



New Haywood Hospital Courtyard 2010

Quality Accounts

Stoke-on-Trent Community Health Services
Quality Accounts for 2010/11

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31st March 2011

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PART ONE

Statement of Quality



The main purpose of Stoke-on-Trent Community Health Services (SoTCHS) is to provide high quality, clinically effective healthcare services that meet our local population needs.

This report is the first set of Quality Accounts that the organisation has published as mandated by the Department of Health policy document 'High Quality for All'. These accounts demonstrate our performance against our own objectives and against national and local targets and standards.

Last January (2010), SoT CHS Board agreed a Quality Improvement Strategy which included our approach to continuous quality improvement. This Quality Improvement Strategy and our accounts focus on SoT CHS commitment to making improvements in patient safety, patient experience and clinical effectiveness. Linked to this we launched a patient safety campaign that focussed the attention of the Board and the organisation on improving our record of keeping people safe and improving the patient experience.

The patient safety campaign focussed on three main areas; reducing health care acquired infections (HCAI), reducing patient falls in both our community hospitals and in patients own homes and reducing the number of community hospital acquired pressure sores. We also commenced a programme of patient safety walkabouts led by members of the Executive Team.

A further strand of our patient safety campaign was to reduce the length of stay and numbers of delayed discharges in our community hospitals enabling patients to be cared for in the right setting by the right professionals. This has involved fundamental changes to the way in which we deliver our services and in how clinical services work together. We have had some success however there is more work to be done in order to allow our current emergency care system to cope with the demands which are being placed upon it.

The major focus of our attention in 2010/2011 has been in improving the experience of patients receiving our care. We have implemented a real-time in-patient reporting system using patient experience trackers (PET) which means we can closely monitor what our patients think about their care. We have introduced discharge questionnaires and monthly follow-up calls undertaken by the Hospital Matron to all patients discharged from our community beds. We have achieved improvements over the year in patients' overall satisfaction in care, improved communication and how we ensured patients' dignity and privacy.

We believe that every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We have declared compliance that mixed sex accommodation has been eliminated in our organisation. Patients who are admitted to any of our community hospitals will only share the room where they sleep with members of the same sex and same sex toilets, and bathrooms will be close to their bed area.

An important introduction across all clinical services in 2011/11 has been the introduction of Quality Assurance Dashboards. The dashboards are considered at our Board and by the relevant clinical teams on a monthly basis.

Along with improving the quality of care for our patients, we also want to continue to be an organisation where staff feel recognised and rewarded. We want staff to work within an environment where they are able to provide nationally the highest quality of care possible. The organisation has continued to maintain its 'can do' attitude with our staff survey results for 2010/2011 putting us in the top 20% nationally for 25 of the questions asked.

Last year saw the introduction of the CQUIN scheme (Commissioning for Quality, Improvement and Innovation). Through this 1.5% of contract income from our commissioners was based on achieving a range of quality improvements. These quality accounts contain a range of performance information showing where we have made real improvements in patient safety, experience and outcomes and where we still have work to do to meet the aspirations of our patients and our staff. Again, we have had significant success in attaining the required targets.

Improving the quality of our services and the experience of our patients is the role of every member of our staff. We are on a continuous improvement journey and I am committed to ensuring that quality improvement is at the heart of everything that we do as we move forward. The future is exciting for the organisation as we prepare to join three other providers to form a NHS Community Trust. Subject to final Department of Health approval the Community Trust will be formally established later this year, but will operate in shadow form from the 1st April 2011. The goal is to then become a Community Foundation Trust by 2013. Staffordshire and Stoke-on-Trent Partnership NHS Trust will provide a comprehensive range of community health and social care services to the 825,000 residents of Staffordshire and to the 270,000 residents of Stoke-on-Trent.

My personal thanks to every member of staff as they have all contributed to continually improving the quality of care for local people.

I hereby state that to the best of my knowledge the information contained within the Quality Accounts is accurate.



Mandy Donald
Managing Director
22nd April 2011

PART TWO

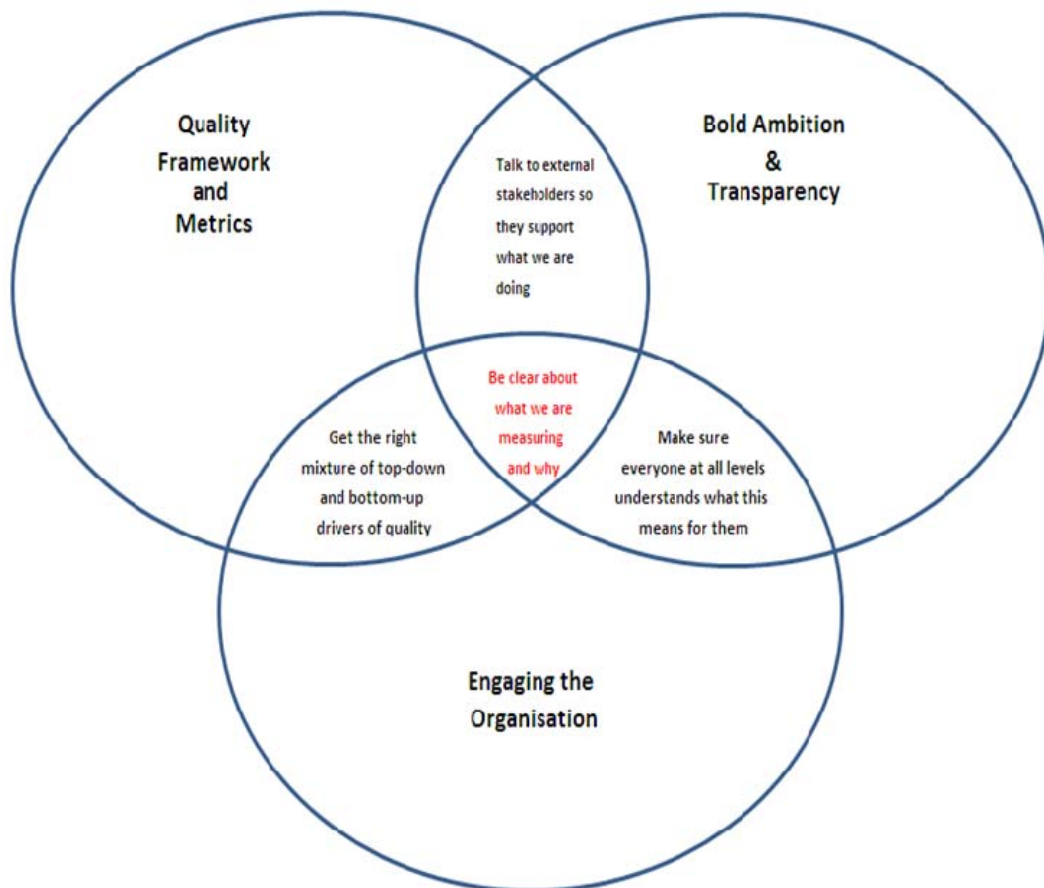
Priorities for Improvement

2.1 Principles of our Quality Improvement Strategy

We are wholeheartedly committed to providing care of the highest quality and where we fall short of this aspiration we are determined to and will do better. This determination comes from our strategic theme 'people are at the centre of what we do'. Carers and families are involved in discussions around how we deliver and re-design services to ensure that we are providing effective care across the age continuum; from children's and young people's services through to adults and end of life. As a community provider it is vital that we provide services that are closer to home and in people's own home wherever possible.

The Quality Improvement strategy supports the organisation's strategic aim to 'sustain and expand quality services that make a real difference'.

SoTCHS Board and the Executive Management Team recognise the need to balance bold ambition and transparency with engaging the organisation using a refined quality framework and sound metrics as summarised below:



2.2 2010/2011 Quality Improvement Priorities

Stoke-on-Trent CHS agreed a comprehensive set of corporate priorities for the year, several of which were quality priorities. The key ones were to:

- Improve the Patient Experience
- Reduce the organisation's MRSA and Clostridium Infection rates
- Continuous improvement in Quality and Patient Safety

2.3 How our quality priorities were decided and why they are our priorities

The Board and the Executive Team agreed a long list of priorities for quality improvement. A series of clinical engagement workshops (involving Doctors, Nurses, Allied Health Professionals, non clinical staff, Non Executive Directors and Patients/Carers) were delivered to determine what our stakeholders felt needed to change in order to provide improved outcomes to the local population. The information from the workshops was used to develop the Quality Improvement Strategy and was debated by the Executive Team who agreed the priorities. In agreeing the priorities we considered what our patients, staff and stakeholders have told us.

The Quality Improvement Strategy is being implemented as part of the Strategic Plan. The strategy supports the organisations strategic aim to 'sustain and expand quality services that make a real difference' (Stoke-on-Trent Community Health Services Strategic Plan 2008-2013).

The Quality and Patient Safety Committee monitors achievement of the strategy, quality objectives and the associated operational work plans, this committee reports to the Clinical Governance Committee (CGC) and Best Value Group. The Clinical Governance Committee holds the responsibility for providing assurance to SoTCHS Board for the safety and quality of services provided for the local population. Delivery and review of the strategy and associated plans is the responsibility of the Quality and Patient Safety Committee underpinned by the governance and assurance procedures of the organisation. It is envisaged that the total process will ensure quality and safety is reviewed as integral aspects of efficiency and cost.

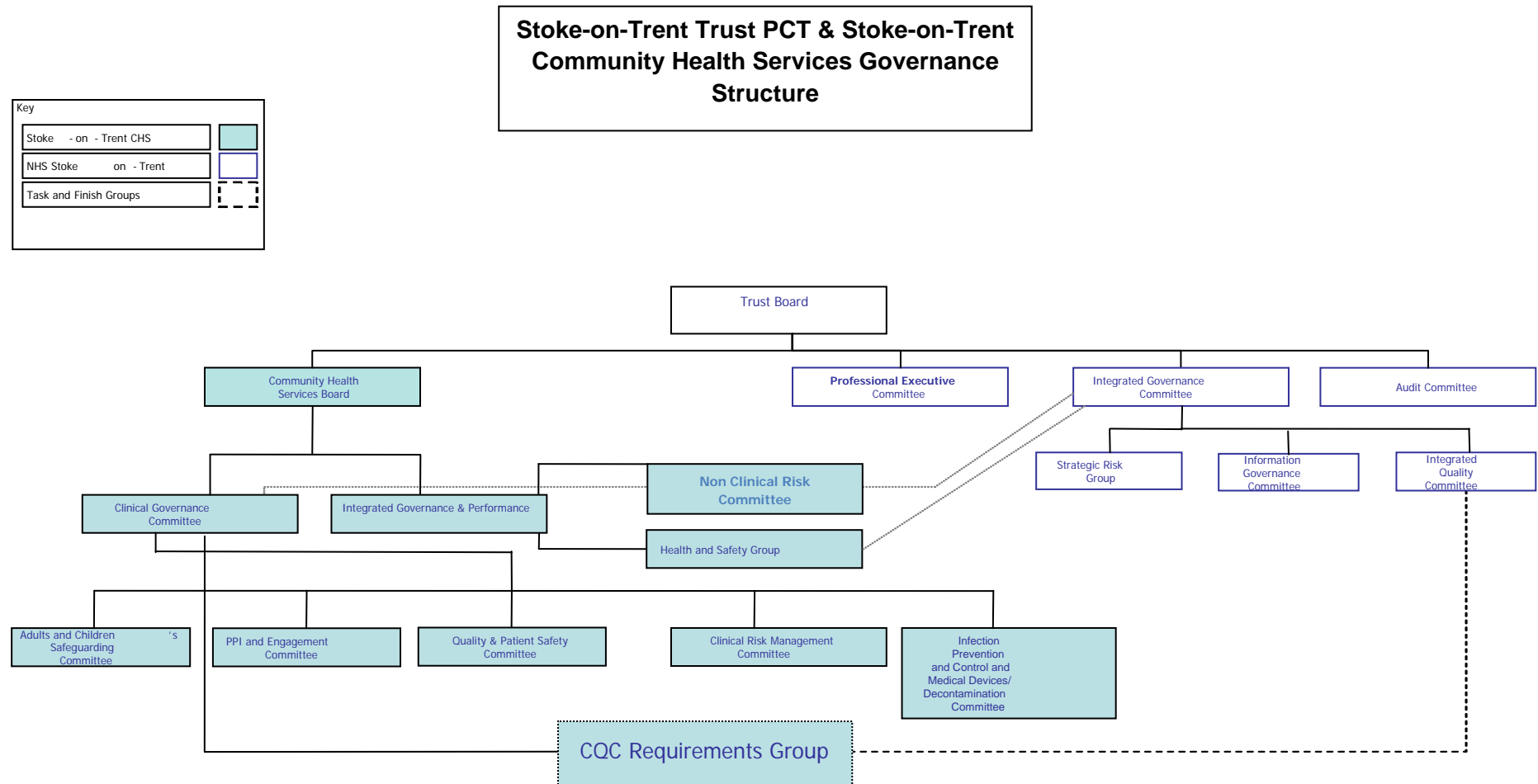
The Quality and Patient Safety Committee cross references with the work of the Integrated Governance and Performance Committee and the Best Value Group responsible for delivery of the QIPP programme. To ensure that the quality and safety of services is paramount and that the tensions that may arise in the management of operational activity and financial performance are mitigated and reported up to executive management team.

In order to measure quality and to demonstrate improvements we feel that it is important that we embed the reporting and monitoring of quality into trust performance management systems and use the annual plan as the basis for board level performance indicators for quality improvement processes.

The Provider Board undertakes a quarterly review of clinical quality, based on the data in the Quality Ward to Board Report, this is similar to the way in which we currently review financial performance.

Our Management and Governance structure provides a delivery mechanism for implementation of change and assurance on risk, please see Figure 1 overleaf.

Figure 1
Management and Governance Structure:



2.4 2011/2012 Quality Improvement Priorities

2.4.1 Introduction to Staffordshire and Stoke-on-Trent Partnership NHS Trust

Staffordshire and Stoke-on-Trent Partnership NHS Trust is committed to quality improvement being at the heart of everything we do as we move forward on our journey to form the new community provider organisation. The date for establishment is the 1st September 2011.

The new organisation will ensure that the effective governance of quality and safety is maintained during the transition to the new organisational arrangements and that the new Board will operate best practice in surveillance of quality and safety.

A quality work stream was set up in October 2010 as part of the Transforming Community Services project to establish a new community provider organisation across Staffordshire and Stoke-on-Trent. The work stream has lead officers from the four organisations who are preparing for the integration and are scoping functions that need to be established for the new Trust to operate effectively. The objectives of the quality workstream is to:

- Ensure a documented handover from predecessor organisations
- Ensure early peer review of highest-risk services
- Clinical engagement
- Ensure that quality and safety systems are established in advance of the new organisation establishment by reporting and being accountable to the 'shadow' Board which will consider a Quality and Safety report at its first and subsequent meetings
- Ensure that the new Board develops a new overarching Quality and Safety strategy for the new organisation.

Early involvement and engagement with staff and patients from the three existing NHS provider organisations (NHS Stoke-on-Trent, South Staffordshire PCT and NHS North Staffordshire) is helping shape the future vision and values of the new Trust.

