Nottinghamshire Healthcare **NHS**

NHS Trust

Positive about integrated healthcare

positive

... about quality for each service user,
patient, carer and member of staff

Quality Account
2012/13 – DRAFT

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

On behalf of the Board of Nottinghamshire Healthcare we are pleased to be able to present our fourth Quality Account. This Account covers the year April 2012 to March 2013.

It is essential that Nottinghamshire Healthcare Trust Board is the first line of regulation. That we seek out and are provided with assurances on quality from all the services that we provide. The publication of our fourth Quality account signals the priority that the Trust Board places on safety, patient experience and effectiveness of our services.

This report focuses on the quality of services we deliver to patients and is a statement of our value of openness, to be publically accountable for the quality of our services that we provide.

The Account has been developed through a continuing focus on quality, building on the Quality Report that we published in 2011/12, responding to the feedback we received, consulting with services users and staff, leading to the development of our continuing priorities for 2012/13.

Quality is defined through three main priorities: (1) patient safety (2) clinical effectiveness (outcomes) and (3) patient and carer experience. This report will focus on the three priority areas and provide summary information.

Lord Darzi summarises an approach to the improvement in quality in '*High Quality Care for All*' and described seven steps to improving quality; we adopted these in our Quality Strategy:

Bring clarity to quality	Measure quality	Publish quality performance	Recognise and reward quality	Provide leadership for quality	Safeguard quality	Stay ahead
1	**2**	**3**	**4**	**5**	**6**	**7**

1 Bring clarity to quality. This means being clear about what high quality care looks like in all specialties and reflecting this in a coherent approach to the setting of standards.

2 Measure quality. In order to work out how to improve we need to measure and understand exactly what we do. The NHS needs a quality measurement framework at every level.

3 Publish quality performance. Making data on how well we are doing widely available to staff, patients and the public will help us understand variation and best practice and focus on improvement.

4 Recognise and reward quality. The system should recognise and reward improvement in the quality of care and service. This means ensuring that the right incentives are in place to support quality improvement.

5   Raise standards.   Quality is improved by empowered patients and empowered professionals.   There must be a stronger role for clinical leadership and management throughout the NHS.

6   Safeguard quality.   Patients and the public need to be reassured that the NHS everywhere is providing high quality care.   Regulation – of professions and of services – has a key role to play in ensuring this is the case.

7   Staying ahead.   New treatments are constantly redefining what high quality care looks like. We must support innovation to foster a pioneering NHS.

The Trust has responded to these challenges, incorporating them into a bespoke leadership development programme – Invest to lead, highly regarded and seen as a 'signature strength' inside and outside of the organisation, a Clinical Leaders programme aimed at all Band 7 staff in a clinical role, and Leadership at the Point of Service- first line managers programme developing essential management and leadership skills.

The Trust has updated Quality Strategy which has been recommended and adopted by the Trust Board in March 2012, which sets the direction for the next five years, to continuously improve quality by putting it at the heart of everything we do.

If quality is to be at the heart of everything we do, it must be understood from the perspectives of patients. Patients pay regard both to clinical outcomes and their own experience of the service. Patients will understand that not all treatments are perfect, but should rightly expect to be treated with dignity and respect. However they do not expect that we should put them at risk of harm.

Subject to Trust Board Approval

"*The Trust Board of Nottinghamshire Healthcare NHS Trust reviewed the content of the Quality Account on 30 May 2013 and confirmed that we are accountable for the content of the report. In our view it presents a balanced view of the overall quality of services that we provide and that to the best of our knowledge the information in the document is accurate.*"

Professor Mike Cooke CBE
Chief Executive

PART TWO

STATEMENTS OF ASSURANCE FROM THE BOARD

This section has a predetermined content to allow comparison between Quality Accounts from different organisations. The content and wording within the light blue boxes are requirements taken from the Quality Account Toolkit and provide assurance that the Board has received and engaged in cross-cutting initiatives which link strongly to quality improvement.

It contains 7 distinct sections:

- Review of Services
- Participation in Clinical Audit
- Research
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC)
- Data Quality
- National Quality Indicators

Review of Services

During 2012/13 Nottinghamshire Healthcare NHS Trust provided and/or sub contracted mental health, learning disability, substance misuse, forensic, community NHS services and offender healthcare.

Nottinghamshire Healthcare NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2012/13 represents **XX%** per cent of the total income generated from the provision of NHS services by Nottinghamshire Healthcare NHS Trust for 2012/13.

Participation in Clinical Audit

During 2012/13 **5** national clinical audits and **1** national confidential enquiry covered the services that Nottinghamshire Healthcare NHS Trust provides.

During that period Nottinghamshire Healthcare NHS Trust participated in **100%** national clinical audits and **100%** national confidential enquiries of the national quality audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Nottinghamshire Healthcare NHS Trust was eligible to participate in during 2012/13 are as follows:

- The National Prescribing Observatory for Mental Health (4 audits)
- The National Audit of Psychological Therapies
- National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH) (also known as Suicide and homicide in mental health, or Mental

Health Clinical Outcome Review Programme)

All homicides, suicides, unexpected deaths and near misses involving patients of the Trust are regarded as serious incidents and managed in keeping with the national guidance and with agreed policies within the Trust and NHS Midlands and East. The Trust therefore participates in this research and reports its enquiries to the National Confidential Enquiry.

The distinctive feature of each enquiry's contribution is the critical examination, by senior and appropriately chosen specialists, of what has actually happened to patients. There are established arrangements for communicating lessons learned both within the Trust and externally where appropriate; carry out gap analysis for any areas of concern; develop any additional action plans where applicable to meet the recommendations of the study and to ensure that there is a robust and expedient system for the dissemination and implementation.

The national clinical audits and national confidential enquiries that Nottinghamshire Healthcare participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit or Enquiry	Cases Submitted (%)
The National Audit of Psychological Therapies	100%
The National Prescribing Observatory for Mental Health: • Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards • Screening for metabolic side effects of antipsychotic drugs • Use of antipsychotics in dementia • Prescribing for People with Personality Disorder	100%
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	100%

The reports of the 5 national clinical audits were reviewed by the provider in 2012/13 and Nottinghamshire Healthcare intends to take the following actions to improve the quality of healthcare provided:

As a result of participating in POMH Audit programmes (and other programmes of work) the Division has made amendments to the following guidelines:

Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards:
Antipsychotic high dose guidelines, including:
- Quick Reference Guide for Prescribing High-dose Antipsychotics
- High Dose Antipsychotic Treatment (HDAT) Monitoring Sheet
- POMH-UK Antipsychotic Dosage Ready Reckoner

Screening for metabolic side effects of antipsychotic drugs
- This has had an impact on a number of guidelines issued for each of the atypical antipsychotics covering dosing and monitoring, an example of this are the guidelines for Aripiprazole.

Use of antipsychotics in dementia
- Revision to guidelines for Managing Behaviour and Psychological Problems in Patients with Diagnosed or suspected Dementia

Prescribing for People with Personality Disorder
- Audit report due to be considered by Forensic Clinical Audit Group in April 2013 and action plan to be developed.

National Audit of Schizophrenia
The Trust has also received the report for the National Audit of Schizophrenia and is in the process of understanding the impact of this report on the services it provides. In the first instance, the Division has developed a Mindfulness-based cognitive therapy (MBCT) training programme. 25 clinicians were initially trained and went on to run Mindfulness groups to other members of staff to develop their teaching skills and practice across the Division. A MBCT Lead has now been appointed and the therapy is being routinely provided across the Division.

The reports of **190** local clinical audits were reviewed in 2012/13 and Nottinghamshire Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

There has been a broad range of audits completed over the last 12 months and a summary of some of the actions taken reflecting both Divisional, Directorate and Clinician led audits is given below providing an flavour of some of the impacts resulting from Clinical Audits:

Within our Forensic Services Division:

- Good Practice Guidance for Named Nurses on the admission process in development at Rampton
- Investigation of reasons for cancelled 1:1 sessions in High Secure Deaf Services
- Use of ward round template to gain consistency and structure in ward round documentation across teams within Wathwood
- Wathwood developed a new procedure in relation to patient's request for a change of Responsible Clinician
- Checklist for discharge documentation developed at Arnold Lodge
- More consistency in the use of "read codes" within SystmOne across the Offender Health Directorate
- CPA audits have resulted in robust procedures being formulated and embedded across Offender Health sites
- Record keeping audits have resulted in improvements to record keeping and the quality of records within Forensic Services. This has been acknowledged within the QUEST review reports
- An audit of "absence without leave" in Low Secure Services has resulted in the tightening up of systems and processes
- A review of the guidance and training in the use of the BLICK alarm has been initiated at Rampton Hospital

Within our Local Services Division:

- **Monthly Records Audit:** There has been an emphasis on good quality record keeping over the last 12 months and this is likely to continue over 2013/14. A full programme of audits has been established to support this, and significant improvements in the general quality of record keeping is evident,
- **Audits support CQUIN:** Here there have been audits focussing on the quality of discharge planning and the provision of discharge summaries; recovery planning and the use of the Infant Interaction Scale in the Mother and Baby Unit. Each of these has seen an improvement the last year, although with Recovery Planning and Discharge Planning there is still some improvement needed to ensure that these are as robust as required.

- **NICE Guidelines examples include:**
  Bipolar disorder
  Has led to more structured use of letters and case notes to outline the decisions made on the use of treatment, especially medication, including the reasons for the decision, patient's wishes, steps of monitoring clinical state, adherence/concordance, side-effects and risks. Improved the use of the NPSA purple safer lithium therapy handbook/result record book ensuring that it is available and kept constantly in stock at all out-patient, day care and in-patient sites where patients with bipolar disorder might be seen.
  Dementia;
  Assessment: Improved assessment and reassessment of Cultural identity, spiritual identity, pain/discomfort, medication side effects and cognition
  Interventions: Education aimed at medical staff to ensure it is clear that only individuals with severe non-cognitive symptoms should be prescribed an antipsychotic.
  Improved assessment of cerebrovascular risk factors were assessed prior to prescribing
  Improved identification of target symptoms in all cases during the period of prescription
  Insomnia
  A training programme for nursing staff and prescribers should be developed to raise awareness of the risks and benefits of hypnotics and encourage the use of alternatives methods of sleep promotion.
  Greater promotion of the use of sleep hygiene methods.
  Prescribers to actively change the way hypnotic drugs are currently prescribed.
  Nursing staff to actively change the way hypnotic drugs are offered and administered.

Directorate Audits have been varied examples include:

Antipsychotic Use in managing Behaviour in Dementia: This has resulted in the development and use of a checklist, based on the Nottingham Area Prescribing Committee guidelines.

Treatment of Severe Depressive Disorder in Older People: This has led to an improvement in the documenting of treatment decisions and their underlying rationale and increased use in objective measures such as the Montgomery-Asberg Depression Rating Scale and the Hamilton Depression Rating.

