![Shropshire County NHS Primary Care Trust logo]

Community Health Services

Quality Account 2010-11

June 2011

CONTENTS

PART 1: QUALITY AT THE HEART OF THE ORGANISATION

STATEMENT FROM THE CHIEF EXECUTIVE

Welcome to the first Quality Account produced by Shropshire County Primary Care Trust (PCT) Community Health Services.

This account demonstrates the work that has been undertaken to ensure that quality is central to the delivery of care for all of our staff, as we strive to provide high quality effective health services, tailored to meet the needs of the people and communities we serve. This is achieved by adhering to a set of values that include, to be: welcoming, ever-improving, community based, accessible and inclusive, responsive and easy to deal with. In delivering care we focus on safety, effectiveness and patient experience and aim to ensure our patients are free from harm.

During 2010/11 we have made significant progress in being able to measure and benchmark the quality of the services we provide. Measures have been developed to help us introduce change and new ways of working to ensure improvements are made where they are required. We have presented some of these measures in this report.

We have worked to improve the experience of patients and families, for example by improving patient information and putting in place a pharmacy care plan. We have achieved our aspirations to be 'responsive to personal needs'.

We have actively involved patient and public representatives, Community Involvement in Care and Health (the Shropshire Local Involvement Network), Shropshire's Health Overview and Scrutiny Committee, clinical leads and commissioners in developing our quality account through a workshop and face to face discussions. Subsequent further discussions have taken place with clinical leads, creating an opportunity for those who couldn't attend the workshop to submit information at a later date.

Representatives from NHS Telford and Wrekin were also invited to contribute to the content, as the look forward section of the quality account will be common for both organisations in anticipation of combining into a new provider organisation across Shropshire, Telford and Wrekin, as of 1 July 2011. Therefore the priorities for 2011/2012 have been jointly agreed with NHS Telford and Wrekin Community Services.

I confirm that to the best of my knowledge the information in the document is accurate and hope that you will find it useful in understanding our approach to quality. If you have views on the content of the document and how this could be improved, then please feel free to write or email.

Jo Chambers
Chief Executive of Shropshire County PCT to 31 March 2011
Chief Executive Designate, Shropshire Community Health NHS Trust from
1 April 2011

AN OVERVIEW OF QUALITY

Welcome to the Shropshire County Primary Care Trust (PCT) Community Health Services Quality Account for 2010/11. This report gives an overview of the quality of the services that we deliver to our community. It looks ahead to how we intend to improve quality over the next 12 months, and highlights some key areas where things have gone well in the last 12 months, as well as areas where we recognise that we need to do more.

This account cannot include every area or every service, so seeks to give a broad picture that focuses on the three domains of quality – patient safety, effectiveness of care and patient experience.

The looking forward section gives details on quality for the new Shropshire Community Health NHS Trust when services are combined from the community health services of Shropshire County PCT and NHS Telford and Wrekin, on 1 July 2011. The looking back section reviews the community services of Shropshire County PCT.

A LISTENING AND LEARNING ORGANISATION

When it comes to reviewing the quality of our services and setting priorities for future quality improvement, listening to our staff and our patients is vital.

Patient feedback is collected in a variety of ways:
- All community health services carry out **patient satisfaction surveys**.

- **Complaints** made to individual departments or to the PCT's complaints manager are dealt with on a case by case basis. The aim is to resolve all complaints at a local level, in a timely way and through discussion with the complainant to ensure that they are involved in and satisfied with the way their complaint is handled.

- Positive feedback received, **compliments** and thank you cards, are shared with relevant members of staff. It is as important to celebrate the positive as to learn from the negative.

- Websites such as **NHS Choices** and **Patient Opinion**, where patients can comment about the care they have received, are looked at regularly. Any specific issues or concerns are highlighted to the appropriate department to look into and service improvement actions are taken as appropriate.

➤ Where appropriate, **focus groups**, **consultation events** and **public meetings** are organised to seek views and input into specific areas of work.

Staff feedback is actively sought as follows:

➤ The national **NHS staff survey** is carried out on an annual basis. The results of this survey are discussed with the unions and department managers to develop an action plan of areas where the survey results show we need to improve.

➤ Where staff views are needed on a specific topic or for a specific area of work, **local staff surveys**, **focus groups** or **consultation events** are carried out.

➤ Staff have access to the **'chief executive hotline'** – a dedicated telephone number where messages can be left. Staff are encouraged to highlight any issues, both positive or negative, including about quality of the services we provide.

A SAFE ORGANISATION

Key Points:

Incidents are reported onto an online system available to all staff. Alerts on issues of patient safety are distributed and reported on via the same system. All alerts for 2010/11 with a deadline prior to 31 March 2011 were actioned.

All staff have access to an online incident reporting system, Datix, and report incidents via this system. Safety Alerts are also distributed via Datix. Managers have to respond on the system and state what action they have taken to prevent re-occurrence of issues.

Each alert received is assessed for relevance and is acted on according to the type and nature of the notice. 155 alerts were distributed during 2010/11 in total. At the end of the year, all notices received in year had been actioned or remained open due to the deadline date having not been reached.

Example of action taken following a Safety Alert:
A good example of this is the National Patient Safety Agency (NPSA) alert *Safer administration of insulin[1]*. As a result of this notice, and the requirement for significant changes to practice, a group was set up to look at implementation. The group comprised service leads, medicines management, diabetes specialist, risk management and professional leads. The group initiated changes to policies, stocking of equipment, prescription sheets and mandatory training for relevant staff.

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[1] Central Alert System Reference: NPSA/2010/RRR013 - http://www.nrls.npsa.nhs.uk/alerts/?entryid45=74287

PRODUCTIVE COMMUNITY SERVICES

The Productive Series[2], developed by the NHS Institute for Improvement and Innovation, is a series of programmes that support NHS teams to redesign and streamline the way they manage services and the way they work. The aim is to create extra time to spend with patients, as well as improving the quality of care delivered whilst reducing costs.

Shropshire County PCT launched the 'Productive Wards' in the four community hospitals in December 2009 and followed this with the launch of the 'Productive Community Services' programme in May 2010. The programme aims to achieve change across the organisation. It engages front line teams in improving quality and productivity.

Teams work through a series of modules to 'build a house' (see figure 1). Clinical leadership development is encouraged at all levels throughout the teams with different clinicians having responsibility for different modules.

(Figure 1)

Underpinning both programmes is a patient perspective module, which was launched jointly in Shropshire and Telford and Wrekin in November 2010, involving Community in Care and Health (CInCH, the Shropshire Involvement Network), the NHS Institute and our own quality department.

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[2] http://www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html

Both the 'Productive Wards' and 'Productive Community Services' programmes audit patient experience and other areas on a regular basis and therefore are able to respond immediately to required changes. All teams display their audits results and can show how well they are doing and where things can be improved. In community hospitals this information is also accessible to patients and visitors.

The productive series underpins a lot of the work highlighted within this account, and is mentioned at various points.

COMMISSIONING FOR QUALITY AND INNOVATION

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

The CQUIN scheme is agreed between lead commissioners and provider organisations based on improving and developing services and care for patients. It is an incentive payment linked to the value of the contract.