A clinical summit was held in February with 90 senior professional leads and clinical managers attending from across Staffordshire and Stoke on Trent to set the scene for the development of a clinical strategy. This event was the first in a series of three sessions to develop a year one strategy.

The Professional Forum is an Advisory committee to the Board which will drive and develop clinical and professional strategy for the Trust through strategic representation collaborating on best practice and service direction.

A review of the quality governance framework is also being undertaken which includes establishing a culture where quality is measured and monitored for the organisation to evolve through learning from its experiences. As we move forward a quality-focused culture will be promoted that includes active leadership, structured walk rounds, positive feedback to staff, listening, learning and being responsive to continually improve the quality of services.

Maintaining and improving quality during the transition is critical to enable the new organisation to meet some of the greatest challenges in the history of the NHS. Meeting this challenge, the Quality Innovation Productivity and Prevention (QUIPP) challenge – is about achieving the highest possible value from the resources allocated to the NHS. It is about improving quality whilst reducing cost by improving productivity and redesigning services wherever possible. The scale of the challenge means that throughout the transition, quality must remain our guiding principle and should act as the glue that binds the organisation together.

Whilst the new Partnership Trust is not in a position to conform to the key improvement priorities for the new organisation until it has full engagement, it has commenced work with partners on explicit areas for the coming year e.g. Quality Visits, Commissioning for Quality Innovation (CQUIN) Scheme for 2011/12, patient safety systems and processes and clinical risk areas.

As the Executive and Non Executive Directors for the new Partnership Trust come into post over the next few months the quality priorities for 2011/2012 will be developed. It is proposed that a series of workshops are arranged to engage with staff, patients and other key stakeholders to agree the quality framework and priorities.

Eight key objectives covering all aspects of the new Partnership Trust's work have been proposed and are as follows:

1. To deliver safer care
2. To improve patients' privacy and dignity
3. To listen and respond to patients and members
4. To create the capacity required to deliver our services
5. To deliver cost improved plans whilst sustaining quality of service provision
6. To develop our workforce
7. To assure the Trust is well governed
8. To improve the integration of patient care across hospital and community settings

Within these objectives five priorities will be developed for quality improvement covering patient experience, patient safety and clinical effectiveness.

2.4.2 Transitional Phase

In the transitional phase to ensure that quality improvement continues SoTCHS will continue to implement the priorities identified in the Quality and Patient Safety Strategy until the priorities are agreed for the new organisation. The table below outlines these priorities:

Safety	
1.	Reduce falls and the impact of falls for people aged 65 and over
2.	Implement modified early warning score process across wards
Effectiveness	
1.	Reduce number of Community Acquired Pressure Ulcers caused by SoTCHS
2.	Reduce number of delayed discharges in Community Hospital Inpatient beds
Patient Experience	
1.	Improve the quality of the end of life for people in the care of SoTCHS
2.	Further implementation of the Quality Assurance Ward to Board dashboard across all community services.

The monitoring and performance management of progress against achievement of these objectives will continue as per the process outlined in Section 2.3 until the 1st September 2011. It is then proposed that all on-going quality priorities and initiatives will be transferred into the new Partnership Trust.

2.5 Review of Services







During 2010/11 Stoke-on-Trent Community Health Services provided 50 NHS services.

Stoke-on-Trent Community Health Services has reviewed all the data available to them on the quality of care in 11 of these NHS services.









The income generated by the NHS services reviewed in 2010/11 represents 67% per cent of the total income generated from the provision of the NHS services by Stoke-on-Trent Community Health Services for 2010/11.







2.6 Account of 2010/2011 performance against national and Local Targets

2.6.1 National Priorities

Measure	Source of Data	Performance
CQC registration	Care Quality Commission	Achieved
Incidents of C Difficile (target of 7 cases)	Trust collected and reported	13 cases 
Incidents of MRSA Bacteremia (target of zero)	Trust collected and reported	0 incidents 
18 week referral to treatment times:	Trust collected and reported	
Admitted patients (target 90%)		99.1% 
Non-admitted patients (target 95%)		96.3% 
Maximum waiting time of 4 hours in A+E from arrival to admission, transfer or discharge (target 98%)	Trust collected and reported (Walk in Centre, Haywood)	100% 
Access to Dexa diagnostic scans within 6 weeks (target 100%)	Trust collected and reported	100% 

2.6.2 Local Priorities and Clinical Outcomes

Measure	Source of Data	Performance
Incidents of Never Events (National Patient Safety Agency)	Trust collected and reported	Zero 
Chlamydia Screening (target 35%)	Trust collected and reported	29% Awaiting Health Protection Agency confirmation of final figures 
Childhood Obesity Training (target 95%)	Trust collected and reported	97% 
HPV Immunisation (target 88%)	Trust collected and reported. Figure reported is for the financial year, however final figure is collated on academic year which is completed in July 2011	84% based on reporting for financial year 
Breastfeeding at 6-8 weeks: Coverage (target 85%) Prevalence (target 27%)	Trust collected and reported	95%  30% 
Delayed transfers of care (target 7.5%)	Trust collected and reported *achievement at end of March – to be updated with cumulative figure)	1.6% 
Average length of stay in hospital (target 50% reduction)	Trust collected and reported	28.73 days (March 2011) Reduced from 55 days (April 2010) 

Compliance with Single Sex Accommodation	Trust collected and reported	Achieved  No breaches
% of deaths occurring in preferred place (target 40%)	Trust collected and reported	38% 
% of appointments lost to patients who cancelled or did not attend (target <10%)	Trust collected and reported	6.3% (March 2011) 
Sickness and absence of staff (target 4.5%)	Trust collected and reported	5.46% 
Data quality: Recording of NHS Number (target 95%) Recording of ethnicity (target 90%)	Trust collected and reported	 99.9%  98.6% 

2.7 Monthly Ward to Board Report

In order to support our aim to ensure that we deliver high quality nursing care a suite of nursing metrics have been included in a Quality Assurance Dashboard which forms part of the monthly ward to board report.

The dashboard is used as a tool to engage and empower staff with 'placing patients at the centre of everything we do', it also allows us to consistently deliver nursing care against the basic needs of patients as evidenced in the graph on page 14. Some of the areas included in the dashboard are outlined below:

- Nutrition assessments
- Waterlow assessments
- Falls assessments
- Recording of baseline observations
- Catheter care
- Infection, prevention and control
- Responding to complaints
- Completion of daily care logs
- Incident reporting

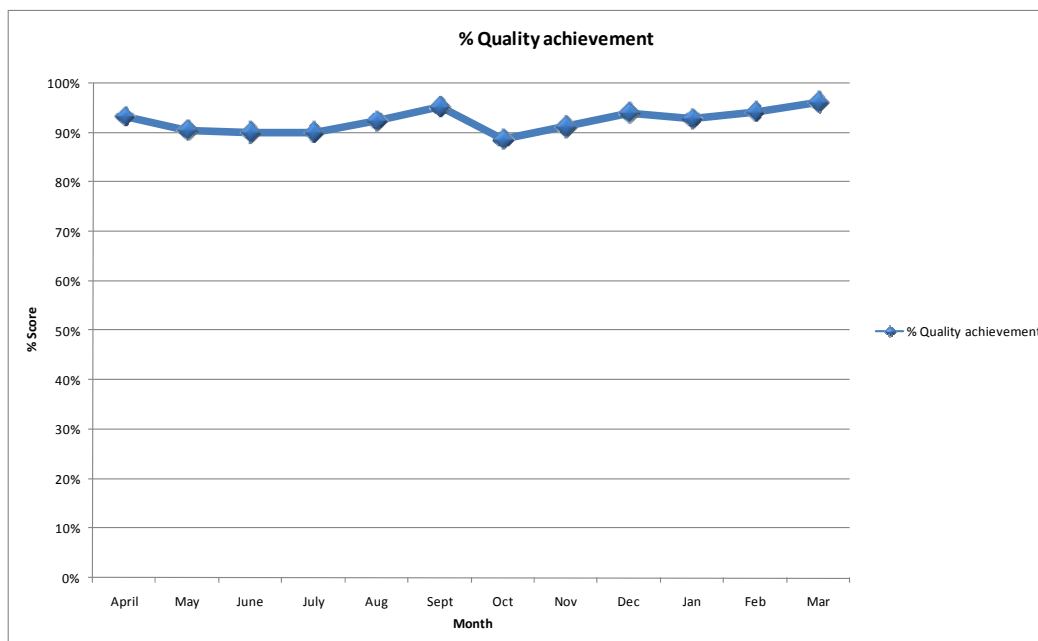
The graph below illustrates an overall score for quality achievement, calculated from the monthly quality dashboards collated by clinical teams across the organisation. Throughout the year additional services have become part of the quality ward to board dashboard programme and the number of indicators have risen dramatically. In April 2010 the organisation was measuring services against a core number of indicators that provided approximately 180 indicators, by March 2011 this had risen to over 650.

The following services are included in the overall quality achievement measure presented above.

Service	Measurement began
Hospital Matrons	March 2010
Community Matrons	August 2010
District Nursing Teams	October 2010
District Nursing Ambulatory Care Clinics	October 2010
Intermediate Care	October 2010
Podiatry	November 2010
Tissue Viability	December 2010

** Medical and Dental not included*

Overall achievement against the quality indicators has consistently been above 90%. Each indicator is individually reported and monitored at Senior Nurse forums, Clinical Governance Committee and Service Boards. Where performance has fallen below target action plans have been developed and Senior Managers held to account for delivering improvements.



The overall score for quality achievement is derived from a scoring system based on the number of indicators on target for achievement. The target for achievement in 2010/11 was 90%.

Our ambition is to achieve consistent delivery of nursing care against patient's basic needs. The results above demonstrate that we are achieving high standards; however there is still room for further improvement and this work will continue as part of the quality framework in the new Partnership Trust.

2.8 Goals agreed with Commissioners

2.8.1 Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of SoTCHS income in 2010/2011 was conditional on achieving quality improvement and innovation goals agreed between NHS Stoke on Trent and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through Commissioning for Quality and Innovation framework.

CQUIN targets this year were very ambitious and our clinical teams have demonstrated real commitment to improving services through delivery of the CQUIN targets. The 'End of Life' and 'Nutrition' CQUINs have proved to be particularly challenging due to the complex nature of how Community Services are delivered and the organisational boundaries which our staff regularly work across.

However, we are extremely proud of our results this year and we will continue on our mission to further improve the services which we deliver.

Further details of the agreed goals for 2010/2011 and for the following 12 month period are available electronically at:

http://www.institute.nhs.uk/world_class_commissioning/pct_portalcquin.html

CQUIN Number	CQUIN Subject	CQUIN Detail	CQUIN Achieved ✓ / ✗
1	Smoking	90% of smokers/tobacco users attending outpatient clinic appointments receiving a brief intervention.	✗
2	Think Glucose	Effective participation in the NHS Institute Think Glucose Programme	✓
3	Tissue Viability	All patients on admission should be assessed for risk.	✓
		Inpatients assessed to be at risk of ulceration or who currently have a pressure ulcer will have preventative actions taken and documented in a care plan.	✓
		Decrease on numbers of acute hospital acquired grade 2, 3 and 4 ulcerations	✓
		All hospital acquired ulcerations of grade 2, 3 or 4 will be recorded as an incident on the appropriate system.	✓
		All ulcerations which show deterioration will be recorded as an incident on the appropriate system.	✓
4	Patient Experience	Community Hospitals	✓
		Community Services	✓
5	Infection Control - MSSA	Reduction in % of patients with hospital acquired MSSA.	✓
6	End of Life	The number of patients who have died on a GSF register, have a supportive care plan in place and have managed on a supportive care pathway.	✓
7	Falls Risk Assessment	All patients will have a falls risk assessment completed using a recognised tool on admission to a community hospital within 24 hours. For those at risk, individualised falls care plan will be implemented and those identified as being at higher risk or have fallen should be referred to a more competent practitioner.	✓
		All patients will have a falls risk assessment completed using a recognised tool on initial contact with the community team. For those at risk, individualised falls care plan will be implemented and those identified as being at higher risk or have fallen should be referred to a more competent practitioner.	✓
8	Nutrition	Adult patients will have a nutrition assessment completed on admission to community hospital or initial contact with community team. For those at risk an individualised care plan will be implemented.	✗
9	Isolation	95% of inpatients requiring isolation (or cohort nursing if appropriate) due to suspected infectious vomiting and/or diarrhoea are isolated (or cohorted) within 2 hours of the clinical assessment actions cause is present.	✓

NB. SOTCHS achieved 1/3 of the nutrition target therefore achieved £46k out of £138k, community matrons were the only service to achieve 100%, Hospitals achieved 87.5% for the assessment target and 100% for care plans, and unfortunately Intermediate Care failed both elements. The main issue why we failed this CQUIN was because of operational issues in relation to collection of patient records for audit purposes within given timescales as agreed with Commissioners. Unfortunately the smoking CQUIN was not also achieved even though we identified our smoking population from our outpatient clients, we did not document referral to smoking cessation.

2.9 Data Quality

2.9.1 NHS Number and General Medical Practice Code Validity

SoTCHS realises the importance of holding good quality information which underpins the effective delivery of patient care. Over the last 12 months we have made great strides working closely with clinical teams to improve the use of clinical codes, the recording of ethnicity and the use of the NHS number.

SoTCHS submitted records during 2010/11 to the Secondary Uses 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 patients valid NHS number was:

99.9 % for admitted patient care

99.9 % for outpatient care

99.8 % for patient care within the community

SoTCHS will be taking the following action to improve data quality:

To ensure that all measures are reported and monitored internally within the organisation via the Executive Board and Service Boards who are held accountable for the recording of codes. These measures are also reported externally to Commissioners.

SoTCHS has developed service level reports which allow teams and individuals to monitor their contribution and data recording. Moving forward into 2011/12 these reports will be used to benchmark performance and improvement against key indicators such as:

- Late data entry
- Uncoded contacts
- Incorrect referrals
- Level of activity

2.9.2 Information Governance Toolkit attainment levels

Stoke on Trent Primary Care Trust Information Governance Assessment Report score overall score for the reporting period of 1st April 2010 to the 31st March 2011 was 66% and was graded at Amber.

Report results

Assessment	Overall Score	Grade
Version 7 (2009-2010)	66%	AMBER
Version 6 (2008-2009)	70%	GREEN

Grade

RED	Overall score in range 0-39% (Version 7 or before)
AMBER	Overall score in range 40-69% (Version 7 or before)
GREEN	Overall score in range 70-100% (Version 7 or before)

SoTCHS has achieved level 2 in each of the 41 standards in the Information Governance Toolkit with 66% (satisfactory) overall score. This means that we can now report Information Governance Toolkit compliance. As an organisation we have successfully achieved 100% of the target set at the beginning of the year to archive level 2 in each of the 41 standards.

SoTCHS will be ensuring continual level 2 compliance for the forthcoming year and will await further guidance from Version 9 of the Information Governance Toolkit that is due for publication in 2011/12.

PART THREE

REVIEW OF QUALITY PERFORMANCE

3.1 Quality Objectives and Performance

At the beginning of 2010 the organisation published 10 key objectives for the year 2010/2011. These included many quality improvement initiatives and plans which are discussed in further detail, including performance against them in these Quality Accounts.

