North Staffordshire Combined Healthcare NHS Trust

Working To Improve the Health And Welfare Of Local People

SUMMARY QUALITY ACCOUNT 2010/2011
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This is a Summary of our Quality Account for 2010/11. The full Quality Account can be downloaded at www.combined.nhs.uk and then click on Publications.
Welcome to our Summary Quality Account

Welcome to our Summary Quality Account, which aims to take the key highlights from the full Quality Account 2010/11. We would like to share with you what North Staffordshire Combined Healthcare NHS Trust is doing well, where improvements in quality can be made and the way in which these have been prioritised.

A full version of the Quality Account can be downloaded at www.combined.nhs.uk and then click on Publications.

Services Covered in this Summary Quality Account

To produce the Summary Quality Account, we have looked at all the data we have on all services provided by the Trust for the financial year 1 April 2010 to 31 March 2011.

The nine main services are covered under three clinical divisions and shown in the table below:

<table>
<thead>
<tr>
<th>Adult Mental Health Division</th>
<th>Learning Disability &amp; Neuropsychiatry and Old Age Psychiatry Division</th>
<th>Children &amp; Young People’s Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with non-psychotic disorders</td>
<td>Learning Disabilities</td>
<td>Connect child and adolescent mental health services and First Steps</td>
</tr>
<tr>
<td>Adults with psychotic disorders</td>
<td>Neuropsychiatry / Old Age Psychiatry</td>
<td>Children in Special Circumstances</td>
</tr>
<tr>
<td>Substance misuse services and liaison services</td>
<td></td>
<td>Child and adolescent mental health services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Needs and Physical Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Darwin Centre</td>
</tr>
</tbody>
</table>

The Trust does not subcontract out any services to another non-NHS body.
A little bit about our Trust

About Us

North Staffordshire Combined Healthcare NHS Trust was established as a Trust in 1994 and provides mental health and specialist learning disability care for a population of around 457,000 people living in Stoke-on-Trent and North Staffordshire.

We cater for people of all ages, with a diverse range of mental health and learning disability services. These services are delivered from more than 30 different locations, including our main site at Harplands Hospital, but we also provide care in people’s own homes.

Some facts and figures

In 2010/11, the Trust:

• employed 2,462 (headcount) clinical and support staff
• completed 375,000 appointment/contacts with patients every year
• had an £86.3m annual budget.

During 2010/11 our partners have included:

• NHS Stoke on Trent
• NHS North Staffordshire
• University of North Staffordshire NHS Trust
• Staffordshire University
• Keele University
• Local authorities across North Staffordshire
• Keele University Medical School
Some of our partners

In 2010/11, we worked with a range of agencies supporting people with mental health problems, including:

- North Staffs Users Group (NSUG)
- Approach
- ASIST
- Brighter Futures
- Changes
- EngAGE
- North Staffs Huntington’s Disease Association
- Mind
- North Staffs Carers Association
- Reach
- Beth Johnson Association
Our Strategy

The diagram below shows our purpose, vision and values and how they link to our strategic goals and strategies:

Our purpose: Working to improve the mental health and wellbeing of local communities

Our Vision

• To provide patient centred mental health, specialist learning disability and related services for people of all ages.
• To be the best in all we do.
• To work in partnership to deliver and promote recovery, wellbeing and independent living.

Our Values

• Person centred.
• Transparency & integrity.
• Excellence.
• Equality & respect.
• Supportive & responsive.

Our strategic goals

1. To deliver high quality person centred models of care, throughout the organisation.
2. To be at the centre of an integrated network of partnerships to provide a holistic approach to care.
3. To engage with our communities to ensure we deliver the services they require.
4. To be a dynamic organisation driven by innovation.
5. To be one of the most effective providers.

Clinical Strategy

Financial Strategy
Workforce Strategy
Estate Strategy
Customer Focussed Strategy
IM&T Strategy
Governance Strategy
Innovation Strategy
PART 1 - STATEMENT ON QUALITY

Quality of services - key achievements 2010/11

Over the last 12 months, we have much to be proud of, thanks to our dedicated workforce, who have had excellent feedback from service users. Some of our key achievements in 2010/11 have included:

• the Trust being Registered, without conditions, by the Care Quality Commission (CQC)
• achieving 14 excellent scores and four good scores, out of a total of 18, from the Patient Environment Action Team (PEAT) assessments
• strengthening our management structure with the appointment of business managers to support clinical directors in delivering care pathways
• Patient Survey results placing us in the top 20% of mental health trusts
• no reports of Meticillin-resistant (MRSA) or Meticillin-sensitive Staphylococcus Aureus (MSSA) blood stream infections and the number of Clostridium difficile (Cdiff) infections reduced from six to two
• making good progress towards achieving NHS Foundation Trust status by Autumn 2012
• ensuring all schemes were either fully or partly achieved in the Commissioning for Quality Innovation (CQUIN) Scheme for 2010/11.
Quality of services - key priorities for 2011/12

Our key focus is on continuing to put our patients’ needs first and listening to what they tell us about the services we provide. Some of our key priorities for 2011/12 include:

- the development of a new model of care reflecting national policy and emerging best practice
- an enhanced older people’s community service pilot in Newcastle-under-Lyme
- a pledge from the Board of Directors to fully implement a robust Quality Governance Framework, to ensure the highest standards of quality and safety for service users and staff
- building on the success of being the first Trust in the region to achieve Early Implementer Status for the Leading Improvement in Patient Safety (LIPS) Programme
- a commitment to working collaboratively with a range of partners
- working to continually improve the Trust’s quality of services
- a commitment to improve the speed and the quality of investigations into serious incidents
- agreement to deliver quality improvements by delivering a range of ambitious improvement goals known as the Commissioning for Quality Innovation (CQUIN) Scheme.

Vision, values, strategic goals and annual objectives

In the past year, the Trust has refined its business plan in order to meet the changing and developing needs of services and their users over the next five years.

The business plan also includes clear objectives to help us achieve our strategic goals. For 2011/12, these annual objectives will concentrate on improving patient safety, clinical effectiveness and the experience of patients using our services.
PART 2 - PRIORITIES FOR IMPROVEMENT (LOOKING FORWARD)

NHS Trusts have a number of competing priorities to provide a range of high quality, flexible services, which are delivered within the financial restrictions of the NHS budget. We are committed to working with a range of partners and, as such, have included ‘three steps to engagement’ in the development and publication of the full Quality Account. These are a development stage, agreeing priorities and a final stage of sharing the draft quality account.
Step 1: Development Stage:

We developed a survey to seek the views of key partners, staff, service users and members of the public about what they liked and disliked about our previous Quality Account and what should be retained and what should be changed. We made the questionnaire available online, via our public website, and it was also available as a paper version. We also took the opportunity to write to our staff, key partners, GP Consortia leads and service user representative groups to alert them to the questionnaire and to include reference to the questionnaire in a public Trust Board meeting. All feedback received was responded to and considered in the design of our Quality Account.

Step 2: Agreeing Priorities:

Our survey included a section about the priorities that staff, key partners and service user representative groups would expect to see in our 2010/11 Quality Account. In addition, we have held a number of engagement meetings, attended events, and have received written communications to agree our key priorities. The feedback we received helped us to develop our key priorities for 2011/12.

Step 3: Sharing the Draft Quality Account:

In line with Department of Health Guidance, we also produced a draft Quality Account and shared this with key partners, including:

- Local Commissioners
- Local Involvement Networks (LINks)
- Local Authority Overview and Scrutiny Committees

Some examples of comments from partners are included on page 30.

*We would like to take this opportunity to thank everyone who has worked with us and provide assurance that your views and comments have helped to shape the full version of the Quality Account.*
Priorities for 2011/12

The trust has identified a total of 12 priorities for delivering quality services.