It is made up of several goals that link to the domains of quality. Shropshire County PCT commissioners had 8 CQUIN goals in place with the 'provider arm' (community health services) during 2010/11. 6 of these were achieved, one had 3 of the 4 elements within it achieved and the remaining goal around falls prevention was not met (please see page 15 for more information).

Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the Assistant Director for Care Delivery.

MEETING FUTURE CHALLENGES

QIPP (Quality, Innovation, Productivity and Prevention) is the principle by which the NHS is focusing on maximising quality of healthcare and improving the experience of patients and the public. Examples of how Shropshire County PCT's community health services are addressing the challenges of QIPP are given throughout this quality account. The work being carried out in relation to the productive series (described on page 7) plays a major role in this. In addition, work is underway to look at individual services' reference costs (their productivity and value for money), and are being benchmarked against other services within the region.

Guidance produced by the National Institute for Health and Clinical Excellence (NICE) is disseminated to clinical staff – the forum for doing this is currently under review for the future community trust arrangements. Commissioners will also be formalising their approach to monitoring the implementation of NICE guidance through quality review meetings. This will include the new NICE Quality Standards.

PART 2: LOOKING AHEAD TO 2011/12

PRIORITIES FOR IMPROVEMENT

Priorities for demonstrating quality improvement in the services we provide have been chosen for 2011/12. They all link to the following three domains of quality, which must be present equally and simultaneously to ensure quality in care[3]:

1. Patient safety
2. Clinical effectiveness
3. Patient experience

Our priorities for 2011/12 are as follows:

➢ **To reduce the number of avoidable hospital admissions**

➢ **To reduce the number of healthcare acquired infections ('superbugs') in our community services**

➢ **To reduce the number of falls in community hospitals**

➢ **To increase the ways in which we collate patient feedback**

➢ **To improve and standardise the care of patients who have, or are at risk of developing, a pressure ulcer in the community**

These priorities have been selected through discussions with staff, commissioners, patients and public. These discussions were launched at a quality account workshop and took into account:

- Themes identified through patient feedback via the Trust's complaints system and Patient Advice and Liaison Service (PALS).
- Existing quality indicators[4] set nationally and agreed locally with commissioners.
- Priority areas identified within the Trust's future business plan as a Community NHS Trust.

PRIORITY: To reduce the number of avoidable hospital admissions

Rationale: Patients want to remain in their own homes where possible, so avoiding hospital admission would result in a better patient experience. Providing care closer to people's homes is a key aim of the community trust and is also a priority for commissioners. This priority links to all the domains of quality – patient safety, effectiveness of care and patient experience.

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[3] Quality Governance in the NHS - A guide for Provider Boards - National Quality Board, March 2011
[4] See Appendix 1 for a list of the key indicators

How this will be achieved and measured: Existing initiatives across the county[5], and projects, include amongst others:

- Enhanced Care Teams - teams of nurses and therapists who work together according to the needs of the patient, providing assessment, care and treatment with a focus on admission avoidance and helping patients to manage their own conditions;

- Community Matrons - specialist nurses who work with patients with multiple long term conditions, aiming to prevent hospital admissions and reduce length of hospital stays;

- DAART services, providing **D**iagnostics, **A**ssessment and **A**ccess to **R**ehabilitation and **T**reatment;

- The Frail and Vulnerable scheme;

- The Virtual Ward scheme, which aims to create more beds in the community;

- The use of Telehealthcare, enabling patients to be able to communicate with healthcare staff without the need for admission.

A number of developments are planned to extend and improve such services, to provide more alternatives to hospital admission and to reduce delayed discharges from hospital. At the time of publication, the method for measuring admission avoidance was under review. Admission avoidance data is currently collected and this will be used to provide evidence of these initiatives being effective in reducing hospital admissions. Progress against this priority will be reported on in the next Quality Account.
(**Priority lead:** Deputy Director Integrated Community Services)

PRIORITY: To reduce the number of healthcare acquired infections ('superbugs') in our community services

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Rationale: Cleanliness and the risk of infection when accessing any health service are a significant concern to patients. Monitoring the number of 'superbugs' such as *Clostridium difficile* and Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia remains a priority amongst NHS organisations. Reporting and being aware of cases ensures that we continue our work to reduce the risk of superbugs spreading. This priority links to 'patient safety'.

How this will be achieved and measured: The Infection Prevention and Control Team carries out an annual audit programme of compliance with infection prevention and control policies across all community services. The results of this are reported through internal governance arrangements and published within the infection prevention and control annual

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[5] Details of these services can be found on the Trusts' websites at www.shropshire.nhs.uk or www.telford.nhs.uk

report, available on the PCTs' websites. The report also includes progress against specific national infection rate targets and local monitoring of hand hygiene and cleanliness standards, using national audit tools to measure performance. The specific infections monitored may alter depending on the national guidance that is developed. Over the next 12 months, we will start to plan the implementation of the Department of Health initiative 'Saving Lives' High Impact Actions[6] – an evidence-based approach that relates to key clinical procedures or care processes that can reduce the risk of infection if performed appropriately. Progress against this priority will be reported on in the next Quality Account.
(**Priority lead:** Head of Infection Prevention and Control)

PRIORITY: To reduce the number of falls in community hospitals

Rationale: The reduction of falls is a nationally recognised indicator and a High Impact Action[7]. Reducing the number of falls in our community hospitals, and the number of fractures caused by falls, remains a high priority for the trust. Falls have a high impact on patients' quality of life and their level of independence. This priority links to 'patient safety' and is part of a national approach for delivering safe care through a Quality, Innovation, Prevention and Productivity work stream (QIPP).

How this will be achieved and measured: A number of measures have been implemented to achieve a reduction in falls (see page 15). In addition to these, slippers are being purchased for patients who do not have suitable footwear, and training for staff is to start for a package that has been developed for preventing falls in care homes. All incidences of falls within our community hospitals are reported via the Datix incident reporting system as a clinical incident. The number of falls is monitored on a monthly basis and a year on year reduction in falls of 20% remains a key performance indicator. Progress for 2011/12 will be reported on in the next Quality Account.
(**Priority lead:** Deputy Director Integrated Community Services)

PRIORITY: To increase the ways in which we collate patient feedback

Rationale: We have identified the need for more 'real' patient experience information. There are concerns amongst patients, reiterated to us at the quality account workshop by patient representatives and by Community Involvement in Care and Health (CInCH), that making a complaint and taking part in a survey – especially during a hospital stay – will compromise

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[6] See glossary of terms at Appendix 2

their care. Increasing and improving the ways in which we collect patient feedback will allow us to better understand and respond to patient needs, and improve experiences as a result. This priority links to 'patient experience'.

