

**TORBAY AND SOUTHERN DEVON HEALTH AND CARE NHS TRUST**

**QUALITY ACCOUNT 2012-13**

# Chief Executive's Statement

Welcome to our Quality Account for 2012-13. You will read within this publication the significant progress we have made to improve the quality and safety of our services during 2012-13 and the priorities that we as a health and adult social care organisation have set for the next year.

In the last year the NHS landscape has continued to change. Clinical Commissioning Groups (CCGs) became authorised on 1<sup>st</sup> April 2013 to buy healthcare services for the local population and as a Trust we have been going through our own process to seek an NHS acquisition partner in a bid to become a Foundation Trust. Whilst these changes are important to the internal workings of the NHS we have never been wavered from our overall goal of ensuring that every patient receives the right care, in the right place, at the right time.

The integrated model of care that we provide in Torbay and Southern Devon is not unique but nor is it common place across the country and the way we work together with our two local authorities to deliver integrated health and adult social care is something that has continued to seek national interest and recognition.

In November 2012 Andy Burnham MP, Shadow Secretary of State for Health visited the Trust to find out more about our integrated model of care and how the model works in action. The Trust also opened its doors once again to around 50 delegates from NHS organisations and local authorities. Visitors came from widespread locations in England, Scotland and as far as Denmark to find out more about the development of integrated care and hear some examples of how integrated care works in practice. The event also took some time to look to the future and how we can continue to build upon our model of care by ensuring a joined up approach through partnership working across the health and social care community.

A good example of where this is already happen is a recent project led by the South Devon and Torbay Clinical Commissioning Group to develop a Virtual Ward Service. The service which received the *working together: Best Example of Integrated Care* award at this year's Alliance Acorn Awards involves community teams, social care, mental health, palliative care and GPs working together to provide fully joined-up care so that patients' conditions are better targeted, managed and controlled. Through this way of working more and more local people can be cared for within their own homes and the number of hospital admissions is reduced.

Projects such as this, which involve organisations working closely together to achieve better outcomes for patients and clients, not only enhances the quality of the services but provides opportunities for organisations to share learning and increase the standard and safety of services at every level; ensuring that every single person within our care has the best possible experience.

Quality and improvements are brought about by challenging ourselves through regular review and continually asking ourselves the question 'what can we do better?' It is of course no secret that the NHS is working within a challenging financial environment and whilst it is vital we are able to deliver services in a cost effective and efficient way, developments and changes to service are and must be driven by quality and safety.

For a number of years now we have been undertaking a piece of work called Productive Community Teams where we review our systems and processes to ensure they are lean, practical and can support effective practice. In April 2012 the Department of Health extended the scope of non-medical prescribing of controlled drugs. Such legislation has enable improved efficiency and quality of care in our community drug and alcohol team and in community nursing to better support the care of patients in their own homes who require controlled drugs as pain relief at the end of life.

In addition to regularly reviewing the quality and safety of our services in their current format we also have to review their ability to meet the standards of safety and quality in the future, by taking into account the ever changing health and social care needs of the local population and future requirements of care. This is something that we don't do alone and the views of the people that we care for and who use our facilities are extremely important in helping to shape our services.

That is why in November 2012 the Trust consulted with local communities in Ashburton, Bovey Tracey and Buckfastleigh on proposals to reshaping community services for the future. The consultation proposed the relocation of inpatient services from two of our community hospitals to our state of the art and purpose built facility at Newton Abbot Community Hospital, with the hope of bringing new services to the local communities which would improve access to a wider range of services, the quality of services available and overall patient experience.

The consultation had a good and varied response from the local community and whilst we still need to look to the future of the service we decided to take more time to consider the responses and not to progress the proposals at this stage. The feedback and information gained throughout the consultation has been made available to our commissioners who will now be looking to undertaking fresh discussions with local communities about the future development of wider community hospitals and services.

Looking ahead to this year the Trust's Experts by Experience group will continue to focus on different ways to capture the voice of those who use our services and its members will be starting a 'Mystery Shopper' observation of care with residential and nursing homes in April 2013. This work will incorporate the monitoring of defined standards included within the Winterbourne View Serious Case Review such as family inclusion and activities for residents.

Regularly reviewing, observing, and evaluating are what creates change and helps the NHS to evolve and develop. Quality can never stand still and it is something that we will always need to focus on but it is something that we could not achieve and maintain without the dedication and commitment of our staff. The Quality Account gives you an overview of where we have focused our resources to improve quality and safety outcomes for patients and clients but I know from conversations with patients and staff that quality is driven from the very smallest of actions to improve a person's experience. In our 2012 staff survey we scored an extremely positive 3.88 from a maximum score of 5 in the question of staff recommending the Trust as a provider of care for their family. This rated as one of the highest scores across the country, and I think you will all agree a great testimony to the services we provide.

I hope this year's Quality Account will give you a more in depth insight into our performance and the priorities in which we will focus our energies to further enhance quality, safety and patient experience as we go forward into 2013-14.

To the best of my knowledge I believe the information within this document to be both reliable and accurate and provides a balanced picture of Torbay and Southern Devon Health and Care NHS Trust performance between 2012- 13.

**Mandy Seymour**

Chief Executive

Torbay and Southern Devon Health and Care NHS Trust

## **Statement of Directors**

### **Statement of Directors' responsibilities 2012-13**

The Quality Account 2012-13 has been produced in accordance with the requirements of the Health Act 2009, the NHS Quality Account Regulations 2010 and the NHS Quality Account Amendment Regulation 2011.

To the best of our knowledge we believe the information within this document to be both reliable and accurate and provides a balanced picture of Torbay and Southern Devon Health and Care NHS Trust performance between 2012- 13.

#### **Mandy Seymour**

Chief Executive

Torbay and Southern Devon Health and  
Care NHS Trust

#### **Jon Andrews**

Chairman

Torbay and Southern Devon Health and  
Care NHS Trust

## PART 2

In this part of the Quality Account we will explain the priorities the Trust has agreed for 2013-14. The Strategic Aims of the Trust listed below will provide a strong foundation on which we will build our quality and safety improvement work:

### STRATEGIC AIMS

- **Offer a value for money, sustainable service**
- **Provide high quality safe care with no delays**
- **Provide a flexible and motivated workforce**
- **Deliver care as part of a community wide system**
- **Involve our community in developing our services**
- **Promote public health in all contacts with our community**
- **Deliver the best model of care to achieve the best possible outcomes**

In 2012-13 we achieved a great deal of success in the priorities we set; Part 3 of this account will provide information on some of these achievements with a full report in Appendix 1. We do recognise that these projects do not stop but that were we have seen real benefits we will continue to drive forward and develop quality initiatives.

We have also consulted widely with the public and clinical and social care staff to identify priorities that we would wish to focus our improvement work on in 2013-14. These priorities are in addition to National Commissioning for Quality and Innovation (CQUIN) objectives defined by the NHS Commissioning Board. Details below include the National CQUINs.

### National Priorities

- **Improving the Patient Experience**

***We will listen to people who use our services using this feedback to improve quality and share good practice***

To improve the experience of service users the Trust has introduced the 'Friends and Family Test' which the Department of Health has made compulsory to all acute hospital settings. However in the South West it has been extended to include community hospital wards and minor injury units (MIUs). This will provide timely, granular feedback from patients about their experience in our hospital services. The 'Friends and Family Test' question is:

***'How likely are you to recommend our services to your friends and family if they need similar care or treatment?'***

The Trust has also included additional questions within the questionnaires to obtain valuable feedback for example the persons involvement in their hospital discharge plan, their understanding of medication and their assessment of the level of dignity afforded to them during their stay. The Trust will publish the initial results on our Trust website in July, with more detailed ward by ward figures from October 2013. During 2013-14 it is our intention to extend the questionnaire to other Trust services.

Please refer to page 27 for results of the questionnaire for Community Hospitals and MIU's.

- **The Development of the National Safety Thermometer**

***We will build upon the data collected as part of the National Safety Thermometer project undertaken in 2012-13. We will continue to focus on the following four elements of the NHS Safety Thermometer: pressure ulcers, falls, VTE and urinary tract infection in patients with a catheter.***

In 2012-13 we introduced this safety monitoring tool as part of a national programme. We will implement this process for measuring harm caused within our community health services during 2013-14 allowing us to gather sufficient data during the first year to provide a baseline from which we will be able to measure the effect of quality and safety improvements in the future. (See graph on pages 20-21).