This first table identifies three priorities that are of significant importance to the Trust:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Additional Priority Area</th>
<th>Patient Safety</th>
<th>Clinical Effectiveness</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Serious Incidents and Incidents</strong>: Implementing improved arrangements for reporting, monitoring and scrutinising incidents, improve the time taken to respond to serious incidents and implement new ways of learning from our experience</td>
<td>✔</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Leading Improvements in Patient Safety (LIPS)</strong>: Ensuring a clear focus on patient safety with the long term aim to improve the speed of assessments by consultants on the mental health and physical health of inpatients and work towards cutting assaults in inpatient settings</td>
<td>✔</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td><strong>Back to Essentials Campaign</strong>: Implementing the Back to Essentials Programme to ensure the essential elements of care for patients are in place</td>
<td>✔</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The next table identifies the remaining nine priorities, as identified by the Commissioning for Quality Innovation (CQUIN) Scheme for 2011/12:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Additional Priority Area</th>
<th>Patient Safety</th>
<th>Clinical Effectiveness</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Patient Experience</strong>: Measuring patient satisfaction of inpatient and community mental health services and taking action to improve satisfaction</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Priority</td>
<td>Additional Priority Area</td>
<td>Patient Safety</td>
<td>Clinical Effectiveness</td>
<td>Patient Experience</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>5</td>
<td><strong>Carer Experience</strong>: Measuring the level of support offered to carers of mental health patients and taking action to improve carer support and carer satisfaction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td><strong>Safer Care – Use of Trigger Tools</strong>: Using specially designed mechanisms to continuously monitor the level of harm events to inpatients and use the information to prioritise safety initiatives</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Safer Care – Safety Improvement Initiatives</strong>: Developing and implementing programmes of work to reduce the risks from assaults, slips, trips and falls or medication incidents</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8</td>
<td><strong>Planned and Effective Discharge</strong>: Reviewing and improving discharge planning for all inpatients to reduce the length of stay, improve outcomes after discharge and reduce readmissions and poor outcomes after discharge</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td><strong>Dementia</strong>: Ensuring the appropriate prescribing of antipsychotic medication for people with dementia and improving the discharge of patients with dementia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>10</td>
<td><strong>Children and Young People’s Services</strong>: Improving arrangements when a person moves from the services provided for children and young people and adult services</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>11</td>
<td><strong>Dual Diagnosis (Alcohol)</strong>: Improving effective care for patients who need support for alcohol misuse and who also have mental health care needs</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td><strong>Community Mental Health Services</strong>: Improving care planning and outcome measuring in community mental health services for adults and older people</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Statement of Assurance from the Board

The Trust’s Board of Directors has reviewed the full version of the Quality Account for 2010/11 and given its approval.

The full version of the 2010/11 Quality Account represents our commitment to continually drive improvements in services and to be transparent and accountable to the general public, patients, commissioners, key stakeholders and those that regulate our services.

Throughout the period covered by the full Quality Account, the Board of Directors has further developed, and is implementing, a robust quality governance framework. They have learnt from feedback and external reviews and are committed to ensuring that all of the Trust’s services are safe and of a very high quality. The Board of Directors will continue to strengthen the quality reporting and monitoring systems across the organisation.

The full Quality Account was signed by Sir Philip Hunter, Chairman of North Staffordshire Combined Healthcare NHS Trust, along with the following Executive Directors:

Sir Philip Hunter
Chairman

Fiona Myers
Chief Executive

Dr Mike Jorsh
Medical Director

David Pearson MBE
Director of Nursing and Allied Healthcare Professionals (AHPs)
How progress will be measured and monitored

To look at how we are performing, both internally and externally, we use a number of different methods. These include self-assessment, audits, research and development as well as looking at how we perform in national projects and initiatives, some of which are explained below.

Performance & Quality Management Framework

The Trust’s Performance & Quality Management Framework (PQMF) recognises good performance and manages underperformance, as well as the quality of services. Our main commissioners - NHS Stoke on Trent and NHS North Staffordshire Primary Care Trusts - worked with the Trust to establish a monthly Clinical Quality Review Group. This group set the Commissioning for Quality and Innovation Targets (CQUIN) and other key performance and quality indicators. Commissioners also undertook reviews and carried out visits to see for themselves that the standards they set were being adhered to.
Quality Reporting Overview

A new development for 2011/12 will be the introduction of a new quarterly Integrated Quality Report, which will be used as a tool for measuring quality, reporting on quality and learning from our key processes in an integrated manner.

Compliance with the Health and Social Care Act 2008 and the Essential Standards of Quality and Safety

From Thursday, April 1, 2010, all health and adult social care providers were required by the Health and Social Care Act 2008 to be registered with the Care Quality Commission if they provide regulated activities.

All provider Trusts were required to self assess the level of compliance against the new regulations - ‘Essential Standards of Quality and Safety’, inform the Care Quality Commission of the outcome of that assessment and apply for Registration to provide regulated activities. Our Trust declared compliance with all of the outcomes.

The Trust’s application for registration has since been considered by the Care Quality Commission, which made a decision to register us without conditions to provide a range of regulated activities.