Use of Melatonin in Child and Adolescent Mental Health Services: The following action, among others, has been taken following this audit
- To advise importance of following non-pharmacological sleep hygiene measures before commencing Melatonin for a young person and to maintain a sleep diary.
- To use Circadin-Melatonin M/R 2mg tablets. This is the licensed formulation available within the NHS (manufactured by Lundbeck).Other formulations are available from "special-order" manufacturers or specialist importing companies. Hence this should be followed bearing the cost efficacy in mind.
- The development of a sleep a 'sleep pack' to be given to clinicians prescribing melatonin and be kept the clinic rooms so that they would be easily available and contain all the necessary information, leaflets and diaries.

Within our Health Partnerships Division:

The Health Partnerships Division have a Clinical Audit Plan which reflects the audit priorities for the year. The following is a summary of some of the audit undertaken.

Safeguarding Adult and Children Team undertook a number of audits throughout 2012/2013 with examples below
- Safeguarding Supervision Survey
- Multi-Agency Audit of Referrals to Social Care – SCR
- NSCB themed Audit the Response to Unborn Babies
- Scoping Exercise into Adult Safeguarding Knowledge, Training and Supervision audit
- Nottinghamshire Safeguarding Children's Board (NSCB) Multi-Agency Audit on the Voice of the Child

Outcome - Areas of Good Practice

- Staff acknowledged and requested a need for training and supervision.
- Staff are multi-agency working and domestic abuse assessments are being completed
- Child care social workers arranging visit out of working hours in order to meet with the family to discuss concerns
- Highly effective interagency communication in some cases with agencies meeting more frequently than required
- Very good interagency liaison in some cases, particularly in relation to the transfer of responsibilities between health visiting staff in different areas

Nottinghamshire Safeguarding Children's Board (NSCB) Multi-Agency Audit on the Voice of the Child

Although the final report on this audit has not been released by the NSCB as yet, Health Partnerships were able to identify areas of good practice within the children and family health teams across the county.

Outcome - Areas of Good Practice
- Staff are working in a multiagency way and are completing domestic abuse assessments in a correct and timely manner.
- Staff also identified if a child had requested to be seen alone when referred to another service and specified this in the referral.
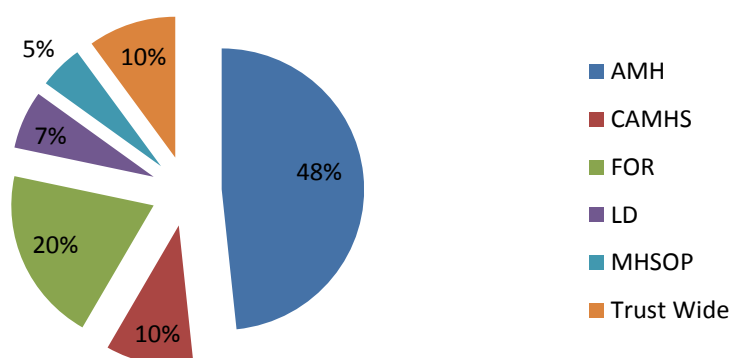
Research

The number of patients receiving NHS services provided or sub-contracted by Nottinghamshire Healthcare NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was **1010.**
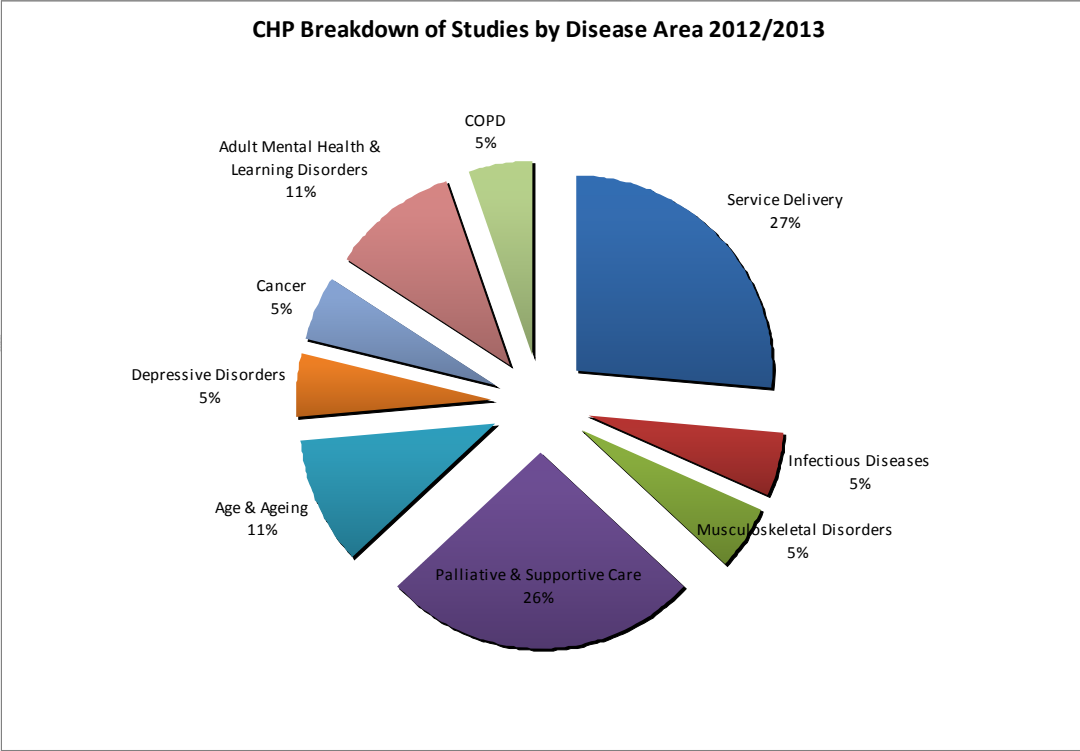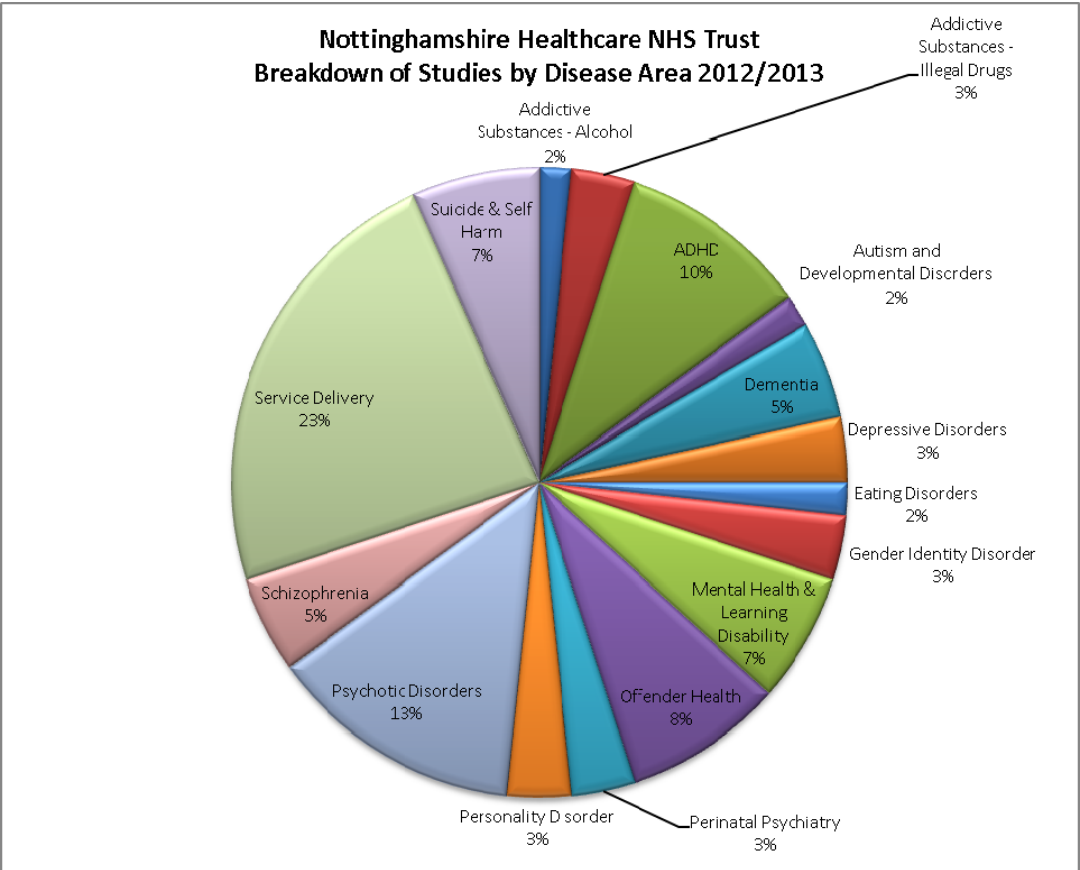
Participation in clinical research demonstrates Nottinghamshire Healthcare NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The improvement in patient health outcomes in Nottinghamshire Healthcare NHS Trust demonstrates that a commitment to clinical research leads to better treatments for patients.

There were **74** of clinical staff participating in research approved by a research ethics committee at Nottinghamshire Healthcare NHS Trust during 2012/13. These staff participated in research covering adult mental health, forensic and mental health for older people of medical specialties.

Nottinghamshire Healthcare NHS Trust - Breakdown of Research by Directorate 2012/2013

Pie chart legend:
- AMH — 48%
- CAMHS — 10%
- FOR — 20%
- LD — 7%
- MHSOP — 5%
- Trust Wide — 10%

Nottinghamshire Healthcare NHS Trust
Breakdown of Studies by Disease Area 2012/2013

- Addictive Substances - Illegal Drugs 3%
- Addictive Substances - Alcohol 2%
- ADHD 10%
- Autism and Developmental Disorders 2%
- Dementia 5%
- Depressive Disorders 3%
- Eating Disorders 2%
- Gender Identity Disorder 3%
- Mental Health & Learning Disability 7%
- Offender Health 8%
- Perinatal Psychiatry 3%
- Personality Disorder 3%
- Psychotic Disorders 13%
- Schizophrenia 5%
- Service Delivery 23%
- Suicide & Self Harm 7%

CHP Breakdown of Studies by Disease Area 2012/2013

- COPD 5%
- Adult Mental Health & Learning Disorders 11%
- Cancer 5%
- Depressive Disorders 5%
- Age & Ageing 11%
- Palliative & Supportive Care 26%
- Musculoskeletal Disorders 5%
- Infectious Diseases 5%
- Service Delivery 27%

[narrative to be inserted]

Commissioning For Quality and Innovation (CQUIN)

A proportion of Nottinghamshire Healthcare NHS Trust income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between Nottinghamshire Healthcare NHS Trust 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 2012/13 and for the following 12 month period are available electronically at http://www.nottinghamshirehealthcare.nhs.uk/information/annual-reports-and-other-documents/

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. From 1 October 2010, all health and adult social care providers were legally responsible for making sure they meet essential standards of quality and safety and must be licensed with CQC under the Health and Social Care Act 2008.

Nottinghamshire Healthcare NHS Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions.

