



Draft Quality Account 2011/12

Supporting People to be Safe, Well and At Home

DRAFT

(Artwork to be completed by PDS Print)



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Glossary

Part One

1. Introduction

Quality Accounts are annual reports to the public 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 270,000 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

DRAFT

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.
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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 from 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.
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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 from one service to another.
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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.

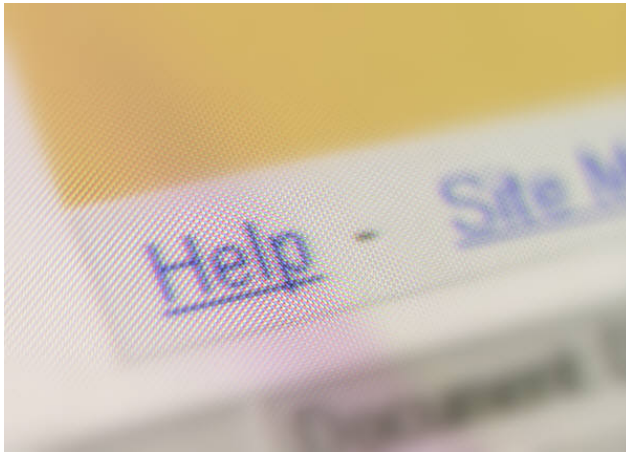
Localities have already commenced involvement with the Primary Care sector and other key stakeholders, and PCH already works with the acute sector as part of the Quality, Innovation, Productivity and Prevention (QIPP) process to ensure the robust mapping of care pathways.

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.
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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 health 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

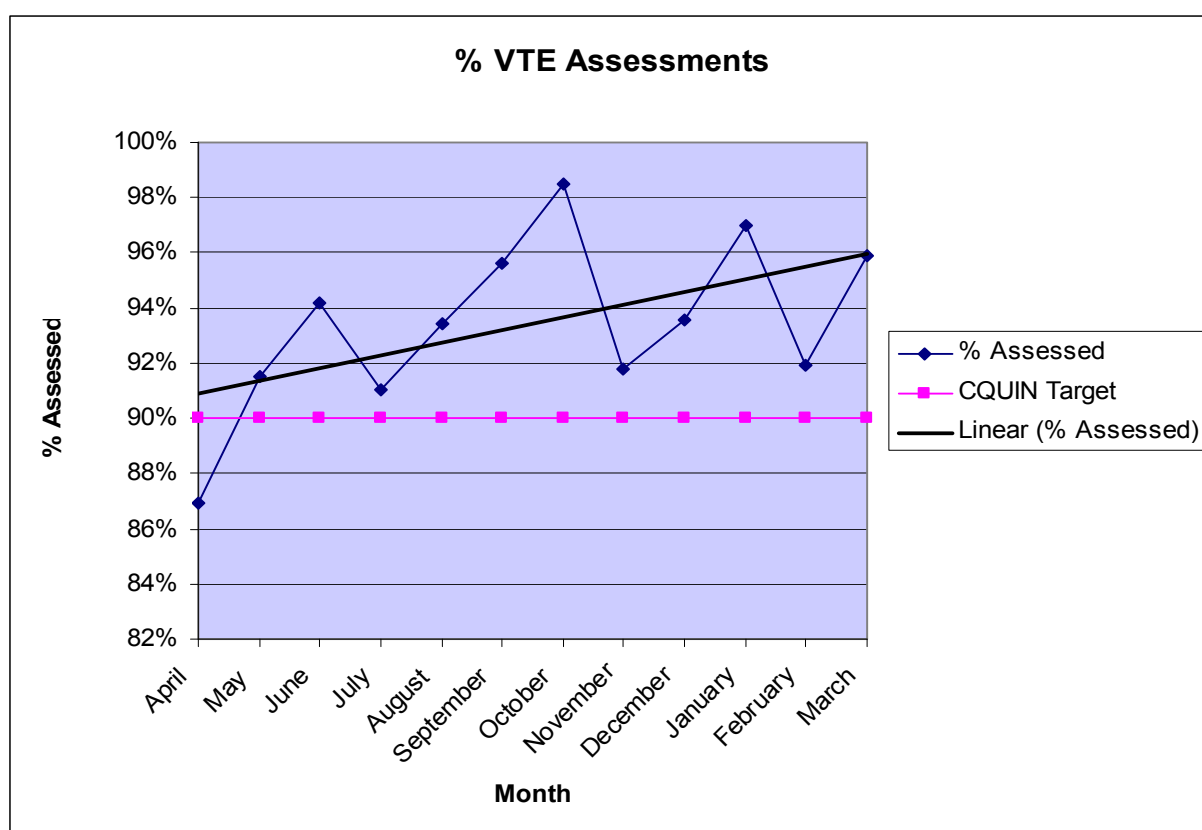
We recognise the importance of involving people using our services in clinical research. Being able to use their direct experience helps us to provide better services and improve quality.