We understand that achieving the initial ‘Registration’ status is just the beginning and it is necessary to work hard to maintain compliance with the quality standards across all of the services provided. Internally, we have had a well-established quality and governance self assessment process in place for many years. Initially, this was to support compliance with the standards defined by Standards for Better Health; more recently, it has been to support the evidence of meeting the quality standards and outcomes defined by the Health & Social Care Act 2008 and Registration.
Measuring Clinical Performance

We measure the effectiveness of clinical performance using a range of options such as audits as well as research and development, some of which are detailed in the next section.

National Projects and Initiatives

We have taken part in a number of mandatory, voluntary and national projects and initiatives to improve the quality of our service including:

- Commissioning for Quality and Innovation (CQUIN) Framework
- NHS Litigation Authority Risk Management Standards
- Productivity Improvement Pathway (PIP) Programme
- Quality, Innovation, Productivity, Partnership and Prevention (QIPPP)
- National Quality Improvement Projects (service accreditation programmes) - managed by the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI)
- Clinical trials
- National Clinical Audits, National Confidential Inquiries and Prescribing Observatory for Mental Health (POMH)

Learning Lessons

We have carried out a comprehensive review of the lessons to be learnt from the Mid-Staffordshire Hospitals NHS Foundation Trust investigation, undertaken by the Care Quality Commission, and the subsequent Independent ‘Francis’ Inquiry. Any actions that we need to take are included in our Quality & Governance Development Plan and will be taken forward and monitored at regular intervals.
Building capacity and capability

We are committed to developing our capacity and ability to deliver improvements in the quality of our services.

Improving Quality and Care

The Trust is considering proposals for new models of care to reflect emerging best practice, which will have an impact on the way in which we use our buildings to deliver services. A consultation will be running through 2011/12 to look at clinical changes to ensure our patients and service users are cared for in the right place, at the right time, by the right healthcare professionals. These changes will potentially allow for the closure of the Bucknall Hospital site. The changes will require consultation, particularly in relation to older people’s inpatient services, the Sutherland Resource Centre and Harplands-based inpatient rehabilitation.

Further discussions will also be planned about the future use of the remaining resource centres and older people’s mental health service (OPMH) day hospitals.

Further information can be obtained from our web site www.combined.nhs.uk
Increasing Quality Improvement Capacity

We have strengthened our Board membership with the appointment of two GP Associate Directors and enhanced the clinical leadership and senior management team through improved structures and appointments.

Fostering an Efficient Workforce

Our staff are the key to our success and we are committed to investing resources to ensure that we have the workforce for the future, supported by strong and effective managers. The successful Leadership Development Programme will be continuing over the next 12 months and, as an organisation, we are committed to ensuring that all staff have an annual review of their performance, ensuring we build on their strengths and provide support where needed.
Developing Better Use of Information

During 2010/11, we have made significant investments in IT to give staff access to information. Our aim is to ensure our staff are able to make well-informed decisions to provide the best quality care.

Improving Involvement and Feedback Mechanisms
- Improving the Patient Experience

We need to focus on listening carefully to our service users, carers and local groups, so we can work together on making further improvements to our services. We have already started to do this with a Patient Experience Summary Report.

The Experience Based Design approach has also been rolled out across a number of our services, along with a Back to Essentials Campaign, which looks at putting the patient at the centre of the care. Going forward, we also need to focus more on the ‘so what’ factor, so we can show and explain what has changed as a result of involvement activities and feedback we have received.
Participation in clinical audit

National Confidential Enquiries and National Clinical Audits

During 2010/11, there were two national audits and one national confidential enquiry covered by NHS services that we provide.

The national clinical audits and national confidential enquiries that we took part in are:

<table>
<thead>
<tr>
<th>Detail of audit</th>
<th>Percentage of cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescribing Observatory for Mental Health (POMH) into Prescribing Topics in Mental Health Services:</strong></td>
<td></td>
</tr>
<tr>
<td>• Monitoring of Patients Prescribed Lithium</td>
<td>95%</td>
</tr>
<tr>
<td>• Medicines Reconciliation</td>
<td>37%</td>
</tr>
<tr>
<td>• Use of Antipsychotic Medication in CAMHS</td>
<td>67%</td>
</tr>
<tr>
<td><strong>National Confidential Inquiry (NCI) audit of Suicide and Homicide by People with Mental Illness (NCI/NCISH)</strong></td>
<td>100%*</td>
</tr>
</tbody>
</table>

* this data is collected centrally on a rolling basis as part of the NCI process

Participation in research

A key role for research and development is promoting best practice across the organisation. We actively support research and during 2010/11, a total of 87 patients were recruited to take part in approved research. This research covered various topics ranging from suicides to eating disorders, dementia, bipolar disorder and substance misuse.
Goals agreed with commissioners

Commissioning for Quality and Innovation (CQUIN) Framework

We receive a small part of our potential income from our commissioners, on the condition that we meet an agreed set of improvement and innovation targets. This agreement is known as the Commissioning for Quality Innovation (CQUIN) Framework.