This part of our Quality Accounts includes our progress against the quality objectives and priorities we set as part of this process under the headings of patient safety, patient experience and clinical effectiveness. The table below provides a snap shot of the quality objectives which we expected to achieve this year.

- Meaningful and effective Patient and Public Engagement 
- Reduce MRSA Infection rates 
- Reduce C Difficile infections 
- Further enhance ward to board reports with improved sustainable compliance 
- Sustainable compliance with zero tolerance of mixed sex accommodation 
- Improved Incident reporting 
- Reduction in in-patient falls 
- Reduction in degree of harm from in-patient falls 
- Reduction in delayed discharges in community hospital beds 
- Reduction in Length of Stay in community hospitals 
- Reduction in community hospital acquired pressure sores 
- Improve direct contact time for trained staff through implementation of productive series 

We have made considerable progress through a number of programmes to improve quality over the last year. We recognise that this is very much the beginning of our journey, but the new Partnership Trust has the both the road map and the compass to allow us to reach our goal of achieving excellence in everything we do and build on the impressive work which has already been achieved in SoTCHS.

3.2 Patient Safety

3.2.1 Infection Prevention and Control

The Health and Social Care Act (revised 2010) and specifically the Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance (commonly known as the 'Hygiene Code') seeks to ensure that infection prevention and control is embedded at every level of the organisation. SoTCHS take this very seriously and we continue to strive for excellence in our infection prevention and control practice and consequently our patients' safety by working hard to reduce all avoidable HCAs.

Examples of evidence in delivering our infection, prevention and control objectives last year are:

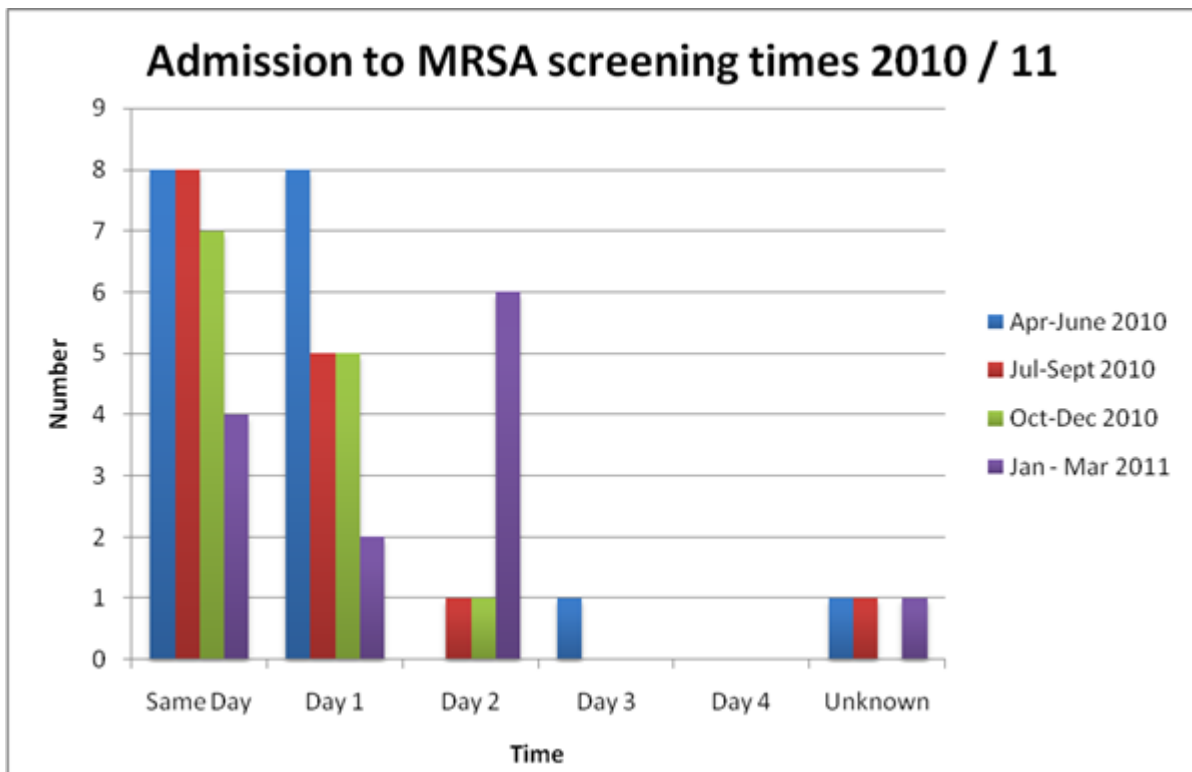
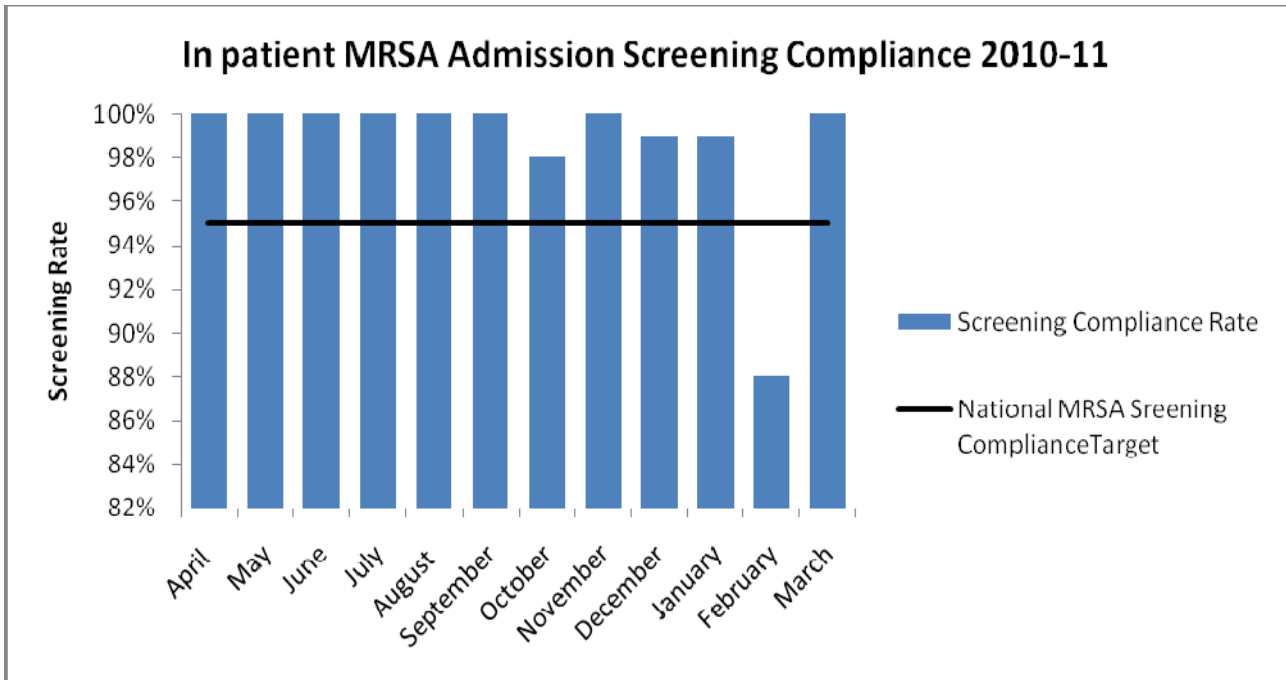
- Introduction of MRSA screening programme for all patients attending as an inpatient or as a day case where anticipated length of stay was more than 4 hours
- Audit the time from admission to MRSA screening
- Introduce changes in aseptic technique
- Implement the Infection Prediction Tool to identify high risk patients
- Campaign 'bare below the elbow' and improve hand hygiene-weekly hand hygiene audits across all in patient areas
- Anti microbial stewardship –use of local antimicrobial prescribing guidelines including regular risk assessments
- Root cause Analysis of all reported MRSA and *C difficile* infections
- Ratification of *C difficile* Policy

MRSA Screening Compliance and time from admission to screening

In accordance with Department of Health Guidance all of our patients are screened on admission to detect MRSA skin carriage (colonisation). The screening is undertaken using skin swabs for the presence of MRSA. This allows us to offer decolonisation (skin disinfection) for affected patients. It is not possible to achieve lifelong clearance of MRSA but in most cases we can achieve a window of opportunity which will allow patient treatments to be conducted safely. Assessment and screening takes place as soon as possible following admission.

SoTCHS are currently achieving around between 98 to 100% screening compliance for 2010-2011. There was a dip during February this year to 88% this has now improved again with 100% compliance reported for March 2011. The organisation is assured that the screening was undertaken for February but data could not be accessed from the ward so this dip was untimely data submission rather than breach of guidelines/policy.

MRSA positivity rates on admission range from 2% to 17.5%. It should be noted that most admissions to SoTCHS wards are transfers in from other healthcare establishments.



Introduce changes to aseptic technique

The aseptic technique guidelines have been reviewed and with the exception of staff members on sick leave or maternity leave all our trained nurses have undergone assessment of aseptic technique competencies. These were undertaken by our Matrons and Infection Prevention and Control Nurse Specialist.

Implement the Infection Prediction Tool to identify high risk patients

December 2009 saw the introduction of the Hospital Matron’s Quality Assurance dashboard and we now have more than twelve months of data to reflect upon. The dashboard collates key performance indicators with regard to Infection Prevention and Control for inpatient services. The dashboard is completed on a monthly basis by nominated Hospital Matrons for their ward areas within the Community Hospitals including relevant outpatient units.

- The use of the dashboard provides assurance to the SoTCHS Board that key patient care activities are being monitored; it also provides feedback for ward staff in relation to key topics.
- Using a traffic light system for highlighting achievements, the dashboard allows our service users to assess the quality of the services we provide.
- Action plans are formulated at ward level to improve performance month on month. It also allows wards to compare and contrast their results with others and share good practice and lessons learned.
- Key performance measures from the dashboard are translated into a friendly format for public display on each ward area.

Not all infections are avoidable, and some patients will be more susceptible to infection due to other existing conditions.

- All patients admitted to SoTCHS inpatient beds are risk assessed to determine any predisposing factors using our Infection Prediction Tool (IPT) and the application of the IPT is key performance Indicator in the Quality Dashboard

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly hand hygiene audit completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% compliance with hand washing technique	92%	96%	97%	99%	98%	95%	97%	100%	100%	99%	98%	98%
Monthly environmental audits - Hygiene Code	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% compliance on all standards of the hygiene code (existing audit tool)	100%	99%	99%	99%	98%	99%	99%	99%	99%	99%	100%	100%
% of patients requiring isolation are isolated within 2 hours of the need being identified	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All patients admitted will have been assessed using the infection control prediction tool	98%	100%	100%	98%	96%	100%	99%	100%	100%	99%	100%	100%

Campaign ‘bare below the elbow’ and improve hand hygiene-weekly hand hygiene audits across all inpatient areas

Weekly hand hygiene audits are undertaken across all inpatient areas, our targets are set very high at 100% you can see the results reflected in the Quality Dashboard results above. Where there is under achievement the Matrons and our Infection Prevention & Control Nurses offer more training and extra focus on the area.

Anti microbial stewardship – use of local antimicrobial prescribing guidelines including regular risk assessments

The Infection Prevention and Control Nurses have strengthened their relationships in both primary care and internal organisational medicines management groups. Negotiation has begun for the planning of antimicrobial audits programme for inpatient areas for 2011-12.

Root Cause Analysis (RCA) of all reported MRSA and *C difficile* infections

We continue to undertake RCAs on all MRSA bacteraemia and *C. difficile* infections

In terms of MRSA bacteraemia SoTCHS has a zero tolerance, if cases have been reported a Root Cause Analysis (RCA) would have been undertaken to establish cause, prevention of reoccurrence and to share any lessons learned.

Cases of *Clostridium difficile* infections caused by toxin producing strains are also collated; SoTCHS locally agreed target is based on a 10% year on year reduction. Whilst our targets have not been met on close scrutiny of the RCAs undertaken for each case reported we find common trends. We found that most cases were older people, having chronic underlying medical conditions requiring antibiotic therapy, with multiple healthcare establishment admissions. All of these factors increase the risk of *C. difficile* infection. Several specimens submitted to the laboratory did not fulfil the criteria for submission this has resulted in focused update on *C. difficile* management for clinical staff in our inpatient areas.

Health Care Associated Infections (HCAIs)

The table below reports the last four years data on HCAIs, SoTCHS has requested and agreed local (internal to the organisation) targets with commissioners for the past three years.

MSSA bacteraemia has been mandatorily reportable since April this year SoTCHS began collecting data since April 2010 and agreed a local target of four cases with only three reported.

HCAIs	2007-8	2008-9	2009-10	2010-11
MRSA Bacteraemia	No local target set Two cases reported	Local target set at zero No cases reported	Local target set at zero One case reported	Local target set at zero No cases reported
MSSA Bacteraemia	Data not reported	Data not reported	Data not reported	Local target set at four Three cases reported
<i>Clostridium difficile</i> infection	No local target set 13 cases reported	Local target set at nine cases 12 cases reported	Local target set at eight cases 10 cases reported	Local target set at seven cases 13 cases reported

Outbreaks of gastro intestinal illness

During 2010-2011 ten outbreaks of infection occurred which resulted in temporary closure of wards to admissions, discharges and transfers to other care settings. In total 10 wards were affected with 74 patients and 36 staff members reporting symptoms. All the outbreaks were gastrointestinal infections with Noro virus identified as the causal factor.

All outbreaks of infection in SoTCHS are subject to a Root Cause Analysis investigation. This allows identification of the source of the outbreak, and ensures that good practice in outbreak management is followed to assist in minimising the effect of the outbreak.

3.2.2 Patient Environment Action Team (PEAT)

The Patient Environment Action Team (PEAT) audits took place in January this year at both Haywood and Longton Hospitals in accordance with the national guidance which states that all NHS sites having more than 10 patient beds should be audited annually. Although PEAT audits are undertaken internally by multi disciplinary teams the reports are submitted to the National Patient Safety Agency and can be verified by an external audit team appointed by the Agency. The standards audited this year were patient environment, patient food and privacy and dignity respectively. We are very proud of this year's achievements with the hospitals achieving excellent in all three standards.

	2008		2009		2010	
	Longton Cottage Hospital	Haywood Hospital	Longton Cottage Hospital	Haywood Hospital	Longton Cottage Hospital	Haywood Hospital
Environment	Excellent	Good	Excellent	Good	Excellent	Excellent
Food	Excellent	Excellent	Excellent	Good	Excellent	Excellent
Privacy and Dignity			Excellent	Excellent	Excellent	Excellent

The IP&C Nurses have worked closely with the support services leads this year to develop and agree cleaning schedules in accordance with the National Specification for Cleanliness. Cleaning schedules are displayed in the Infection Prevention and Control notice boards at the entrance and exits of our inpatient areas and in the public areas in our Health Centres and 'Walk In' Centres.

How did we do with our developmental work for 2010/11?

- Patient held MRSA screening record and a risk alert system for patients with a high risk of CDI -there has been some progress internal to our organisation but it has become clear that this should ideally be an across local health economy initiative and we have further development work to do for 2011/12 with our partner organisations including the acute trust
- Hospital Matrons have succeeded in enhancing the use of single patient use equipment such as patient movement sheets and slings.
- Patient exit audits have been undertaken this year which include questions on hand hygiene compliance and cleanliness of the environment
- Enhanced surveillance reporting has commenced with MSSA bacteraemia and from April 2011 E. coli bacteraemia.