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

APEX
 Pic by Mark Passmore/apexnewspix.com. 05/12/2006.
 Admiral Sir James Burnell, Nugent KCB CBE officially opens the new £13 Million Mount Gould Local Care Centre, Plymouth, Devon

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)

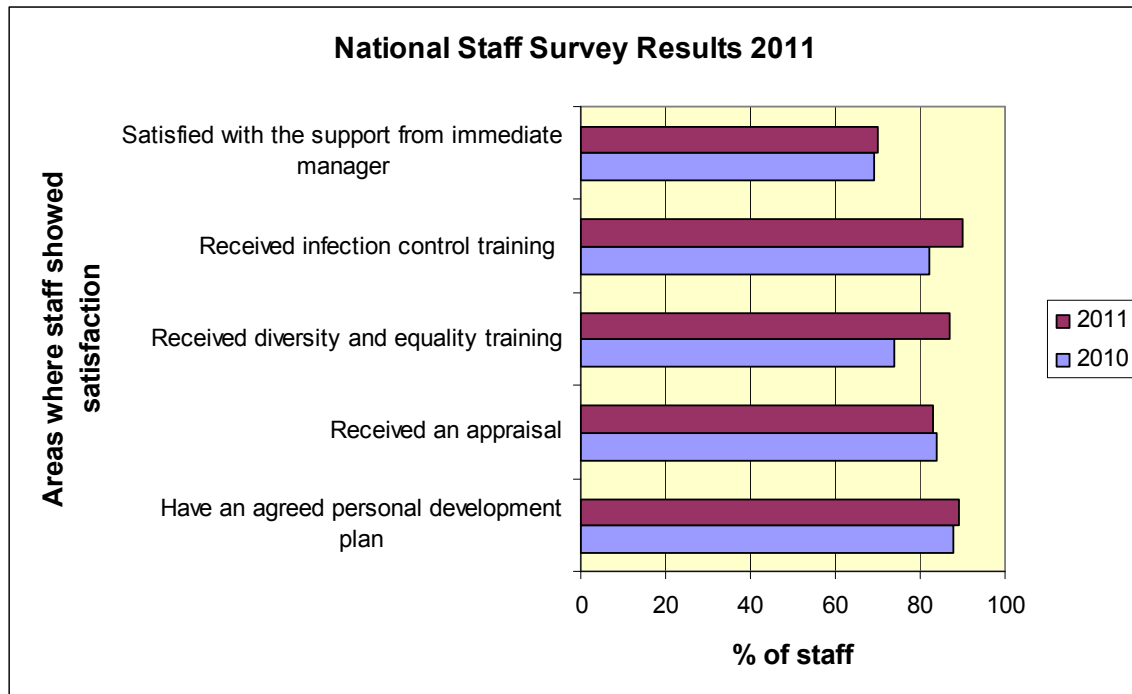
The CQC report received by PCH has been very positive and they found that we were meeting all the essential standards of quality and safety. In order to maintain this, the CQC have suggested some improvements and an action plan has been developed to take forward these suggestions.

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 2011/12 : Patient Safety

Achieved

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.



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

Remains a priority for 2012/13

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 health and care - for example information about conditions and treatments and support groups.

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).