In 2010/11, the amount of income to be paid under CQUIN was set at 1.5% of the total potential income from primary care trusts (PCTs). The same figure of 1.5% has also been set again for 2011/12, subject to the Trust meeting nine CQUIN targets.

As part of our commitment to quality and continuous improvement, once targets have been set as part of CQUIN, they become embedded in the way in which the Trust operates and roll forward to the following year.
Statement from the Care Quality Commission (CQC)

We are pleased to report that the Trust is Registered, without conditions, and no enforcement action has been taken against the Trust during 2010/11. For reference, the Trust’s registration number is 1-114682668.

We have not taken part in any special reviews or investigations by the CQC.

A compliance review carried out during 2010/11 found areas for improvements primarily around incident reporting and learning from serious incidents. A comprehensive action plan has now been developed and implemented and this area is identified as one of our key priority areas for 2011/12.

Statement on data quality

NHS Number and General Medical Practice Code Validity

This code ensures that patients are registered with a GP and have an NHS number. We support this by providing hospital records to be checked and reviewed.

In 2010/11, the percentage of the Trust's records, which included the patient’s valid NHS number, was:

- 100% for inpatients
- 100% for outpatients

In 2010/11, the percentage of the Trust’s records, which included the patient’s valid General Medical Practice Code, was:

- 100% for inpatients
- 100% for outpatients
Information Governance Toolkit Attainment Levels

The Information Governance Toolkit is used to measure the quality of our information and how well our records are managed. It checks 45 different areas and the Trust must meet level 2 standard for each area.

In 2010/11, the Information Governance Toolkit used a new approach and we scored 63%. Already a number of initiatives have been set up to increase this figure and, where the Trust failed to meet level 2 standards, action plans have been put in place.

Clinical Coding

In 2010/11, the Trust took part in the Audit Commission’s Payment by Results Clinical Coding Audit. This records coding errors across patient care and our results showed:

• 100% of our coding of primary procedures were correct
• 100% of our coding of secondary procedures were correct
• 97% of our codes applied to our primary diagnosis were correct.

Disappointingly, we narrowly failed to meet the 75% target for secondary diagnosis coding as a result of patient notes not being accurately reproduced on a form for electronic input, but this is now being tackled with an improvement plan.

Relevance of Data Quality and actions to improve Data Quality

In order to collect high quality data, we have introduced a number of new initiatives. These include more proactive reports and the installation of a new data warehouse, which can make specific checks on the quality of information held. We also have a robust data quality strategy, which sets out an extensive programme of work.
### PART 3 – REVIEW OF QUALITY PERFORMANCE FOR 2010/11 (LOOKING BACK)

**Our performance against our key priorities for 2010/11**

We identified ten key priorities for 2010/11.

We reviewed these and our performance is reported in detail in the full Quality Account. How we performed is set out below in a summary format:

Traffic Light Key:

<table>
<thead>
<tr>
<th>Traffic Light</th>
<th>Fully achieved</th>
<th>Partly achieved</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority</th>
<th>Additional Priority Area</th>
<th>Patient Safety</th>
<th>Clinical Effectiveness</th>
<th>Patient Experience</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improve the dementia patients’ experience by working closely with other organisations to provide safe and effective care across different organisations</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>2</td>
<td>Early identification and support for people who have untreated psychosis</td>
<td></td>
<td></td>
<td></td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>3</td>
<td>Increasing safety through improved medicines management</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>4</td>
<td>Improve nutritional screening and support</td>
<td></td>
<td></td>
<td></td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>Priority</td>
<td>Additional Priority Area</td>
<td>Patient Safety</td>
<td>Clinical Effectiveness</td>
<td>Patient Experience</td>
<td>Performance</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------------------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5</td>
<td>Improving support through a clear understanding of accommodation and employment needs</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Increasing the opportunity for people to be treated in their own home through support from the Crisis Resolution Home Treatment Team</td>
<td></td>
<td>✔ ✔</td>
<td>✔ ✔</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Increasing the opportunity for people to return to their own home through support from the Crisis Resolution and Home Treatment Team</td>
<td></td>
<td>✔</td>
<td>✔ ✔</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Improving health by supporting people to quit smoking or to reduce tobacco use</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Productivity Improvement Programme</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Understanding and improving the overall patient experience</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