The Care Quality Commission has not taken enforcement action against Nottinghamshire Healthcare NHS Trust during 2012/13.

Nottinghamshire Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has 43 locations registered with the CQC under the Health and Social Care Act 2008. A framework is in place to provide assurance on the Registration requirements and the 16 Clinical Governance Standards of Quality and Safety which underpins this.

During 2012/13 the Trust had announced routine inspection checks to five of our registered locations from the CQC. Four of these checks were in conjunction with Her Majesty's Inspectorate of Prisons (HMIP) and were carried out within the healthcare departments of our prisons where we provide clinical services. The recent inspection was carried out at our High Secure Services at Ramton Hospital.

The inspections identified significant areas of good quality care provided within our prison healthcare services but did identify one area of non-compliance with the Essential Standards of Quality and Safety. The Trust developed robust plans to address the identified issues which were complete by 30 November 2012. The service was subsequently re-visited by the CQC as part of the follow-up process who verified the actions taken by the Trust and they have confirmed that the Trust is now compliant with the standards they reviewed. The Trust continues to have unconditional Registration by the Care Quality Commission.

The table below provides details of the inspections:

Registered Location	Review Date	Outcomes Assessed	Judgment
HMP Stocken	6 - 7/08/2012	1	Compliant
		4	Non-Compliant
		6	Compliant
		14	Compliant
		16	Compliant
HMP Hatfield	01/10/2012	1	Compliant
		4	Compliant
		6	Compliant
		14	Compliant
		16	Compliant
HMP Moorland	3-4/12/2012	1	Compliant
		4	Compliant
		6	Compliant
		8	Compliant
		14	Compliant
		16	Compliant
HMP Lindholme	11-12/02/2013	2	Compliant
		4	Compliant
		8	Compliant
		13	Compliant
		16	Compliant
Rampton Hospital (High Secure Services)	13-14/03/2013	1	Compliant
		4	Compliant
		6	Compliant
		7	Compliant
		14	Compliant

Key to Outcomes

1 - Respecting and involving people who use services
2 - Consent to care and treatment
4 - Care and welfare of people who use services
5 - Meeting nutritional needs
6 - Cooperating with other providers
7 - Safeguarding people who use services from abuse
8 - Cleanliness and infection control
9 - Management of medicines

10 - Safety and suitability of premises
11 - Safety, availability and suitability of equipment
12 - Requirements relating to workers
13 - Staffing
14 - Supporting workers
16 - Assessing and monitoring the quality of service provision
17 - Complaints
21 - Records

Data quality

Nottinghamshire Healthcare NHS Trust will be taking the following actions to improve data quality:

I.   Introduce a data quality assurance framework which assesses the quality of data behind the Trust's KPIs
II. Introduce a process for comparing GP practice information recorded on the Trust's

systems with the Patient Demographics Service and investigating discrepancies.

Nottinghamshire Healthcare NHS Trust submitted records during 2012/13 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 was:

99.8% for admitted patient care;
99.9% for out-patient care; and
Not applicable for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for out-patient care; and
Not applicable for accident and emergency care

Nottinghamshire Healthcare NHS Trust **Information Governance** Assessment Report score overall score for 2012/13 was **87%**

Internal Audit conducted a validation exercise in Febraury 2013 which provided significant assurance that there is a generally sound system of control. The review of the Trust's self assessed scores concludes that the Trust is demonstrating a minimum level 2 compliant score for 12 of the 16 standards reviewed. If the recommended actions are completed within agreed timescales then the remaining 4 standards should also achieve a minimum level 2 compliant score by the toolkit submission date of 31st March 2013.

Nottinghamshire Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during the 2012/13 by the Audit Commission.

National Quality Indicators

The NHS Outcomes Framework sets out the outcomes and corresponding indicators that are used to hold all healthcare trusts to account for the outcomes delivered. The NHS Outcomes Framework enables clinical quality, patient safety and patient experience to be scrutinised and accounted for in a transparent and focused manner. National Quality Indicators are measurements of quality healthcare provision based on data that trusts routinely report on nationally, arranged into five domains of care outlined in the NHS Outcomes Framework:

1   Preventing people from dying prematurely

2   Enhancing quality of life for people with long-term conditions

3   Helping people to recover from episodes of ill health or following injury

4   Ensuring that people have a positive experience of care

5   Treating and caring for people in a safe environment and protecting them from

avoidable harm

The Department of Health has identified 15 indicators which should be included in Trust Quality Accounts where they are applicable to the services delivered by the Trust. Six of these indicators are relevant to Nottinghamshire Healthcare NHS Trust and are detailed below:

Enhancing quality of life for people with long-term conditions - 7 Day Follow-up

The term 'Care Programme Approach' (CPA) describes the framework to support and coordinate effective mental health care for people with mental health problems in secondary mental health services. Although the policy has been revised over time, CPA remains the central approach for coordinating the care for people in contact with these services who have more complex mental health needs and who need the support of a multidisciplinary team.

Following up someone on care programme approach (CPA) within seven days of discharge from inpatient care reduces risk of harm and social exclusion and can maintain and improve access to care. Trusts must achieve at least 95% of inpatients on CPA followed up within seven days of discharge from hospital.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to work closely with service users and their families to develop discharge care plans which will support them when they move from inpatient care to the community.
- Reducing risks and ensuring a safer move into the community and one of the core targets we endeavour to achieve is to see 95% of patients within 7 days of their discharge from hospital. In 2010/11 we achieved 99.2% and in 2011/12 99.0%

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

7 day follow up	Nottinghamshire Healthcare NHS Trust	National average	Highest performing trust in any given quarter	Lowest performing trust in any given quarter
Year to date 2013	98.4%	97.4%	100%	0%
2011/2012	98.7%	97.3%	100%	0%

Enhancing quality of life for people with long-term conditions - **Crisis Resolution Home Treatment Team**

In a crisis resolution context within psychiatric care, a 'crisis' is defined as the breakdown of an individual's normal coping mechanisms. Crisis Resolution and Home Treatment is an alternative to inpatient hospital care for service users with serious mental illness, offering

flexible, home-based care, 24 hours a day, seven days a week. These teams act as gatekeepers to acute in-patient services, and are measured against the 95% minimum gatekeeping target set by Monitor.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust [has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions]:

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

Crisis Resolution	Nottinghamshire Healthcare NHS Trust	National average	Highest performing trust in any given quarter	Lowest performing trust in any given quarter
Year to date 2013	100%	98.2%	100%	0%
2011/2012	100%	97.4%	100%	29.8%

Helping people to recover from episodes of ill health or following injury - Re-admission Rates

Readmissions of patients to inpatient areas can be extremely distressing, leading to potentially harmful consequences for patients' mental and physical wellbeing. NHS organisations endeavour to keep readmission rates as low as possible; however there can be a wide variation in readmission rates between similar NHS organisations. These variations can act as a trigger to look at practice within an organisation or geographical area. This could in turn help to prevent avoidable readmissions and lead to improved levels of care.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust [has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions]:

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

Psychiatric readmissions within 28 days	Nottinghamshire Healthcare NHS Trust
Year to date 2013	3.9%
2011/2012	3.0%
2010/2011	2.9%

Ensuring that people have a positive experience of care – Family and Friends recommendation (staff)

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends provides a useful point of comparison as to the quality of trust services as experienced by the staff providing the services.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust [has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions]:

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

Family and Friends test	Nottinghamshire Healthcare NHS Trust	National (Mental Health) average	Highest performing trust	Lowest performing trust
2012	68%	58%	80%	39%
2011	69%	58%	83%	43%

Ensuring that people have a positive experience of care – Community Mental Health Survey

The summary of the results for the annual Community Mental Health Survey details how patients graded different key aspects of their care. These results also enable each of the trusts involved in the survey to assess their own findings and develop services accordingly. With a national response rate of 32% the Community Mental Health Survey Service is both a valued research tool and a robust indicator of how service users rate their experience of treatment.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust [has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions]:

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

Patient experience of Community Mental Health Services - ratings	Nottinghamshire Healthcare NHS Trust	Highest performing trust	Lowest performing trust
2012	7.3 (out of a possible 10), a performance rated by the Care Quality Commission as 'about the same' to its 2011 performance	7.8 (out of possible 10)	6.5 (out of possible 10)

Treating and caring for people in a safe environment and protecting them from avoidable harm – Patient Safety Incidents

A patient safety incident is any healthcare related event that was unintended, unexpected and undesired and which could have or did cause harm to patients. It is recommended as a preferred term when considering adverse events, near misses and significant events to minimise confusion and help the formal reporting of relevant incidents.

Harm occurs if a patient's health or quality of life is negatively affected by any aspect of their interaction with health care. A pragmatic interpretation is 'anything' that you would not want to happen to you or your relatives while receiving care.

The Nottinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Nottinghamshire Healthcare NHS Trust [has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions]:

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

Patient safety incidents	Nottinghamshire Healthcare NHS Trust - Rate of Patient safety incidents (number of incidents divided by total bed days of care) x 1000 bed days	Nottinghamshire Healthcare NHS Trust - Number of Patient safety incidents resulting in severe harm or death (number of incidents rated as at least severe)	Nottinghamshire Healthcare NHS Trust - Percentage of Patient safety incidents resulting in severe harm or death (number of incidents rated as at least severe and above divided by total bed days of care) x 1000 bed days
2012/13 YTD	19.4	33	0.11
2011/12	18.4	69	0.18

REVIEW OF QUALITY PERFORMANCE IN 2012/13

The priorities for quality development in mental health, learning disability and community services during 2012/13 were developed in consultation with commissioners and governor members of Nottinghamshire Healthcare NHS Trust and focussed on outcomes following patient surveys, areas of risks identified following incidents, complaints and external reviews. They also reflected priorities identified in the staff survey, the national patient survey and our own service user survey. Some were developed to measure baseline performance for future improvement.

The Trust approved its second quality strategy in April 2012, underpinning the work carried out in 'High Quality Care For All'. In developing our Quality Strategy, the Trust Board signalled its philosophy that 'Quality remains at the heart of everything we do'.

This section of the report provides a list of the priorities we set out to achieve in 2012/13 and then demonstrates our progress against them.