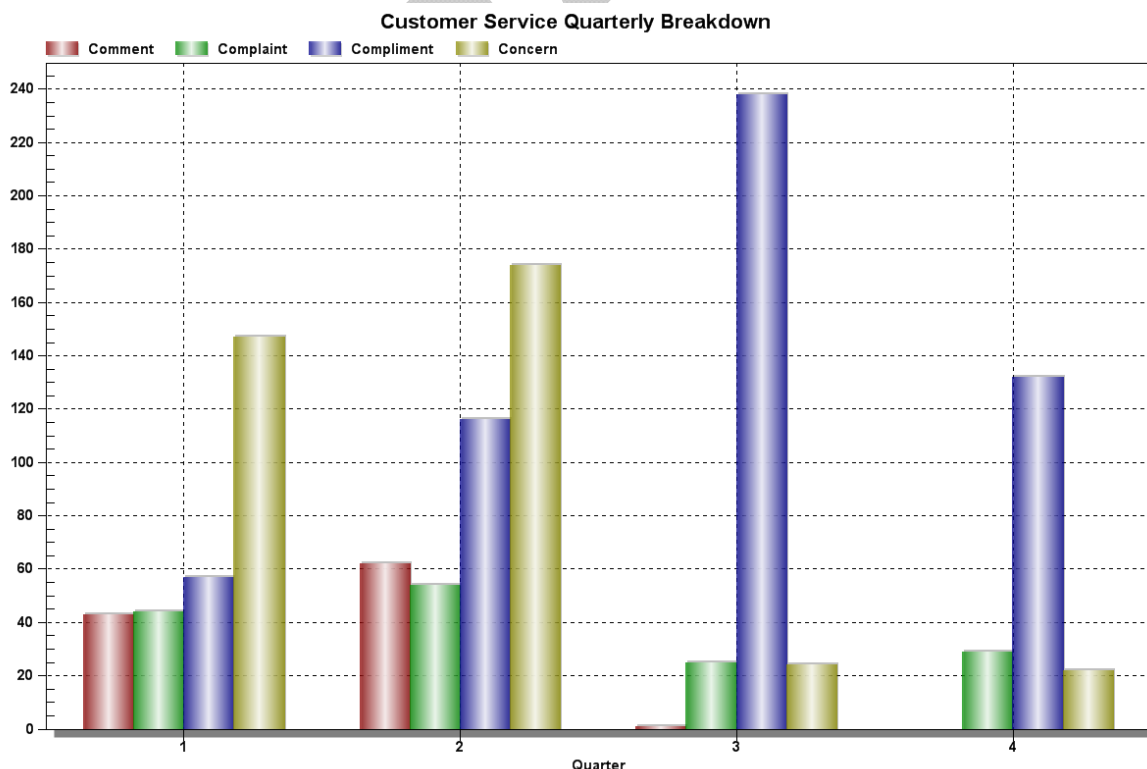
Overall 81% of respondents felt the care they received from PCH mental health services was either: excellent, very good or good.

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 compliments PCH has received in the reporting period.



3.2 Patient Safety

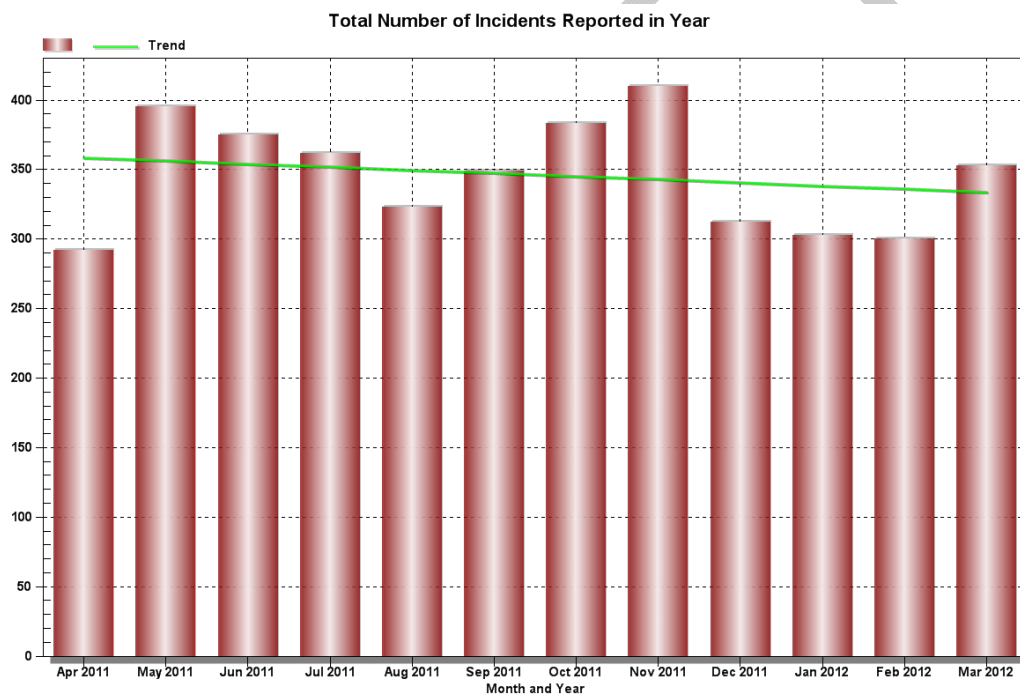
3.2.1 Promoting a responsive learning culture