Identified areas for improvement

- Further development of the Patient held MRSA screening record and the risk alert for higher risk of *C. difficile* patients
- Agree antimicrobial prescribing audits in our inpatient areas
- There is more sensitive and specific laboratory testing for *C. difficile* in that we are able to ascertain genetic relationship as well as toxin positivity. We will report both testing figures in our local surveillance reports

New Initiatives for 2011/12

- Health economy wide work (Community and Acute Trust partners and Specialist Nurses) specifically infection prevention and control input regards the insertion, management and care of urinary catheters.
- Include new KPI in Matrons Quality Dashboard regards insertion and management of urinary catheters in inpatient areas
- Health economy wide work (Community and Acute Trust partners and specialist Nurses) specifically infection prevention and control input regards the management of chronic wounds and pressure ulcers
- Agree antimicrobial prescribing audit for non medical prescribers
- Enhance infection prevention and control assistance and support to independent contractors and the independent and social care sector



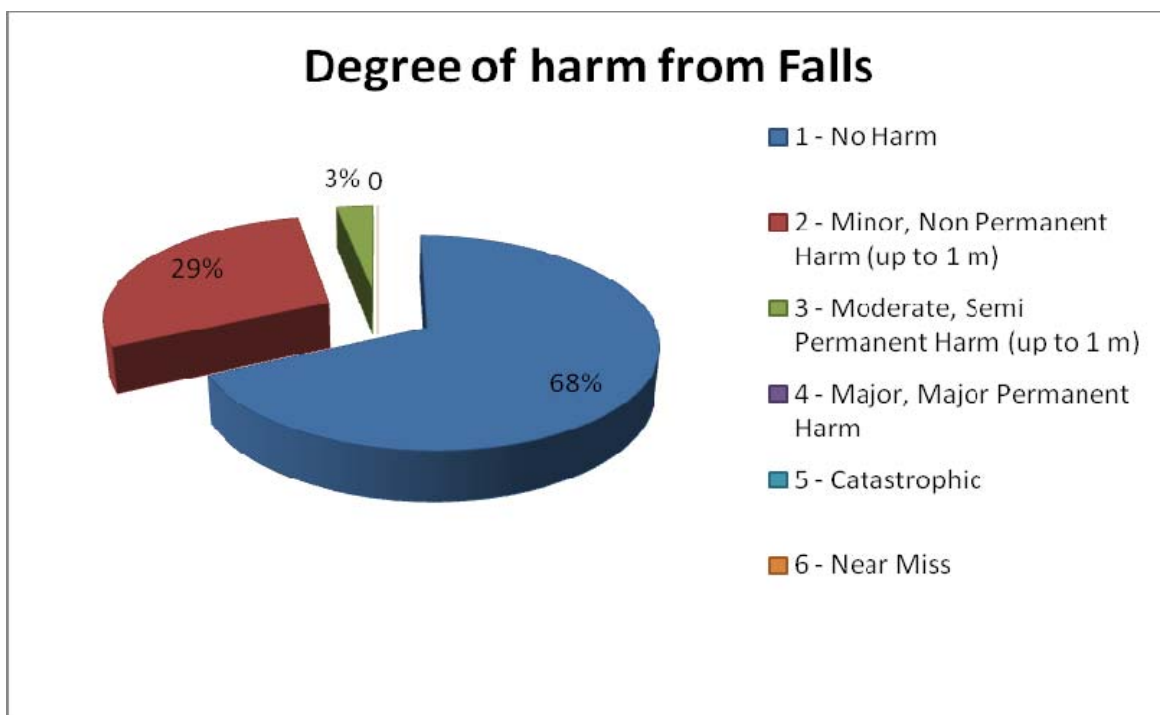
3.2.3 Falls

Leading in Patient Safety (LIPS) by the NHS Institute for Innovation and Improvement methodology has been incorporated within clinical practice to provide timely outcome measures of service improvements. The LIPS falls collaborative aims to decrease the levels of severity within falls by 20% and introduce a falls pathway of clinical effectiveness across the organisation of SoTCHS in compliance to NICE guidelines and National standards through engagement of frontline clinicians.

Multiple service improvements implemented across the organisation within the leading in patient safety initiative will also interlink and be a fundamental component of the Quality Improvement Programme for the new Partnership Trust.

From April 2010 to March 2011 we have been able to collate a baseline for the number of falls occurring across the organisation. Across our two Community Hospitals sites we have had 432 falls incidents reported.

From the reporting we can identify that 68% of the patients fallen, sustained no harm or injury. 29% of patients were identified as minor harm which could relate to a skin tear or bruise following a fall, a further 3% of the falls were classified as moderate harm. The data clearly identifies that within the specific timescale there were no patients that sustained any major or catastrophic injuries due to falls.



Within the incident reporting we can clearly identify through patient medical conditions numbers of recurrent fallers. Our patients have multiple medical conditions, for example, dementia, confusion, cognitive impairment. Valuable research and service improvements have been embedded within clinical practice in order to reduce the harm rates and number of falls in accordance with best practice for this vulnerable group of patients.

Examples of service improvements to reduce falls within SoTCHS:

- Introduction of a Falls Policy and Clinical Guidelines of best practice within falls, including standardised falls assessment tool
- The introduction of accredited Otago Falls Exercise Leaders through the extension of Support Workers Roles
- Otago Exercise Leader Falls Outcome Tool
- The introduction of a Standardised Falls Education Programme
- Post Falls Examination which is a standardised head to toe assessment upon every patient who has fallen.
- Standardised incident and reporting mechanism for every fall.
- Half hour falls observational chart for every patient at high risk of falling.
- Convex mirrors and 360 degree mirrors upon the corridors and within hard to observe areas of the ward, the mirrors act as observational nursing tools.
- Falls Exercise groups and 1:1 sessions
- Cognitive Behavioural Strategies of rummage boxes, visual prompts for patients dependent upon their care need.
- Close partnership across the health economy with multi-agencies of fire, police, and Social Care, Ambulance Service Voluntary and Independent sectors through the Leading in Patient Safety monthly Falls Collaborative.

The dedicated and committed staff of SoTCHS have been instrumental within the service improvements and in their commitment to change clinical practice to reduce the severity of harm of any patient who may fall within our care. From the drive of change management we can clearly identify a decrease with the severity of harm for patients within our care.

3.2.4 Modified Early Warning Scores (MEWS) in Community Hospitals

MEWS is a nationally recognised tool used to enable the early recognition that a patients condition has changed or that they are starting to deteriorate. The score indicates the level of deterioration and triggers that an action needs to be taken, for example urgent review by a clinician. The score is calculated by clinical staff taking recordings of vital signs such as blood pressure, temperature, oxygen levels, urine output and respiratory rate. Each reading giving a score which are then added together to give a total MEWS score.

Within SoTCHS Community Hospital inpatient ward areas, it was felt that there would always be the possibility of a patient condition changing due to current health status and/or other medical conditions, especially in the frail elderly population.

MEWS implementation was felt to be a priority to implement across all wards and following staff training the first pilot site at Longton Cottage Hospital was launched in December 2010. The pilot was successful proven by staff feedback, patient stories. Outcome measures have been set and are monitored each month by the Matrons Quality Assurance Dashboards these include monitoring of the:

- Number of re-admissions back into the acute hospital
- Number of requests for clinician review both in-hours and out of hours
- length of stay

MEWS is now to be rolled out across all wards within SoTCHS monitored by the Quality and Patient Safety Committee.

Real patient stories include:

- Over the weekend Mrs X was scoring 4 on the MEWS when her baseline had previously been recorded at 0. Her temperature was raised slightly, as was her blood pressure and respiratory rate. The nurse suspected early signs of a chest infection and called an out of hours Doctor to review. Mrs X was started on oral antibiotics.



This early intervention prompted by the use of MEWS prevented the lady becoming more physically unwell and enabled her to remain in a Community Hospital bed and not be transferred back into the Acute Hospital. The chest infection resolved within a few days.

- Mrs Y had an episode of vomiting and her MEWS score was recording 3 due to a drop in her blood pressure and a decrease in urine output. This was thought to indicate that she was becoming slightly dehydrated and as a result intravenous fluids were commenced. The next day her MEWS score returned back to 0 and Mrs Y was cared for closer to home in a Community Hospital setting, where as previously the change in condition may not have been picked up as early, leading to further deterioration and a readmission back into an acute setting.

3.3 Patient Experience

3.3.1 Patient Experience CQUIN

As part of the CQUIN patient experience indicator SoTCHS was required to undertake two surveys across the Community Hospitals and Services. A baseline survey was undertaken in July 2010 with a follow up survey undertaken in February 2010 to measure improvement.

The organisation achieved positive results from the baseline survey but took into account the comments made by patients. The comments were grouped into themes and improvement action plans were developed across Community Hospitals and Services for implementation and monitored through the Quality and Patient Safety Committee. The main themes were around communication and the providing of information to patients. There were also many positive comments received in relation to patients being satisfied with the care and treatment that they had received.

In order to achieve the full CQUIN payment the results needed to demonstrate improvements in 5 out of the 6 questions for community services and 4 out of the 5 questions for hospitals. The organisation was successful in making these improvements, however further action plans are being put into place in order to sustain and continually improve the quality of the services that we deliver.

3.3.2 Walking in Our Patients Shoes

“Walking in our Patients Shoes” has provided assurance to SoTCHS Board in accordance to the Quality Improvement Strategy and Framework 2010-2013 which aims “to sustain and expand quality services that make a real difference”.

SoTCHS introduced the Department of Health National and Regional Strategic Health’s Authority Patient Experience Programme. Active engagement workshops were scheduled with frontline staff and members of the general public. The main aim of the quality workshops was to proactively drive change management through commitment of a bottom up approach through the patient’s experience of health care services. By capturing the basic patient experience and identifying service improvements devised by staff and our customers we have influenced behavioural and cultural changes throughout the organisation.



Comments from members of the General Public upon Walking in Our Patients Shoes

"I really enjoyed the workshop and felt that I was listened to"

"I really enjoyed the workshop what people expect and want to receive from NHS"

"I don't want to hear about the cost of NHS services but more about the quality and effectiveness of what I will receive"

"The majority of service improvements would not cost a lot because it's just basic expectations with Customer Services"

Service Improvements identified by general public and staff

Changes to the process within written appointments to include maps, information on parking along with information upon what people need to bring upon appointments

Posters in the waiting areas that clearly state Health Administrators will update and provide an explanation to patients who experience any delays with appointment times.

The option to access adequate changing facilities for physically disabled people and their carers within all health care provisions

3.3.3 Productive Community Services

Productive Community Services is an organisation-wide change programme which facilitates systematic engagement of all front line teams in improving quality and productivity.

It is a practical application of lean based techniques that will vastly increase the organisation's capacity and capability for continuous improvement.

The introduction of the Productive Community Series has initially been showcased with two District Nurse teams. The introduction of Productive Community Series has been interlinked to the Quality Improvement Productivity Programme (QIPP) to ensure the provision of community services that the people of Stoke-on-Trent value and choose to receive.

To sustain the achievements of the two teams within a Productive Community Series a dashboard has been devised as a fundamental visual sustainability tool for monitoring and reporting for each of the teams. Every two months two new teams will be enrolled onto the PCS programme across all community teams and professions.



Following the introduction of the Productive Community Series the two teams were identified at 34% of direct face to face time to care. Following an activity analysis along with a skill mix review an ambitious target has been set to increase efficiency and productivity within face to face time to care performance target of 45%.

Due to skill mix and review of organisation process and systems the target has been set for the district nursing teams to decrease non patient activities to 20% to demonstrate service improvements due to allocation of skill mix and duties within each team.

To ensure effective and quality services closer to home through neighbourhood working, two small district nursing teams based at Hanley and Moorcroft Medical Centre have been amalgamated to form the Huntbach Street district nursing team.

The individual team has been set a target to further reduce the three monthly mileages by a further five percent or 51.79 miles. Huntbach Street mileage for three months is recorded at 1079.13 the team has been set a target to reduce their mileage by 15% or 161.87 miles within three months.

From the Boot/ bag amnesty the teams have introduced a standardised equipment list for each home visit bag with an allocation budget of £29.00 for every staff member. The team leaders will audit and provide sustainability through random monthly audits of any staff members nursing bags or boot.

The introduction of service improvements within Telehealth will increase productivity by enabling patients to receive texts upon 'Did Not Attend' (DNA) rates along with empowering patients through preventative services of blood pressure, glucose monitoring or oxygen saturation levels that engage patients within preventive services.

3.3.4 Productive Ward

The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time delivering patient care thereby improving safety and efficiency.

SoTCHS has eight inpatient wards within two Community Hospitals. These ward areas have been separated into two teams initially in order to undertake this process of review into the care delivered and the time spent with our patient groups.

Team One have completed the Foundation Modules and have commenced the first of seven specific modules, the Meals Module, of which looks at the current meal delivery service and identifies how it may be improved to ensure that patients receive a satisfying meal of their choice.



This module is on target to be completed by 30th April 2011. Team Two are currently undertaking the final element of the Foundation Modules, the Activity Follows of which identifies how much time nursing staff currently spend with their patients during an eight hour shift. This element for Team Two is on target to be completed by 30th April 2011.

Once all activity follows have been completed an overall average % Direct Contact Time (DCT) will be recalculated and this figure will form the baseline on which to improve.

From the 30th April 2011 all wards will join together to progress through the Productive Ward Modules for example reviewing the medicine round, the admission and discharge processes, patient hygiene, nursing procedures, staff communication and others. These modules will enable the ward staff to review all their processes to identify where improvements can be made and therefore enhance and increase the quality time nursing staff can spend with their patients. Outcomes for Productive Ward include:

- Health Care Support Worker Face to face activity to be increased by 20%, measured on a quarterly basis
- Registered Nurse Face to face activity to be increased by 20%, measured on a quarterly basis
- Monthly saving on ward supplies – Collation by Ward Managers – Monthly
- Expected date of discharge/review, recorded for each patient – collation by Ward Manager ascertained from Quality Assurance dashboard

3.3.5 Receiving Feedback

Patient feedback is essential for wards to monitor the care being delivered thus enabling learning or service changes where things could have been better but also to gauge what is being well received. Within ward areas the patient experience is collected using several methods co-ordinated by the designated Hospital Matrons.

Matrons Walkabouts

Each Matron completes regular walkabouts of their designated wards speaking with patients, carers, relatives regarding their stay and answering any queries or questions regarding their care. Matrons record all feedback from these walkabouts and take actions as necessary and record any compliments. Example feedback includes:

“I could not of have been treated any better, no matter what, thank you Matron” 16 February 2011.

“Can I just say what a lovely hospital you have and staff are really friendly every time I visit and the atmosphere so relaxed” 28 March 2011.

“Really like privacy of single rooms after eight moves at the other hospital”. Flexible visiting discussed for relative working unsociable hours, plus alternative meal choices. 4 April 2011.

As a result of receiving feedback the wards have introduced “Next of Kin” documentation sheets which are held within the patient notes. This identifies all family members involved in the rehabilitation of the patient, detailing meetings attended and communication. This provides a clear line of communication and full involvement throughout the care of the patient. The patient must consent to this form of communication strategy.