How this will be achieved and measured: Patient feedback will continue to be collected via patient questionnaires, complaints, patient incidents, via the Patient Advice and Liaison Service (PALS), quality reviews, and focus groups with users of specific services. Teams will be asked to not only audit how they have collated patient experience data, but also how they have responded to the feedback where a response was required. Handheld 'Patient Experience Trackers' (PET) are to be trialled in the community hospitals – this will allow for anonymised, 'real time' feedback from patients around aspects such as cleanliness, meals and staff attitude, without any fear of their comments having a detrimental effect on their care. It will also give staff immediate feedback that can be acted on straight away or in a very short timescale, to quickly put things right. Regular reports will be run and displayed for both staff and patients to see the results – encouraging both patient reporting and staff response. In addition to this, we intend to do more work with staff and patient representatives over the next 12 months to develop further ways in which we gather such feedback.
(**Priority lead:** Deputy Director of Strategy and Corporate Development)

> **PRIORITY: To improve and standardise the care of patients who have, or are at risk of developing, a pressure ulcer in the community**

Rationale: Pressure ulcers have a significant impact on the health of an individual. Their treatment can require significant use of NHS resources, including acute hospital admissions. The care and reduction of pressure ulcers is a High Impact Action[8], a nurse sensitive indicator[9] and is supported by National Institute for Health and Clinical Excellence (NICE) guidance. Pressure ulcers are also part of the local CQUIN payment scheme and again form a priority nationally as part of the Safe Care QIPP work stream. Locally, wound care audits carried out within community services have highlighted the need for more awareness and training for staff in order to reduce pressure ulcers that are acquired when using our services. This priority links to 'effectiveness of care'.

How will this will be achieved and measured: All community nurses are to carry out a Waterlow Score[10] as part of the initial patient assessment. All patients assessed as being at

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[7] See glossary of terms at Appendix 2
[8] See glossary of terms at Appendix 2
[9] See glossary of terms at Appendix 2
[10] Assessment to identify the risk of a patient developing a pressure ulcer

risk of developing a pressure ulcer will have an evidence-based plan of care. This will be measured through a wound care audit. All community nurses will undertake training in the prevention and management of pressure ulcers – this will be recorded in their appraisal. We will ensure that there is enough equipment, and sufficient access to this equipment, for relieving pressure ulcers. All pressure ulcers that are of a certain severity (grade 2-4) are reported as a clinical incident. This allows for the number of pressure ulcers within community services to be monitored. The number of incidences of pressure ulcers are reported through a dashboard system on a monthly basis. Full root cause analysis is carried out for any pressure ulcers that are grade 3 or 4. This process highlights any issues that require further attention, for example patterns of care, improvement in the supply of equipment and ways to improve patient compliance. As staff awareness and reporting improves, the numbers of reported pressure ulcers are expected to increase initially (as demonstrated on page 25). Success against this priority will be measured through the uptake of training and results of wound care audits. Over time the aim is to reduce the numbers of pressure ulcers acquired in the community, this forms part of the CQUIN target around pressure ulcers for 2011/12. Progress against this priority will be reported on in the next Quality Account.

(**Priority lead:** Deputy Director of Quality and Nursing)

STATEMENTS OF ASSURANCE FROM THE BOARD

Service provision and review

During 2010/11 Shropshire County PCT's Community Health Services provided and/or sub-contracted 112 NHS services and has reviewed all the data available to them on the quality of care in these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 90% of the total income generated from the provision of NHS services by Shropshire County PCT's Community Health Services.

Participation in audits and research

We are committed to undertaking audit and research and believe that these processes will help us to improve patient care and outcomes through systematic review of care against agreed criteria.

During 2010/11 there were potentially two national clinical audits and no national confidential enquiries that were reflected in Shropshire County PCT's Community Health Services provision. The two national audits were in diabetes and falls and non–hip fractures. Shropshire County PCT's Community Health Services participated in the falls and non–hip fractures audit and furthermore, local clinical audits were undertaken in the two areas.

Moreover, the national clinical audit report on falls and non hip fractures was reviewed by Shropshire County PCT's Community Health Services alongside other local information and this has resulted in the development of a 'Falls Prevention Policy'.

The aim of this policy is to:
a) reduce the number of falls and falls related injuries within community services
b) reduce admission and length of hospital stay
c) educate staff, patients and carers about reducing risk of falls
d) achieve targets set in High Impact Action and CQUIN

Other areas where local clinical audit has been undertaken include:
- Wound care (ulcers) assessment and care plan audit
- Nutrition assessment and care plan audit
- Discharge audit
- Audits associated with the 'Productive Ward' and 'Productive Community Services' programmes

The number of patients that were recruited to participate in research approved by a research ethics committee during 2010/2011 was 168.

CQUINS

A proportion of Shropshire County PCT's Community Health Services income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Shropshire County PCT's Community Health Services and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the Assistant Director for Care Delivery.

Registration with the Care Quality Commission (CQC)

Shropshire County PCT's Community Health Services is required to register with the Care Quality Commission and its current registration status is *'registered without conditions'*.

Furthermore CQC has not taken enforcement action against Shropshire County PCT's Community Health Services during 2010/11 nor is it subject to periodic reviews by the CQC.

However, Shropshire County PCT's Community Health Services participated in a review of compliance at Bridgnorth Community Hospital conducted by the Care Quality Commission on 8 February 2011. The review was undertaken because concerns had been identified relating to consent to care and treatment, care and welfare of people who use the service, and supporting workers. The Care Quality Commission found that overall Bridgnorth Community Hospital was meeting all the essential standards for quality and safety reviewed by them.

Data Quality

Shropshire County PCT's Community Health Services operates two Patient Administration Systems (PAS), SEMA and Lorenzo. An internal audit on provider activity and information reporting was carried out and reported on in February 2011, following up on issues highlighted in an initial audit carried out in August 2010. This audit found that all agreed actions had either been implemented or were in progress where these were due, and significant assurance was given around provider activity and information reporting.

Shropshire County PCT's Community Health Services will be taking the following actions to improve data quality:

- Further improving the quality and timeliness of data entry onto Lorenzo system
- Continued monitoring of data entry onto Lorenzo system within 21 days of patient contact

- Sharing of monitoring data with staff, and continued awareness raising through team meetings
- Paper documentation under review to ensure a standardised approach

More information around work on data quality is included on page 25.

NHS Number and General Medical Practice Code Validity

Shropshire County PCT's Community Health Services 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 patient's valid NHS number and valid GP Practice code was as follows:

	% of NHS Numbers Valid	% of GP Practice Code Valid
Outpatients	99.8	100
Inpatients	100	100
Accident & Emergency	98.3	100

(Table 1)

Information Governance

Shropshire County PCT achieved a minimum of level 2 against all 41 requirements of the Information Governance (IG) Toolkit to score 68%

overall. This complies with the Operating Framework standard for 2010/11 and met the IG Assurance Statement for organisations using NHS Connecting for Health Services in 2010/11. The PCT scored 66% and met the 'Satisfactory' criteria in both the Clinical and Corporate Information Assurance initiatives.

Shropshire County PCT's Community Health Services was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

PART 3: LOOKING BACK AT 2010/11

REVIEW OF QUALITY PERFORMANCE

Introduction

The Trust has worked towards a number of quality indicators[11] over the period 1 April 2010 to 31 March 2011.