Patient Safety

- Reduce the experience of violence in our inpatient settings
- Ensure there is organisational learning from all incidents including serious incidents
- Improve record keeping to ensure all identified care and treatment is clearly defined with evidence of involvement of service users in care planning
- Eliminate avoidable stage 2, 3 and 4 pressure ulcers

Patient Experience

- Improve access to services by reducing waiting times and hidden waits
- Improve the experience of carers by ensuring they are well supported and informed
- Improve the overall experience of service users and patients

Clinical Effectiveness

- Improve the integration between physical healthcare and mental healthcare
- Ensure service users and patients receive care and treatment in the care setting that has been identified as the most suitable for their needs
- Develop outcome measures to support the Trust's commitment to the Recovery agenda
- Develop measures to monitor the quality of services provided in Offender Healthcare

Other Quality Priorities

- Continue to focus on quality assurance of cost improvement plans
- Develop performance and quality measures at an individual, team and service level, supported by a new business intelligence system
- Continue to develop our systems to govern quality at Board level and across the organisation
- Improve the quality and uptake of workforce measures e.g. supervision and appraisal which act as a proxy measure for quality

REVIEW OF PATIENT SAFETY PRIORITIES 2012/13

Reduce the experience of violence in our in-patient settings
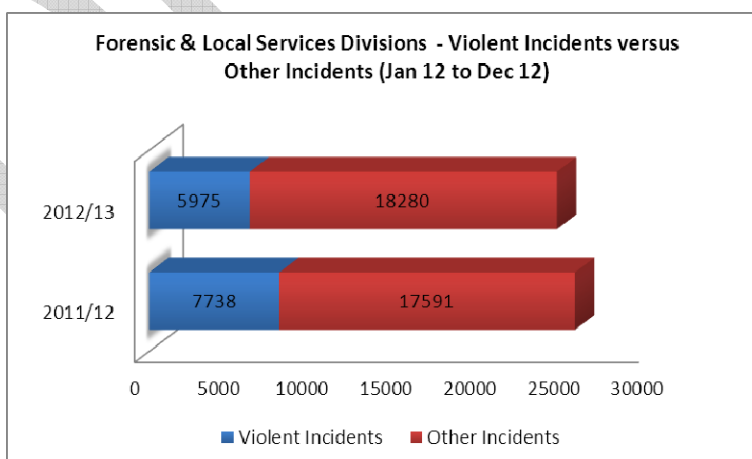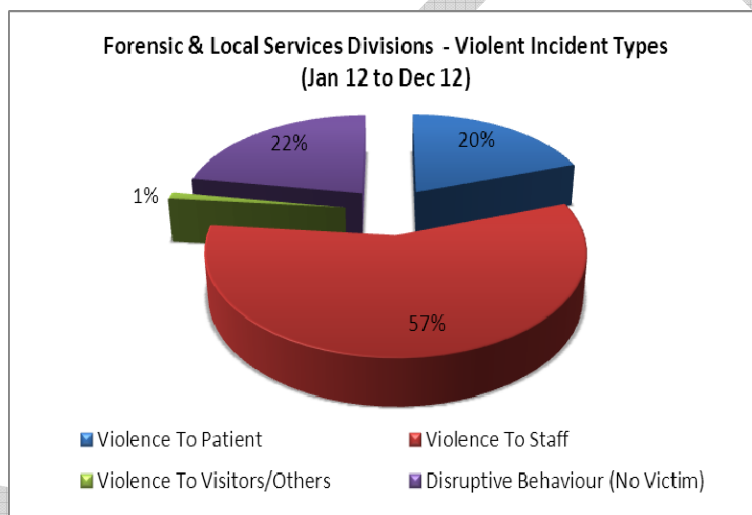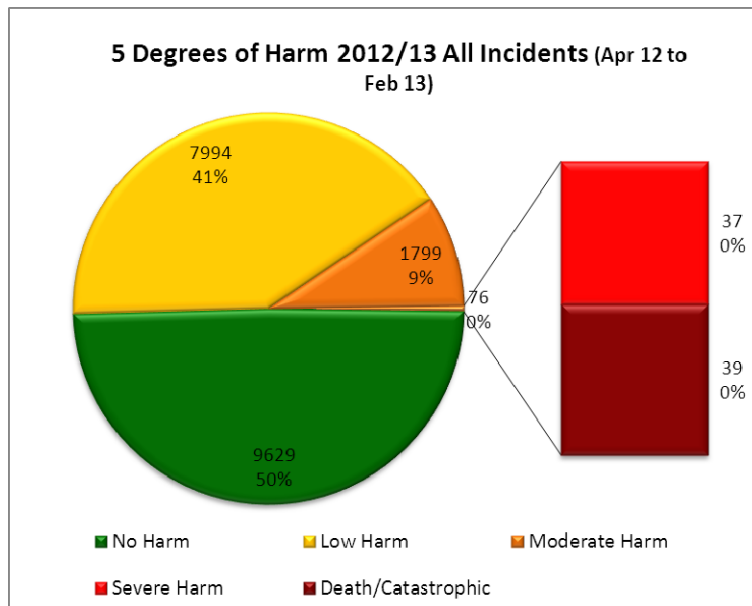
People with mental health illnesses in hospital sometimes behave aggressively. They may try to harm other patients, staff, property or themselves. Such aggression can result in injuries, sometimes severe, to patients or to staff, causing staff absence and hampering the efficiency of psychiatric service. Nottinghamshire Healthcare NHS Trust is required to provide effective therapeutic care in safe conditions that promote recovery. The Trust's focus is on the prevention of violence through promoting a positive culture through strong leadership and organisational learning.

The Trust believes that mental health practitioners can often prevent an individual service user who is over-aroused, agitated or aggressive from deteriorating further by the use of skilled interventions. It is in the process of developing a Violence Reduction Strategy which will include 5 key areas and each one will have a set of objectives. The 5 key areas are:

- **Risk Assessment** - Assessment and the management of risk is an essential part of the care and treatment provided for service users and is an integral part of Care Programme Approach (CPA). It is essential that on admission/referral or initial contact a clinical risk assessment is carried out and a risk management plan is put into place. This should be in collaboration with the service user and their carer wherever possible. The risk assessment process is designed to be comprehensive with the potential risk of violence being just one element that is considered as part of the assessment.
- **Clinical Management of Violence** - Risk assessments and risk management plans are regularly reviewed with the service user and their carer whenever possible. Plans should record known triggers to aggressive/violent behaviour based on current observations, previous history and discussion with service users and their carers/families. Changes in levels of risk should be recorded, communicated and risk management plans changed accordingly.
- **Post Incident Support** - All incidents of violence and aggression are recorded as per the Policy and Procedure. Staff support systems and mechanisms to review practice, is utilised when appropriate to promote a culture of learning.
- **Training and Development** - Appropriate training, providing advice, support and practical help to individual service areas in the prevention and management of violence and support for employees who have direct and regular contact with service users has to be provided to enable these skills to be generated.
- **Social and Physical environment** - A wide range of appropriate occupational, social and recreational activities is provided for the service user/patient group taking into account an individual's abilities, level of functioning and resources available. Seclusion should only be used as a last resort and for the shortest possible time.

In 2012/13 **XXXX** incidents of aggression and violence across the Forensic and Local Services Division were reported. This figure includes verbal abuse, verbal threats, attempted assaults, harassment as well as physical assaults. The Trust also continues to monitor this and build on the work carried out during 2011/12.

The graphs below show the number of violent incidents compared to the total number of reported incidents, the breakdown of different categories of violent incidents and the level of harm these incidents cause. The second graph illustrates that the amount of violent incidents has reduced in comparison to the previous year.

5 Degrees of Harm 2012/13 All Incidents (Apr 12 to Feb 13)

- 7994 / 41%
- 1799 / 9%
- 76 / 0%
- 9629 / 50%
- 37 / 0%
- 39 / 0%

■ No Harm ■ Low Harm ■ Moderate Harm
■ Severe Harm ■ Death/Catastrophic

Forensic & Local Services Divisions - Violent Incident Types (Jan 12 to Dec 12)

- 20%
- 22%
- 1%
- 57%

■ Violence To Patient ■ Violence To Staff
■ Violence To Visitors/Others ■ Disruptive Behaviour (No Victim)

Forensic & Local Services Divisions - Violent Incidents versus Other Incidents (Jan 12 to Dec 12)

	Violent Incidents	Other Incidents
2012/13	5975	18280
2011/12	7738	17591

0   5000   10000   15000   20000   25000   30000

■ Violent Incidents ■ Other Incidents

Ensure there is organisational learning from all incidents including serious incidents
Learning from Serious Incidents

The Trust has systems and processes in place to manage, investigate and learn from incidents. Forensic and Local Services Divisions have forums where serious incidents are reviewed. The Forensic Division has a weekly Serious Untoward Incident (SUI) Review and both the Forensic and Local Services hold bi-monthly Clinical Incident Review Group Creating Learning Envirnment (CIRCLE) who provides consideration and challenge on all reported SUIs along with any final reports and actions plans generated from recommendations. The Division issues a regular Lessons Learnt Bulletin, incorporating messages from any reports relating to SUI's. Forensic Services have also produced lessons news sheets specifically designed for Offender Health.

The Health Partnership Division also have similar process in place and serious incident are reviewed at the Quality and Risk (Learning from Patient Experience) meeting and have recently revised their newsletter 'Reflection on Learning the Lessons' making it more informative and useful. Lessons Learnt and Action Taken within the Trust include:

[Awaiting information]

Improve record keeping to ensure all identified care and treatment is clearly defined with evidence of involvement of service users in care planning

Good record keeping as an integral part of practice and essential to the provision of safe and effective care. The Trust acknowledges that good record keeping has a range of important functions including, improving communication between healthcare professionals, supporting delivery and continuity of patient care, demonstrating clinical judgements and decision making and identifying risk for patients. Patient health records also have a function in improving accountability and in so doing have a legal purpose in providing evidence of the practitioners' involvement or interventions in relation to patients or clients.

The Trust routinely carry out Healthcare Records Audits across the organisation and ensure that action plans are in place for any areas for improvement. Within the annual audit plan services are required to self- assess the quality of their patient records plus there are also planned audits carried out by the clinical audit teams within the division.

The Trust also have a central review team known as QUEST (Quality Experience Scrutiny Team) who undertake compliance reviews against the Care Quality Commission (CQC) essential standards of quality and safety. One of the standards (outcome 21) is specifically around the quality of record keeping and QUEST will verify compliance against that standard.