**Inpatients:**

**Community patients:**
Our performance as measured against a range of additional quality metrics for 2010/11

This section provides a summary of our performance, measured against a range of additional metrics and quality standards for the way in which we deliver services. These metrics are of interest to the people who use our services and our partners. Full details are available to review in the full Quality Account.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Additional Priority Area</th>
<th>Patient Safety</th>
<th>Clinical Effectiveness</th>
<th>Patient Experience</th>
<th>Performance</th>
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<tbody>
<tr>
<td>1</td>
<td>Environments &amp; Cleanliness</td>
<td>✔️</td>
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<td>2</td>
<td>Serious Incidents (SIs) (Clinical and Non-clinical) We need to improve the speed and quality of our investigations.</td>
<td>✔️</td>
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<td>3</td>
<td>Healthcare Associated Infection (HCAI): MRSA</td>
<td>✔️</td>
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<td>4</td>
<td>Healthcare Associated Infection (HCAI): MRSA Screening</td>
<td>✔️</td>
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<td>5</td>
<td>Healthcare Associated Infection (HCAI): Clostridium Difficile</td>
<td>✔️</td>
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<td>6</td>
<td>Delayed Transfers of Care We did not achieve the 7.5% target in 2010/11, but did in early 2011/12.</td>
<td>✔️</td>
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<td>7</td>
<td>Staff Satisfaction</td>
<td>✔️</td>
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<td>8</td>
<td>Physical Health Checks</td>
<td>✔️</td>
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<tr>
<td>9</td>
<td>Waiting Times We need to take action to reduce waiting times</td>
<td>✔️</td>
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<tr>
<td>Priority</td>
<td>Additional Priority Area</td>
<td>Patient Safety</td>
<td>Clinical Effectiveness</td>
<td>Patient Experience</td>
<td>Performance</td>
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<td>10</td>
<td>7 Day Follow Up</td>
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<td>Crisis Resolution Gatekept Admissions</td>
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<td>Service Users on Care Programme Approach (CPA) Care Review</td>
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<tr>
<td>13</td>
<td>Patients in Settled Accommodation</td>
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<td>14</td>
<td>Patients in Employment</td>
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<td>✔</td>
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<td>15</td>
<td>Patient Experience</td>
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<td>16</td>
<td>Complaints</td>
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<td>17</td>
<td>Food Provision</td>
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<td>18</td>
<td>Same Sex Accommodation</td>
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Feedback on our Quality Account

Feedback from the people and organisations which fund, monitor and have an interest in our performance, and the way in which we deliver our services, is ultimately what helps us to constantly improve. We asked a number of these partners to provide feedback on our full Quality Account and this is what they had to say.

...happy to confirm that the information provided in the Quality Account is accurate...

As the main commissioners of services at North Staffordshire Combined Healthcare NHS Trust (NSCHT), NHS North Staffordshire and NHS Stoke are pleased to comment on the Quality Account for 2010/11. As part of the contract monitoring process, NHS North Staffordshire, NHS Stoke and Staffordshire and Stoke Joint Commissioning Units meet with the Trust every month, to monitor and seek assurance on the quality of services provided by North Staffordshire Combined Healthcare NHS Trust. In addition, monthly sub groups have been established to focus on serious incidents and CQUINS (quarterly meetings). 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 relation to CQUIN targets, the PCTs were pleased with the level of achievement in 2010/11. Although certain indicators were not fully achieved, improvements were demonstrated in every area and, in some cases, targets for full achievement were only narrowly missed. The PCTs recognise that real improvements in quality can be made even where stretch targets are not met and would like to see qualitative summaries of changes made to practice and outcomes for patients in future quality accounts.

The PCTs have worked closely with the Trust to agree quality improvements for 2011/12 using the CQUINS framework. The process for developing the CQUIN scheme this year has included greater involvement by lead clinicians. The range of indicators will, if achieved, lead to material quality improvements for a wide range of patients as well as meeting the requirements of QIPP for acute mental health. The PCTs support the drive for continuous quality improvement and are pleased the quality accounts include a commitment to revise the models of care in line with best practice and move towards the type of care promoted in the new national mental health strategy.