In our community hospitals we have collected this data for a year and will therefore be able to begin to measure safety improvement. In March 2013 our harm free care rate was 82% with 15% of harms being old harms transferred into our hospitals and 3% harms acquired whilst in our hospital.

This year we will work to achieve a 90% harm free care rate with specific focus upon reduction in the harm from Pressure Ulcers.

In the community we plan to start to collect safety thermometer data in 2013-14 developing a greater insight into harms caused and the effect improvement work can have on improving safety for patients in their own home. This will build upon the processes we have in place in our community hospitals to begin to begin to monitor and measure any impact of quality and safety initiatives introduced.

- **Reduction in the Harm Caused by Avoidable Pressure Ulcers**

***We will undertake a pressure ulcer prevention programme that will include information leaflets, training and general awareness of the simple measures patients, carers and care providers can take to avoid pressure damage.***

Reducing the prevalence of avoidable pressure ulcers acquired in our care is both a national and local priority. The occurrence of a pressure ulcer can cause increased risk of infection, emergency hospital admission, a longer stay in hospital, pain, psychological distress and often loss in independence. The occurrence of a pressure ulcer is considered to be a key indicator of the quality of patient care. Our investigations into the development of pressure ulcers using the Root Cause Analysis methodology has identified a small number of key root causes which if addressed will reduce the risk of pressure damage developing, these include:

- A need for more education and training of carers employed within the Trust and those employed by independent care providers
- Raised awareness for patients and their families so that they can take preventative action
- Ensuring people at risk are aware of how they can prevent pressure damage with simple steps such as well-fitting footwear and frequent changes to position when sitting or lying in one position for long periods of time.

- Ensure that patients, families and carers are aware of the early signs of damage and who to contact for help before significant damage occurs.
- Nurses must share care plans and actions with patients and with their consent others who may be involved in their care.

In 2013-14 we intend to implement a comprehensive prevention programme that will focus on our hospitals, care for patients in their own homes and within nursing and residential homes. The aim will be to reduce the numbers of patients who develop Grade 3 and 4 pressure ulcers across the health community.

**The project will:**

- Establish an effective Pressure Ulcer education strategy for staff in the community hospitals and community including care homes, domiciliary care agencies, informal carers and patients. This will include interactive education films and information leaflets such as “PROMPT” awareness cards (early intervention that will care for the skin and help to avoid pressure damage).
  - Increase the number of “link nurses” with more specialist knowledge in the community teams and community hospitals to support improvements in pressure ulcer prevention.
  - Work with independent care homes and care agencies to provide training and awareness for staff as well as undertaking routine visits to meet with carers and patients/clients to identify risks and develop care plans to promote well-being. This will build upon the experience in pressure damage prevention education currently undertaken by community nursing teams in Teignmouth and Kingsbridge where they are working in collaboration with care homes.
  - Review the use and supply of pressure relieving equipment to ensure the right equipment is supplied at the right time to meet the needs of the patient.
- **Support for Carers of People with a Dementia**

***We will ensure carers feel supported and able to access services with a specific focus on hospital discharge.***

This national CQUIN will allow us to build upon the work undertaken in 2012-13 to identify how we can provide greater support for carers; by supporting carers we can improve the lives of both carers and those cared for, helping to avoid crises occurring. We plan to develop this with our local priority 10 (see page 11). This work will be undertaken with our partners across Torbay and Southern Devon. In Section 3 details have been included of work undertaken in our community hospitals during 2012-13 including an education programme for staff and improvements to the ward environment.

- **Reducing the Incidence of Healthcare Associated Infections**

***We will treat and care for people in a safe environment and protect them from avoidable harm in accordance with the NHS Outcomes Framework 2013-14; Domain 5***

This includes work to maximise the potential to reduce the rate of MRSA bloodstream and Clostridium difficile infections.

In 2012-13 the Trust reported two MRSA bloodstream infections against a regionally agreed target of two. Work continues to reduce the level of Clostridium difficile infection rates of 115 against a regional target of 108.

The Torbay and Southern Devon health community has developed a joint strategy that will support our continued focus on reducing the incidence of these very serious infections that include:

- Continued in-depth analysis, including Root Cause Analysis investigation of the casual factors for Clostridium difficile sharing any learning and making recommendations for best practice in the avoidance of Clostridium difficile, including advice in antibiotic prescribing and medication that may interact with this disease process.
- We will continue to analyse the type of Clostridium difficile strain that occurs within the community to identify any trends.

The targets set for 2013-14 are MRSA two cases and 77 cases of Clostridium difficile.

## **Local Priorities**

During December 2012 we developed a list of potential Quality improvement projects with managers and professional leads. In January and February 2013 we consulted with a number of internal and external forums to identify what we should focus our quality and safety priorities on in 2013-14 including:

- Devon and Torbay HealthWatch (previously LINKs)
- The Trust Engagement and Experience Committee Members (who have circulated it within their networks).
- Devon and Torbay Overview and Scrutiny Committees
- The Trust's Experts by Experience Group
- The Trust also sought the views of clinical leaders and staff in defining the final list of local priorities

The link to the online questionnaire via the Trust website was made available and advertised widely in:

- The all staff via the bulletin
- The Carers Forum website
- The VCS via the CVA bulletin
- The Torbay Council staff via their bulletin
- On Facebook and Twitter

A copy of the consultation questionnaire and the full results can be found in Appendix 2. The Local Priorities listed below were agreed by clinical leads and the Trust's Engagement and Experience Committee in March 2013. The priorities agreed reflect the feedback received during the consultation process.

## Safety

- **Medicines Optimisation**

***We will maximise the beneficial clinical outcomes for patients from medicines with an emphasis on safety, governance, professional collaboration and patient engagement.***

***There are a variety of ways in which this priority will be achieved including support at hospital discharge.***

We will help patients and carers to understand their medication at discharge. It can be confusing for people when they have medications changed whilst in hospital. Our intention is to provide information and explain medications prior to someone being discharged from hospital providing them with a greater understanding of the type of medication and the purpose for taking it.

Additionally we will seek to provide a clear and systematic approach to the selection of prescription products. Working with and liaising with local healthcare providers we will further promote the Joint Formulary to improve prescribing and supply adherence e.g. wound dressings. This will help to promote a consistent approach to treatment option selection and improved patient care.

- **We Will Support Our Independent Partners in Quality and Safety Improvement**

***It is our intention to work in a supportive manner to support quality and safety across the health and social care services that we commission.***

'We will continue our work with care home providers to develop a Quality, Effectiveness and Safety Trigger Tool (QuESTT)'. This web based self-assessment tool provides a quality and safety monitoring function for care home managers and matrons and can also be used by the care homes to support their compliance assessment for the Care Quality Commission (CQC) as it includes many of the key quality and safety outcomes.

A number of care homes have expressed an interest in working with us to develop the QuESTT and we are now defining the indicators for monitoring the quality, effectiveness and safety of care in many areas including pressure area prevention, palliative and end of life care, medicines management, staff training and development and infection control.

## Effectiveness

- **We will work to reduce childhood obesity through a family intervention and weight management programme in Torbay**

***We will design, manage and deliver a community based programme for overweight children and young people aged 5-15 years and their families to enable progress towards and maintenance of a healthy weight.***

This programme will take into account and respond to the diverse needs and home circumstances of its users. The multi-component model will be aimed at supporting long-term lifestyle changes, providing skills and information for healthy eating, physical activity and positive communication skills. Included within this programme will be motivational components focussing on behaviour change that will involve the family as well as the child.

The programme will provide an average of 10-14 sessions of 1-2 hours duration, with up to 15 families being accommodated per programme.

Once the final programme format is agreed it will be piloted during April – October 2013, activity levels and numbers of children/families engaged and completing the courses will be monitored alongside evaluation and service user feedback.

The service will provide an annual audit and report on activity and recommendations to inform future commissioning specifications

The Trust is not commissioned to provide public health services to Southern Devon this will therefore only apply to Torbay.

- **We will ensure that the care we commission on behalf of people with a learning disability is outcome focused**

***We intend to continue to protect those most vulnerable in society, taking the learning for the Winterbourne View Serious Case Review.***

Some of this work will ensure effective care for people with a learning disability undertaking reviews that focus on personal outcomes for clients that support them in achieving their personal goals. It is essential that we listen to people and gain feedback on their experience at these reviews, using this information in partnership with the care providers to achieve high quality services that meet individual needs.