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.

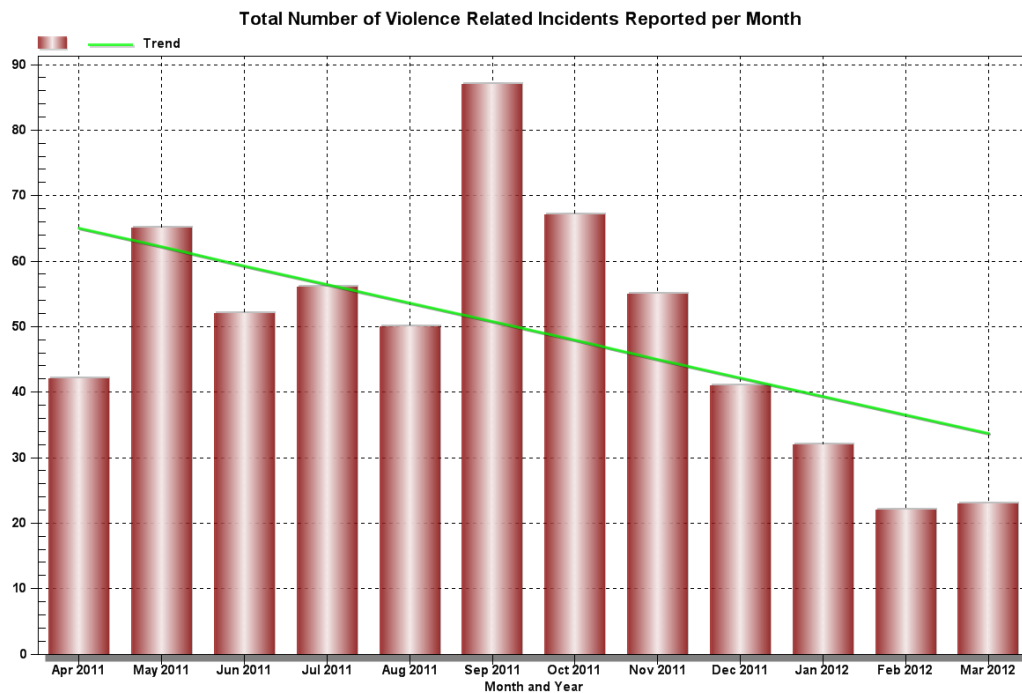
3.2.2 Incident reporting

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 Resistant *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.

Site Name	2009/10			2010/11		
	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

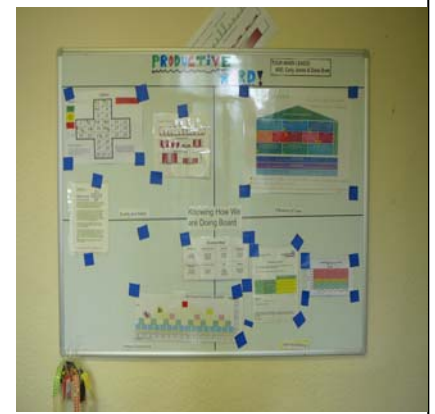
A Community Teams clinical room, which has undergone 5S (basic technique used in Well Organised Working Environment Module). Note the colour coded visual management system that is used across the organisation.



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 be achieved through the development of the patient experience agenda and will influence the structure and content of 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.

DRAFT

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 identifies 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 organisations 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

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✉ ply-pct.qualityaccounts@nhs.net

Chinese / 中国人

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یوه ندی بکه به ژماره ته له فوونی ☎ 01752 434711 ✉ ply-pct.qualityaccounts@nhs.net

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