The wards also host patient and family education groups where various health and well being topics are discussed, there is an open invitation to families, carers and staff. Specialist speakers are also invited to provide education and information around specific long term conditions.

Discharge Questionnaires

All inpatients are asked to complete a questionnaire on discharge regarding their stay. This is optional however most patients do take the opportunity to provide feedback. There are key questions some examples include:

- Hand washing compliance
- Cleanliness of the environment
- Being treated with privacy and respect
- Being felt welcomed to the ward
- Information being given regarding discharge arrangements and medications.

The results are collated monthly and individual wards have to produce action plans in order to ensure continual improvement of these key measures.

All of the above patient experience measures are discussed and received at Hospital Service Board for monitoring purposes.

Discharge Follow up Phone Calls

The Hospital Matrons will call all patients one month following their discharge in order to ensure they are coping with the discharge arrangements made for them and also to ask questions regarding their experiences during their stay. Matrons record all feedback from these calls and in some cases may take immediate action if a patient is not coping, for example making a call to social care or asking for therapy review. Compliments are also recorded as part of this process.

Example feedback includes:

“Very happy with the staff at Longton Cottage I could not have gone anywhere better. I enjoyed the food. I am doing well at home and carers have now stopped coming in but District Nurses’ still do. I am slowly but surely getting better” March 2011.

“Spoke with nephew his uncle is doing very well and they were both more than happy with the care at LCH” March 2011.

“I really enjoyed my stay at Longton. The food was lovely and I could not fault any of the Doctors or nurses. I had nice company, thank you for the call Matron. Carers still come in once a day and a review of my stockings is being planned by GP and District Nurse this week” February 2011.

Kiosks

In March 2011 the organisation introduced free standing Kiosks within outpatient services, health centres and community hospitals that capture real time data on patients, families, and carer’s experience of services. The kiosks are adjustable in height for wheelchair users and have a touch screen facility that is easily accessible for patients with a physical disability. The kiosks are located in sight of reception facilities in case members of the general public need help or support from health care administrators.

The computerised software will provide monthly reporting of real time data to each service board for analysis and action plans of service improvement. Service Managers will be able to access and monitor the targets and performance of community teams at any time through the website database. The introduction of the kiosks limits any issues of bias as the collating, analysis and data is independently collected by computerised software.

Hand Held Portable Devices

Due to the end of the contract of the Patient Experience Trackers which previously captured real time data on the patient experience. The organisation has purchased fifty hand held portable devices for distribution across service divisions. The durable hand held devices will capture real time patient experience through a touch screen for key patient experience priorities. The hand held devices will capture data from patients or families within their own homes or patients who are bed bound. Data will be collated through wireless internet connections to the computerised website. The computerised software is the same as the elephant kiosks which will provide the same reporting mechanisms and limits any issues of bias through independent computerised real time data collection.

3.3.6 Stoke-on-Trent Community Health Services Real Time Quality Monitoring Visits

Real time quality monitoring visits have been undertaken by Executives, Non Executive Directors or members of the Senior Management Team. The purpose of the visits is to provide the NHS Stoke-on-Trent Trust Board with opportunities to review the quality and safety of services commissioned within the hospitals and community services, exploring the views of patients and staff.

Eight announced quality visits have been undertaken from August 2010 to January 2011. The overall comments received from the real time quality visits identified are outlined below:

- Clinical and non clinical staff behaved in a professional manner and were welcoming to patients and carers.
- Patients reported that they were treated with dignity and respect identifying satisfaction with their treatment and outcomes.
- Relatives identified that they felt involved in the care of their family members.
- Infection control and quality patient information were clearly displayed within notice boards within the public domain.
- Best practice within the monitoring of nutrition and hydration was clearly identified by patients.
- Praise for staff was wholehearted with patients describing the care as first class along with comments of the kindness that they have experienced.
- Clean and pleasant care environments.
- Observations of deep cleaning whilst patients were not in their individual rooms.
- Evidence when talking to staff that the care is clearly centred on the patient.
- Staff identified they would like onsite statutory and mandatory training rather than going to offsite venues.

Service improvements identified and actioned:

- A review of patient information and leaflets. From the quality visit the provider has purchased new magazine racks and weekly reviews of all patient information.
- Increase within domestic services to remove used cups and debris left on the floor and tables within waiting areas in the walk in centre.
- Review of patient information to ensure all information is presented in a more patient friendly manner.
- The repositioning of a television in a ward dayroom due to the height and comments received by patients.

The real time quality monitoring visits have been well received by all the staff and have helped confirm the excellent work and commitment of staff along with identifying areas of service improvement.

3.3.7 Delivering Same Sex Accommodation

SoTCHS believes every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

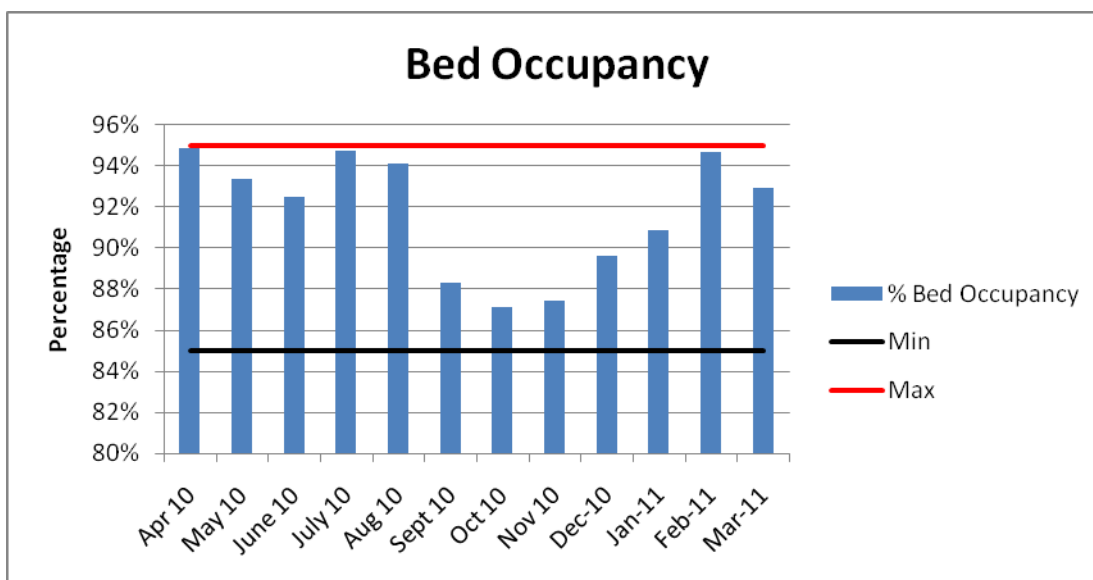
SoTCHS is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen in our bathrooms when clinically necessary (for example where patients need to utilise specialist bathing equipment) however we will ensure that privacy and dignity will be maintained at all times. If our care should fall short of the required standard, we will report it. We have set up an audit mechanism to make sure that we do not misclassify any of our reports.

3.4 Clinical Effectiveness

3.4.1 Bed Occupancy

In the trust we recognize that bed occupancy is a clear indication of the quality of care which we provide. Targets for occupancy were set for 2010/11 in line with national best practice, and a number of drivers were put in place to achieve these targets. Notwithstanding the bed based services have found this particular target incredibly challenging, with whole system factors creating pressure to admit patients as soon as a bed becomes vacant. The following figure charts the trusts bed occupancy for 2010/2011.



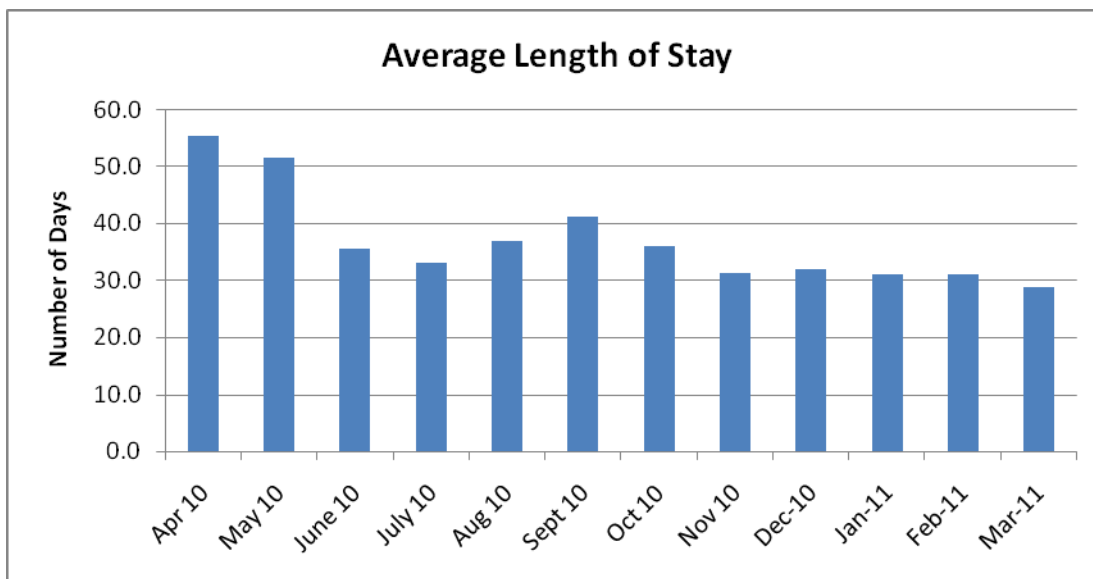
* NOTE: On one ward 11 beds were closed due to essential maintenance works between October 2010 and January 2011.

In light of the above the trust have put in place a number of actions for the forthcoming year, actions which are outcome focused for the patient and in turn with success will have a positive impact on bed occupancy. In addition the trust now has a robust monitoring system in place which gives an early warning indication when bed occupancy reaches unacceptable limits.

3.4.2 Discharge Planning

Throughout 2010/11 the Trust has worked hard to ensure that all patients have an Estimated Date of Discharge (EDD) on admission (or within the first 48 hours), whilst this has been achieved throughout the year it has also been recognised that to set arbitrary EDDs does not in fact improve the patients experience. Therefore work is underway with ward staff to promote “meaningful” discharge plans, involving patients in discussion with outcomes they wish to achieve and the time in which they wish to achieve by. The above formally recognized as “lean discharge” principles will continue to be a clear area of focus throughout 2011/12.

In line with the above, the reduction of patient’s length of stay has received concerted and dedicated effort throughout the year. Bearing in mind that the trust operates a number of bed based services from intermediate care to neuro rehabilitation, each having their individual nuances, reducing length of stay has its own complexity in each area. However, throughout the year and with robust action plans the organisation has achieved in reducing LOS by 26 days from April 2010.



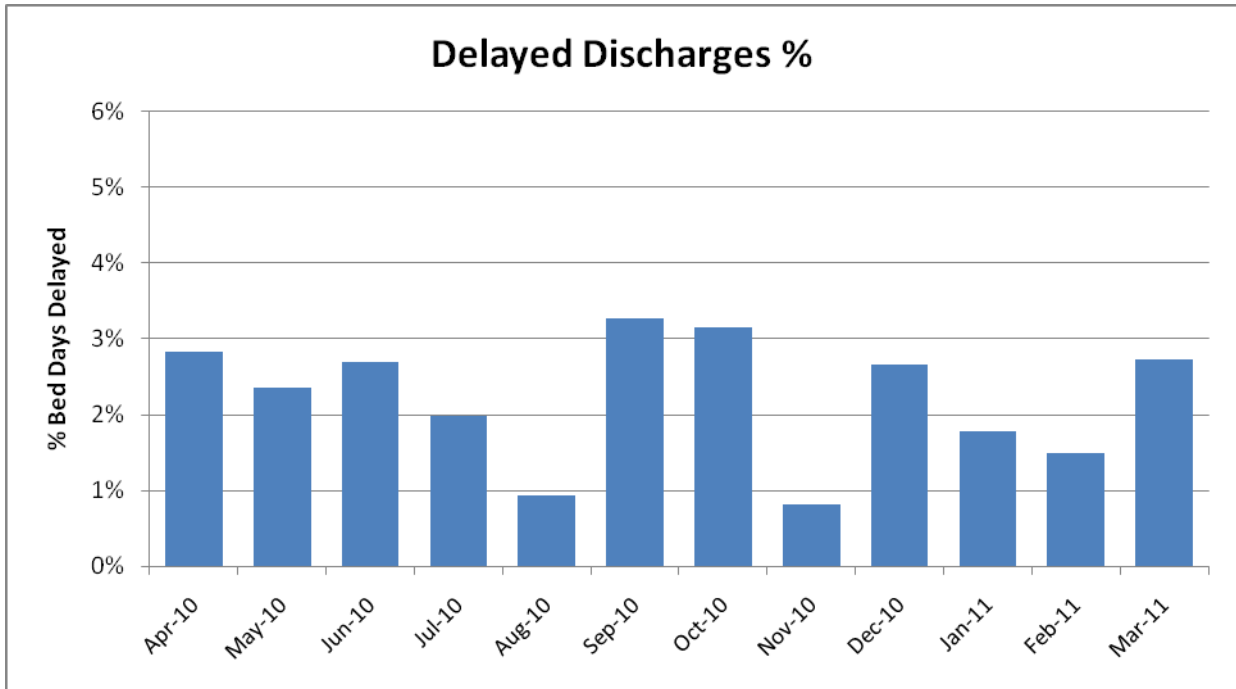
3.4.3 Care Capacity Management Team (CCMT)

The Care Capacity Management Team has been in operation since May 2010 and was set up to help improve patient flow, support discharge and timely referrals to other health and social care services across the Community Hospitals. In addition the team do screen all referrals into bed based services in order for the patient to be in receipt of the best possible care for their needs. It is without doubt that the team have been instrumental in successfully reducing length of stay but equally driving up the quality of the discharge, which is evidenced by the post discharge (follow up telephone calls) surveys.

In addition fundamental lessons have been learned throughout the year by way of the care capacity management function, significantly that there is a fine balance between taking discharge away from ward staff and not supporting staff with discharge planning. And whilst the model has changed slightly throughout the year, amending and growing throughout, as the trust goes into 2011/12 it goes forward with a much more robust care capacity management function. In effect each ward now has its own dedicated Discharge Support Worker all of which are supported by both ward managers and qualified nurses from the CCMT.

3.4.4 Emergency Pressures

Increased pressure was put on the CCMT throughout the winter period, both in terms of bed occupancy and length of stay. In order to maintain throughput and add further support to the system the trust ran with a number of additional multi-disciplinary ward rounds twice weekly. These ward rounds included senior members of both clinical and management staff and were carried out to help ward staff with “blocks” outside of their sphere of control. The net effect and clear outcome was a reduction in the number of delayed transfers of care, which proved to be running at the lowest throughout this winter compared with previous years.



3.4.5 Complex Care

SoTCHS recognised that with increased throughput and more appropriate referrals that an increased number of patients were being admitted for a complex assessment for their future care needs. We also recognized that the sensitivity of making life changing decisions for future care needs, including going into a nursing home, should not be carried out in acute hospital settings. The vision for complex care, based upon what our patients were saying, was to provide a dedicated service whereby patients could be supported through the complex care assessment process in an environment conducive to their needs and with staff who are experienced in such. From February 2011, the Complex Care Unit was introduced, a baseline audit is currently being undertaken to examine what changes we need to make to improve the assessment process and improve the experience for our patients and families.