The summary below highlights some specific areas within the three domains of quality – patient safety, effectiveness of care and patient experience. These areas were identified and agreed on through discussions with staff, patient representatives and commissioners at the quality account workshop and subsequent discussion with key clinical staff. They were chosen as being those areas which users of our services would view as being most important when it comes to demonstrating quality improvement, those where we wish to highlight particular achievements, and those where we have identified the need for more work and attention.

PATIENT SAFETY

➢ **Falls prevention**

Key Points:

Target not met but falls prevention remains a high priority and a lot of work and initiatives have been undertaken locally to support this.

Falls can cause serious injury, including hip fracture, and have a serious effect on the quality of life of both patients and carers.

Staying safe - preventing falls: achieving year-on-year reductions in falls among older people in NHS-provided care is one of eight 'High Impact Actions'[12] identified by nurses and midwives as measures that they think are essential to transforming care and reducing costs.

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[11] See Appendix 1 for a list of the key indicators
[12] See glossary of terms at Appendix 2

Examples of ways in which this action has been implemented locally include:

- Falls 'champions' identified
- Policy and guidelines produced for staff
- Training and education for staff
- Development of a package for preventing falls in care homes, as part of work with the West Midlands Falls and Bone Health Professional Group
- Exercise and education booklets produced
- Falls prevention service web pages developed (www.shropshire.nhs.uk/Care-and-Treatment/Out-of-Hospital-Services/Falls-Prevention-Service/)

In community hospitals:

- More adjustable height beds, bed and mattress alarms
- Falls safety cross which highlights to staff how many falls are happening within a month
- Tiptree box^{TM} toolkit and tables (a distraction technique for confused patients which indirectly helps to reduce falls)

All falls are recorded as a clinical incident.

In Quarter 1, the number of patients staying in our community hospitals who had a fall was 59 (12% of all patients admitted during this period). A target was set as part of the CQUIN scheme, to reduce the number of falls occurring to 9.5% by the end of the year.

In Quarter 4, 57 patients had a fall. This was 13% of the number of patients admitted during this period, which did not meet the target of 9.5% and exceeded the percentage of falls in Quarter 1.

The target to reduce falls in community hospitals by 20% is a key performance indicator for 2011/2012 and a 2011/12 priority within this quality account.

➢ **Reduction of 'Superbugs'**

Key Points:

Local targets for MRSA and *Clostridium difficile* were met. A huge amount of work continues to take place to minimise the risk of infection spreading and ensure a safe service.

Prevention of infection is a fundamental aspect of all care afforded to patients and is at the heart of patient safety. The ever shorter hospital stay coupled with an increasing proportion

of healthcare being provided in the community has meant greater attention being paid to the control of infection in the various community settings.

MRSA

In 2010/11, primary care organisations were for the first time set a specific Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia objective, based on cases amongst the population for which the PCT is responsible. This includes MRSA acquired in acute hospitals (within or outside the local health economy) or within the community.

For 2010/11 the MRSA bacteraemia target for Shropshire County PCT was to have no more than 8 cases. We achieved this target, reporting a total of 8 cases for the year.

Key interventions to prevent the occurrence of MRSA included:

- Maximising MRSA screening
- Revised community antibiotic guidelines
- Infection prevention and control training programmes included screening and management of MRSA
- Increased hand hygiene audits
- Strengthening of root cause analysis

Clostridium difficile

For 2010/11, the national *Clostridium difficile* target for Shropshire County PCT was to have no more than 222 cases. A local stretch target was also agreed with the Strategic Health Authority for no more than 148 cases. The total cases reported for the year was 136 (compared to 151 cases in 2009/10). We are pleased that the numbers have reduced and the target has been achieved, thus reducing the number of patients that suffered harm.

Some of the actions in 2010/11 specifically targeted at reducing *Clostridium difficile* included:

- Emphasis on cleaning: environment cleaning audits; refurbishment of Community Hospitals and purchase of new beds and commodes; continued roll out of 'productive ward' with emphasis on de-cluttering, cleanliness and efficient use of ward space
- Auditing prescriptions of antibiotics by Community Hospital pharmacists

- Infection prevention and control training programmes included management of individual cases and outbreak control of *Clostridium difficile*
- Decontamination status bands introduced across the PCT to identify equipment which is clean and ready for use
- Increase in hand hygiene audits and emphasis on the need to use soap and water, not alcohol hand gel, with *Clostridium difficile*
- Introduction of an in depth root cause analysis on all patients who develop *Clostridium difficile* infection whilst an in-patient at Community Hospitals and Prison establishments
- Reinforced public health messages regarding inappropriate use of antibiotics, through a media campaign

Further information and detail around work undertaken by the Infection Prevention and Control Team for 2010/11 can be found in their annual report, available at www.shropshire.nhs.uk or www.telford.nhs.uk

➢ **Staff training**

Key Points:

Training and development opportunities continue to be scheduled for staff, to ensure they have the necessary skills and expertise to do their job effectively and provide a safe and effective service to patients. Work is ongoing to encourage increased attendance at mandatory training courses.

A programme of training is looked after by the directorate of Organisational Development and Workforce. For mandatory training, attendance is very good in some subject areas such as Life Support, Conflict Resolution and Safeguarding Children. Where attendance is lower, uptake is monitored regularly and work is ongoing to make improvements such as introducing e-learning packages and providing training at work bases.

Some of the new training courses offered in the last 12 months, where it was identified that there was a need, are as follows:
- 'Supporting the Person with Dementia in a Hospital Setting'
- 'Tissue Viability' was added to the mandatory training list and a number of staff across the localities were supported to undertake university modules (this links in with the work around pressure ulcers highlighted within this account)
- 'Falls Prevention' training was developed and added to the mandatory training list (this links in with the work around falls prevention highlighted within this account)

- 'Motivational Interviewing Techniques' – for physiotherapy staff to encourage lifestyle change in patients
- 'Safeguarding against domestic abuse' (see below)

Safeguarding against domestic abuse

As part of safeguarding work over the last 12 months, one aim was to increase staff knowledge and management of domestic abuse. A new domestic abuse policy was developed and training was provided to staff at two levels (level 2 and level 3).

Attendance at domestic abuse training was monitored via the OD & Workforce department and the Shropshire Safeguarding Children Board (SSCB) training co-ordinator. To date there has been good attendance, with 14 Health Visitors and School Nurses attending in October 2010. This helped the PCT to meet annual level 2 and 3 safeguarding compliance targets.

This work has help to raise the profile of domestic abuse as a whole, has increased staff knowledge and skills with regard to domestic abuse and management, and has ensured that referrals are being made correctly, helping to secure a safe environment for the victims of domestic abuse.

Evaluations from the training have all been positive, particularly the level 3 training which had excellent feedback. This has supported the decision to run the training programme again for 2011/12.

Aston Team Based Development Programme

A new programme of development and support for PCT teams and their leaders was launched in Shropshire County PCT in September 2010. The programme was developed in association with the University of Aston who are national and international leaders in this field.

The programme is aimed at improving patient care – by using an evidence-based approach to help teams work together as effectively as possible to either provide or commission quality patient services.