Our staff will undertake regular care reviews with people who receive these commissioned services in Torbay to achieve this, although this has always been undertaken by our staff, there is an emphasis to be able to provide a more outcome focussed approach to these reviews. We will audit the number of reviews undertaken to ensure that outcomes are achieved

## **Patient Engagement**

- **We will Improve communication and information for patients on how to access care after they are discharged from hospital**

***We will work with partners to develop a discharge pathway as part of a joint project to improve communication for patients, carers and others who provide their care***

We recognise that the initial 48 hours at home once discharged from Hospital is a critical time for both patients their families and carers, by providing improved communication to people at discharge, including information about future follow-up appointments and medication, we should improve the safety and quality of discharges from our hospitals.

We will measure how effective this improvement work is by obtaining feedback as part of the routine patient experience questionnaire, given to all patients discharged from our hospitals.

Our aim in 2013-14 will be to develop a discharge information pack in one community hospital to test this and gain feedback for improvement from patients and carers and then implement it in all community hospitals.

- **We will improve access to carers support networks**

***Recognising the valuable contribution carers have in the wellbeing and quality of life for those they care for we will develop a programme to identify carers, including those who care for someone with dementia, allowing good support networks to be established, and improving their access to this support.***

In partnership with carers and other agencies we will develop a 'Carers Pathway' through the whole system to establish the key points for carers to be identified and to access support. An action plan will be agreed to prioritise areas for improvement, and this will be published. Following on from our learning in 2012-13, there will be a particular emphasis on the Carers involvement in hospital discharge and identifying 'hard to reach' Carers.

Staff awareness of the needs of carers is critical, and a programme of staff training will be rolled out to hospital and community based staff. We will measure the impact of this on identification of carers and improvements in their experience of support.

Recognising the valuable contribution carers have in the wellbeing and quality of life for those they care for we will develop a programme to identify carers, including those who care for someone with dementia, allowing good support networks to be established.

The minimum number of staff trained in Carer Awareness will be:

- Minimum of 50% of District Nurses across Torbay and Southern Devon
- 50% of Nursing staff at Brixham and Paignton Community Hospitals
- Intermediate Care Teams in Torbay

To demonstrate the number of carers identified and support available we will:

- Quarterly audit of District Nurse Assessments to show number of carers identified and actions taken, for example the numbers of “carer contact cards” distributed and number of referrals made to services for advice and information
- The number of referrals from Community nurses and identified hospitals for Carers Assessment (from June 2013)
- Analysis of monthly enquiries to the Signposts Carers Information service – source of referral and whether prompted by Carers Contact card (from May 2013)
- An increase of Carers on Torbay GP Practice Registers (measured from baseline at April 2013 )
- An increase in the number of Carers joining Torbay Carers Register during 2013-14.

## **PART 3**

**Within this section of the Quality Account we will provide information of the achievement of priorities set for last year.**

The Trust has had a successful year with many achievements in improving safety, quality and effectiveness this report will provide examples of some of these achievements.

In November the Trust was 'highly commended' in the Provider Trust of the Year category at the recent Health Service Journal Awards 2012 (HSJ).

The prestigious HSJ awards aim to celebrate healthcare organisations across the country and have helped raise the standards of healthcare in the UK by providing high quality care and services, in an innovative and effective way.

The Trust was one of six Trusts to be shortlisted within this highly contested category and was the only Trust awarded 'highly commended'. Receiving 'highly commended' in the category followed a stringent judging process where Judges visited the area to understand how the Trust operates, what the Trust's priorities are and hear about patient experiences. The judging process also required senior leaders from the Trust to present their case for why they think the Trust is worthy of the award.

The HSJ also acknowledged the Trust for our work with carers; our very small but dedicated team actively support carers across Torbay, recognising the valuable contribution these people make in society. A role that often goes unnoticed we are committed to involving carers in decisions about those they care for and later in this report the results of a study which examined ways that discharge from hospital can be improved. As in many of the priorities set each year they are not time limited but develop a momentum that will continue to develop as we strive to improve the services we offer.

Our community hospitals provide a valuable resource in caring for people however we recognise that for most people their preference is to return home gaining independence as soon as possible. In 2012 we developed a reablement service that would support this with time limited rehabilitation undertaken in the patient's own home with successful outcomes.

### **Statements of Assurance from the Board**

*(This is a mandatory reporting section)*

#### **Review of services (Regulation 4)**

*During 2012-13 the Torbay and Southern Devon Health and Care NHS Trust provided and/or sub-contracted seven relevant health services.*

*The Torbay and Southern Devon Health and Care NHS Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services.*

*The income generated by the relevant health services reviewed in 2012-13 represents 100% of the total income generated from the provision of relevant health services by the Torbay and Southern Devon Health and Care NHS Trust for 2012-13.*

#### **Clinical Audit**

*During 2012-13 two national clinical audits and no national confidential enquiries covered relevant health services that Torbay and Southern Devon Health and Care NHS Trust provides.*

*During that period Torbay and Southern Devon Health and Care NHS Trust participated in 100% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.*

*The national clinical audits and national confidential enquiries that Torbay and Southern Devon Health and Care NHS Trust participated in during 2012-13 are as follows:*

- National Audit of Falls and Bone Health in Older People
- Stroke National Audit Programme (combined Sentinal and SINAP)

*The national clinical audits and national confidential enquires that Torbay and Southern Devon Health and Care NHS Trust 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.*

- Falls and Bone Health *Torbay and Southern Devon Health and Care NHS Trust* undertook this audit with South Devon Healthcare Foundation Trust, 100% (40) of the total number of cases were submitted.
- Stroke National Audit Programme (combined Sentinal and SINAP). The combined acute and rehabilitation unit agreed to submit data on 5 cases as part of the SSNAP pilot. The rehabilitation unit participated in the Organisational Audit and collected data on 15 cases for the process of care audit. The unit is in the process of recruiting some additional A&C support to enable continuous data entry.

*The reports of two national clinical audits were reviewed by the provider in 2012-13 and Torbay and Southern Devon Health and Care NHS Trust intends to take the following actions to improve the quality of healthcare provided.*

### **Acute stroke (SINAP)**

This audit report was received in May 2012 reflecting the findings from an audit of records collected in 2011

#### **Acute Stroke Audit**

	<b>RECOMENDATION</b>	<b>ACTION COMPLETED</b>
1	To develop an Early Supported Discharge Service(EDS) in all areas of the Trust	This is now in place across all areas of the Trust
2	To provide a minimum of 45 minutes five days each week of all types of physiotherapy, occupational therapy and speech and language therapy to patients who require therapy interventions.	We are monitoring achievement of the 45 minute NICE quality marker on the stroke unit at Newton Abbot. Achievement for each profession to date is: Physiotherapy : 70% of patients identified as tolerating 45 minutes Occupational Therapy (OT) : 77% of patients identified as tolerating 45 minutes Speech and Language Therapy (SLT) : 30% of patients who were identified as tolerating 45 minutes Achievement of the Physiotherapy and OT target fell this year due to vacancies in Rehabilitation Support Worker Posts and delays in approval to recruit to these. Vacant posts are currently being recruited to. For SLT the service has reviewed skill mix and is in the process of adding an additional Rehabilitation Support Worker to enable a 7 day approach to SLT.
3	To review the number of patient being discharged into care homes from hospital following Stroke.	To date in 2012/13 23% of those leaving our specialist stroke ward went to care homes with 74% going home (3% to hospitals out of area or intermediate care) further work will be undertaken to relate these results to the total number of placements in care homes

Future work on stroke is being discussed at the Stroke Clinical Pathway Group. It is likely to include expanding the seven-day rehabilitation service to all parts of the stroke pathway, launching a pathway for psychological support and providing continuous service user feedback.

### National Falls and Bone Health Audit

	RECOMENDATION	ACTION COMPLETED
1	Appointment of a consultant(s) orthogeriatrician to improve peri-operative medical care and co-ordinate comprehensive falls and bone health assessments	3 consultants now in post
2	Evaluation of Infoflex (an electronic recording system) falls pilot and Trust wide roll out to facilitate a more comprehensive assessment of falls and onward referral to community evidence based exercise programmes	Infoflex pilot still on going, changes to original work made and pilot continues. The statistics will be collected on the CPG dashboard. Being rolled out in a sustainable manner with further work now being undertaken to look at alternative IT solutions
3	Home hazard assessment by occupational therapists to be increased, particularly in non hip fracture patients	This piece of work is outstanding and will be a challenge within our current capacity as a Trust and within SDHCT home hazard assessments have significantly reduced over the last 3 years. By increasing awareness in all health professionals allowing them all to undertake a falls risk assessment when visiting patients at home we aim to increase the detection and reduction of hazards within the home.
4	Development of a consistent Fracture liason service	In November 2012 this was rolled out to include South Devon CCG area

A summary of all local clinical audits are included in Appendix 3.