Throughout 2011 required changes will be put into place and performance monitoring against agreed outcome measures will be completed and reported through the Hospital Service Board.

PART FOUR

Engagement

4.1 Open Door Access to Hospital Matrons

Within both Community Hospital sites of the Haywood and Longton Cottage Hospital the Matrons have an open door policy which enables patients, families or carers to have direct access to discuss their patient/ family experience with the Matrons. The Matrons visit every ward daily monitoring the quality of care and collating information upon the patients and family experience requesting recommendations for service improvements.

Following engagement and consultation with “our customers” we have actively listened and changed service provisions.



Through prioritising people’s comments upon patient’s needs and expectation of SoTCHS in health centres closer to home. We have made the following improvements.

Last Year you said.....

That you would like or want your precious family members to receive choice within their end of life case management through respectful and dignified Community Services”

We did.....

We have introduced Palliative Care District Nurse Champions who are skilled to provide palliative care treatment, advice and support. The palliative care District Nurse Champions are privileged to work in partnership with Patients, Families and Carers through providing quality end of life community services

Last Year you said.....

People identified issues relating to the planning of activities around appointments, parking, along with the cost to attend simple outpatient treatments within the Acute Hospital Services.

We did.....

“We introduced ambulatory clinics within local health centres closer to home. People are now able to gain sub cut frusemide treatments within a timely manner and continue with day to day activities rather than attending the acute hospital”

Last Year you said.....

That if you or members of your family are medically unwell you would prefer to have assessments and medical treatment within your own homes rather than long waiting times and putting adverse pressure upon the local A&E department”

We did.....

We have introduced a single point of care across the health economy. The service has Advanced Nurse Practitioners who are skilled to provide clinical assessments. This has ensured that the patient is in the right place at the right time, receiving effective and high quality community health care and prevents patients having to go into the Acute Hospital..

4.2 Patient Opinion Website

The introduction of the Patient Opinion Website has empowered people to voice their opinions or views of their own patient experience through an internet web based connection. The website provides the organisation with an alert that a comment has been placed onto the website. The organisation is able to provide members of the general public with a direct response and feedback upon service improvements.

Examples of some of the feedback received from the patient opinion website:

I was treated so well and with so much care. Every person was dedicated to helping patients and very much cared. The Hospital wards were spotless clean and food was great

What a lovely new hospital. The security men were extremely nice and helpful chaps. What could be improved? Nothing. Keep up the good work

To ensure quality assurance for the organisation patient representatives are empowered to voice their opinions, views and active participate within decision making within every Committee, Service Boards and Trust Board within the organisation to ensure that public money is well spent.

PART FIVE

Continually Learning

5.1 Participation in clinical audits

During 2010/11, 2 national clinical audits and 0 national confidential enquiries covered NHS services that SoTCHS provide.

During the period SoTCHS participated in 100% national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SoTCHS was eligible to participate and actually participated in during 2010/11 are as follows:

National Audit	Participation	Number of Cases Submitted
Royal College of Physicians (RCP) National Sentinel Stroke Organisational Audit	Yes	88 case notes reviewed in conjunction with University Hospital of North Staffordshire submission
Royal College of Physicians (RCP) National Clinical Audit of Falls and Bones	Yes	Information submitted in conjunction with University Hospital of North Staffordshire submission

The national clinical audits and national confidential enquiries that SoTCHS participated in, and for which data collection was completed during 2010/11, are listed above alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry where applicable.

The reports of the two national clinical audits were reviewed by the provider in 2010/11 and SoTCHS are implementing resultant actions to improve the quality of healthcare provided.

5.2 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by SoTCHS in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 30. The tables in **Appendix I** provide details of the current recruiting trials and future trials.

5.3 Local Audit

A proportion of Local Audits were completed by the University Hospital of North Staffordshire Clinical Audit department programme that incorporated the Commissioning for Quality and Innovation (CQUIN) Payment framework.

The reports of a further twenty local clinical audits were reviewed by the provider in 2010/11 and SoTCHS intends to implement resultant actions to improve the quality of healthcare provided.

Listed in the preceding tables are details of the local audits conducted. Listed below are examples of actions that have been implemented to improve the quality of healthcare provided around clinical effectiveness and patient safety:

- [Reduction of inappropriate antimicrobial prescribing in out-of-hours dental service](#)
- [To measure effective hand washing is being done in clinics](#)
- [To ensure Patient Group Directives are being used correctly and appropriately](#)
- [Ensuring records are compliant with the Essence of Care Standards for record keeping](#)

Seven further programmes of local internal audit by external review have been implemented and lead by RSM Tenon, these audits are detailed below.

Audit Title	Stage One	Stage Two
Review of the Service Boards	July 2010	December 2010
Care Quality Commission – Registration and Periodic Review	July 2010	February 2011
Patient Property Safekeeping	October 2010	N/A
Charitable Funds – Ward Administration	October 2010	N/A
Bank and Agency	February /March 2011	N/A
Data Quality Validation Processes (activity and quality)	February 2011	N/A
Information Governance	August 2010	N/A

**STOKE-ON-TRENT COMMUNITY HEALTH SERVICES
REGISTER OF LOCAL CLINICAL AUDITS NOT INCLUDED ON THE UHNS AUDIT PROGRAMME**

Title of Audit	Audit background	Aim/objective of the audit	Summarise key recommendations/findings of the audit	Summarise changes made to services as a result of audit findings
Royal College of Physicians (RCP) Stroke Sentinel Organisational Audit	The RCP Stroke Sentinel Organisational Audit has been measuring the organisation of stroke services since 1998. It uses evidence based guidelines to measure stroke services against.	Audit against the National Clinical Guideline for Stroke and the National Stroke Strategy; To enable Trusts to benchmark their quality regionally and nationally; Measure rate of change in stroke service organisation; Measure the extent that previous recommendations are implemented; Measure progress in providing hyper acute services and measure provision of specialist stroke services in the community.	Royal College of Physicians (RCP) report listed the Top Ten Recommendations	Royal College of Physicians (RCP) report listed the Top Ten Recommendations
Royal College of Physicians (RCP) Clinical Audit	The RCP Stroke Sentinel Clinical Audit has been measuring clinical care since 1998, using evidence based guidelines to measure against.	Audit against the National Clinical Guideline for stroke and the National Stroke Strategy; To enable Trusts to benchmark their quality regionally and nationally; Measure rate of change in service provision since 2008 and the extent of which recommendations made in 2008 have been implemented	Royal College of Physicians (RCP) Clinical Audit recommendations	Royal College of Physicians (RCP) Clinical Audit recommendations
Audit of Repeat General Anaesthetic Administration	As per audit report	As per audit report	As per attached audit report	Action plan implemented
Audit of the Quality of Radiographs	As per audit report	As per audit report	As per attached audit report	Action plan implemented

Audit of antimicrobial prescribing	To reduce prescription only courses of treatment in out of hours dental service	Reduction of inappropriate antimicrobial prescribing in out of hours dental service	Not yet available	Not yet available
Audit of Delivering Better Oral Health - National Guidance	To assess compliance with Delivering Better Oral Health national guidance	As before	Not yet available	Not yet available
Decontamination Audit	To assess current compliance with decontamination guidance HTM 01-05	As before	Action plan produced and forwarded to IPCC	Working towards best practice as outlined in document
Fraser Guidelines/LARC/Chlamydia Record Audit	Records need to show that fraser guidelines have been followed, LARC & Chlamydia screening is offered to meet national guidance	To ensure records are completed correctly and that patients are offered informed choice	Not yet available	Not yet available
Quick Start Oral Contraceptive Pill	Recent recommendations from the FSRH state that patients should be give the option to quick start oral contraception following EHC. This needs to be implemented in CASH clinics	To ascertain whether patients are given the choice to quick start contraception	Not yet available	Not yet available
Hand washing	Hand washing is an integral part of infection control and should be monitored in CASH clinics	To measure is effective hand washing is being done in clinics	Not yet available	Not yet available
Audit of updated Patient Group Directions	PGDs have been updated and training will be give to staff in use of these before their implantation.	To ensure PGDs are being used correctly and appropriately.	Not yet available	Not yet available
Audit of new Patient Group Direction	A new PGD has been written for emergency hormonal contraception.	To ensure records are completed correctly and that patients are offered informed choice	Not yet available	Not yet available

Record Keeping Audit	A new paper based system has been developed for the YPSS as a result of a recent change to record keeping systems	To ensure records are compliant with the Essence of Care Standards for record keeping	Current record keeping compliancy 42%. An action plan has been devised as a result of the audit and a re-audit will be completed July 2011 to review EOC compliancy	New admin processes and structures are being developed as a result of the audit to ensure every client case file is contemporaneous and to ensure record keeping standards are of a good quality
Review of Bleeding Problems with Implanon® (Progestogen Only Implant)	Currently the only progestogen implant licensed for use as contraception in the UK is theetonogestrel (ENG) implant (Implanon®). Altered bleeding patterns are common among women using progestogen-only implants, sometimes causing the women to request that they are removed.	To improve the management of women who suffer from problematic bleeding due to progestogen only implants (Implanon®).	<ul style="list-style-type: none"> Total number of patients having problems was only 29% which is encouraging to continue this very efficient LARC method. Although they were presenting with problems on an average of 4 months and the mean removal time was 7 months. 	<ul style="list-style-type: none"> All clinical staff provide initial patient counselling which emphasises and clarifies the expected side effects of Implanon® and encourage long term use. Better documentation and use of Implanon stickers and consent forms to aid documentation. Increased offer of Chlamydia screening to those presenting with bleeding problems with Implanon.
Chlamydia Screening Team Outreach methodology	Outreach methodology	As per audit report	Not yet available	Not yet available
Chlamydia Screening Team Outreach methodology	Outreach methodology	As per audit report	Not yet available	Not yet available
Chlamydia Screening Team Partner Notification	Partner Notification	As per audit report	Not yet available	Not yet available
Asylum Seeker	Clinical outcomes of TB screening	Clinical outcomes of TB screening	more follow up of strongly positive patients required	more robust measure to track non attendees from high risk group
Essence of Care	National Benchmarking	Audit against national standards and develop action plans as required.	Action plan only available	As per action plans provided.
Essence of Care	National Benchmarking	Audit against national standards and develop action plans as required.	Action plan only available	As per action plans provided.

PART SIX

A Listening Organisation

6.1 Reporting Complaints/Compliments (1 April 2010 to 31 March 2011)

To gain assurance within SoTCHS that the organisation truly understands what the patients and staff are saying about our services, multiple strands of data is captured. Throughout the organisation patient and staff surveys, real time experience data are triangulated with incidents, complaints and compliments to identify correlated themes or trends within service provisions. The selection of questions within the patient surveys all reflect key patient experience priorities identified by members of the general public.

SoTCHS ensures reasonable measures to capture the patient/family experience of all equality characteristics. Multiple communication strategies are implemented to meet the needs of a diverse population. Information is provided through communication strategies of staff support, public engagement sessions, information within multiple languages, Mackron communication boards, dictaphones, interpreters, large font print, loop ear communication systems and through use of websites.

Service boards are presented with their monthly patient feedback results and create and monitor action plans of service improvement, all action plans then gain consultation by the Patient and Public Involvement (PPI) Committee. Monitoring and approval of patient feedback is presented to the monthly Clinical Governance Committee and submitted to Provider Board as part of the Ward to Board Report. Results of patient's feedback along with areas of service improvements are clearly displayed within the public domain on notice boards within every ward and in health centres across the city.

Within SoTCHS information on complaints and compliments is used as part of the triangulation process for establishing the full picture on how well we are doing.

Top 3 complaint categories

Podiatry	79
Community Hospitals - Inpatient	14
District Nursing	11

6.1.1 Ratio of Complaints to Activity

Podiatry	Complaints	79
	Activity (appointments)	103,176
	Rate per 1000	0.77
Community Hospitals - Inpatient	Complaints	14
	Activity	4,416
	Rate per 1000	3.17
District Nursing	Complaints	11
	Activity (Contacts)	169,451
	Rate per 1000	0.06

6.1.2 Podiatry

During the previous twelve months there has been a significant increase in Podiatry complaints, and the majority of these have been with regards to the length of time people are waiting for appointments.

We have identified various factors that have contributed to this situation, from the demand and capacity within the service to the ever increasing older population.

In response to the concerns and challenges faced within the Podiatry Service an external service review has been commissioned and recommendations are now being implemented by the clinical teams.

6.1.3 Community Hospitals and District Nursing

These complaints do not specifically identify any trends or areas of concern. The main topics of concern are clinical treatment, attitude of staff and failure to follow procedure. However, there is a recurrent theme throughout to the use of effective communication and good note keeping. These have both created a number of learning points one of which led to the creation of a new multi disciplinary care plan that has been implemented to support good practice in relation to communicating with patients and family members.

Examples of various learning actions implemented following complaints include a spectrum of service changes and processes from the improved training and standardised operating procedure for the insertion of Naso gastric tubes to the alterations to the organisations telephone system.

6.1.4 Reporting Compliments

Top 3 compliments	
Community Hospitals - Inpatient	61
Community Hospitals - Outpatients	37
Health Visiting	30

Compliments are an important area to support our staff and to all Service Boards are encouraged to feedback as much as possible to their Line Managers in order to capture and learn from the good practice of individual teams.

Patient Stories – are also provided to the Provider Trust Board as a standing agenda item.

Some examples of what our patients say about us –

From the Haywood Hospital “Thank you for all your patience looking after E, I know she's been a handful at times!!”

“I need to thank you for your part in a day I thought would never happen. In early October I believed that Mum would not reach her 90th birthday. As the days moved on it looked possible. At Haywood I knew she'd do it but I didn't expect celebrations for her special day.”

From Intermediate Care Team - These people...are professional, caring and friendly...and we as a family feel very safe that they are in 'excellent hands'.

From District Nursing – DN visited Stepfather and found that mother was nearly exhausted. Managed to organise respite and cut through red tape effectively.

From Health Visiting - "She has had a very good experience with one of your Mum2Mum coordinators both at the hospital and home. She has nothing but praise for the service and has received lots of help and support"

From Occupational Therapy – Daughter grateful for OT support during her father's final days. " Thank you for all you did for us while we got Dad home - we couldn't have had those few last precious weeks without you, and they mean so much now that he's gone.”

From Physiotherapy - Lady wrote in to compliment a member of staff who runs Rehab classes at Tunstall Floral Hall on a weekly basis. "He has an excellent manner and rapport with everyone who attends treating each person individually."

From Podiatry - I have just seen a patient that you saw when you were at Meir some time ago. She wants me to tell you that she is very grateful to you for the excellent treatment you gave her. You enucleated a painful plantar corn, and she said it has never returned.

PART SEVEN

Registration and External Review

7.1 Care Quality Commission

Stoke-on-Trent Primary Care Trust has two roles. They commission care services for the local population and provide services directly through SoTCHS.