Two cohorts of training were run between September 2010 and

March 2011, with around 42 members of PCT staff attending and very positive feedback received. Two further cohorts are planned to run in the coming 12 months, between June 2011 and January 2012, for community services staff across Shropshire, Telford and Wrekin.

EFFECTIVENESS OF CARE

➤ **Pressure ulcers**

Key Points:

Targets around pressure ulcers were met. Systems continue to be developed to ensure that staff are trained, that care pathways are followed, and that equipment is available.

Improving and standardising care for patients who have, or are at risk of developing, a pressure ulcer in the community remains a priority for the organisation for 2011/12.

Some of the work that has taken place over the past 12 months includes:
- Pressure ulcer guidance is up to date and available to all staff
- An evidence based acute and chronic wound care pathway has been developed
- Training in the prevention and management of pressure ulcers is available
- Training and guidance is available to staff on reporting of pressure ulcers, and root cause analysis where required
- Action plans from all root cause analysis are shared with front line staff
- Initiative to ensure staff have immediate access to evidence based wound products
- A health economy Tissue Viability Forum has been set up which is chaired by the Tissue Viability Specialist

Some of the community hospital CQUIN measures for pressure ulcers were set out and achieved in 2010/11 as follows:

1. All patients within 6 hours of admission to a community hospital should be assessed by a suitable, competent and experienced registered nurse for their risk of developing a pressure ulcer using a recognised evidence based tool.

Documentation audits were carried out across all community hospitals in Quarters 1 and 4 to see whether a recognised pressure ulcer risk assessment score (Waterlow) had been carried out by a registered nurse within 6 hours of admission.

Waterlow score carried out by a registered nurse within 6 hours of admission
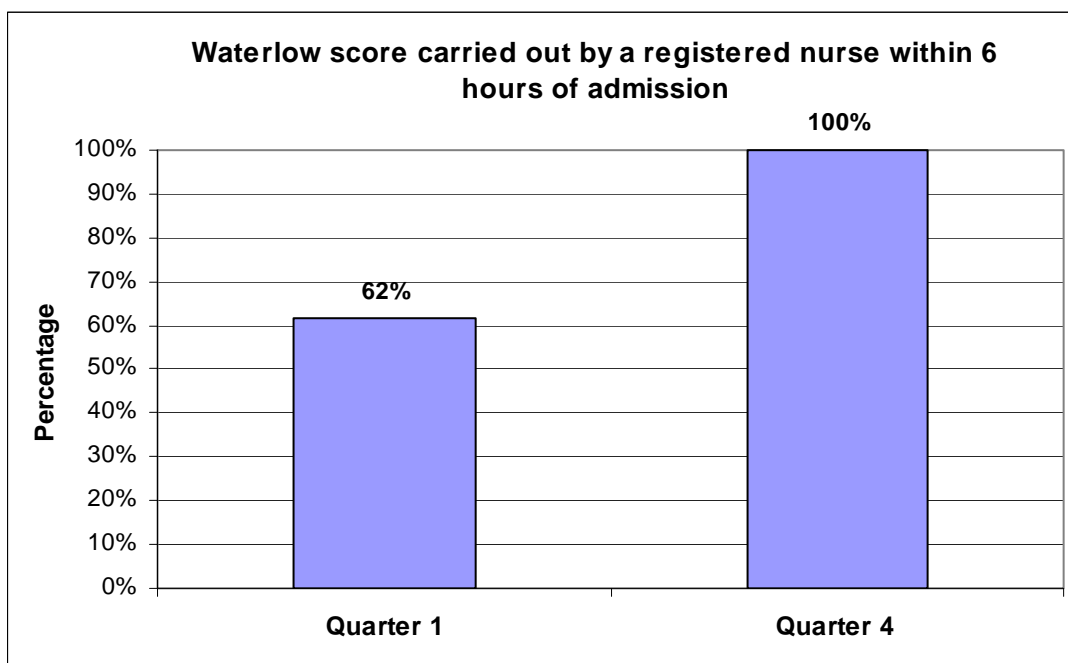
(Chart 1)

2. Inpatients assessed to be at risk of ulceration or who currently have a pressure ulcer will have appropriate preventative/treatment actions taken and documented in their care plan.

Documentation audits were carried out across all community hospitals in Quarters 1 and 4 for a subsequent care plan for 'at risk' patients.

Care plan in place for 'at risk' patients
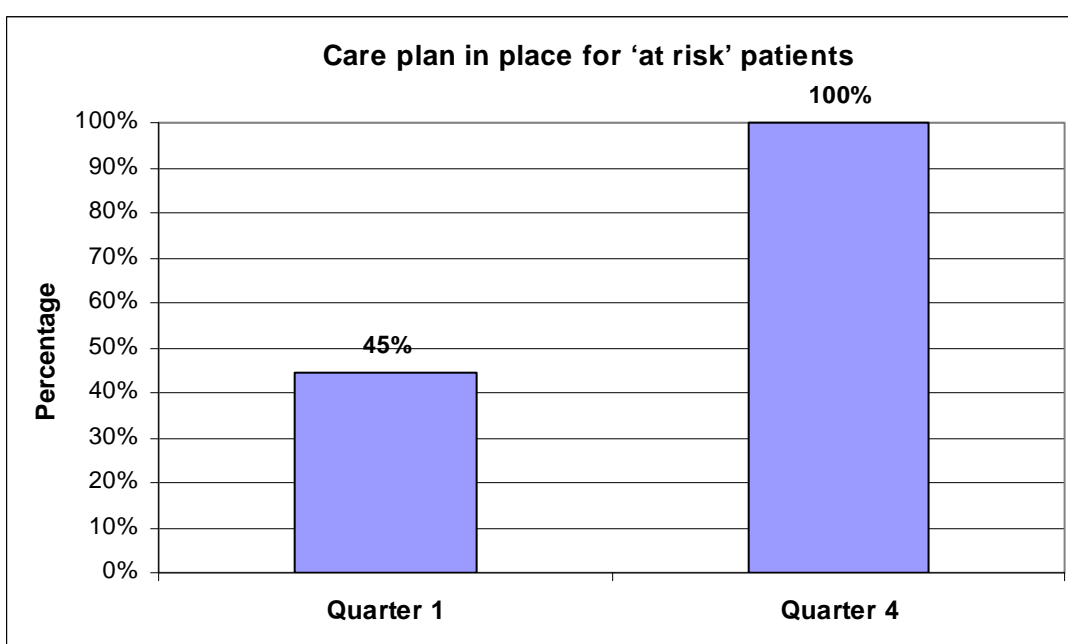
(Chart 2)

Chart 3 below shows the number of pressure ulcers reported during the year, and the number of those which were developed whilst receiving care from the PCT. The increasing number is

reflective of an improvement in staff awareness and reporting and also supports the need for this area to continue to be a priority.