### Research

The number of patients receiving relevant health services provided or sub-contracted by Torbay and Southern Devon Health and Care NHS Trust in 2012-13 that were recruited during that period to participate in research approved by a research ethics committee was 58.

### Quality improvement and innovation goals agreed with commissioners

A proportion of Torbay and Southern Devon Health and Care NHS Trust income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between Torbay and Southern Devon Health and Care 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 on request from Torbay and Southern Devon Health and Care NHS Trust.

### Care Quality Commission Registration

Torbay and Southern Devon Health and Care NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with the CQC with conditions attached to registration. Torbay and Southern Devon Health and Care NHS Trust has the following conditions on registration:

## **Torbay Care Trust for Accommodation for persons who require nursing or personal care**

1. The registered provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the location of Occombe House.
2. The registered provider must ensure that the regulated activity 'accommodation for persons who require nursing or personal care' is managed by an individual who is registered as a manager in respect of the activity, as carried on, at or from the location of Baytree House.
3. This Regulated Activity may only be carried on, at or from the following locations:  
Baytree House and Occombe House.

### Conditions of registration that apply to: **Torbay and Southern Devon Health and Care NHS Trust for Personal care**

1. The registered provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:  
  
Baytree House

### **Additional conditions that apply at this location**

1. The registered provider must not provide nursing care under accommodation for persons who require nursing or personal care at Baytree House.
2. The registered provider must only accommodate a maximum of 10 service users at Baytree House and Occombe House

### **Additional conditions that apply at this location**

1. The registered provider must not provide nursing care under accommodation for persons who require nursing or personal care at Occombe House.
2. The registered provider must only accommodate a maximum of 12 service users at Occombe House.

*The Care Quality Commission has not taken enforcement action against Torbay and Southern Devon Health and Care NHS Trust during 2012-13.*

*Torbay and Southern Devon Health and Care NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was in February 2013 at Occombe House. The CQC's assessment of the Torbay and Southern Devon Health and Care NHS Trust following that review was Occombe House was meeting all the essential standards of quality and safety Inspected.*

*Torbay and Southern Devon Health and Care NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period*

## Information Governance

*Torbay and Southern Devon Health and Care NHS Trusts declared Level 2 (satisfactory) across the Information Governance Toolkit at 31 March 2013.*

*Torbay and Southern Devon Health and Care NHS Trust submitted 43,587 records during 1st April 2012 – 28<sup>th</sup> February 2013 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. N.B. Data for the full year 2011-12 will be available in May 2013*

*The percentage of records in the published data which included the patient's valid NHS number was:*

- 100 % for admitted patient care
- 99.7 % for outpatient care and
- 96.0 % for accident and emergency care

*The percentage of records in the published data which included the patient's valid General Medical Practice Code was:*

- 100 % for admitted patient care
- 100% for outpatient care and
- 99.4% for accident and emergency care

*The data made available to the Torbay and Southern Devon Health and Care NHS Trust by the Health and Social Care Information Centre with regard to the percentage of patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period*

**N.B Further information will be made available in April 2013**

Year	RE-admission rate	National Average	Highest Rate	Lowest Rate
2011/12	1.2%	Data available Dec 2013	Data available Dec 2013	Data available Dec 2013
2012/13	1.5%	Data unavailable	Data unavailable	Data unavailable

*The Torbay and Southern Devon Health and Care NHS Trust considers this data is as described for the following reasons:*

- *Our figures are likely to be lower than comparative Trusts because they only relate solely to admissions /re-admissions at our Community Hospitals, in many areas this rate is a combined reported for Community and Acute Hospitals*
- *The majority of emergency admissions will be to the Acute Trust, therefore even if patients discharged from our Hospitals did require re-admission, it is more likely that they will have been sent to South Devon Healthcare Foundation Trust or Royal Devon and Exeter Foundation Trust.*

*The Torbay and Southern Devon Health and Care NHS Trust intend to take the following actions to improve this percentage and so the quality of its services, by working with its partner organisations to ensure effective discharge planning by:*

- *Improving the timeliness of discharge information to General Practitioners*
- *Provide Support for Carers*
- *Improve patients understanding of their medication on discharge*

The data made available to the Torbay and Southern Devon Health and Care NHS Trust by the Health and Social Care Information Centre with regard to 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.

Year	Percentage of Staff who would recommend the trust as a provider of care to their family or friends	National Average	Highest	Lowest
Dec 11	3.68 (73.6%)	3.44	3.68	3.04
<b>Dec 12</b>	<b>3.88 (77.6%)</b>	<b>3.58</b>	<b>3.88</b>	<b>3.24</b>

Action plan for 2012-13 included:

- The appointment of a equality and diversity manager to progress the agenda
- Reinvigorating the health and wellbeing group.
- The establishment of a planned programme of Organisational Development
- Review of the appraisal process – This action plan will be taken forward during 2013/14

The number and, where available, rate of patient safety incidents reported within the Torbay and Southern Devon Health and Care NHS Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. With actions taken and comparisons to similar organisations.

Year	total	Similar Trust <sup>a</sup>	severe	Similar Trust <sup>a</sup>	death	Similar Trust <sup>a</sup>
2011/12	383 <sup>b</sup>	2634	0	63	3 <sup>b</sup>	3(0.113%)
2012/13 NB to 1.3.13	3386	Information not available	1 (0.031%)	1.1% <sup>c</sup>	3 (0.089%)	0.3% <sup>c</sup>

<sup>a</sup> Similar Trust Cornwall and Isles of Scilly PCT (a community Trust with 11 community hospitals)

<sup>b</sup> We are unable to capture the specific number of incidents that occurred in the southern area of Devon during 2011/12. These incidents continued to be reported to the former Devon PCT Datix system until a new system was introduced for the whole of the Trust in August 2012. The 2011/12 number illustrated in the chart above was for the previous Torbay Care Trust area that only included 2 community hospitals.

<sup>c</sup> Comparisons based on information provided by the NHS Commissioning Board incident report for the National Reporting and Learning System 1.4.12 – 31.9.12 Full year results are not available at the time of this publication

- Root Cause Analysis Investigations are undertaken for all serious incidents with commissioners being informed using the Strategic Executive Information System (STEIS)
- The Care Quality and Safety Group receive these reports and recommendations made for shared learning or practice changes. Further discussion and sharing of learning occurs in professional and managerial forums.

## Part 3

### Quality Account Priorities 2012-13

An update of performance against the 2012-13 priorities is included at Appendix 1. Below are some examples of quality improvement work completed during the year. These are presented under the headings Safety, Effectiveness and Patient Experience.

### Safety

- **We said we would implement the Quality, Safety and Effectiveness Trigger Tool (QuESTT) in Independent health care providers in 2012**

*“Research shows that the leaders of clinical teams have a major contribution to make in creating a climate in which patients receive the best possible care. This is achieved by engaging, motivating and supporting staff to perform at their best. Staff also need to be able to blow the whistle when things go wrong, without fear of repercussions and in the knowledge that their concerns will be heard and acted on.”* **Professor Chris Ham, Chief Executive of The King’s Fund, Jan 2012.**

Community QuESTT
New or no line manager in post (within last 6 months)
Monthly review of key quality indicators
Planned annual appraisals performed
Able to attend planned team meetings, training and/or special interest groups this month
Formal feedback obtained from patients in last 3 months
2 or more formal complaints in a month
Learning from incidents/complaints has been shared, actioned and implemented this month
Evidence of resolution to recurring themes from incidents/complaints this month
Unusual demands on service exceeding capacity to deliver this month
Office base/department appears untidy
Currently more than 1 on-going RCA investigation
Date of oldest referral
5 day target for intermediate care achieved
All staff have received professional/clinical supervision

Taking the learning from the first Francis Report (2010) and building on the successful implementation of the Quality and Effectiveness Tool in our community hospitals, reported last year, we have now developed a similar tool that will provide information for managers on key quality indicators including safety incidents, complaints, staffing levels, sickness rates and other quality markers. The indicators are based upon the recommendation of the Francis report into the failings identified at the Mid Staffordshire Foundation Trust. Having all of this information available in one report allows General Managers and Heads of Professions to ensure communication and appropriate supportive interventions are available for any teams who are experiencing unusual demands and safety concerns.