The quality accounts include reference to the need to improve incident reporting systems, in particular, ensuring that systems become more robust and that when things go wrong they are reported rapidly and that following timely investigations lessons are learned from serious incidents. During 2010/11, the PCTs formally identified this as an area requiring improvement and have noted that one of the 2 key actions highlighted by the CQC compliance review also related to incident reporting. North Staffordshire Combined Healthcare NHS Trust has put in place an improvement plan and this will be monitored by the PCTs.

The PCTs are also fully supportive of the continued development of care pathways, initiatives to improve patient safety and the development of patient outcome measures. The PCTs are pleased that North Staffordshire Combined Healthcare NHS Trust has developed a Patient Experience Strategy and would encourage the Trust to increase its focus on utilising patients / carers / staff / public feedback as part of its aim to continuously improve quality.

quote continued over
The PCTs would suggest that in future years North Staffordshire Combined Healthcare NHS Trust make the Quality Account more meaningful to service users by describing how patients, or service users, have benefitted or will benefit in future from quality improvements or planned changes. Key messages might be made more relevant by illustrating them with a broader range of examples relating to real patient experiences.

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

*NHS North Staffordshire & NHS Stoke on Trent - Commissioning Primary Care Trusts*

...we encourage people to provide feedback to the Trust on the Quality Account as this will help with next year’s publication...

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 Account 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:

- included a list of services;
- added an explanation of how partner and stakeholder input has informed the Account;
- included information about improving the estate;
- clarified the Commissioning for Quality Innovation (CQUIN) Scheme for 2010/11 income achieved;

*quote continued over*
• added benchmarking information to elements of the review of quality performance; and
• responded to minor comments about the format of the Account.

In particular, we asked for service-based examples to be added, wherever possible, to illustrate how action taken by the Trust leads to improvements in care quality. The Trust has responded to this request - and given priority in 2011/12 to learning lessons, which should mean that they can give a wide range of examples in next year’s Account.

We encourage people to provide feedback to the Trust on the Quality Account as this will help with next year’s publication.

Staffordshire Health Scrutiny Committee

...we consider it to be a fair reflection of the healthcare services provided...

Stoke-on-Trent LINk would like to thank North Staffordshire Combined Healthcare NHS Trust for providing the opportunity to comment on their Quality Account for 2010/11. We consider it to be a fair reflection of the healthcare services provided and we put forward the following suggestions for improving the quality and range of its provision in Stoke-on-Trent:

• Ensure that Dementia Care is seen as a key priority, that sufficient funding allocated and staff-training made available, to meet the fast-increasing needs of the community.
• Ensure that improvement continues in the nutritional screening and support of patients, particularly the more vulnerable elderly population.
• Ensure improved response times from the Crisis Resolution and Home Treatment Teams in the light of the decrease in in-patient beds.
• Ensure efficient co-ordination and co-operation between services as we move towards increased care in the community.
• Ensure a more enriching experience for acute in-patients at Harplands by the provision of a range of holistic therapeutic activities, particularly during evenings and at weekends.
• Ensure the speedy and efficient reporting, follow-up and satisfactory closure of serious incidents with concerned parties.
• Ensure that a fuller range of services is available, including CBT, is made available, as required, and with minimal delay for patients.

Stoke-on-Trent LINk thanks North Staffordshire Combined Healthcare NHS Trust for improving its range of public involvement activity during the year, including much input from staff, presentations and arranged familiarisation visits. Whilst Stoke-on-Trent LINk acknowledges that North Staffordshire Combined Healthcare did commence the process of working with partners in agreeing the Trust priorities in March 2011, Stoke-on-Trent LINk would like the opportunity for earlier and regular discussions in agreeing priorities. Stoke-on-Trent LINk acknowledges receipt of a formal draft on 28th April 2011 although the draft did not contain all Q4 outcomes (for example in relation to CQUIN outcomes which were still being agreed with Commissioners) until 31st May, making the final response time shorter.

quote continued over
Also the presentation, expertly delivered, informative and given jointly to Stoke-on-Trent LINk and Staffordshire LINk on May 11th did present the final agreed priorities, but did at times rather unexpectedly move between the previous year’s Quality Account (2009/10) and the current version.

This said, we would welcome:

- Stakeholder engagement in the development of the Quality Account beginning nearer the start of the reporting year.
- Closer involvement in the commissioning process, alongside other interested bodies to ensure that the Quality Account is locally meaningful and reflect local priorities.
- The opportunity to work closely with the Trust in ensuring that the content is understood by all.