An Electronic Patient Record (EPR) project has been underway since June 2012. This system comprises a series of software applications will bring together key clinical and administrative data in one place. There was concern regarding the extent of the work required to proceed with the project and so the decision was made in November 2012 to pilot the project within the Child and Adloescent Mental Health Services (CAMHS) and one directorate within Rampton Hospital. Whilst work has been progressing, there have been a number of delays which have added to the pressures of achieving the implementation "go-live" date of 8 April 2013.
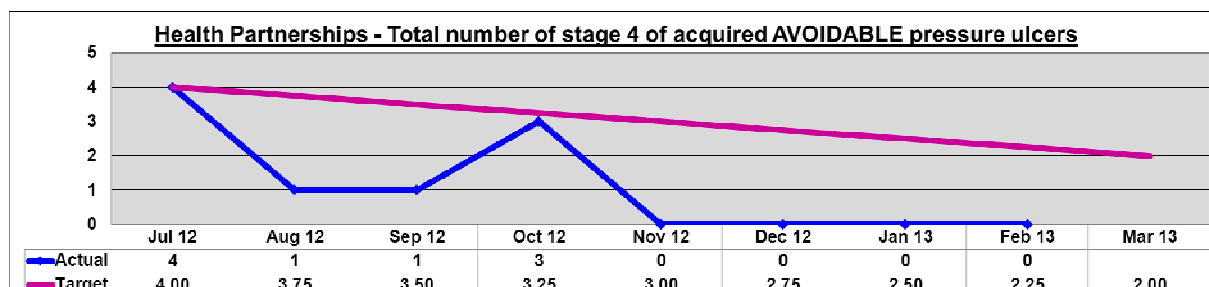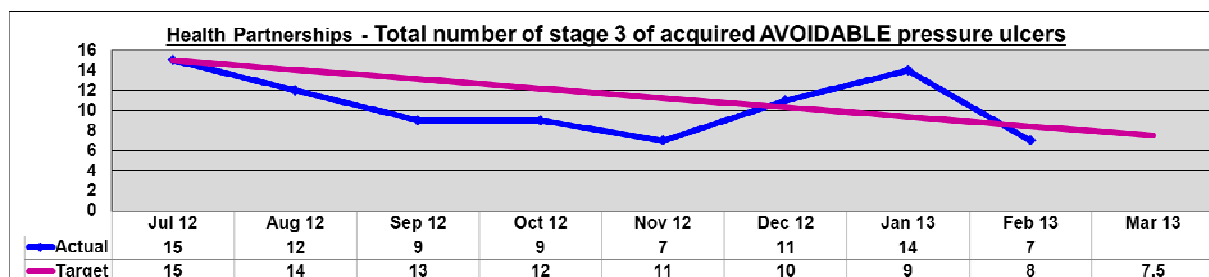
Pressure ulcers represent a major burden of sickness and reduced quality of life for patients and create significant difficulties for patients, their carers and families. The impact of pressure ulcers is psychological, physically and clinically challenging for patients, their carers and NHS staff.

Pressure ulcers are graded depending on their severity and how deep they go from Stage 1 where the skin is permanently red but not broken to Stage 4 where the ulcer is deep and there is damage to muscle or bone underneath. Pressure ulcers are either 'inherited' (the patient was admitted to our care with a pressure ulcer) or 'acquired' (the pressure ulcer occurred in our care. Due to many factors, including the clinical condition of a patient, not all pressure ulcers are avoidable. Risk assessments are conducted to identify patients who are at risk of developing a pressure ulcer and if one develops an assessment is made to determine whether it was 'avoidable' or 'unavoidable'.

In addition to the harm caused to patients, in the UK the cost is estimated to be £1.4- £2.1 billion annually, comprising 4% of total NHS expenditure. NHS Midlands and East had an ambition to eradicate pressure ulcers and the Trust has worked closely with the local health community to support this ambition. A Trustwide monthly Pressure Ulcer Prevention and Management Group has been set up with membership from all of our divisions, the equipment provider, and commissioners to develop and co-ordinate a Trust Pressure Ulcer Prevention and Management Strategy with the aim to eliminate avoidable Stage 2, 3 and 4 Pressure Ulcers within Nottinghamshire Healthcare NHS Trust. Action taken includes:

- Root Cause Analysis (RCA) on all stage 3 and 4 pressure ulcers to identify cause and any lessons to be learnt. Action plans following RCAs are closely monitored.
- Communication and distiribution of tools and information for clinical staff.
- Patient and Carer Experience, the SHA developed a communications strategy to engage and reach out to patients and carers to raise the profile of their Ambition, educating patients and carers on pressure ulcer prevention.
- Additional resources (Tissue Viability Nurses) to support front line staff in managing pressure ulcers
- Mandatory Tissue Viablity Training
- Focus on nutrition and use of nutrition screening tools
- Use of Tissue Viablity Nurses to seek assurance on clinical practice and conduct audits on the use of risk assessments and SSKIN bundles.
- Improving timely access to the right equipment

Monthly data collection of all stages of pressure ulcers, both those **acquired** whilst receiving services and those **inherited** from other organisations has been robustly monitored since June 2012. **Acquired** pressure ulcers, stages 3 and 4 are reported as Serious Untoward Incidents (SUI's) through the national STEIS (Strategic Executive Information System). Each pressure ulcer reported through this system requires a root cause analysis (RCA) investigation which must be approved by the PCT before the incident is closed on the system. The following graph illustrates the total numbers of stage 3 and 4 pressure ulcers reported:

Health Partnerships - Total number of stage 3 of acquired AVOIDABLE pressure ulcers

	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Actual	15	12	9	9	7	11	14	7	
Target	15	14	13	12	11	10	9	8	7.5

Health Partnerships - Total number of stage 4 of acquired AVOIDABLE pressure ulcers

	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
Actual	4	1	1	3	0	0	0	0	
Target	4.00	3.75	3.50	3.25	3.00	2.75	2.50	2.25	2.00

REVIEW OF PATIENT EXPERIENCE PRIORITIES 2012/13

Improve access to services by reducing waiting times and hidden waits

The Trust maintains a constant focus on keeping waiting times as low as possible. Performance is reviewed monthly to enable management teams to consider whether a quality service is being delivered with regard to the length of wait and ensure action is taken if the required standard is not being met.

The Trust is measured on its waiting times from referral to assessment. In Local Service the majority of our service users can expect to be seen within eight weeks of their initial referral, unless they choose to wait longer. We aim to see 90% of service users within eight weeks and in 2012/13 we have consistently achieved this (see chart). These waiting times standards support better clinical outcomes for our service users and continue to be monitored closely.

General appointment waiting times over 8 weeks - Local Services Division
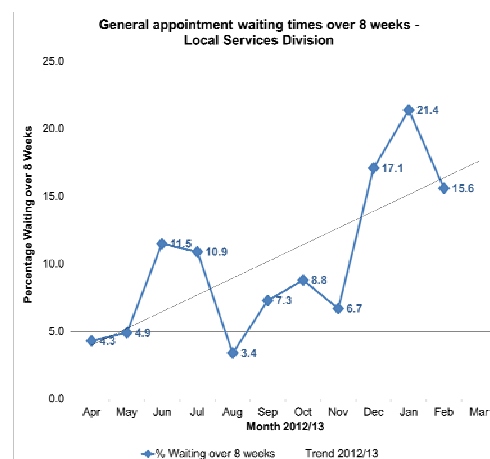
Within the Health Partnerships Division waiting times continue for treatment continue to be under 13 weeks with the majority of treatment being administered between 0 and 6 weeks.

County Health Partnerships waiting times - breakdown by services

22
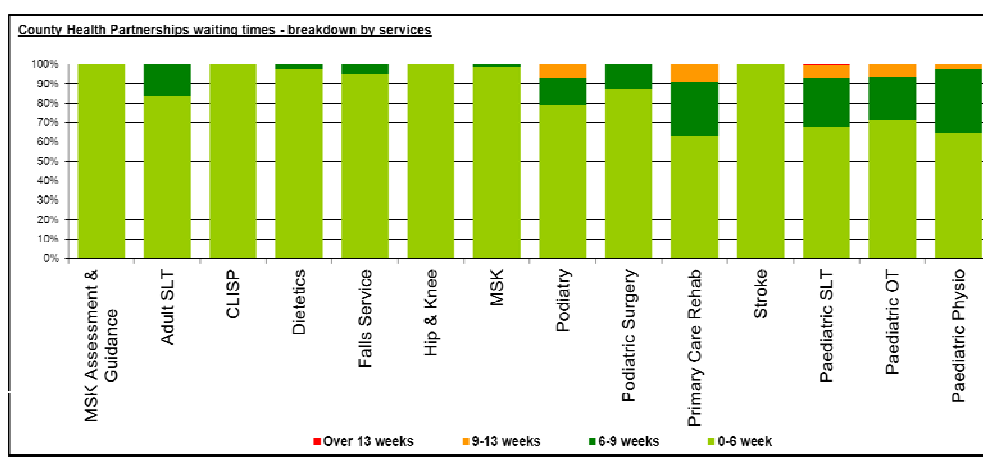
Improve the experience of carers by ensuring they are well supported and informed

[Awaiting information]

Improve the overall experience of service users and patients

Our approach to Service User and Carer Experience is based on our involvement approach to work in partnership with service users, carers and members to change services, change organisational culture and change the individual lives of those who are involved. We ensure that service user and carer needs, views, aspirations, recovery and well-being are at the heart of what we do in the Trust.

We have a Trustwide **Service User and Carer Experience Group** that develops our approach and assesses progress in listening and responding to feedback. This group involves service users, carers and staff from across our three clinical Divisions. The Trust has a range of methods for listening and responding to feedback. Some of these are outlined below.

We have carried out the **Service User Experience Feedback survey** since June 2009. Since its launch we have received 19,351 responses to the survey. This has grown from 3,206 responses in 2010/11 to 5,284 responses in 2011/12 to 8,983 responses in the first three-quarters in 2012/13. The Service Quality rating was 81% in 2010 / 11, 86% in 2011 / 12 and 89% in the October to December 2012 quarter. Since April 2012 we have included the **Friends and Family Test** (Net Promoter Score) question in the survey. In the October to December quarter we had a rating of +51.

From the survey we produce reports for all divisions, and all directorates and teams that carry out the survey each quarter. We also analyse all the comments received into themes to identify the main issues raised by people.

We have worked closely with the national online feedback organisation **Patient Opinion** to ensure that we listen and respond to patient stories. We have had 556 postings since November 2009 that have led to 51 changes. In 2011 / 12 we had 220 postings and in the first three quarters of 2012 / 13 we have had 235 postings. We have been using iPAD's across the organisation to capture these stories.

The Trust also actively promotes the use of its Patient Advice and Liaison Service (**PALS**) and **Complaints** as ways of obtaining feedback and resolving issues raised, In 2011/12 we received 823 complaints and PALS responded to 1 143 requests for advice and assistance.

We continue to use the **'Listening to You' poster** across the organisation. This identifies what people have said about a particular service and what we have done in response.

The Trust also involves services users and carers in a range of forums, meetings and events to listen to their views on particular services. These include Patient and Carer Forums in Forensic Services, meetings to discuss the Divisions future plans and service users and carers participating in the Trust's Executive Leadership Council (ELC).

REVIEW OF CLINICAL EFFECTIVENESS PRIORITIES 2012/13

Improve the integration between physical healthcare and mental healthcare

Nottinghamshire Healthcare NHS Trust supports the primary vision for integrated care which identifies potential opportunities to deliver improved outcomes for patients. The Trust maintains that integration must be focused on the patient not the system and should support innovative reconfigurations that promote best practice and address barriers to integration. The following provides some detail of how we have applied this within our clinical divisions.

Within the high secure services, a physical healthcare review is undertaken annually for all patients and a report and healthcare action plan is submitted for the annual Care Programme Approach (CPA) meeting. All patients are screened for long term physical health conditions and appropriate care/treatment are provided accordingly. Patients at high risk of cardio vascular disease are identified and the team deliver targeted interventions and review these patients on a regular basis. There are interventions for healthy eating and weight loss, patient centred and tailored to patients own mental health.

According to the Q3 CQUIN reports Health Partnership division have improved awareness and diagnosis of dementia in the community through dementia awareness training to 95% of their target staff.