The first community QuESTT was completed across community Occupational Therapy, Physiotherapy, Social Work (Torbay) and Nursing Teams in October 2012 and also the learning disability service and older people’s mental health services. Further work is continuing to ensure that this reporting is used to ensure most effective use of resources and that where necessary support is provided to improve the care we provide.

The Community QuESTT is very similar to the hospital QuESTT introduced in 2011 but measures vary slightly to measure the quality and effectiveness of community team work. The table opposite provides an indication of some of the additional areas that we monitor in addition to the general measures of vacancy and absence rates, staff appraisal and client feedback.

The monitoring tool is supported by a protocol that defines the level of support to be provided to teams who are experiencing abnormal pressures on quality and effectiveness. This tool is seen as an early indicator of the need for support and is not used as a performance measure encouraging open and honest reporting.

Scores of 16 and over trigger a response from the professional practice team and manager, the supportive actions taken depend upon the score and factors that have been highlighted as a concern. The community nursing, occupational therapy, physiotherapy, adult social care and public health teams are now providing regular reports using this tool. An example of scores reported in December 2012 below provides an insight into the dashboard used. These scores are not taken in isolation but used as part of a more sophisticated monitoring of quality and effectiveness. Monthly scores in isolation are helpful but greatest benefit can be achieved by looking at trends in monthly scores over a minimum of three months. This work will continue in 2013-14 to ensure that reporting is consistent and sustainable.

### **QuESTT scores for December 2012 Occupational Therapy and Physiotherapy**

Community QuESTT	Torbay Locality - Physio Teams					Torbay Locality - O.T. Teams				Southern Devon Locality - Physio Teams								Southern Devon Locality - O.T. Teams										
	Brixham	Paignton	Torquay North	Torquay South	Community Stroke/ABI/Neuro Torbay	Brixham	Paignton	Torquay North	Torquay South	Community Stroke/ABI/Neuro Torbay	Coastal	Dartmouth	Ivybridge	Kingsbridge	Moorland	Newton Abbot	Tavistock	Totnes	Community Neuro Teignbridge	Coastal	Dartmouth	Ivybridge	Kingsbridge	Moorland	Newton Abbot	Tavistock	Totnes	Community Neuro Teignbridge
Rating and Total Score	6	10	8	6	4	4	4	14		6	4	5	4	7	8	7	5	8		10	1	6	9	2	8	3	0	

We are currently working with independent care providers to develop a version of the QuESTT for use in local care homes. There are currently 13 care homes using this tool across Torbay with others very interested in adopting it next year. We intend to continue this work with the implementation of the tool in August 2013 in more areas of the Bay. The Trust has a project group that monitors the results and roll out of the care home QuESTT.

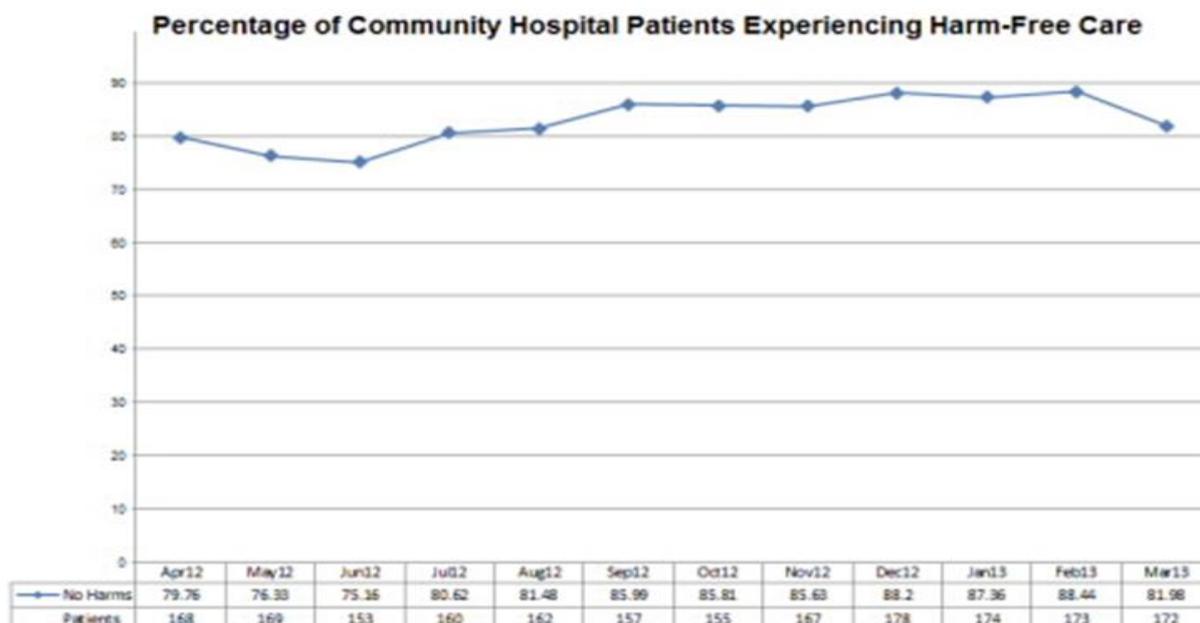
### **National Safety Thermometer**

- **We said we would implement the National Safety Thermometer in 2012.**

This has been successfully completed with our community hospitals with developmental work underway to spread this across all services in the community. This tool allows us to measure the level of harm free care provided to our patients, looking particularly at the incidence of four harms:

- Pressure Ulcers
- Urinary tract infection in patients using a urinary catheter
- Falls resulting in harm
- Venous thromboembolism (VTE)

The National Safety Thermometer will feature in our quality improvement intentions this year as we now use the baseline data collected during 2012 to measure the effect of quality and safety improvement work undertaken in 2013. Figures below illustrate the Trust results for 2012-13.



The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for Venous Thromboembolism. The first year of this scheme has enabled us to establish and refine our data collection systems, train our staff in collecting the data and identify priorities for improvement.

The tool is called the NHS Safety Thermometer because it takes only minimum set of data that helps to signal where individuals, teams and organisations might need to focus more detailed measurement, training and improvement. Now that the Trust has collected 12 months of data we are in a position to begin to use the data to measure safety improvements. In 2013/14 we intend to use the same system to collect data for patients in their own homes, this data will allow us to measure community wide safety improvements in the future.

It should be noted that the tool was designed to measure local improvement over time and should not be used to compare organisations. There are differences in data collection methods and patient mix, which can invalidate comparison across organisations. For example, trusts that have a high percentage of older patients or specialist services may present with more harms on this measure.

### Reducing Harm from Falls

- ***We said we would continue to reduce the level of harm sustained from falls in our community hospitals***

Awareness continues to improve with over 400 staff from the Trust, care homes and care agencies attending our foundation falls awareness course. All the care homes in Torbay receive bespoke training on falls prevention and bone health by the fracture liaison nurses to

improve compliance with bone health medication and reduce the risk of residents sustaining hip fractures. There is now a network of falls and bone health champions across the care homes to promote and support this work.

Over 300 members of the public attended a successful Active for Life day at Oldway Mansions in Paignton our evaluation demonstrated the benefits of this kind of event. With 87% being reminded about their activity levels, 67% about their bone health, 69% about falls prevention and 62% about their diet.

The postural stability strength and balance groups remain in high demand and we hope to increase and replicate this service in Southern Devon in the next year. Analysis of the outcomes demonstrated that people attending the whole course are less likely to have a hospital admission.

Multifactorial falls assessments are now carried out by health teams across Torbay and Southern Devon and we are working to ensure that they are carried out at the right time for the right group of patients. Six surgeries in Torbay and Southern Devon are involved in a national trial called PreFIT regarding the most effective treatment for people who fall.

### Falls in Community Hospitals

We are experiencing an increase of near miss and no harm incidents associated with falls in our community hospitals due to successful awareness raising and training, leading to more appropriate reporting, along with a new simpler reporting system. As a consequence we are seeing early intervention being put in place for vulnerable people and a decrease in our harm from fall incidents.



