if had one	48%	39%	Green ↑
Did not feel unfairly treated for any of the reasons given	69%	59%	Green ↑
Leaving Hospital			
Given enough notice of discharge from hospital	70%	70%	Green →
Discharge not delayed for any reason	81%	77%	Green ↑
Staff took home situation into account completely	40%	44%	Amber ↑
Have out of hours phone number	81%	64%	Green ↑
Given information about getting help in crisis	66%	64%	Green ↑
Have been contacted by MH team since discharge	79%	83%	Amber →
Contacted within two weeks of discharge	72%	81%	Amber →
Overall care during stay excellent / very good	47%	48%	Green →

DRAFT

2008 / 09 – Community Survey Results

Community - Comparison with Other Trusts in 2009/10				
	2008 Trust	2009Trust	All Trusts	RAG / Trend
Care and Treatment				
Last saw someone form Mental Health services less than 1 month ago	60%	61%	58%	Green →
Last saw someone from Mental Health services more than 6 months ago	6%	6%	6%	Green →
Health Professionals				
The psychiatrist definitely listened carefully	75%	72%	74%	Green →
Definitely has trust and confidence in the Psychiatrist	59%	64%	65%	Green →
Definitely treated with respect and dignity by the Psychiatrist	82%	83%	83%	Green →
Definitely given enough time to discuss condition and treatment	69%	62%	69%	Amber→
Not had any appointments with a Psychiatrist cancelled or changed to a later date	69%	68%	62%	Green ↑
Last two appointments were with same Psychiatrist	67%	82%	76%	Green ↑
The CPN definitely listened carefully	86%	80%	81%	Green →
Definitely had trust and confidence in the CPN	77%	73%	75%	Green →
Definitely treated with respect and dignity by the CPN	91%	86%	86%	Green →
Other person seen definitely listened carefully	82%	84%	80%	Green ↑
Definitely treated with respect and dignity by the person seen	88%	90%	86%	Green ↑
Medications				
Definitely have a say in decisions about medication taken	40%	44%	42%	Green ↑
Definitely had the purposes of medications explained	66%	64%	67%	Amber ↑
Definitely told about possible side-effects of the medications	39%	38%	41%	Amber ↑
Counselling				
Had Counselling sessions (talking therapy) in the last 12 months from NHS Mental Health Services	30%	35%	35%	Green →
Difference between those having counselling sessions (talking therapy) in the last 12 months and those wanting talking therapy	12%	16%	14%	Green ↑
Definitely found talking therapy helpful	48%	45%	51%	Amber →
Care Co-ordinators, Care Plans & Reviews				
Told who care co-ordinator is	67%	66%	64%	Green ↑
Can always contact care co-ordinator if have a problem	75%	75%	75%	Green →
Have been given a written copy of a care plan	47%	52%	46%	Green ↑
Definitely understand what is in care plan	52%	53%	48%	Green ↑
Definitely involved in deciding what was in care plan	36%	46%	39%	Green ↑
Had one or more care reviews in last 12 months	55%	60%	48%	Green ↑
Told could bring a friend or relative to care review meeting	78%	77%	72%	Green ↑
Given a change to talk to care co-ordinator before review about what would happen	66%	63%	60%	Green ↑
Definitely given a change to express views at the meeting	72%	71%	68%	Green ↑
Definitely found care review helpful	46%	46%	52%	Amber →
Support in the Community				
Visited a day centre most days or once or twice a week in the last 12 months	17%	19%	17%	Green ↑
Activities provided by the centre definitely helpful	57%	56%	57%	Green →
Would have liked information about local support groups in the last 12 months but didn't get it	26%	29%	30%	Green →
Would have liked help finding work in the last 12 months but didn't get it	12%	13%	10%	Green ↑
Would have liked help getting benefits in the last 12 months but didn't get it	19%	16%	17%	Green →
Crisis Care				
Have the number of someone form local Mental Health service to phone out of hours	56%	66%	47%	Green ↑
Could not get through to anyone when last called	5%	4%	5%	Green →
Definitely got the help wanted when last called	39%	40%	50%	Amber →
Standards				
When sectioned, rights were explained completely	26%	67%	40%	Green ↑
Family and Carers				
Family definitely given enough information about Mental Health problems	44%	40%	42%	Green →
Family definitely given enough support from Health and Social Services	38%	35%	35%	Green →
Overall Ratings				
Care received in last 12 months excellent / very good	59%	56%	67%	Amber →
Definitely have enough say in decisions about care and treatment	38%	42%	43%	Green →
Definitely had diagnosis discussed	51%	49%	46%	Green ↑