**Stoke on Trent LINk (Local Involvement Network)**

...we are pleased that the Trust came to present their draft Quality Account which provided an opportunity to participants to comment and give feedback...

In the Trust’s Quality Account for 2009/2010 Staffordshire LINk commented that they would ask the Trust to consider a more user-friendly way of presenting the information in 2010/2011 and, perhaps through a presentation of the report to a meeting of LINk participants, which would be more effective and engaging.

Staffordshire LINk are pleased that the Trust took note of this and a joint meeting with Stoke-on-Trent LINk was arranged for representatives of the Trust to come and present their draft Quality Account, which provided an opportunity for participants to comment and give feedback.

Authors of the Quality Account must appreciate the area of distribution for which the document is intended, ie the general public. The document must be written in as near lay terms as possible with as little jargon as possible.

During the process of reviewing the draft Quality Account, it was necessary for a LINk participant to read parts several times and seek clarification of terms from other sources and it would be useful for a Glossary of Terms to be incorporated to explain / define acronyms and jargon where it is necessary that they be included in the Account.

The Quality Account reports on the areas of Patient Safety, Clinical Effectiveness and Patient Experience as prescribed by the Department of Health and results in some technical information that may be difficult for some members of the public to understand. Part 2 sets out the Trust’s priorities for improvement. LINk participants are keen to see that the first priority relating to patient safety is to implement improved arrangements in relation to serious incidents and incidents.

*quote continued over*
However, the report refers to 12 individual actions to address the findings of the Care Quality Commission following a Compliance Review during 2010/11, but fails to state what these are.

Staffordshire LINk would wish to thank the Trust for giving them the opportunity to comment on the Quality Account.

**Staffordshire LINk (Local Involvement Network)**

...it is really all about the journey and not just the destination...

I was pleased to be invited to contribute to the Trust’s Quality Account in terms of setting the Trust’s priorities for the coming year and feel that my suggestions in the areas of improving care coordination, discharge planning and information for service users have been included in the priorities as set by the Trust. In future years, I would also like to see more examples of what has changed as a result of involvement activities. I also suggested that the Trust includes real examples from the national service users survey or comments from service users throughout the document to support what the Trust is saying as it is really all about the journey and not just the destination - the impact that improvements have made to the service quality as experienced by the service user, and am assured that the Trust will include this approach in the final version.

**Lorien Barber, North Staffs Users Group**

...people with learning disabilities who use services are the experts...

It is essential that people are involved in speaking up about services and are offered real opportunities to be heard. People with learning disabilities tell us they want to take part in service audits and reviews, to check the quality of services, to make recommendations for change and to highlight good practice in services. People with learning disabilities who use services are the experts, their stories are evidence of what is not working and what is making a positive difference in their lives. We are happy that Reach has been asked to share people’s views and that people’s comments have helped to shape the Quality Account. We look forward to working with North Staffordshire Combined Healthcare NHS Trust in the future to build on people’s involvement and participation in speaking up about services.

**Patsy Corcoran, Reach**
What people say about our services

Did the health / social care worker treat you with dignity and respect? *Result: 9.4 out of 10 agreed.*

In the last 12 months have you had a care review meeting to discuss your care plan? *Result: 8.1 out of 10 agreed.*

Overall, how would you rate the care you have received from Mental Health Services in the last 12 months? *Result: 7.2 out of 10 answered positively (better result than other Trusts)*

“The fact that I can get in touch with someone right away if I need them is very comforting and reassuring.”

“Just thank you so much. The NHS is doing a great job and I owe you all for helping me. I couldn’t have managed my illness without you. I can now look confidently to the future. All aspects - CPN, Crisis Team, Psychiatric Doctor and GP etc have been good.”

“After many years with mental health problems, for me it’s all coming together. I feel I matter now. I do have a voice and I am heard.

“My occupational therapist, counsellor and current psychiatrist are very good. They give me time and freedom to express what I want to. They show empathy and unconditional positive regard. These skills and personal qualities have meant that the relationships I have had with them have been therapeutic.”

Source for these patient and service user quotes and survey results is ‘The National Community Mental Health Survey 2010’.
If you would like further copies of this document, or would like it in large print, Braille or an alternative language, please contact:

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This is a Summary of our Quality Account for 2010/11. The full Quality Account can be downloaded at www.combined.nhs.uk