One example of the preventative work undertaken includes the introduction of falls champions; staff with particular responsibility regarding falls prevention in each of the community hospitals who provide a regular short training programme, '15 minutes to stop a fall'. The recent launch of the Royal College of Physicians Fall Safe project is keeping falls prevention at the top of the hospital's agendas.

## Infection control

- ***We said we would continue to reduce MRSA bloodstream and Clostridium Difficile infections in 2012-13 using our performance last year to measure this improvement.***

Whilst we did not reduce our incidence of MRSA bacteraemia we did sustain the level of the previous year with 2 cases. We narrowly missed our target to reduce the incidence of Clostridium Difficile with 115 against a target of 108. The Trust infection control team are working collaboratively with consultant microbiologists and others specialists in their efforts to reduce the incidence of this infection. We wish to reassure the public that our Director with special responsibility for infection prevention and control is involved in the work being undertaken and reports to the Board regularly on progress of the work and incidence of infections. We will continue to report and investigate Clostridium Difficile infections sharing any learning with colleagues across the health community during 2013/14.

We did achieve our target for the incidence of MRSA bacteraemia Target 2 cases 2.

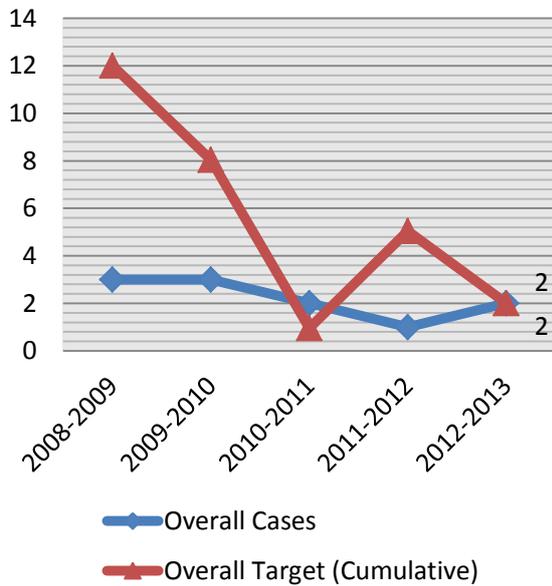


Figure 1: Mandatory Surveillance of MRSA Bacteraemia by Financial Year (Plotting cases against local Target)

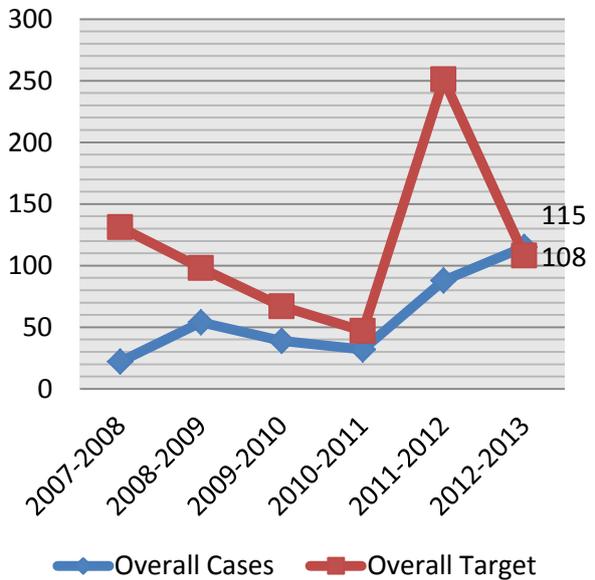


Figure 2: Mandatory Surveillance of CDT by Financial Year (Plotting cases against local target)

We will continue to prioritise this work and do all that we can to reduce the incidence against targets set for 2013-14.

## ***Effectiveness***

### **Celebrating our NHSLA Assessment Success**

The NHS Litigation Authority (NSHLA) manages the negligence and other claims against the NHS in England on behalf of member organisations. A key role of the NHSLA is to contribute to improvements in the safety of NHS patients and staff. An important aspect of this work is to enable and encourage learning by sharing information and knowledge on the clinical and non-clinical claims that they manage with the NHS.

The Trust was successful in achieving Level 1 of the NHSLA Risk Management Standards in December 2012. The full report will be published on the NHSLA website shortly and can be accessed using the following link:

<http://www.nhsla.com/Pages/Publications.aspx?library=safety%7cassessments>

As part of the findings the NHSLA stated that “The assessment had been prepared for thoroughly and the evidence presented clearly”.

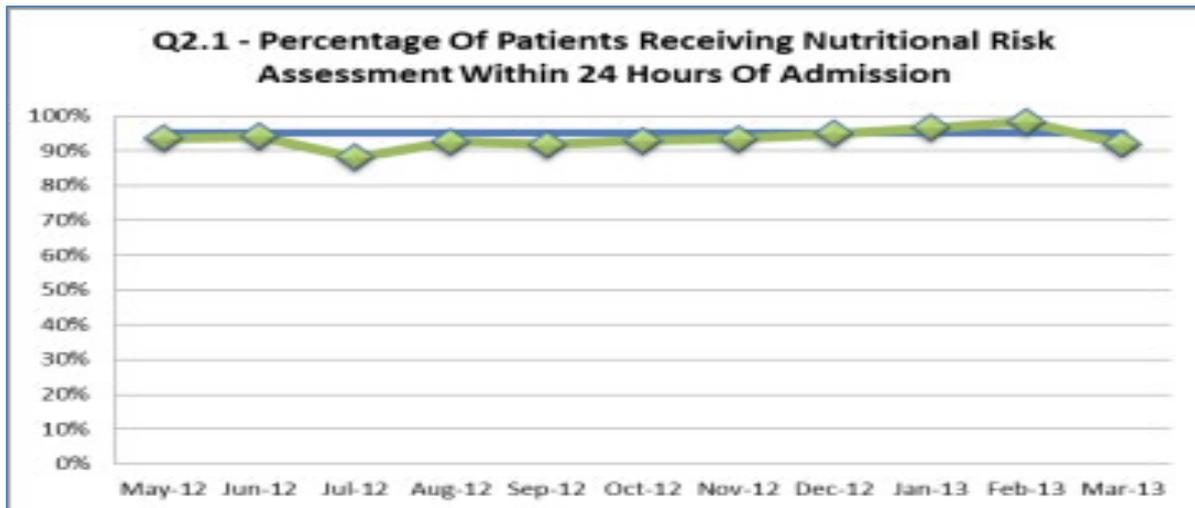
## **Nutritional care**

- ***We said that we would improve services for older people in our community hospitals.***

The Care Quality Commission Report “dignity and nutrition for older people” focused upon two outcomes in their review of services in 2011 with further reviews undertaken in 2012.

- Outcome 1, ‘respecting and involving people who use services,’ and
- Outcome 5, ‘meeting nutritional needs’. We have monitored our performance during the year with the results demonstrating that:
  - 100% of nutritional care plans were reviewed after one week (Feb 13)
  - 96.6% of patients had a full nutritional assessment within 24 hours of admission

The Trust recognises the importance nutritional wellbeing plays in a person’s recovery from illness with Ward able to offer snacks and drinks at any time.



With the publication of the 2<sup>nd</sup> Francis Report in February 2013 we are aware of the many patient and public concerns regarding the quality of food served to patients and how ward staff support those who due to illness find it difficult to eat. We are very aware that nutrition is a key element in a patient's recovery and continued well-being including the healing of wounds and pressure ulcers. The data illustrated above confirms that we do take this seriously with care plans developed that reflect any risks identified, this data is reported to the Trust Board monthly. The Trust PEAT results (see page 29) are another method used to assess the quality of food provided in our hospitals.

As part of the Trust Non-executive Directors quality assurance role regular visits are undertaken to care teams, at a recent visit to Brixham Hospital the visiting Director commented that:

*“Patients were well supported at the meal time with personal service from the nurses and health care assistants. This was impressive with each person clear about the needs and appetite of the patient being served”.*

- ***We said we would develop services to increase people's independence after discharge from hospital***

The Trust priority to help people to regain their independence after a period of illness is important to the individual and their family. In providing enhanced reablement services we have been able to support people's confidence and their self-care. The project introduced in August 2012 has demonstrated that by setting individual goals for people and working with them to achieve them we have made a difference to their quality of life. The Trust Intensive home Support Service (IHSS) received training in setting patient goals and other aspects of reablement as part of this project.

Of the clients that completed the programme 80% experienced improvement in their independence. Of those 61% were fully independent/fully reabled and 20% were partly, in 15% there was no difference and 4% were less reabled due to deterioration in their long term health conditions. The case studies below offer examples of the impact these services have had on two individuals and their families and/or carers.