According to the Q3 CQUIN reports the Local services division have successfully achieved their target for providing physical health check to patients with mental health conditions.

In order to promote new or improved initiatives to support the integrated healthcare needs of patients the Trust hosted an Integrated Healthcare Summit and launched an Integration Challenge programme On 17 April 2012. The Integration Challenge aims to encourage staff, service users and carers to look at how we can ensure our services are integrated to meet people's mental and physical healthcare needs. This Trust-wide initiative is in alignment with national agenda and supports a vision that is patient focussed, clinically led and inclusive.

Ensure service users and patients receive care and treatment in the care setting that has been identified as the most suitable for their needs

The Trust have continued to work hard over the past few years to try to reduce the numbers of people who become delayed transfers of care (DTOC). A joined-up approach is in place to ensure that patients are not being delayed in transfer and discharge from our services. Work continues to be ongoing to reduce the number of delays which occur in community services and to free-up capacity for those people coming out of our in-patient settings who require it.

An integrated acute ward care pathway is on-going and part of the pathway purpose is to establish key practice standards within defined timeframes with identified professional responsibility for completion.

Within the Forensic Division there is an integrated care pathways which have the potential outcome of reducing length of stay for patients. This work is also being carried out within our Health Partnerships Division.

Delayed transfers of care are a Monitor target that the Trust also measures. The

% Delayed Transfers of Care - Trustwide
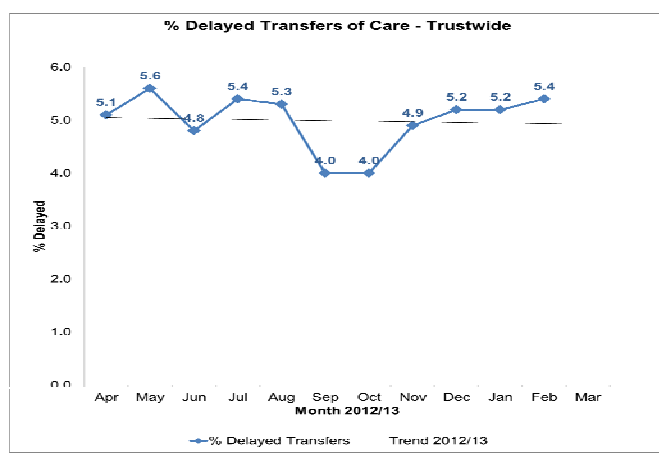
graph demonstrates the improvements that have been made during the year. The overall aggregate score for the year was 4.9% which is a huge improve from 2011/12 when the score was 7.9%.

Recovery is about whole lives not just symptoms. It represents a movement away from pathology, illness and symptoms to health, strengths and wellness. It is about re-building a meaningful and satisfying life, as defined by the person themselves, whether or not there are on-going or recurring symptoms and problems. Nottinghamshire Healthcare is committed to provide recovery focused services and has developed a recovery strategy. When a care plan is developed, clinicians assess the patient's needs as well as the carers' view of their needs in order to devise a recovery focused treatment plan.

The High Secure forensic services continue to implement a recognised recovery tool across all areas and extend approach by introducing outcomes framework. Services have utilised patient experience to promote recovery and develop co-produced training. In order to implement a recovery and outcomes based approach to the care pathway, the Low/Medium secure forensic services have established joint service user and staff recovery/outcomes group. This involved provision of joint training to both staff and service users. 50% service users have completed shared understanding of shared pathway and 50% of patients evidenced recovery focused tools. The aim is for all patients to have an outcomes plan by March 2013. In order to make the *Secure Pathway* more efficient and to reduce length of stay all providers are monitoring key milestones on the patient pathway.

The Local Services Division has embraced the recovery agenda and successfully reduced the length of stay of patients. The median length of stay for rehabilitation beds reduced from 657 days in quarter 1 to 472.5 days in Quarter 3. The median length of stay for Mental Health Services for Older People reduced from 55 days in Quarter 1 to 43 days in Quarter 3. Local Services have ensured that more than 95% of Psychiatric Intensive Care Unit patients do not stay longer than 8 weeks. For all patients with dementia, a review of anti-psychotic medication is carried. In addition measures are also in place to reduce inappropriate prescribing of anti-psychotic medication to dementia patients. Routine screening for dementia is carried out with people who have Down's syndrome and aged over 40 years. The division aims to screen 99% patients who meet the above criteria by March 2013.

As one of the fastest growing Directorates in the organisation, the Offender Health Team truly believes it can make a difference to the lives of offenders by offering services that are at least equivalent to contemporary health services delivered outside of Prison. We strive to ensure our pathways mirror those delivered in the community. We deliver in the region of 70,000 contacts whilst caring for almost 10,000 people at any one time with our Prisons.

The National Offender Management Services (NOMS) has redeveloped Prison Health Performance and Quality Indicators (PHPQIs). This development means we are able to assess how appropriately the needs of our prisoners are met. The PHPQI Quarterly reports indicate that the Offender Health Directorate has achieved its targets in majority of its measures.

Offender Health have analysed investigation reports and identified gaps in the usage of previous clinical records of patients by staff to inform care and treatment. The Division has addressed this by encouraging staff attendance at Trust Record keeping training sessions as well as introducing an online e-training package. In addition Offender Health has reinforced measures to ensure compliance to the infection prevention and control and Information Governance policies and procedures.

The Health Needs Assessments are for Commissioners and Public Health Services to prepare/refresh annually and therefore performance in this area does not sit with the Trust. There is also a national debate about what constitutes 'green' performance for the Learning Disability PHPQI, hence the amber rating.

The Healthcare environments are primarily the responsibility of the Prison who have an obligation to provide the Trust with fit-for-purpose facilities to deliver Healthcare from.

We have SMART action plans that enable us to mitigate our risks and tackle areas of

5.0 OFFENDER HEALTH DIRECTORATE Prison Health Partnership Quality Indicators (PHPQI) Measures - QUARTER 3 2012/13 UPDATE							
Prison Health Partnership Quality Indicators (PHPQI) Measures		Doncaster				Wakefield	East Midlands
		Lindholme / Hatfield / Moorland / Doncaster				New Hall / Wakefield	Nottingham / Whatton / Ranby / Stocken / Lowdham Grange

Legend: red = failed target, yellow = working towards target but not completed, green = achieved target

Category	Measure
Safety	Patient Safety
	Healthcare Environment
	Medicine Management
Clinical & Cost Effectiveness	Chronic Disease and Long Term Conditions Care
	Discharge Planning
Governance	Clinical Governance
	Corporate Governance
	Information Governance
	Financial Governance
	Workforce
Accessible & Responsive Care	Equality and Human Rights
	Service User Involvement
	Health Needs Assessment
	Access and Waiting Times
	Prison Dentistry
	Substance Misuse Activities – ITDS Establishments
	Alcohol Screening, Intervention and Support
	General Health Assessment
	Services for Children and Young People (YOI only)
	Services for Older Adults
	Services for Adult Women
Mental Health	Section 117
	Care Programme Approach Audit
	Suicide Prevention
	Access to Specialist Mental Health Services
	Primary Mental Health Care
	Mental Health Transfer
	Learning Disabilities
Public Health	Hepatitis B Vaccination of Prisoners
	Hepatitis C Vaccination of Prisoners
	Health Promotion
	Sexual Health
	Communicable Disease Control

underperformance, through increasing the skills, competence and confidence of our teams; a Directorate Development Plan and Local Service Improvement Plans for each Prison. This means we are able to deliver high quality Offender Healthcare, aligned to the objectives of the Trust and our Stakeholders whilst being agile and responsive to the changing landscape in which we operate.

REVIEW OF OTHER QUALITY PRIORITIES 2012/13

Continue to focus on quality assurance of cost improvement plans

Given the current financial climate, it continues to be imperative that there is a process for both the development of cost improvement plans (CIP) which are driven by staff and the monitoring of these plans to ensure we are aware of, and respond to any potential risks to the quality of the services provided. The three divisions of the Trust perform quality impact assessment in line with Monitors Best practice guidance, involving a four stage process of: Identification of schemes; Clinical risk assessment; Approval process and On-going monitoring. The following provides a summary of the schemes by each of our clinical division:

The Trust Executive Leadersip Team (ELT) have the responsibility in carrying out a clinical confirm and challenge in order to assess any clinical impact of cost improvement plans, also initial review of schemes plus new schemes emerging in year, for example as contingency to cover a shortfall. ELT will also have an ongoing monitoring role in terms of quality assurance of CIP delivery and will receive quarterly reports to the Board which will include updated quality impact logs. In addition to the ELT role, no CIP is allowed to proceed without being jointly signed off by the Medical Director and Director of Quality, Nursing and PE.

Develop performance and quality measures at an individual, team and service level, supported by a new business intelligence system

The Health Informatics Strategy approved by the Trust Board included the development of a business intelligence system for the Trust comprising of a data warehouse and reporting toolset in order to enhance the Trust's capability to use its information and help improve the quality and efficiency of services. The development of a business intelligence system will allow the Trust to:

- Integrate data from key Trust systems to get an overall picture of an individual's care

- Triangulate data from key systems to get an overall picture of service performance; for example monitoring early warning indicators

- Manage service performance as it happens through automated reporting rather retrospective monthly reports

- Release resources currently tied up in the manual collation of report

- Develop clinical dashboards which provide up to date information to clinicians on the quality of care

- Develop interactive reports which allow clinicians and managers to investigate variations in quality and performance

The new system will allow the Trust to store all of its information centrally, making access to information and performance management tools easier. It will create a new electronic information store called a data warehouse, which will allow users to generate reports and dashboards that will make sense of the massive amounts of information stored across the Trust. The new system will replace the existing Applied Information (AI) database and all reporting done from it. There will be many new reports, especially those that integrate data from a number of the source applications to create scorecards, to make performance management easier.

This system is an investment for the future and has the capability to grow and change to meet the Trust's information requirements. It also has the capability to identify data quality issues and help improve the quality of information. Information is an extremely valuable Trust asset and this development will both help to support staff in doing their jobs and enable the effort involved in inputting data into systems to be more usefully utilised.

Continue to develop our systems to govern quality at Board level and across the organisation

The Trust Board is responsible for overseeing the quality of care delivered across all its services and assuring itself that quality and good health outcomes are achieved. Monitor, one of our regulators, defines Quality Governance as 'the combination of structures and processes at and below board level to lead on trust-wide quality performance' including:

- Ensuring required standards are achieved
- Investigating and taking action on substandard performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to quality of care

As part of the preparation for applying for Foundation Trust status the Trust conducted a self-assessment against Monitor's Quality Governance Framework in July 2012 which was independently reviewed by Deloitte's. This identified many areas of good practice and confirmation of a Quality Governance Score of 4 (a score of 3.5 or less is required by Monitor). There were some systems that required strengthening and a Quality Governance Improvement Plan was developed. Deloitte's conducted a positive follow-up review in January 2013 which identified that systems had improved and confirmed a revised Quality Governance Score of 3.5. A revised Quality Governance Improvement Plan, and supporting Division plans have been developed to ensure revised systems are embedded effectively across the Trust.

