Nottinghamshire Healthcare Quality Account 2012/13

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Nottinghamshire Healthcare NHS Trust

- A large mental health/integrated service provider

- Three major clinical divisions
  - Local Mental Health Services
  - Forensic Mental Health Services
  - Community Services

- A fourth Division consisting of Institute of Mental Health, CLAHRC, Leadership Academy

Local Mental Health Services

- Child and Adolescent Mental Health, Adult Mental Health, substance misuse, learning disability, mental health services for older people, Improving access to psychological therapies (Let's Talk Wellbeing)

- Inpatient centres at QMC, City Hospital, Highbury, Wells Road, Mansfield (Millbrook), Bassetlaw

- 500 beds, 20000 new patients referrals p.a., 300000+ contacts

Forensic Mental Health Services

- Rampton High Secure Hospital (330 beds)
- Arnold lodge (Leicester) and Wathwood (Wath-upon Dearne) medium secure units (160 beds)
- Low secure unit (Wells Road) 40 beds
- Community Forensic Services
- Offender Healthcare (prisons) Nottingham, Doncaster, Wakefield, Newhall, Leicester

Health Partnerships

- Newly acquired services in April 2010 and November 2011

- Circa 2500 staff

- Providing community health care services including Lings Bar Hospital, hospices, district nursing, school nursing, podiatry, community dentistry, community children's health across the county and Bassetlaw

Quality Account

- Trust's fifth quality account

- 2012/13 quality account will include progress with the quality improvement priorities agreed at the Trust Board in April 2012, after widespread consultation with service users, staff and Members Council

- The quality account will include quality improvement priorities for 2013/14 relating to: safety, experience and effectiveness

- The draft quality account will be available for comment from mid-April 2013

- Publish at the end of June 2013

Process to Develop Quality Priorities 2013/14

- Integral to refresh of the Quality Strategy for 2013 -16
- Consultation with staff via Executive Leadership Council members to suggest priorities
- Analysis of staff consultation along with service user feedback, outcome of external regulation inspections and complaints, incidents and performance information
- 9 proposed priorities agreed by the Quality and Risk Committee
- Currently consulting on content with Health Scrutiny Committee, Members, stakeholders and Trust Board
- Trust Quality Strategy will clearly define how priorities will be achieved, how they will be monitored and measured and what the 'target' for improvement is.

Quality Priority	Why this is important to us
1. Reduce the level of harm and the number of assaults on service users and staff	Nearly 2000 assaults each year which impacts on service user experience and staff sickness
2. Ensure organisational learning is embedded and sustained	22,000 incidents annually, of which 1.5% 'serious'. Need to reduce preventable incidents
3. Improve record keeping to ensure compliance with required standards and demonstrate compliance with CQC Essential Standards	Third party inspections including the Care Quality Commission and NHSLA identified some deficiencies in record keeping
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

Quality Priority	Why this is important to us
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.
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.

Quality Priority	Why this is important to us
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.
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.
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

Conclusion

- The Trust is a large organisation providing a diverse and complex range of local, regional, and national services

- The quality priorities reflect the breadth of service provision and key areas for continued improvement