Stoke on Trent Primary Care Trust is required to register with the Care Quality Commission and its current registration as of 31st March 2011 is 'Registered without condition'. The Care Quality Commission has not taken any enforcement action against Stoke on Trent Primary Care Trust during the reporting period of 1st April 2010 to the 31st March 2011.

Stoke on Trent Primary Care Trust has not participated in any special reviews or investigations by the CQC during this reporting period of 1st April 2010 to the 31st March 2011.

7.2 West Midlands Quality Review Service- Local health economy visit

The West Midlands Quality Review Service implemented a Local Health Economy Visit and this incorporated the Haywood Hospital Walk in Centre.

The feedback obtained stated that this was an excellent service in all respects. Support for patients, staffing, support services, facilities, guidelines and protocols, and governance were all extremely well organised. A wide range of services were available, including deep vein thrombosis and fracture clinics. There was a robust training programme with good ongoing training and mentorship. Data collection to support audit programmes was also good.

7.3 Serious Case Review

In March 2010, in accordance with "Working Together to Safeguard Children" 2010 (Chapter 8) Stoke-on-Trent Safeguarding Children Board initiated a Serious Case Review.

This was the case of a young infant, subject of a child protection plan who suffered a life-threatening event as a result of co-sleeping with a family member. Sadly the child later died some months later. The child at that time was subject of a child protection plan

The Independent Chair of the Safeguarding Children Board (SCB) decided that a serious case review should be held because of concerns about the way in which local professionals and services worked together to protect and because lessons could be learnt by more than one agency.

The purpose of a Serious Case Review is to:

- Establish what lessons to be learnt from the case about the way in which local professionals and organisations/agencies work individually and together to safeguard and promote the welfare of children;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; and
- Improve intra and inter – agency working and better safeguard and promote the welfare of children and young people.

NHS Stoke on Trent, inclusive of SoTCHS and North Staffordshire Community health Service, as a main partner of the SCB conducted a review of health's involvement with the child and family. Multi-agency briefings have been made available to all staff in order that lessons are learned across all organisations.

As well as multi-agency, specific recommendations for NHS Stoke on Trent were identified as follows:

- That Health Visiting and school nurse records contain full details of contacts with families.
- That the time of contacts and who is present be recorded.
- That training be given to staff in relation to challenge of other agencies and information sharing.
- That all written agreements are available for all agencies to view and that they are considered at all core groups with particular reference to the monitoring process.
- That a professionals meeting with parents is held to co-ordinate input where there are complex needs/ more than 3 professionals are involved.

Implemented Actions

- Health Visiting and School Nursing records have been changed as well as ways in which contacts are recorded.
- New training programmes have been developed to address this and the other recommendations
- The latest guidance with regards to reducing the risk of sudden infant death has been widely re-distributed.
- SoTCHS continue to contribute to the SCB partnership recommendations.

In December the SHA undertook an annual safeguarding children review. Formal feedback identified the following areas of strength and good practice:

- PCT financial support for safeguarding has continued and is seen as a priority
- Services to prevent sexual exploitation are well developed
- The Family Nurse Partnership is recognised nationally and is moving to small scale maintenance
- Health colleagues are engaged with the Local Safeguarding Children's Board (LSCB) and Serious Case Reviews
- Peer audit of section 11 Audits is forward thinking and is seen as emerging good practice for safeguarding
- Child protection supervision is well established
- There is a clear Serious Case Review (SCR) training programme in place to ensure lessons learned

PART EIGHT

Transparent and Open

8.1 Incident Reporting

Paramount to improving quality is patient safety. Information provided by the National Patient Safety Agency (NPSA) demonstrates that SoTCHS has a good incident reporting culture where staff feel able to report incidents and near misses demonstrating an open culture that supports improvement and learning.

Figure one below demonstrates the sustained incident reporting within SoTCHS during the period of April 2010 – March 2011.

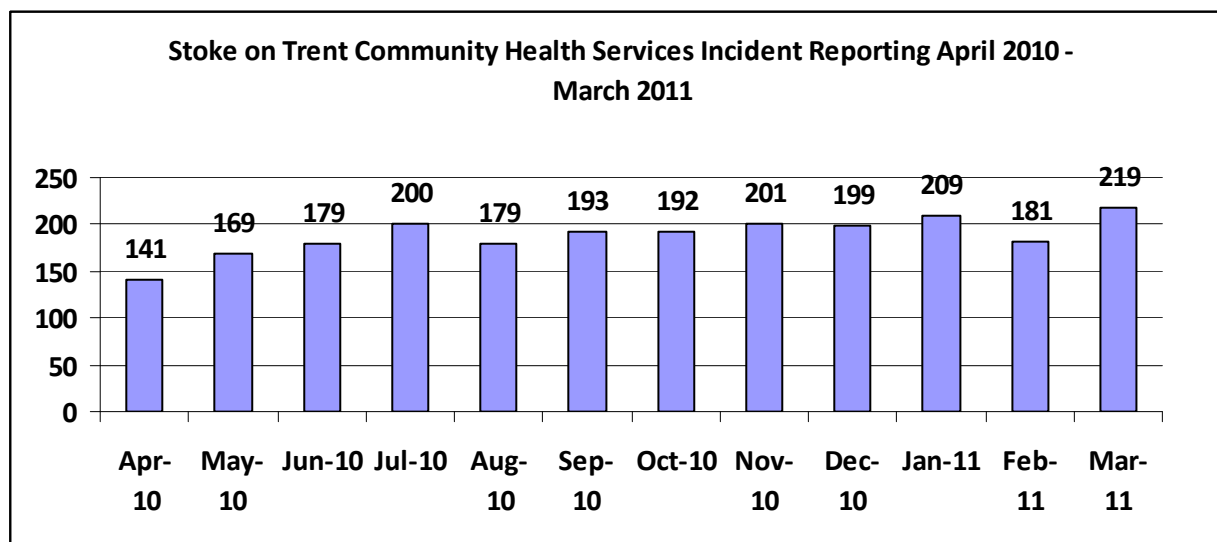


Figure two below compares the incidents that occurred between 1 April and 30 September 2010 that were reported to the National Reporting and Learning System to the previous years reporting period 1st April 2009 and 30th September 2009. This clearly demonstrates the improved reporting culture and development for the organisation;

Figure 2

	1 st April 2009 – 30 th September 2009	1 st October 2009 – 31 st March 2010	1 st April 2010 – 30 th September 2010
Number of Incidents Reported	204	225	438
Reported Incidents per 1,000 Bed days	15.8	17.5	20.45

The NPSA found that organisations with higher rates of reporting incidents are safer Trusts. Further information can be obtained through the NPSA.

Of the incidents reported, 57% were reported as 'no harm' to patients. This indicates a positive cultural approach to reporting and responding to potential incidents.

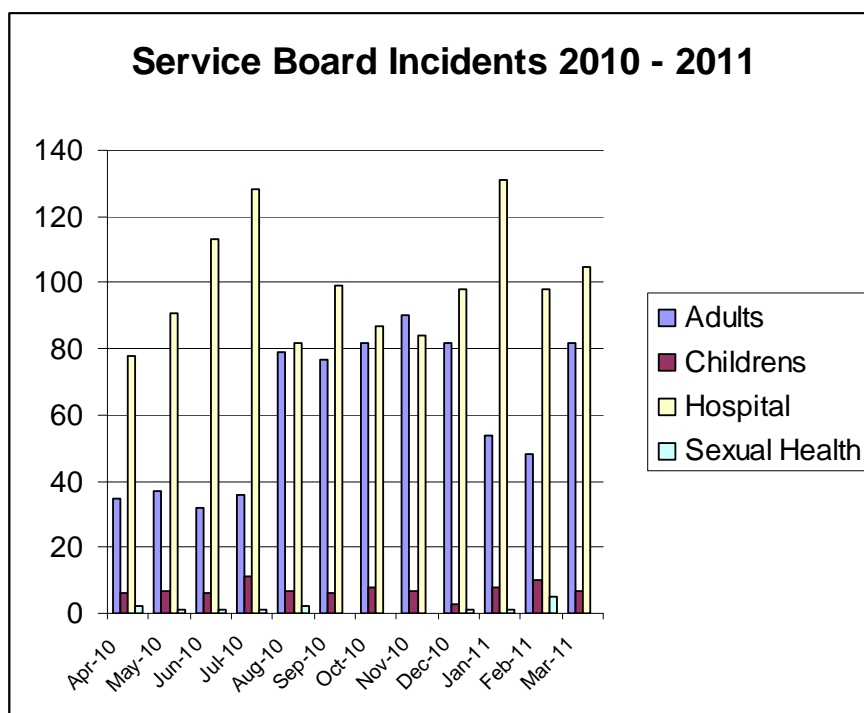
Table 1 below highlights the top 5 reported clinical incident types from April 2010 - March 2011.

Clinical Adverse Incidents	Total Number Reported
1. Slips, Trips and Falls	483
2. Pressure Sores	372
3. Abuse/Nuisance/ Violence	144
4. Clinical Care / Procedure / Treatment	127
5. Medication / Drug Issue	122

Table 1

Incident reporting for SoTCHS is further broken down into individual service board monthly reports. This enables the organisation to take a more targeted approach to incidents reported within these areas enabling further examination to identify common themes, trends and if required the completion of root cause analysis investigation and appropriate resolving action plans to implement the required changes into practice.

By providing this level of detail to the Service boards it provides the ability to monitor and implement resolving action plans. These will then be reported on a quarterly basis to the Clinical Governance Committee which provides assurance on the management of incidents and monitoring of action plan progress. This level of reporting enables the Provider Board to seek assurance that incidents are being monitored, actioned, reported and investigated appropriately and changes are implemented in order to provide safer services for our patients.



8.2 Alerts

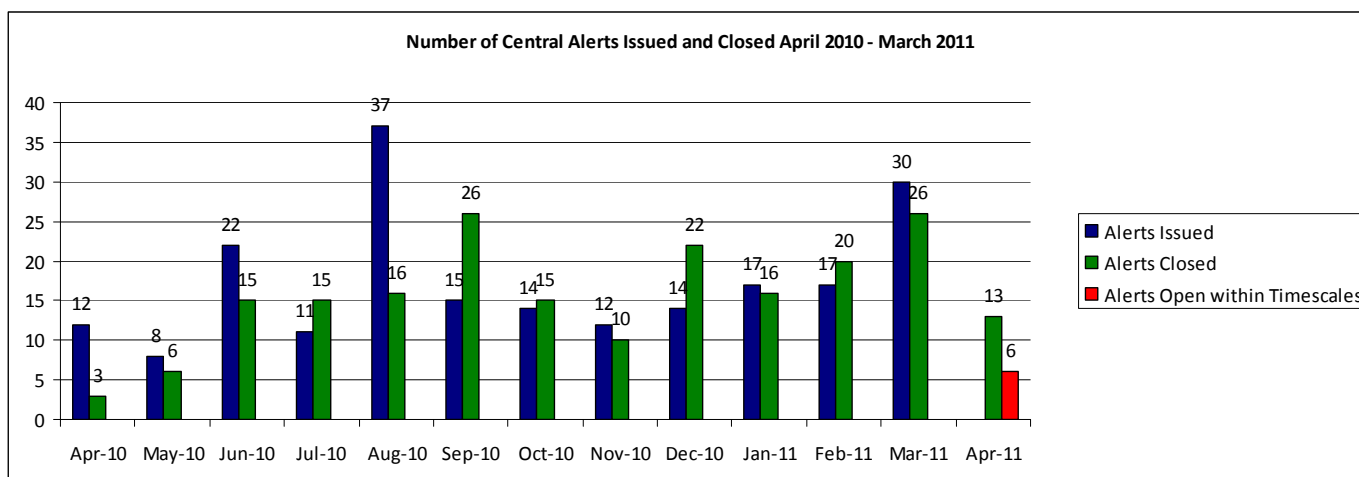
National Alerts are issued to appropriate NHS Organisations through the Central Alerting System (CAS) for the following:

- NPSA (National Patient Safety Agency), Rapid Response Reports (RRR) and Safer Practice Notices (SPN)
- Drug Alerts
- Medical Device Alerts (MDA)
- Chief Medical Officer Letters (CMO)
- Counter Fraud Security Management Services for Security Alerts (CFSMS)
- Medicines and Healthcare Products regulatory Agency (MHRA)

These alerts are assessed for relevance to the organisation and cascaded to appropriate service leads for action and traced through the safeguard system and reported back as closed once the alert has been assessed and relevant action has been taken by the organisation.

The table below summarises all SoTCHS alerts for April 2010 to March 2011 and the current status of those alerts:

Number of Alerts Issued	209
Number of Alerts Open, within timescale (On Time)	6
Number of Alerts Open, outside timescale (Late)	0



8.3 NHSLA

In March 2010 Stoke on Trent PCT was assessed against the NHS Litigation Authority standards. These standards require Trusts to have in place a set of policies which meet certain standards and then to show that these policies have been implemented and monitored to ensure that care and support is delivered in line with policies.

Stoke on Trent PCT was assessed for Level One of the standards which measures that the appropriate policies are in place. Stoke on Trent PCT achieved NHSLA Level 1 National Health Service Litigation Authority Compliance. For the reporting period of 2010/2011 the organisation has ensured that concurrent action plans have been implemented and are continual in order to maintain the level 1 compliance.

8.4 Learning from our Actions:

As an organisation we continually strive to improve our assurance processes and to meet the needs of our local population, however sadly sometimes we do not always get this right. Lessons have been learnt from the two issues described below and we are fully committed to learning from instances where, we did get it wrong, and will continue to work with our partners and strive to improve quality of service provision across all services.

Adult Safeguarding

Regrettably in January 2010 we had a whistle blowing incident involving one of our wards at the Haywood Hospital. Allegations were made that the care delivered to patients was not consistent resulting in immediate measures being taken to improve the standards of nursing care provided on the ward. An Adult Safeguarding investigation was undertaken, as per locally agreed policies and procedures. In addition, internal investigations have taken place and appropriate disciplinary actions taken. Recently additional evidence has been presented to the Adult Safeguarding Team and further enquires are being made. All affected patient family members have been communicated with and the organisation has apologised for the care that was not delivered to a high standard.

Podiatry

As previously stated earlier in the report, during the last 12 months there has been a significant increase in complaints in relation to the podiatry service, due to the length of time which people were waiting for appointments. A review of the podiatry service has now been undertaken and significant changes are being implemented.

The service changes have been agreed by NHS Stoke on Trent and the General Practice Consortia. Patient Focus Groups were also involved in the review. The changes have been considered by the Overview Strategy Committee.

People are now being re-assessed for their continued clinical need for specialist podiatry care.

Their vulnerability and social circumstances are also part of the review process. The assessments mean that appropriate people are now being discharged from the service but with information on how to care for their feet. They are also informed how they can be referred back to the service if their needs change.

A Quality Assurance Programme is in place to monitor the impact of the changes.

PART NINE:

Statements from Primary Care Trusts, Local Involvement Networks and Overview and Scrutiny Committees

9.1 NHS Stoke-on-Trent

This is the first time that providers of community services have been required to produce a Quality Account. As the main commissioner of services for Stoke-on-Trent Community Health Services, NHS Stoke is pleased to comment on the Quality Account for 2010/11.