Number of pressure sores reported during the year
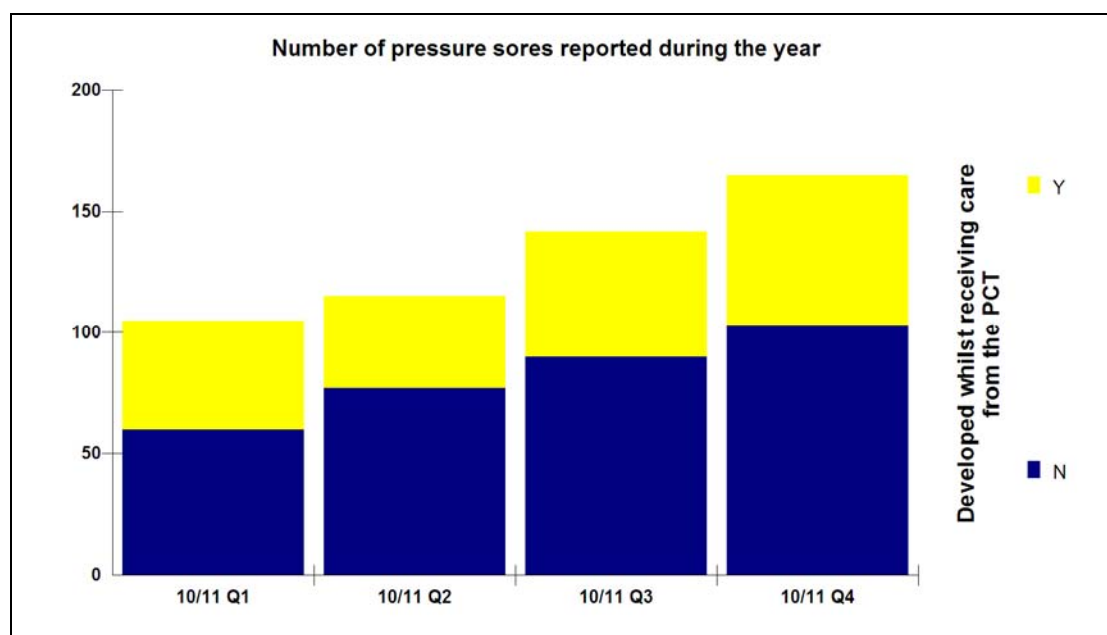
(Chart 3)

> ➤ **Data quality**

Key Points:
Steady progress is being made in recording data onto the 'Lorenzo' clinical IT system in a timely manner.

It was identified for community teams who use the 'Lorenzo' clinical IT system that there were cases where information about patients was not being entered onto the patient record until weeks after they were seen. The recording of activity is required within 21 days of patient contact for contracting purposes. Failure to meet this requirement would then result in not being paid for the activity, leading to a cost pressure to providing the clinical service.

Monitoring the time between a patient being seen and the information being entered onto the Lorenzo system became a quality indicator for all teams. A target was set of 100% of all information being entered onto Lorenzo within 21 days.

Work was undertaken to raise staff awareness of the importance of data quality in terms of its accuracy and timeliness. As part of Productive Community Services, staff have been collecting data on the amount of time they are spending with patients and the number of patients seen per day for one week each month – this has helped to get staff more interested in data quality.

A report is sent out automatically each week detailing issues with data quality and details that need to be added or corrected.

Achievement of the percentage of information being entered onto Lorenzo within 21 days of the patient contact is shown below in chart 4. The 100% target has not been reached, but steady improvement is being made.
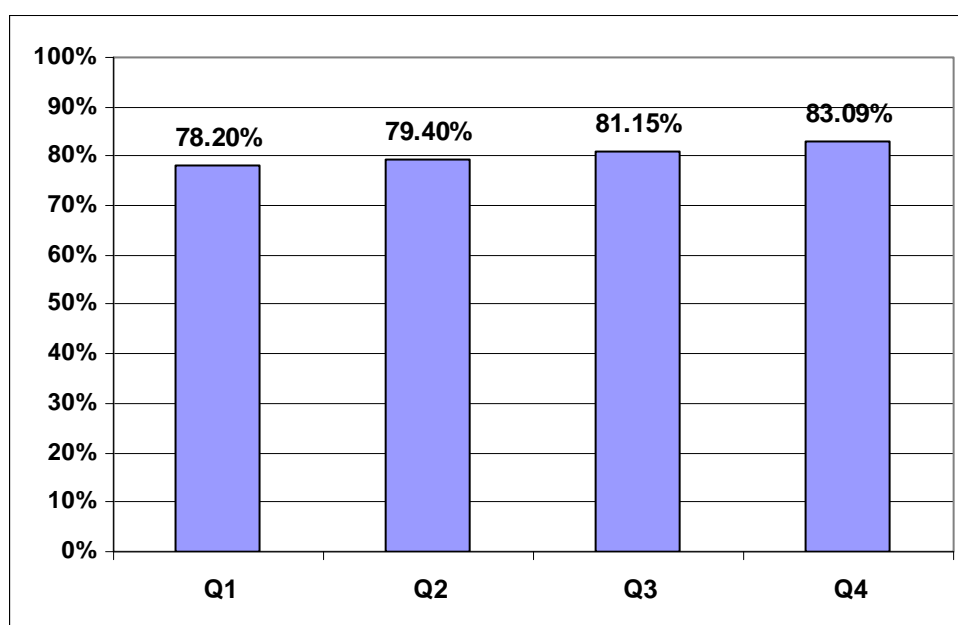
(Chart 4)

At the beginning of October 2010 there were 16 teams (out of a total of 59) with an average timeliness exceeding the 21 day deadline. As of April 2011 the number has reduced to six teams (out of a total of 64).

➢ **Releasing time to care**

The Productive Community Services programme 'Releasing time to care' is being used across the organisation, with all localities having carried out the first foundation module and the 'showcase' team now being on the final foundation module. Use of the toolkits available through using this programme has had a very positive effect on the effectiveness of patient care.

The 'Well organised working environment' module identified that staff were not working to the correct procedures and that there was a need to standardise the way stock is controlled and ordered. Staff have been working to develop a standardised stock list for wound care products, to follow evidence-based practice and reduce prescribing costs. A pilot is being carried out with the medicines management team and future working is planned with the GP

consortia to reduce costs and waste. This work has led to a much better understanding of clinical and cost effectiveness when it comes to wound care stock and there is still room for significant further improvement.

PATIENT EXPERIENCE

➢ **Patient satisfaction**

Key Points:
Targets around patient experience were met. Patient leaflets have been improved and a pharmacy care plan put in place as a result of patient feedback.

Patient experience was a CQUIN measure for 2010/11. The indicator was calculated from five survey questions, each question describing an element of the overarching theme 'responsiveness to personal needs'.

A baseline patient experience survey was carried out in August 2010. A total of 465 surveys were completed. The community hospitals achieved an overall satisfaction score of 85%, community services achieved 94%.

Patient information leaflets for patients being admitted to the community hospitals were improved as a result of this survey. It was identified that discharge planning and information, including information about medication on discharge, also needs to be improved. A 'pharmacy care plan' is to be put in place for patients being discharged from the hospitals. This will act as an aide memoire for the patient, detailing which medicines they are taking, what time of day they need to take them and what they are for. This has been made a CQUIN target for both acute and community hospitals for 2011/12.