DRAFT

- **Key Improvement Initiatives for 2010/11**
- **The Glenbourne Development Plan – has been developed aligned to the 2009 survey findings and focused on improvements to key areas**

ABOUT THE WARD	GLENBOURNE DEVEPLOMENT PLAN 2010/11
Previous care received	• Close links with the community teams • Including key stakeholders • Seeking views of patients via weekly ward based meetings
Felt save in hospital	• A member of the designated nursing team are always visible within the ward environment • A de-escalation room
About ward routine on arrival	• Staff allocated to each patient to orientate to the ward environment, and routine • Information notice board containing all the information about the ward and services available
Hospital keeps in touch with family	• Involving family and carers throughout • Access to the Carer Support worker

HOSPITAL STAFF	
Psychiatrists always listen to carefully and treated with respect and dignity	• Regular peer group meetings – challenging practise from the peer group • The productive ward series - The ward round module • Royal College of Psychiatrists appraisal / 360 degrees • Ongoing patient survey and questionnaires • Ward round prompts given to patients
CARE AND TREATMENT	
Told about side effects of medication	• Leaflets available on the wards • Pharmacy staff available to patients to discuss medication issues • Wellness group
Difference wanting talking therapy and having talking therapy in hospital, and found talking therapy helpful	• Access to 1:1 time with trained staff • Weekly Psychology group • OT activities • Designated staff groups are completing specialist training up to masters level • To fill outstanding Psychology vacancies as a matter of urgency / priority
Enough activities available all of the time, including evenings and weekends	• STR workers to undertake activities off the unit and sign posting for activities available at weekends and evening outside of Mental Health services • OT department reviewing working hours and practise – OT to work on Sundays • Promote use of already available resources on the unit.
LEAVING HOSPITAL	
Staff took home situation into account	• Discharge planning begins at the point of admission – as per agreed plan with the patient, carer and relatives • The development of a lead discharge nurse • Review discharge checklist to include utilities • Inter STR transfer with the Community and Community teams • Involving family and carers
Have been contacted by MH team since discharge	• Staff contact patients post discharge to check on their Mental Health status, irrespective of whether the person is on CPA or non CPA • CPA 7 day follow-up is a Key Performance Indicator – The Trust annual average of 96%. • Staff make contact with patients post two weeks after discharge

Board Sponsor
Sara Mitchell,
Director of Mental Health Services

Implementation Lead
Nick Pennell
Assistant Director Acute MH Services

DRAFT

The Plympton Hospital Development Plan – has been developed aligned to the 2009 survey findings and focused on improvements to key areas.

ABOUT THE WARD	Plympton Hospital Development 2010 – 2011
Previous care received	• Close links with the Community teams • Including key stakeholders • Seeking views of patients via weekly ward based meetings
Felt safe in hospital	At least 3 members of the designated nursing team are always visible within the ward environments of Pinewood & Oakdale.
About ward routine on arrival	• Staff allocated to each patient to orientate to the ward environment, and routine • Information notice board containing all the information about the ward and services available
Hospital keeps in touch with family	• Involving family and carers throughout • Access to the Carer Support worker
HOSPITAL STAFF	
Psychiatrists always listen to carefully and treated with respect and dignity	• Regular peer group Meetings – challenging practise from the peer group • The productive ward series. • RCP Accreditation amendments for re-submission by end August 2010 • Royal College of Psychiatrists appraisal / 360 degrees • Ongoing patient survey and questionnaires • Ward round prompts given to patients
CARE AND TREATMENT	
Told about side effects of medication	• Leaflets available on the wards • Pharmacy staff available to patients to discuss medication issues • Wellness group
Difference wanting talking therapy and having talking therapy in hospital, and found talking therapy helpful	• Access to 1:1 time with trained staff • Weekly Psychology group • OT activities • Designated staff groups are completing specialist training up to masters level
Enough activities available all of the time, including evenings and weekends	• Care staff to undertake activities off the unit and sign posting for activities available at weekends and evening outside of Mental Health services • Promote use of already available resources on the unit.
LEAVING HOSPITAL	
Staff took home situation into account	• Discharge planning begins at the point of admission – as per agreed plan with the patient, carer and relatives • The development of a lead discharge nurse – in place on Oakdale, in place by end June 2010 on Pinewood. • Full OT assessment prior to discharge home. • Inter STR transfer with the Community and Community teams • Involving family and carers
Have been contacted by MH team since discharge	• Staff contact patients post discharge to check on their Mental Health status, irrespective of whether the person is on CPA or non CPA • CPA 7 day follow-up is a Key Performance Indicator – The Trust annual average of 96%.