As part of the contract monitoring process, NHS Stoke commissioners meet bi-monthly with Stoke-on-Trent Community Health Services to monitor and seek assurance on the quality of services provided. In addition to these formal Clinical Quality Review Meetings, sub groups focusing on serious incidents and CQUINS have been introduced during 2010/11. The Quality Account covers many of the areas that are discussed at these meetings which seek to ensure that patients receive safe high quality care.

In looking forward to the formation of the Staffordshire and Stoke-on-Trent Partnership NHS Trust the Clinical Quality Review Meetings for NHS North Staffordshire and NHS Stoke have been merged since April 2011, with a view to further merger with South Staffordshire in the summer.

In relation to CQUINS, the PCT recognises the commitment of Stoke-on-Trent Community Health Services to progress the quality agenda which has resulted in a positive performance outcome against the agreed CQUIN measures.

The PCT has worked closely with the provider to agree quality improvements for 2011/12 using the CQUIN framework. The agreed key focus supports the national QIPP focus on safety, including the roll out of Safety Express which covers areas such as falls, tissue viability, VTEs and catheter care.

From a patient/public perspective it may be that the Quality Account is considered to be rather a lengthy read, it does, however, provide a good insight into the comprehensive range of quality improvement activities and initiatives that have been undertaken during the year.

Having reviewed the information in the Quality Account against the information the PCT and its partners have on the areas covered, the PCT is happy to confirm that the information provided in the Quality Account is accurate. The PCT is also happy to confirm that the account provides a balanced reflection of the quality of services provided.

9.2 Staffordshire Health Overview and Scrutiny Committee

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication, before providing this final commentary.

There are some sections of information that the Trust must include and some sections where they can choose what to include. We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year. We also considered how clearly the Trust's draft Account explains for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year. We were expecting this year's Quality Accounts to demonstrate increasing patient and public involvement in the assessment and improvement of the quality of services that health trusts provide.

We are pleased that, as a result of our comments, the Trust has:

- Liaised with the other Primary Care Trust provider services in the county to give a consistent explanation about the governance of quality during the transition to the new Partnership NHS Trust;
- Clarified the Commissioning for Quality and Innovation (CQUIN) income achieved;
- Included the next step for information governance;
- Explained the audit relationship with University Hospital of North Staffordshire NHS Trust and added some detail about audit outcomes; and
- Explained the February dip in MRSA screening compliance.

Whilst the draft we saw was well written and presented, in the final Account we would have liked to see:

- A short introduction to the Trust including a list of services;
- A reference in Part One to who was involved in developing the Account;
- Text to accompany the useful tick charts and Ward to Board graph to explain any off target performance or notable good practice;
- A couple of worked examples of how clinical trials have led to improved care quality;
- An illustrative example of an improvement made as a result of discharge feedback; and
- A couple of illustrative service examples of learning from incidents to improve patient care.

9.3 Stoke-on-Trent Health Overview and Scrutiny Committee

Due to the timing of the Stoke-on-Trent City Council Elections and the publication of the Quality Accounts, the Scrutiny Committee for Health Issues has not been able to consider Stoke-on-Trent Community Health Services 2010/11 Quality Account.

9.4 Staffordshire Local Involvement Network (LINK)

An early approach was made to Staffordshire LINK by Stoke-on-Trent Community Health Services with a copy of the draft Quality Account for initial comment by Staffordshire LINK. Staffordshire LINK appreciated this early involvement and promoted the opportunity for LINK participants to comment on the draft as well as the opportunity to attend a meeting with Trust representatives to go through the draft account and provide comments and feedback.

A joint presentation meeting was held with representatives from both Staffordshire and Stoke-on-Trent LINK at which representatives of North Staffordshire Community Healthcare and Stoke-on-Trent Community Health Services presented their draft Quality Accounts which enabled LINK participants to raise questions and provide comments and feedback into the format of the account and suggestions for improvements to the way the information was presented. LINK participants appreciated being able to contribute to this early consultation phase in the production of the Trust's Quality Account.

The Quality Account follows the format and the wording of some paragraphs as prescribed by the DH and this results in some technical information that may be difficult for some members of the public to understand however, the overall impression of this final draft is that it is easy to read with the information being presented in a clear and logical manner with the "Indicators" namely ticks (✓) and crosses (✗) are a simple and effective way of portraying the information.

Some concern was noted that it is reported in Part Two: Priorities for improvement Section 2.6.2 that target performance has not been achieved in two areas and these are noted with two red crosses (✗) in respect of 1: "% of deaths occurring in preferred place (target 40%) – 38% achieved" and 2: "Sickness and absence of staff (target 4.5% - 5.46% achieved" although LINK participants noted the quality improvement objectives on page 10 and feel confident that these issues will be addressed.

Staffordshire LINK would wish to thank Stoke on Trent Community Health Services for providing this opportunity to comment on the Quality Account.

9.5 Stoke-on-Trent Local Involvement Network (LINK)

A formal presentation was held on the 5th May 2011 with representatives from Stoke on Trent Local Involvement Network at which Stoke on Trent Community Health Services presented the draft Quality Accounts. This enabled Stoke on Trent Local Involvement Network participants to raise questions and provide comments and feedback at the time of presentation.

9.6 Stoke-on-Trent Community Health Voice

A formal presentation was made to the Stoke-on-Trent Community Health Voice at a meeting on the 19th May 2011 at which Stoke-on-Trent Community Health Services presented the draft Quality Accounts. This enabled Stoke-on-Trent Community Health Voice members to raise questions and provide comments and feedback on the format of the Accounts, which has also provided further suggestions for improvements to future reporting.

PROVIDING FEEDBACK ON THIS ACCOUNT:

Your Views, Your Involvement

Thank you for taking the time to read Stoke-on-Trent Community Health Services first published Quality Account. We hope that you have found it interesting and enjoyable to read. If you would like further information, or to comment on any aspect of this Account and give us feedback, please write to:

Longton Cottage Hospital
Upper Belgrave Road
Stoke on Trent
ST3 4QX

Or contact

0300 123 0995 4400

To view this account electronically, please visit our website at www.stoke.nhs.uk, or NHS Choices at www.nhs.uk

The organisation has access to interpreting and translation services. If you require information in another language or format, we will do our best to meet your needs. Please contact **Patient Advice and Liaison on 0800 783 2865**.

We look forward to receiving your comments and suggestions

If you would like this information in another language or format please contact Stoke-on-Trent Community Health Services on 0300 123 0995 4400.

APPENDIX 1 – Clinical Trials

Recruiting Trials

Trial	Status
<p>Function Study</p> <p>A multicentre, four-arm, double-blind, double dummy, randomised parallel group study comparing treatment with tocilizumab either as monotherapy or in combination with MTX, to MTX in patients with early, moderate to severe RA who have not yet been treated with a biologic agent</p> <p><u>Sponsor</u> – Roche Pharmaceuticals <u>Ethics Approval</u> – 15/2/2010 <u>R&D Approval</u> – 27/04/2010</p> <p>Start Date – March 2010 End Date - May 2011</p>	<p><u>Patients</u></p> <p>Screened 4, Recruited 2 Identified Mar 2011 - 2</p>
<p>TRACE RA</p> <p>Trial of atorvastatin for the primary prevention of cardiovascular events in RA</p> <p><u>Sponsor</u> – University of Manchester <u>Ethics Approval</u> – 2008 <u>R&D Approval</u> – 2009</p> <p>Start Date – June 2010 End Date - June 2011</p>	<p><u>Patients</u></p> <p>Recruited 28</p>
<p>Orbit Study</p> <p>Optimising treatment with tumour necrosis factor inhibitors in RA. Dose tapering in good responders. This is a proof of principle and exploratory trial</p> <p><u>Sponsor</u> – Roche Pharmaceuticals <u>Ethics Approval</u> – Jan 2011 <u>R&D Approval</u> – Mar 2011</p> <p>Start Date – May 2011 End Date – May 2013</p>	<p><u>Patients</u></p> <p>Identified 2, Screened 0, Recruited 0</p>
<p>NNC8 Study</p> <p>(A humanised recombinant immunoglobulin, that targets C5A r receptor) This is a randomised, double-blind, placebo controlled trial for patients with RA.</p> <p><u>Sponsor</u> - Novo-Nordisk <u>Ethics Approval</u> – Dec 2010 <u>R&D Approval</u> – Feb 2011</p> <p>Start Date – March 2011 End Date – March 2012</p>	<p><u>Patients</u></p> <p>Identified 3, Screened 0, Recruited 0 Recruited 0</p>

Trial	Status
<p>Oskira 2</p> <p>The primary objective of this study is to evaluate the efficacy of 2 oral dosing regimens of FosD. Reg A -100mg twice daily (bid) Reg B – induction with 100mg bid for the fist 4 weeks, 150mg once daily (qd) – maintenance thereafter, taken in combination with a disease-modifying anti rheumatic drug (DMARD) compared with placebo plus a DMARD in patients with active RA by assessment of 20% response criteria (ACR 20) at wk 24.</p> <p>Sponsor - AstraZeneca</p>	<p>Ethics Approval Granted Contract/budget approved Awaiting R&D Approval</p>
<p>Oskira 3</p> <p>The primary objective of this study is to evaluate the efficacy of 2 oral dosing regimens of FosD. Reg A – 100mg twice daily (bid), Reg B – induction with 100mg bid for the first 4 weeks, 150mg once daily (qd) – maintenance thereafter. Taken in combination with MTX , compared with placebo plus MTX in patients with active RA who have had inadequate response to a single tumour necrosis factor-alpha (TNF) antagonist by assessment of:</p> <ul style="list-style-type: none"> - The signs and symptoms of RA, as measured by the ACR 20 at week 24. <p>Sponsor - AstraZeneca</p>	<p>Ethics Approval Granted Contract/budget approved Awaiting R&D Approval</p>
<p>Oskira X</p> <p>The primary objective of this study is to evaluate the long-term safety and tolerability of FosD In patients with active RA by assessment of adverse event, lab safety data, vital signs, ECGs, and physical examination.</p> <p>Sponsor - AstraZeneca</p>	<p>Ethics Approval Granted Contract/budget approved Awaiting R&D Approval</p>
<p>Tabul Study</p> <p>Investigation –</p> <p>The role of ultrasound compared to biopsy of temporal arteries in the diagnosis and treatment of Giant Cell Arteritis.</p> <p>Sponsor - NHIR</p>	<p>Ethics Approval Granted Awaiting R&D Approval</p>
<p>Builder 1 Study</p> <p>Treatment - Tocilizumab Population – Ankylosing Spondylitis patients who are anti-TNF naïve Sponsor – Roche Pharmaceuticals</p>	<p>Awaiting R&D Approval Contracts/budget approved</p>

<p>Builder 2 Study</p> <p>Treatment - Tocilizumab</p> <p>Population - Ankylosing Spondylitis patients.</p> <p>Design – Randomised, double blind, placebo controlled 24 week trial with open label FU</p> <p>Sponsor – Roche Pharmaceuticals</p>	<p>Awaiting R&D Approval Contracts/budgets approved</p>
<p>Palace 3 Study</p> <p>A Phase 3, Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel-group, Efficacy and Safety Study of Two Doses of Apremilast (CC-10004) in Subjects with Active Psoriatic Arthritis and a Qualifying Psoriasis Lesion</p> <p>Sponsor - Celgene</p>	<p>Ethics Approval Granted Awaiting R&D Approval Contracts/budget approved</p>
<p>Palace 4 Study</p> <p>A Phase 3, Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel-group, Efficacy and Safety Study of Two Doses of Apremilast (CC-10004) in Subjects with Active Psoriatic Arthritis Who Have Not Been Previously Treated with Disease-modifying Antirheumatic Drugs</p> <p>Sponsor - Celgene</p>	<p>Ethics Approval Granted Awaiting R&D Approval Contracts/budget approved</p>
<p>Genetics in AS</p> <p>Using modern laboratory techniques the Botnar research centre they identify the most important genes involved in diseases like AS. The Unit has already identified several AS genes that have given a clearer understanding of the process by which AS develops. The goal is to identify as many of these genes as possible to enable a better understanding of the disease and develop better ways of diagnosing and treating it.</p> <p>Sponsor – Botnar Research Centre</p>	<p>Ethics Approval Granted Awaiting R&D Approval</p>
<p>Patient Counselling Study</p> <p>To determine patient existing knowledge and attitudes towards pre-therapy counselling for anti-TNF therapy in three areas of particular interest.</p> <p>Sponsor – Haywood Foundation Ethics Approval – April 2011</p>	<p>Awaiting R&D Approval</p>

APPENDIX 2 – Glossary of Terms

Provider Services

A Provider is an NHS organisation responsible for providing a group of healthcare services. A provider provides services within a community or community hospital setting.

Audit Commission

The Audit Commission regulates the proper control of public finances by local authorities and the NHS in England and Wales. The Commission audits NHS Trusts; primary care Trusts and strategic health authorities to review the quality of their financial systems. It also publishes independent reports which highlight risks and good practice to improve the quality of financial management in the health service, and, working with the Care Quality Commission, undertakes national value-for-money studies. Visit: www.audit-commission.gov.uk/Pages/default.aspx

Board (of Provider)

The role of the board is to take corporate responsibility for the organisation's strategies and actions. The chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Managing Director is responsible for ensuring that the board is empowered to govern the organisation and to deliver its objectives.

Care Quality Commission

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. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk

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. The accuracy of coding is an indicator of the accuracy of the patient's health record.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care Trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.

Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery. .

High Quality Care for All

High Quality Care for All, published in June 2008, was the final report of the NHS Next Stage Review, a year-long process led by Lord Darzi, a respected and renowned surgeon, and around 2000 frontline staff, which involved 60,000 NHS staff, patients, stakeholders and members of the public.

Local Involvement Networks (LINKs)

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. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINKs also have powers to help with the tasks and to make sure changes happen.

NCEPOD - National Confidential Enquiries into Patient Outcome and Death

NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

National Patient Safety Agency

The National Patient Safety Agency is an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care.

National research Ethics Service

The National Research Ethics Service is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and well-being of research participants as well as ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

NHS Choices

A website for the public for all information on the NHS.

NHS Next Stage Review

A review led by Lord Darzi. This was primarily a locally led process, with clinical visions published by each region of the NHS in May 2008 and a national enabling report, *High Quality Care for All*, published in June 2008.

The National Institute for Health and Clinical Excellence (NICE)

Provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. NICE makes recommendations to the NHS on:

- new and existing medicines, treatments and procedures
- treating and caring for people with specific diseases and conditions.

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. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Periodic reviews

Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm

Primary Care Trust

A primary care Trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs.

Registration

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC). In 2009/10, the CQC is registering Trusts on the basis of their performance in infection control.

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Special Review

A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national-level findings based on the CQC's research.

Strategic Health Authorities

Strategic Health Authorities (SHAs) were created by the Government in 2002 to manage the local NHS on behalf of the Secretary of State. SHAs manage the NHS locally and are a key link between the Department of Health and the NHS SHAs (there are ten in total) are responsible for:

- developing plans for improving health services in their local area;
- making sure that local health services are of a high quality and are performing well;
- increasing the capacity of local health services – so they can provide more services; and
- Making sure those national priorities – for example, programmes for improving cancer services – are integrated into local health service plans.

Glossary courtesy of Department of Health, Quality Accounts toolkit, advisory guidance for providers of NHS Services producing Quality Accounts for the year 2010/2011