A second patient experience survey was carried out in January 2011. A total of 456 surveys were completed. The community hospitals achieved an overall satisfaction score of 91%, community services achieved 93%.

All modules within the productive community services toolkits involve the collection of patient views and how to build the feedback into service provision and redesign. The 'Knowing how we are doing' module audits patient views on a monthly basis and information is available to teams the following week to allow for rapid change to be made if necessary.

Patient satisfaction surveys run in the Help 2 Quit stop smoking service showed 98% patient satisfaction. It was identified however that only 3% of the client group was represented in the survey. As a result all clients are to be given a questionnaire on completion of the first four weeks of treatment – this should lead to a more accurate picture of client feedback.

➤ **Delivering Single Sex Accommodation**

Key Points:

We are compliant with the Government's requirements to eliminate mixed sex accommodation and work is underway to further improve experience.

An intensive drive to all but eliminate mixed sex accommodation in NHS organisations began in January 2009. After the Department of Health stated in August 2010 that tens of thousands of patients are still placed in mixed sex accommodation, the new Coalition Government announced that from January 2011 mixed sex accommodation would be eliminated except where it is in the overall best interests of the patient, or reflects their personal choice.

We can 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 when clinically necessary (for example where patients need specialist facilities such as in end of life care rooms on the wards), or when patients actively choose to share (for instance husband and wife).

Any breaches in compliance are reported, and between July 2010, when reporting began, and March 2011 there were a total of three breaches across our four community hospitals that were not deemed as clinically justified. Two of these breaches were early on when more

awareness was needed, and the third breach, although for clinical reasons, was not entirely agreed to be clinically justified by commissioners. Facilities are being improved to provide more en-suite bathrooms and more nurse stations. This will further improve our compliance.

> **Patient Environment Action Team (PEAT)**

The PEAT assessment is an annual assessment of inpatient healthcare at our four community hospitals. The assessment looks at non clinical issues – the environment (cleanliness and infection control), food, and privacy and dignity.

The scores for the 2011 PEAT assessments are shown below (the previous year's scores are included in brackets):

Site Name	Environment Score	Food Score	Privacy & Dignity
Ludlow Hospital	**Good** (*Good*)	**Excellent** (*Excellent*)	**Excellent** (*Excellent*)
Bridgnorth Hospital	**Excellent** (*Excellent*)	**Excellent** (*Excellent*)	**Excellent** (*Excellent*)
Bishop's Castle Hospital	**Excellent** (*Good*)	**Excellent** (*Excellent*)	**Excellent** (*Good*)
Whitchurch Hospital	**Excellent** (*Excellent*)	**Excellent** (*Excellent*)	**Excellent** (*Excellent*)

(Table 2)

> **End of life care**

Key Points:
Improvements have been made in ensuring that appropriate patients are on the Liverpool Care Pathway, and targets met.

To be able to die in the place of our choosing and with the highest standard of care and dignity is what each and every one of us deserves.

The Liverpool Care Pathway (LCP) is an integrated care pathway that is used at the bedside to drive up quality of care for the dying in the last hours and days of life. It is a means to ensure that wherever the person is dying, they have an equitable model of care to that used within the hospice environment.

In order to ensure that patients who are cared for by our community health services (in one of the community hospitals or in a home setting under the care of the community nurses) are given the highest quality of care, a CQUIN measure was put in place for end of life care. The CQUIN measure looks at expected deaths amongst patients cared for by community health services and whether those patients were managed on the Liverpool Care Pathway or agreed alternative.

An audit was carried out in Quarter 1 – this showed that of 17 patients in the community hospitals for whom it was appropriate, 12 were on the LCP. Of the 24 patients under the care of community nurses, 14 were on the LCP. This was an achievement of 63.4%

A target was set at 83.4%, with the aim of improving on the Quarter 1 figure by 20%.

A re-audit in Quarter 4 found that 100% of patients in community hospitals were now on the LCP and 90.9% of patients under the care of the community nurses, a total achievement of 94% overall.

"When mum finally got transferred to Ludlow Hospital, Dinham Ward she was the recipient of some of the best care I have ever witnessed in the NHS (I work in the NHS in another county). The staff worked together as a team to meet the needs of all patients, it was a wonderful environment with the right balance of humour and compassion. It was clearly embedded in the culture of the organisation that services should be provided to meet the patients need and with respect and care." (extract)

Patient Opinion website, March 2011

➢ **Complaints**

Under the new complaints process, the investigating manager / complaints manager have continued to make early contact with each complainant to agree on an individual basis how their case is to be handled and an appropriate timescale for response. Once the investigation into the complaint has been completed the investigating manager / complaints manager will meet with the complainant to feed back the findings of the investigation and offer an apology if appropriate. This person-centred approach has meant that complainants feel that their complaint has been taken seriously and that the organisation has listened to their complaint.

During 2010/11 a total of 19 complaints were received relating to community services (compared to a total of 31 complaints the previous year). In contrast 520 compliments were

received in 2010/11. Some examples of how we have learned from complaints are shown below:

Podiatry service appointments system changes

The majority of all podiatry complaints were about the service's appointments system. The reason for this was that we had a paper based system which resulted in delays in booking appointments.

As of April 2010 we started to collect our data using the Lorenzo computer system but we also seized the opportunity to access the clinic management and appointment service this system offers, meaning a new electronic appointments system. We can now offer an appointment when a patient contacts the service, rather than going through a lengthy request process. The new system also allows patients to choose the shortest waiting list at any of the clinics on our system. We can also now manage demand in the service and move podiatrists and capacity to those areas that need it.

This change has led to some dramatic improvements, for example the wait for an appointment for minor nail surgery has improved from 12 weeks to within the month, a fantastic result if you have a painful foot.

Care in a community hospital

A complaint made within one of the community hospitals raised questions not just in the team directly delivering care, but also about how this could have been prevented and why it was not picked up by our monitoring processes across the PCT.

A strategic level action plan was developed with a high level membership, including the service director, to ensure all learning was disseminated across the whole organisation. It tackled all aspects of governance including audit, training, reporting and complaints. It brought about the confirmation that whilst much of the governance structure was fit for purpose, there were areas of weakness and areas that were ripe for development.

Areas of weakness led to many changes including increased staffing levels and improved reporting structures across the PCT, local changes to documentation, training and leadership development. Areas of development included potential for a bespoke system that holds all quality indicators in a single electronic point, accessible by all staff to allow accurate benchmarking, monitoring and healthy competition.

STATEMENTS FROM OTHER ORGANISATIONS

Response from Shropshire Health Overview and Scrutiny Committee

COMMUNITY HEALTH SERVICES – QUALITY ACCOUNT 2010-11

The following feedback has been compiled within very short timescales requested of us and is a reflection of our thoughts whilst reading through the document. We hope they will be taken forward in a positive way.

Complaints
Information on how to make a complaint relies heavily upon NHS websites. A simple complaints leaflet outlining the process could be made available in community hospitals and GP surgeries.