### Case Study 1

Mrs Smith was admitted to Torbay Hospital following a stroke affecting her right side. She had previously been independent and lived alone. Although she remained independently mobile with help of a walking aid following her stroke, she had difficulty managing her personal care tasks such as washing and dressing and preparing meals and snacks. She also needed further practice in managing her own medications.

She was referred to the IHSS Reablement team for ongoing support to continue to practice these activities.

With guidance with the Early Supported Discharge team therapists, the IHSS support workers encouraged Mrs Smith to practice these tasks every day.

After six weeks, Mrs Smith was completely independent again and managing her personal care, meals and medication. She was discharged requiring no on-going package of care.

### Case study 2

Mr Smith had planned hip surgery for pain. During his stay in hospital he became unwell with a urinary tract infection. This also affected his mood and motivation and on discharge from hospital he had ongoing confusion. He had difficulty managing his medication independently and managing his meals.

He was referred to the IHSS Reablement team to encourage him to be more independent in his personal care and to encourage him to return to his previous level of function.

Due to the confusion and issues around motivation initially, Mr Smith's reablement programme was devised by the team lead to be graded. Initially his focus was on learning to manage his medication more effectively, and the later stage of the programme included outdoors mobility practice and meal preparation.

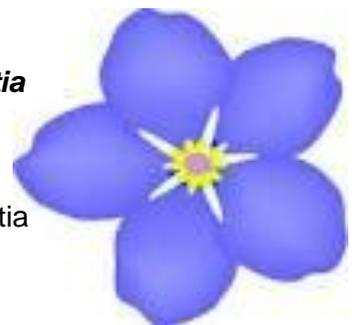
After five weeks, Mr Smith was completely independent



- ***We said we would improve services for people with a dementia implementing the National Dementia Standards***

The National Dementia Strategy has provided a set of standards for caring for patient in hospitals who have a dementia. We have dementia champions in all of our community hospitals who are committed to improving understanding of dementia and simple things we can do to improve the patient's experience. Improvements we are making include:

- Changing the colour of the skirting boards and door frames so that the boundaries of the room are much clearer.
- Altering the colour of the grab rails in toilets to ensure that they are much more visible.
- Extending the signage project already implemented within hospital wards to the whole hospital
- Purchasing dementia friendly bold coloured crockery for all units
- Purchasing dementia friendly clocks in all hospital units
- Improving the information about patients on admission that allows staff to get to know them and understand the people or memories that are important to them.



All community hospital champions deliver education for all staff allowing them to gain a greater understanding of dementia and how best to support patients whilst in hospital.

'Dementia Friendly' signage is currently being produced for all our Community Hospitals Signs including all bathrooms, lounges and dining rooms.



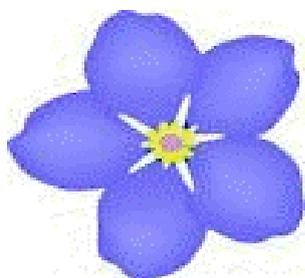
*Dementia friendly crockery*



*New signage for all hospital wards*



*Dementia Friendly Clock*



These are the 'Forget me not' symbols used in our hospitals as an 'alert' system for medical and other clinical notes.

## ***Patent Experience***

- ***We said that we would listen to people who used our services allowing us to constantly review and strive to improve the patient's experience. We have introduced the "Friends and Family Test" across our community hospitals.***

In October the Department of Health published the latest guidance for the implementation of the 'Friends and Family Test' for the NHS. Since February 2013 we have asked all community hospital inpatients and minor injury attendees over 16 years old the question, 'How likely are you to recommend our services to your friends and family if they need similar care or treatment?' There are further questions included in the questionnaire which relate to dignity and their involvement in care planning. Questionnaires are given out at discharge to either the service user or their representative.

The monthly results and comments from minor injury unit attendees and community hospitals inpatients will be published in line with the guidance from the Department of Health

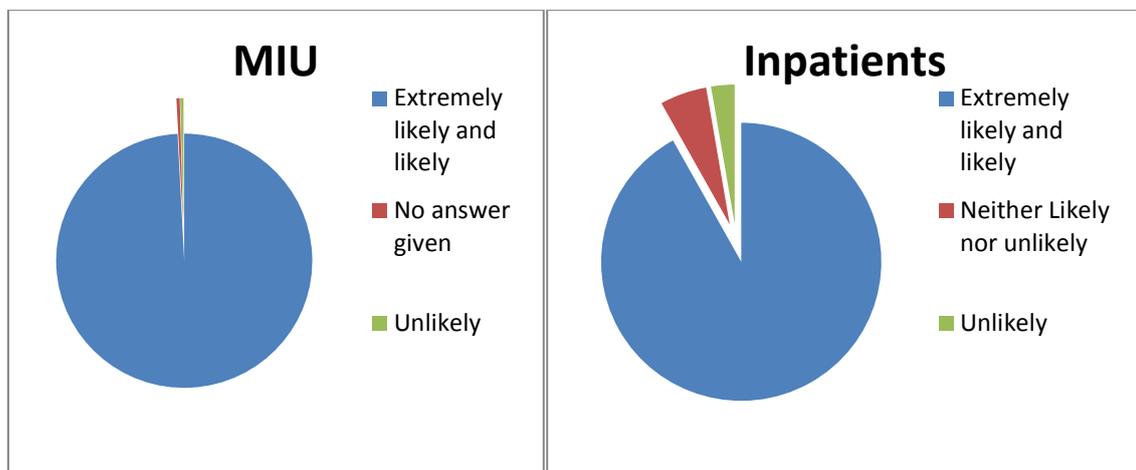
in July 2013. This national reporting will enable bench marking for service users and organisations at a national and local level. It will also allow us to measure the effect of any improvement work undertaken.

We intend to develop other methods of capturing this information through web based services, text messaging and smart phone application. We will also roll-out this questionnaire to other services including adult social care clients in order to collate their experiences and action upon locally (see part 2 of this account). The Trust will also seek to gain more qualitative data with comprehensive service user stories and learning such as the mystery shopper project conducted in North Devon Healthcare NHS Trust.

In March 2013 the majority of Minor Injury Unit attendees and inpatients stated they were extremely likely or likely to recommend our services, with 99% for MIU and 92% for inpatients.

The results for March are shown below:

**Question 1: How likely are you to recommend our service to friends and family if they need similar care or treatment?**



Comments received from Minor injury unit can be seen below, those that were repeated regularly are in larger print.



- ***We said we would gain feedback from vulnerable adults who have been supported by our safeguarding adult services.***

We have now completed this study listening to peoples experience of the safeguarding process as a result we have developed a list of recommendations that will be implemented to ensure that our services are designed to meet the needs of those we aim to protect from harm.

Feedback received includes:

1. Consider the environment and location of the safeguarding meeting and for the safeguarding person to be involved in this decision. Evidence from our research seemed to indicate that when the location was familiar to the individual their engagement was more relaxed and involvement in the process easier for them.
2. For consideration where a meeting is held in two parts it is more appropriate for the person to be the first in the room rather than enter a room of professionals.
3. Consideration for the same people from all agencies and professionals to remain consistent in meetings and throughout the process, including the chair.
4. Consider person –centred safeguarding meetings as best practice with the right people being present for their contribution they can make rather than a reflection of professional roles e.g.; ensuring the safeguarding person is asked who they would like to attend, not duplicating roles and reducing the possibility of participants feeling overwhelmed. Thus making best use of resources available.
5. Design a range of information leaflets alongside service users to reflect the different parts of the process and the agencies that will be involved.

### **Community Nursing Services**

- ***We said we would implement an on-going patient experience feedback process.***

All patients discharged from our service are provided with a short questionnaire, with pre-paid envelope. The tool used has been adapted from the NHS Institutes Productive series 'patient perspective' module. All responses are reported quarterly.

Results from the 61 completed surveys returned between April and December 2012:

- 96% of respondents stated that they had confidence in the person who visited them
- 85% of respondents stated that they were involved in the decisions about their care
- 97% stated that they felt they had been treated with dignity and respect
- 97% were satisfied with their care overall
- 84% were given information about how to contact their community nursing team

We have developed some actions to help us address areas for improvement and these include trialling the use of appointment slips to give patients and carers an approximate time of our next visit and also improving the provision of information to patients about how we may use and share their information.