Board Sponsor
Sara Mitchell,
Director of Mental Health Services

Implementation Lead
Jennifer Jones
Assistant Director OPMH

DRAFT

Priority 2 | **Managing and reducing MRSA Rates and other Healthcare Associated Infections**

To reduce our MRSA rates by 2% in the next year.

Description of Issue and Rationale for Prioritising

NHS Plymouth works hard to ensure that the acute and inpatient environments are safe, clean and welcoming for patients, carers, families and staff. We regularly monitor these environments.

- **Aim**

To reduce the risk of patients acquiring a health care associated infection i.e. MRSA (Meticillin-Resistant Staphylococcus Aureus) during their hospital stay. If patients are found to have MRSA it is important that they receive treatment at the optimum time. It is also imperative to our service that the risk of cross transmission to other patients is reduced by all staff understanding and implementing standard infection control precautions.

There were no MRSA bacteraemias in Mental Health units within NHS Plymouth during 2009/10.

- **Current Initiatives in 2009 – 2010**

All new isolates of MRSA in NHS Plymouth in patient areas undergoes a Route Cause Analysis. This investigation is disseminated back to colleagues involved in the care of the patient so that an action plan can be developed and also we at NHS Plymouth can 'learn through action'. All are reported through the Provider Board and through the Infection Control Sub Committee.

All in patient areas have a weekly environmental checklist that they complete and any deficits are dealt with promptly.

Infection prevention and control is included in induction programme for new staff and since April 2009 included for all staff in the mandatory yearly update training.

- **Monitored By**

The Infection Prevention and Control Team have a robust audit programme to monitor infection prevention and control policies and procedures agreed by the Provider board and the infection control sub committee.

The IPCT have a good network of link practitioners who perform hand hygiene audits on a monthly basis and which are fed back to managers and the matrons, Infection Control Sub committee and to the Provider board.

We have infection control targets set for us as an organisation.
These are summarised as shown below:

Measure	Target
Our intention is that we will see a year on year reduction in the incidence of MRSA Bacteraemia as well as Healthcare acquired *Clostridium Difficile (C.Diff)* infections.	Our year end position as at April 2010, showed a very low incidence of both MRSA and *C Diff* infections.

Board Sponsor
Steve Waite
Chief Operating Officer

Implementation Lead
Brenda Dale / Jenny Williams
Infection Control Nurse Consultants

DRAFT

Priority 3: **Privacy, Dignity and Same Sex Environment**

To provide Privacy, Dignity and same sex environments for people who use our services.

Glenbourne

- **Description of Issue and Rationale for Prioritising**
  Prior to the project The Glenbourne unit had fifty beds over two wards and service users shared dormitories, wash and toilet facilities and there was only shared community areas on the wards.
  Glenbourne also had a seclusion room facility within the unit.

- **Aim**
  Delivering the same sex accommodation programme was a project plan embraced by the Glenbourne unit in conjunction with:
  - Privacy and Dignity: High Quality Care for All 2008 – Darzi Report
  - Department of Health "Delivering Same Sex Accommodation Programme Guidance"
  - Privacy and Dignity – A Report by the Chief Nursing Officer into Mixed Sex Accommodation in Hospitals (2007)
  - Accreditation for Acute Inpatient Mental Health Services (AIMS)
  - Service User feedback via community meetings and local forums

- **Current Status 2009/10**
  The objectives for the project were to:
  - Utilise current sleeping accommodation whilst improving privacy and dignity
  - Create privacy for the use of same sex bathroom and toilet facilities
  - Maintain flexibility in bed number management
  - Allow reduction in bed capacity
  - Create separate lounges
  - Maximise single room capacity
  - Cost management
  - Ensure safety with least disruption to people who use our services
  - Consider overall the therapeutic environment e.g. signage, time out space

DRAFT

- **Current Initiatives in 2009/10**
  The environmental improvements have allowed for the addition of eight single rooms, all bedrooms are now fitted with new closing observation panels to maximise privacy but allow observation for staff.