Productive Community Services
Launch of the Productive Wards scheme in the four community hospitals is good to see and should include how cost effectiveness and efficiency will be monitored to demonstrate improvement.

CQUIN
Noting that 6 out of 8 CQUIN measures were achieved during 2010/11, what targets will be set for 2011/12?

Priorities for Improvement
Agree with priorities identified and would like to see targets for all of these so that success can be assessed as the only target appears to be on reducing falls in community hospitals. We are pleased that care closer to home in community hospitals and via community nurses continues to improve to keep stays in acute hospitals to a minimum.

Increasing ways to collate patient feedback
The use of Patient Experience Trackers is welcomed. How will patients be selected in the trial or will all patients be included?

Improving care for patients with or at risk of developing pressure ulcers
Wound care audits are welcomed highlighting the need for more awareness training. It would be of interest to see how many grade 3 or 4 have been recorded and what improvement targets have been set.

Statements of Assurance from the Board
Could the figures quoted regarding the operating Framework and Information Governance be made more meaningful and simplified and include what measures are in place to increase scores. Also, how does this compare with similar NHS organisations?

Falls Prevention
Pleased to see the 20% year on year target remains for 2011/12. Do patients receive a falls risk assessment on admission?

'Superbugs'
The MSRA target for 2010/11 was 8 cases and excellent to see that only 8 cases were reported. What is the target for 2011/12? We note measures in place for CD appear to be very successful and we are delighted to see improvements in that no more than 136 cases out of a local stretch target of 148. What is the local stretch target for 2011/12?

Staff Training
We are looking forward to more information on staff training and that on domestic abuse.

Aston Team Based Development Programme
Pleased to see participation in this.

Data Quality
Why is the Lorenzo target not being reached and how do we compare with others using this system? Was the target realistic, should it be reviewed for 2011/12?

Releasing Time to Care
The 'Well organised working environment' module and standardising ways of working has led to clinical and cost effectiveness. How has it allowed more time for care of patients?

Patient Experience
Agree discharge information needs improving. PEAT assessments look extremely good.

End of Life Care
Very pleased to see targets are being met and exceeded in Q4.

We congratulate the SCPCT on the services offered in 2010/11. We are keen to see positive results and would appreciate targets in which improvement can be easily identified. We also appreciate the brevity of the document and would suggest that you provide public access on your website to background information upon which the Quality Account is based.

Councillor Gerald Dakin
Chairman
Healthy Communities Scrutiny Committee
Shropshire Council

Response from CInCH, Shropshire's Local Involvement Network

As CInCH – the Shropshire LINk we thank you for the level of our involvement in your Quality Accounts process and are grateful for involvement in this year's accounts.

From our perspective we are pleased to note and agree the comprehensive range of detail included within the accounts, and note the wide range of CQUINs that address the needs and deficiencies.

CQUINs and Quality Priorities: we can confirm these have been discussed openly with the LINk, under the umbrella of regulation 8 NHS (QA) regulations 2010, in that Community Involvement in Care and Health is considered an appropriate LINk.

From discussions with senior PCT personnel we wish to confirm we are pleased with the level of public involvement shown. CInCH concurs with those elements of the Quality Accounts where CInCH has been involved.

Shaun Luke
Deputy Managing Director
CInCH – in transition to HealthWatch

Response from Shropshire County Primary Care Trust

Shropshire County **NHS**
Primary Care Trust

**Shropshire County PCT Statement on Shropshire Community Services
Quality Account 2010/11**

Shropshire County Primary Care Trust (PCT) as the Lead Commissioning Organisation monitors the quality and performance of the services delivered by the Trust and reviews both performance and governance data via the monthly Clinical Quality Review meeting attended by both clinicians and managers.

Based on the knowledge that Shropshire County PCT has of Shropshire Community Services, we believe that the Quality Account is reflective of the achievements within the year. The document also demonstrates the commitment of the newly established Shropshire Community NHS Trust to strive for excellence as a listening and learning organisation and in the delivery of safe effective clinical care.

We recognise the improvements to quality and innovation within the provider by the partial achievement of the contractually agreed 'Commissioning for Quality and Innovation (CQUIN) Scheme for 2010/11'. The agreed CQUIN scheme for 2011/12 reflects the ethos of the PCT to work in partnership with the Trust to ensure high quality safe clinical effective services and excellent patient experience and outcomes as a key priority.

The PCT supports the priorities for improvement identified by the Trust and the promise to delivery high quality care and effective clinical outcomes.

Accuracy of Information

The PCT has taken the opportunity to check the accuracy of data provided within the Quality Account in relation to the services commissioned from the Trust and believes it is a true reflection.

**Dr Caron Morton
SCPCT Head of Quality & Improvement**

Appendix 1 – Quality Indicators

Accident and emergency waiting times

Inpatients waiting longer than the 26 week standard

Outpatients waiting longer than the 13 week standard

Delayed transfers of care

18 week referral to treatment waiting times for admitted patient

18 week referral to treatment waiting times for non-admitted patients

Diagnostics for Ultrasound

Waiting times for Allied Health Professional including X-ray

Staying Safe – Preventing Falls

Reduce Sickness absence in the nursing workforce to no more than 3%

Pressure Sores developed under the care of the PCT

Formal and informal complaint

Serious incidents excluding pressure sores

Ethnic coding data quality

Use of NHS Number

Lorenzo data entry within 21 days

Use of NHS Number

MRSA Bacteraemias - SCPCT target

Pre 48hr cases involving PCT provider services

Proportion of admissions screened for MRSA

Clostridium difficile infections - SCPCT national target

Clostridium difficile infections - SCPCT local target

Post 72hr cases diagnosed in community hospitals and prisons

Four week smoking quitters

Appendix 2 – Glossary of Terms

High Impact Actions

The first set of eight high impact actions sets out the opportunity to improve quality of care and patient experience while working in an efficient and effective way. For each action the gains can be huge and nurses and midwives can lead on each of these actions to further improve the prevention, productivity and efficiency needed in the NHS.

The high impact interventions are:

- No avoidable pressure ulcers

- Preventing falls

- Keeping nourished

- Promoting normal birth

- End of life care – where to die when the time comes

- Reduce sickness and absence in nursing and midwifery workforce – no more than 3%

- No delays in discharge

- Protection from infection

Nurse Sensitive Indicators

These indicators have been co-produced and developed with key partners and support the key themes on outcomes focused care. The Indicators support the High Impact Actions and other quality initiatives. The seven indicators include:

- Your skin matters

- Staying safe: preventing falls

- No unanticipated weight loss

- No dehydration

- Promoting spontaneous vaginal delivery

- Important choices: where to die when the time comes

- Fit and well to care

- Reduction of indwelling urinary catheters

Allied Health Professional - clinical health care professions distinct from medicine, dentistry, and nursing. For example physiotherapists and occupational therapists.

Commissioning – the planning and purchasing of services.

Lorenzo – information technology (IT) software system for clinical settings, used by community health services in Shropshire County.

Acknowledgements

For further information about the PCT and its services, please visit www.shropshire.nhs.uk

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