Key improvements to quality governance during 2012/13 include:

- Establishment of a Quality and Risk Committee to replace the Risk Management Committee to ensure there is a continued focus on quality
- Development of a Board Assurance and Escalation Framework to ensure accountability from 'Ward to Board'
- Review of key strategies to support quality such as the Quality Strategy, Clinical Strategy, Research Strategy and Risk Management Strategy
- Procurement of a Business Intelligence System which is currently in development

Ongoing improvements include:

- Ensuring Quality Priorities are SMART with clear objectives for improvement
- Development and implementation of a communication plan to launch the refreshed Quality Strategy
- Development of a Quality Priority Dashboard for use by the Trust's Continue improvements to the Quality and Performance report including additional benchmarking, more sophisticated forecasting and exception reporting
- Review the Key Performance Indicators used by the Board and Committees and ensure these meet all external reporting requirements
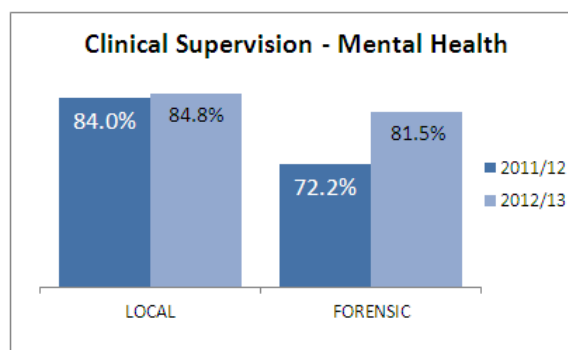- Implementation of the Early Warning System and Business Intelligence System
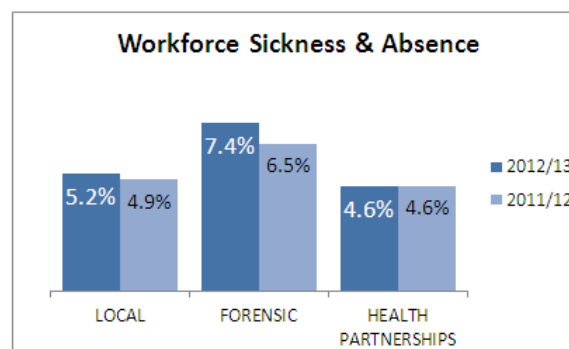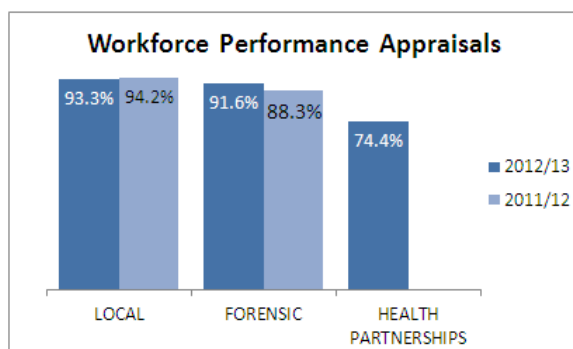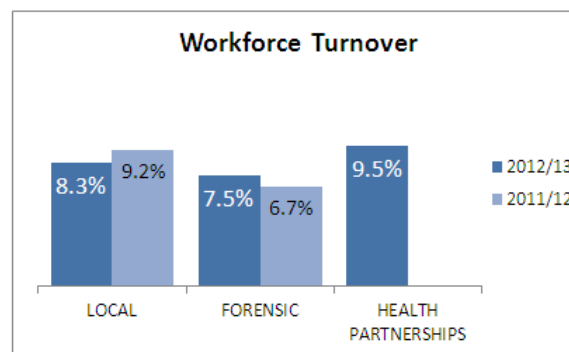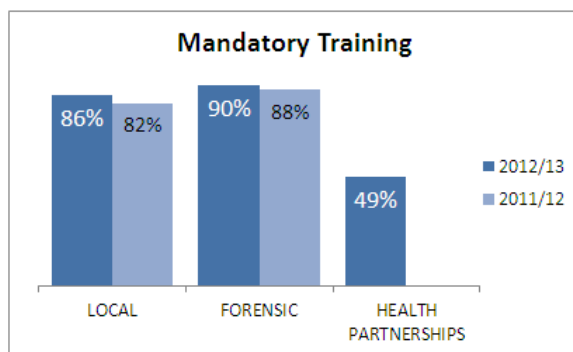
- Complete review of the content and structure of risk registers and implement revised risk escalation processes
- Complete development of the Information Assurance Framework which will provide definitions for each KPI and RAG rate the data quality for each indicator.
- Improve Data Quality
- Complete the mapping of information flows between committees and address any identified gaps

Improve the quality and uptake of workforce measures e.g. supervision and appraisal which act as a proxy measure for quality

At Nottinghamshire Healthcare NHS Trust, supporting our staff is key to achieving success to safe and effective services. The Trust offers a variety of ways for staff to become more skilled through personal training and providing support through regular supervision. The Trust also provides regular appraisals which support performance and potential development needs of staff.

We continue to review the way we provide training, delivering it efficiently in ways that staff will find easier to access: for example, making greater use of e-learning to reduce travel times and hence reduce the amount of time staff have to spend away from their patients. However, due to the nature of mental health work, we appreciate that staff value the opportunity to discuss topics at face to face training with time to explore practical examples and apply the learning to their own area of expertise. The areas of training are:

[To be updated]

Mandatory Training
- LOCAL: 86% (2012/13), 82% (2011/12)
- FORENSIC: 90% (2012/13), 88% (2011/12)
- HEALTH PARTNERSHIPS: 49%

Workforce Turnover
- LOCAL: 8.3% (2012/13), 9.2% (2011/12)
- FORENSIC: 7.5% (2012/13), 6.7% (2011/12)
- HEALTH PARTNERSHIPS: 9.5%

Workforce Performance Appraisals
- LOCAL: 93.3% (2012/13), 94.2% (2011/12)
- FORENSIC: 91.6% (2012/13), 88.3% (2011/12)
- HEALTH PARTNERSHIPS: 74.4%

Workforce Sickness & Absence
- LOCAL: 5.2% (2012/13), 4.9% (2011/12)
- FORENSIC: 7.4% (2012/13), 6.5% (2011/12)
- HEALTH PARTNERSHIPS: 4.6% (2012/13), 4.6% (2011/12)

Clinical Supervision - Mental Health
- LOCAL: 84.0% (2011/12), 84.8% (2012/13)
- FORENSIC: 72.2% (2011/12), 81.5% (2012/13)

We aim to harness the talent and commitment, and realise the potential, of all our employees. We know that well-trained and engaged staff are essential for excellent care quality and patient experience so our aim is that every single member of staff will be able to recognise the value of their contribution.

Nottinghamshire Healthcare NHS Trust has been ranked within the top 20% of Mental Health and Learning Disability Trusts in the Country (although we are an integrated healthcare provider, our results are currently issued within the Mental Health and Learning Disability Trusts category). We scored over and above the national average in a number of areas and over the coming weeks, further analysis will be undertaken to compare our Divisions with equivalent partner organisations, such as Health Partnerships compared to other community healthcare providers.

One of the top scoring areas showed that staff would recommend Nottinghamshire Healthcare as a place to work or receive treatment.

The results within the staff engagement category were also very positive showing an increase on last year's survey and again scoring us in the top 20%. The results indicate that staff feel they are able to contribute to improvements at work, would recommend the Trust as a place to work or receive treatment and feel motivated and engaged with their work.

When compared with the national average, the Trust scored best in the following areas –

- Percentage of staff receiving job-relevant training, learning or development in the last 12 months
- Recommendation of the Trust as a place to work and receive treatment
- Effectiveness of incident reporting
- Percentage of staff believing the trust provides equal opportunities for career progression or promotion
- Low work pressure felt by staff

There are always areas for improvement but overall the Trust has a motivated workforce that feels valued and able to deliver the best possible services. Through all of this work we want to ensure that our staff have pride in their jobs and are proud to work at Nottinghamshire Healthcare NHS Trust.

PRIORITIES FOR QUALITY IMPROVEMENT 2013/14

Summary of Quality Priorities 2013/14

These are being developed in consultation with commissioners, divisions and governor members. They will also reflect priorities identified in the staff survey, the national patient survey and our own service user survey. Some have been developed to measure baseline performance for future improvement. They remain in draft form and will be approved by the board as part of the quality account in May 2013.

Seven quality priorities have been developed under the quality domains of safety, patient experience and clinical effectiveness. These are detailed below.

To support the delivery of high quality services a highly trained and skilled workforce is required, therefore, as a proxy measure for quality the Trust will also:

- Improve the quality and uptake of workforce measures e.g. supervision, appraisal, mandatory training, sickness and absence.

The current economic climate has impacted on the NHS and the Trust needs to transform the way it works to increase productivity, but at a reduced cost. The Trust needs to understand the potential risks to quality any cost improvement programmes (CIPs) could have and monitor the schemes to identify any actual quality issues emerging. Therefore, the Trust will also:

- Ensure any cost improvement programmes do not impact on the quality of services.

Safety
- Reduce the level of harm and the number of assaults on service users and staff
- Ensure organisational learning in response to internal and external issues such as the Francis Report is embedded and sustained
- Improve record keeping to ensure compliance with required standards
- Eliminate acquired, avoidable stage 4 pressure ulcers and reduce the number of acquired, avoidable stage 1,2 and 3 pressure ulcers
- Improve medicines management to reduce medication errors

Patient Experience
- Improve the overall experience of patients, carers and service users

Clinical Effectiveness

- Ensure physical and mental health care needs of all users of Trust services are met and given equal priority

Details on each priority are included in Appendix 1. This includes:

- Why each priority is important for the Trust
- What the agreed trajectory for improvement is for each priority
- How each priority will be achieved, monitored and measured
- Executive Director and Committee ownership for each priority

The Board Committee with overall responsibility for the quality priorities is the Quality and Risk Committee. This committee, which meets six times per year, will receive a Quality Priority Dashboard at each meeting to track progress with each priority. The dashboard will identify actual and potential underperformance to act as a trigger to ensure action is taken to improve performance against agreed trajectories. The Board also regularly monitors the quality impact of CIPs.

	Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
Safety								
1	**Reduce the level of harm and the number of assaults on service users and staff.**	There are nearly 2000 reported assaults each year. Service users and staff should expect to be free from assault. This continues to be a focus because assaults on staff and service users are the most commonly reported incidents in the Trust. This causes harm, affects service user experience and staff sickness levels.	Development and implementation of a Trust wide Violence Reduction Strategy	1. Analysis of assault incident data including number, type and severity 2. Sickness and absence monitoring 3. Analysis of related questions in Service User and Carer surveys 4. Analysis of related questions in staff surveys (Pledge 3. Reduction in staff Experiencing - physical violence from patients / relatives/ public last 12 months)	Quality and Risk Committee Security Governance Committee Division Governance Groups	**Dr Peter Miller**	Number of patient assaults and breakdown of harm Number of staff assaults and breakdown of harm % staff sickness related to assault	**10%** reduction in number of staff and service user assaults **10%** reduction harm caused **10%** reduction in staff sickness related to assaults at work Target relating to staff and patient survey responses – **In top 20% of top performing Trusts**
2	**Ensure organisational learning is embedded and sustained**	There are over 22,000 incidents reported each year, of which around 1.5% are classified as serious. In addition, learning is identified though complaints, claims, audit and third party inspections. If learning is embedded in practice and sustained overtime, the likelihood of repeated incidents and other events which can cause harm is reduced.	The Patient Safety and Effectiveness Committee will strengthen assurance processes received from Divisions and ensure learning Where appropriate, evidence of embedding learning will be addressed through Division Clinical Audit Programmes	1 Audit quality of incident investigation reports against agreed standards of national best practice (proxy measure – to ensure the correct learning is identified) 2 Analysis of incident data relating to targeted incident types to identify whether repeat incidents are	Quality and Risk Committee Patient Safety and Effectiveness Committee Division Governance Groups	**Dr Peter Miller**	Number of Serious Incidents Requiring Investigation (SIRI) Number of External Regulatory Audits carried out	Produce and disseminate to division an Analysis & Improvement Report **at least 2 a year** Audit a sample of **10%** of SIRI reports against agreed standards per year (ensure the correct learning is identified).

	Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
				occurring.				**95%** of recommendations following external reviews completed within timescales.
				3 Analysis of claims and complaints data				
				4 Division Assurance Reports to the Patient Safety and Effectiveness Committee.				
				5 Analysis of internal audit and third party inspection reports for repeated themes				
3	**Improve record keeping to ensure compliance with required standards and demonstrate compliance with CQC Essential Standards of Quality and Safety Outcome 21**	Third party inspections including the Care Quality Commission and MHSLA identified some deficiencies in record keeping On-going assurance that improvements made have been sustained over time is required.	Continued focus on record keeping in Divisions Record keeping audits included in division clinical audit programmes Continued implementation of 'Provider Compliance Assessments' (PCAs – CQC self-assessment tool) Continued implementation of QUEST (Trust CQC inspection programme)	1 Division Assurance Reports to the Patient Safety and Effectiveness Committee on the outcomes of Clinical Records and CPA Audits 2 Division Assurance Reports to the Compliance Assurance Committee on implementation and outcome of PCAs 3 Monitor Division action plans following CQC inspections or QUEST reviews 4 Any relevant CQUINs for 2013/14 to be	Quality and Risk Committee Patient Safety and Effectiveness Committee Compliance Assurance Committee Division Governance Groups	**Dean Howells**	**%** of records audits where non-compliance identified with record keeping **%** of PCAs completed Number of QUEST Reviews completed where Outcome 21 has been reviewed Achievement of CQUIN targets related to record keeping and quality of information	**100%** of records audit completed in line with annual audit plan with clear examples of improvements Increased standards of compliance (Outcome 21) within PCAs **90%** of planned QUEST reviews to include Outcome 21 **90%** compliance against set CQUIN targets related to records

	Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
				added				
4	**Eliminate acquired, avoidable stage 4 pressure ulcers, and reduce the number of acquired, avoidable stage 1, 2 and 3 pressure ulcers**	Many pressure ulcers are avoidable and cause unnecessary harm. NHS Midlands and East has an ambition to eliminate all avoidable stage 2, 3 and 4 pressure ulcers	Implementation of an Annual Pressure Ulcer Prevention and Management Audit Programme by the Pressure Ulcer Monitoring Group	1 Analysis of pressure ulcer incident data including number, type and severity 2 Monitoring evidence of implementation of actions following incident investigations by Pressure Ulcer Monitoring Group 3 Assurance Reports from the Pressure Ulcer Monitoring Group to the Patient Safety and Effectiveness Committee 4 Any relevant CQUINs for 2013/14 to be added	Quality and Risk Committee Patient Safety and Effectiveness Committee Pressure Ulcer Monitoring Group	**Dean Howells**	Number of acquired, avoidable pressure ulcers of each stage	**50%** reduction in number of acquired, avoidable pressure ulcers stage 1, 2 and 3 **in year** No stage 4 pressure ulcers **100%** compliance against CQUIN targets
5	**Improve medicine management to reduce medication errors**	There are over 1000 medication errors reported each year which potentially could cause significant harm. In addition, many Never Events relate to medicines management	Improved standards for safe prescribing E-Prescribing Improved training in medicines management Implementation of Never Events action	1 Analysis of medication incident data including number, type and severity 2 Analysis of actual and prevented Never Events 3 Audit of compliance with medicines management	Quality and Risk Committee Trust Drugs and Therapeutics Committee Patient Safety and Effectiveness Committee	**Dr Peter Miller**	Number and % of medication error incidents by number, type and severity Number and % of Audit of compliance with medicines management	**10%** reduction in number of medication errors **Increasing %** of compliance audit of compliance with medicines management standards **No** Never Events

	Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
			plan	standards	Division Drugs and Therapeutic and Governance Groups		standards in line with annual audit plan Number of Never Events relating to medicines management	
Experience								
6	**Improve the overall experience of patients, carers and service users**	Caring for people with a mental illness or physical healthcare problem can be challenging and carers need to be well informed and be supported themselves Service users and patients are at the centre of healthcare. They need to be valued and respected, listened to and communicated with effectively with information in accessible formats. They also should be involved in developing their own plan of care which meets their individual needs	Implementation of Carer and Service User Involvement Strategies Develop further measure of experience for inclusion on the Board Quality and Performance Report Identify appropriate Recovery measures	1 Analysis of outcomes of Service User and Carer Experience Surveys 2 Analysis of complaints and PALs information 3 Analysis of Patient Opinion website 4 Monitoring implementation of actions to improve service user and carer experience 5 Monitor 'experience' measures in the Board Quality and Performance Report 6 Any relevant CQUINs to be added for 2013/14	Quality and Risk Committee Trust Service User and Care Experience Group (SUCE)	**Dean Howells**	Number of completed patient satisfaction surveys received annually National Patient Satisfaction Survey outcome Number of postings on the Patient Opinion website annually Number of PALS requests received annually	**80%** positive response from patient satisfaction surveys **90%** compliance against set CQUIN targets **80%** positive feedback postings on the Patient Opinion website **95%** responses to PALS requests

Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
Effectiveness							
7 **Ensure physical and mental health care needs of all users of Trust services are met and given equal priority**	There is evidence that people who use mental health services are at an increased risk of a range of physical illnesses and their life expectancy is considerably reduced. In addition, there is evidence that people who suffer from long term physical health problems are more likely to suffer from mental health issues.	Development and implementation of outcome measures to include in performance reports	1 Monitor implementation of the 'Physform' to identify and action physical healthcare needs 2 Monitor physical healthcare checks in secure services 3 Monitor implementation of the *improving physical health* objective in the Nottingham Mental Health Strategy 4 Any relevant CQUINs to be added for 2013/14	Quality and Risk Committee Patient Safety and Effectiveness Committee	**Dean Howells**	Number of records audit (Physical Health Checks) agreed in line with annual audit plan by divisions Number of patient records reviewed during QUEST Reviews (Physical Health Checks) Number and % of degrees of harm incidents in Mental Health & Learning Disability	**100%** compliance of completed Physical Healthcare checks in records audit in line with annual audit plan **90%** compliance against set CQUIN targets **100%** completed Physical Health Checks in place within patients records confirmed as part of QUEST reviews
Other Priorities							
8 **Ensure any costs improvement programmes (CIPs) do not impinge on the quality of services.**	The current economic climate has impacted on the NHS and the Trust needs to transform the way it works to increase productivity, but at a reduced cost. The Trust needs to understand the potential risks to quality any CIP schemes could have and monitor the schemes to identify any actual quality issues emerging.	Risk assessment of potential impact on quality when CIP scheme is developed Clinical confirm and challenge of CIP schemes (initial review of schemes plus new schemes emerging in year, for example as contingency to cover a shortfall) On-going quality	1 Evidence of risk assessment and clinical confirm and challenge of any proposed cost improvements 2 Quality Impact of Cost Improvement Programmes Board papers 3 Risk Register monitoring by Directorates, Divisions	Trust Board Quality and Risk Committee Division management and governance groups Executive Leadership Team (ELT)	**Dr Mike Harris** **Simon Smith** **Paul Smeeton**	Number of Annual Clinical Confirm & Challenge taken place by ELT on proposed CIP Number of Risk Register reviews (CIP/quality of services) carried out annually Number of QUEST Reviews planned	At least one Clinical Confirm & Challenge carried by ELT annually At least 6 Risk Register reviews (CIP/quality of services) carried out annually by Divisional Executive Directors At least 4 Risk Register reviews (CIP/quality of

Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
		impact monitoring of each scheme (Executive Leadership Team will also have an on-going monitoring role in terms of quality assurance of CIP delivery and will receive quarterly reports which will include updated quality impact logs)

Discussion with commissioners of impact of any changes

Consultation with partner organisations and the Members Council | and Trust Board | | | | services) carried out annually by Directorate Leads

≥ **80%** 'Compliant' score achieved following a review of service by QUEST |

	Quality Priority	Why this is important for us	How this will be achieved	How this will be monitored and measured	Where the priority will be monitored?	Executive Director Ownership of Priority	Baseline Performance	2013/14 Target
9	**Improve the quality and uptake of workforce measures e.g. supervision and appraisal which act as a proxy measure for quality**	Delivery of high quality services requires a highly trained and skilled workforce	Continued focus on processes to demonstrate improvements in the quality of these processes and how they contribute to the quality of care delivered	1 KPIs in Board Quality and Performance Report 2 Audit quality of appraisals 3 Audit quality of supervision 4 Outcome of staff survey	Trust Board Quality and Risk Committee	**Dean Howells** **Dr Mike Harris** **Simon Smith** **Paul Smeeton**	Annual Staff Survey outcomes Number of Staff Appraisals (PADs) undertaken Number of Supervision undertaken % compliance with Mandatory Training	NHS Staff Survey – (Friend & Family) Percentage feeling satisfied with the quality of work and patient care they are able to deliver **– In top 20% of top performing Trusts** **75%** compliant with Trust PADs and Supervision targets **80%** compliance with Mandatory Training

ANNEX A

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;

- the performance information reported in the Quality Account is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

NB: sign and date in any colour ink except black

.............................Date...Chair

.............................Date...Chief Executive

ANNEX B – STATEMENTS FROM OTHER BODIES

Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee Comment response to 2011/2012 Quality Account for Nottinghamshire Healthcare NHS Trust

To be added

Healthwatch Nottinghamshire response to the 2011/12 Quality Account for Nottinghamshire Healthcare NHS Trust.

To be added

NHS Nottingham City and County response to 2011/2012 Quality Account for Nottinghamshire Healthcare NHS Trust

To be added

Auditors Limited Assurance Report

To be added