  Each dormitory is same sex and has its own private en-suite toilet and washroom facilities. The sleeping areas have been organised to remove the need for male service users to walk through the female accommodation, and dividing doors between each of the accommodation areas allow flexibility for up to six beds on each ward to be used for either male or female service user's dependant on need.

  Each ward now has a separate lounge for male and female service users.

  Running alongside this project was the de-commissioning of the seclusion room and now each ward has a de-escalation room positioned away from the sleeping areas.

- **Key Improvement initiatives for 2010/11**
  Ongoing development of this agenda includes the imminent works to provide a wet room for females and an assisted bathroom on each ward, this final work will ensure male and female service users have equitable facilities whilst ensuring privacy and dignity.

  User evaluation conducted in January 2010 indicated that service users received separate male and female sleeping and communal areas positively; noting service users would like more single room availability. This will be identified in future planning. Patient Privacy and Dignity Questions (for the SHA) were distributed to Patients on the Glenbourne Unit between the months of November – February. These provided extremely positive feedback about inpatient facilities.

  The Glenbourne Unit has also developed the 'Place of Safety' locally providing an alternative detention venue if arrested on a Section 136 MHA.

DRAFT

<u>Board Sponsor</u>
Sara Mitchell
Director for Mental Health Services

<u>Implementation Lead</u>
Nick Pennell
Assistant Director for Mental Health

Privacy, Dignity and Same Sex Environment

Plympton Hospital

- **Description of Issue and Rationale for Prioritising**
  Plympton Hospital is a purpose built unit separated into 2 wards (1 for older people with acute mental ill health and 1 for older people with acute dementia/organic mental ill health). The two 18 bedded wards are connected by an external corridor. The hospital site is isolated from other health and social care services and has experienced ongoing problems with immediate access to medical staff within 30 minutes during weekends and nights.

- **Aim**
  Delivering the same sex accommodation programme was a project plan embraced by Pinewood & Oakdale in conjunction with:
  - Privacy and Dignity: High Quality Care for All 2008 – Darzi Report
  - Department of Health "Delivering Same Sex Accommodation Programme Guidance"
  - Privacy and Dignity – A Report by the Chief Nursing Officer into Mixed Sex Accommodation in Hospitals (2007)
  - Accreditation for Acute Inpatient Mental Health Services (AIMS)
  - Service User feedback via community meetings and local forums

- **Current Status 2009-10**
  The objectives for the project were to:
  - Utilise current sleeping accommodation whilst improving privacy and dignity
  - Create privacy for the use of same sex bathroom and toilet facilities
  - Maintain flexibility in bed number management
  - Allow reduction in bed capacity
  - Create separate sleeping corridors.
  - Maximise single room capacity
  - Cost management
  - Ensure safety with least disruption to people who use our services
  - Consider overall the therapeutic environment e.g. signage.

DRAFT

- **Current Initiatives in 2009 – 2010**
  The environmental improvements have allowed for the creation of separate sleeping corridors which are separated by the addition of a second door, making both male and female corridors separate and accessible by only those sleeping in those corridors. All doors are now fitted with new closing observation panels to maximise privacy but allow for hourly observation by staff.

  Each ward has a mixed lounge for male and female service users, with the opportunity of providing single sex lounge areas if required or requested.

- **Key Improvement initiatives for 2010 -2011**
  As part of the reconfiguration of Older Peoples' Services to deliver the implementation of Reducing Inequalities in Mental health and of the Dementia Strategy, work is being undertaken to review the Estates Strategy to align these wards with more appropriate health and social care campuses to reduce isolation and promote access to and provision of a whole system of care. Future accommodation will ensure that the issues of dignity, privacy and single sex accommodation are provided prior to transfer of services.

Board Sponsor
Sara Mitchell
Director for Mental Health Services

Implementation Lead
Jennifer Jones
Assistant Director for Mental Health

DRAFT