Community nursing services in Southern Devon are carried out a similar survey in January 2013 as part of their productive series modules.

# **Recognised, Valued, Supported**

- ***We achieved a greater understanding of the causes of Carer breakdown***

This priority was aimed at recognising early those carers at risk of crisis, in order to facilitate early intervention. The paper 'Carers as Partners in Hospital Discharge' (ADASS 2010) highlighted the period immediately after a 'cared for' person is discharged from hospital as very stressful for the carer.

A literature review was undertaken and a local carer survey developed to identify those factors that most help carers and reduce the likelihood of crisis or breakdown.

A key outcome of the vision set out in government's Carers Strategy - 'Recognised, Valued and Supported' (2010) is that "carers will be supported to stay mentally and physically well and be treated with dignity".

It is well recognised that some carers do not receive the support they need until they reach crisis. The aim of this work is to develop a mechanism whereby those at risk of breakdown are recognised early and receive the support they need and deserve.

The three areas highlighted most frequently requiring improvement are:

- 1 Raising Carer awareness amongst key staff**
- 2 Follow up phone calls for carers of patients discharged from Community Hospitals**
- 3 Providing Carers with contact details for support post discharge**

## **Carer Awareness for staff**

- to maintain the existing awareness raising activity in Torbay Hospital by Steve Black Carers Support Worker
- to reinstate weekly visits to Brixham and Paignton Community hospital wards by the Signposts Information Officer from January 2013
- to undertake a programme of Carer Awareness training for community teams, and Community Hospital staff (Jan – March 2013)

## **Follow Up calls**

- Carers / patients to be contacted by phone 48 hrs after discharge of patients from Paignton and Brixham Community Hospitals to identify if further support is needed and appropriate action taken.

## **Contact Card for Carer**

- Produce a Carers Contact card with key information of where to get support if needed. Card to be given to Carers (or patients) at point of discharge from Torbay Hospital and Community Hospitals

This initial work will be reviewed and then spread across all our services during 2013

## Improving care by “Building Bridges”

Additional work that is being undertaken to improve the patients experience in our community hospitals and other care settings includes the “Building Bridges” project led by Norms McNamara with the Torbay Dementia Action Alliance promoting *joined up care* between nurses and carers. The projects aim is to support and provide information to Nurses from the patient’s carer themselves, involving them in the patients care and learning from their experiences, to provide the best care for the patient using the information from the people that know them best.

This project supports the fact that carers know the patient, their likes and dislikes and anything that can cause them distress. In working together we will provide a much improved quality of experience for the patient with dementia who is often unable to communicate their thoughts and wishes. This can include bathing, assistance at mealtimes as well as involvement in some aspects of rehabilitation, and generally empowering carers to become more involved in aspects of patient care if they wish to do so.

- **We said we would maintain peoples dignity in hospital**

**Staff are delighted to be able to provide services within the enhanced environment at Teignmouth Community Hospital**



The Trust is continuous reviewing and improving the facilities available to patients and staff with specific focus on infection control, privacy and dignity and safety. In 2012 the Trust in partnership with the Hospital League of Friends improved the facilities at Teignmouth Hospital including a new reception and waiting area for patients, single sex recovery areas and new changing facilities, improving the privacy and dignity for patients using their surgical theatre. The work also included improvements to the clinical areas to improve efficiency and safety.

**In 2012 the Trust undertook its routine Patient Environmental Action Team Assessments, assessing the cleanliness, infection control, food and environmental series in all our hospitals. The table below illustrates this year's results.**

Hospital	Environment Score	Food Score	Privacy & Dignity Score
PAIGNTON	4 Good	5 Excellent	4 Good
BRIXHAM	5 Excellent	5 Excellent	5 Excellent
ASHBURTON AND BUCKFASTLEIGH	5 Excellent	5 Excellent	5 Excellent
DARTMOUTH	5 Excellent	5 Excellent	5 Excellent
DAWLISH	5 Excellent	5 Excellent	5 Excellent
NEWTON ABBOT	5 Excellent	5 Excellent	5 Excellent
TEIGNMOUTH	5 Excellent	5 Excellent	5 Excellent
TOTNES	5 Excellent	5 Excellent	5 Excellent
BOVEY TRACEY	5 Excellent	5 Excellent	4 Good
SOUTH HAMS (KINGSBRIDGE)	5 Excellent	5 Excellent	5 Excellent
TAVISTOCK	5 Excellent	5 Excellent	4 Good



Overall the Trust achieved 29 **Excellent** scores from a possible 33, over the 3 categories. The Trust also achieved four Good scores in the remaining categories - three for Privacy and Dignity at Paignton, Bovey Tracey and Tavistock hospitals and one for the Environment at Paignton hospital.

The concerted effort from the Facilities, Infection Control and Estates Teams together with the hospital staff, has resulted in on-going improving in all the Trust's hospital environments. With an increased staff awareness overall there is an increasing pride in local services and better communication and working relationships both in and between the various sites and services.

On 6<sup>th</sup> January 2012, the Prime Minister announced the replacement of the Patient Environment Assessment Team programme of assessments with a new patient-led inspection programme (Patient-Led Assessments of the Care Environment) from April 2013.

The revised process and assessment will continue in collaboration between hospital staff and patient assessors; however, there will be greater involvement of patients in the assessment - both in terms of their numbers and their role. The term 'patient assessor' in this context applies to anyone whose experience of healthcare is as a user of services. Therefore patients, their family, carers, patient advocates and volunteers would all qualify to act as patient assessors.

Anyone wishing to be involved in this programme should contact their local hospital in the first instance.

### **Review Section**

This will include responses from the Overview and Scrutiny Committee, Clinical Commissioning Group and HealthWatch as a part of the consultation process during May 2013

# Report of Quality Account Priorities 2012/13

## Appendix 1

**N.B. RAG rating** Red (R) = no progress

Amber/Red (A/R) some progress but risk of not achieving outcome

Amber Green (A/G)= on target for full compliance

Green(G)= outcome achieved

National Priorities				
	Detail	Lead	Achievement	R;R A;A/ G;G
1	We will implement the good examples in the Care Quality Commission's report "Dignity and Nutrition for Older People". treating patients with dignity and respect and training for staff to ensure that patients have care plans that will be outcome focused that will improve services for older people. implementation of the National Institute for Health and Clinical Excellence Quality Standards for Dementia Care,	J Phare	<p><b>Dignity questionnaire</b> The eleven community hospitals all undertake a monthly dignity questionnaire for all in-patients. See section 3 for more information. The Trust had no breaches of the National Standards for Eliminating Mixed Sex Accommodation and PEAT results for 2012 demonstrate a scores of good or excellent in all hospitals</p> <p><b>Nutrition for Older People</b> We have set a standard that all hospital patients will receive a nutritional risk assessment within 24 hours of admission. This is audited monthly through the safety thermometer and has demonstrated an average of 93.5% of patients received this assessment within 24 hours. Over the year 1820 patient's data were audited of which 1702 were risk assessed within 24 hours of admission. A review of the patients nutritional care plan after one week took place on average throughout the year 90% of the time with many months achieving 100% including March 2013. Community Dieticians are able to provide specialist care to patients and train staff/carers in their care.</p> <p><b>Quality Standards for Dementia Care</b> The national standards for dementia care continue to be implemented across the 11 community hospitals by local dementia champions. The champions are responsible for developing practice at a local level and contributing to the dementia steering group whose achievements include the production of an information leaflet for carers/ relatives is being piloted at present and information resources for all staff and relatives and carers. On- site training for all community hospital staff has commenced led by the community hospital matrons. Dementia friendly signage has been installed in all community hospitals, dementia friendly clocks and crockery.</p>	G
2	Implementation of the NHS Safety Thermometer	J Mitchell	<p>100% of our community hospitals have completed and submitted data monthly since April for the National Safety Thermometer. All submissions have taken place within the required timescales.</p> <p>Headline reports are distributed to clinical areas assist in reviews, promote improvement work and prompt discussion where necessary. With a full years data it is anticipated that safety improvement work will now be able to be monitored using this tool as a high level trend indicator.</p>	G
3	We will develop a feedback survey for those people receiving care in the community.	L Webber	Community Nursing Services have implemented an on-going patient experience feedback process. All patients discharged from our service are provided with a short questionnaire and reply paid envelope. The tool used has been adapted from the NHS Institutes Productive series 'patient perspective' module. Responses are reported quarterly. One of the actions being implemented from feedback in Torbay includes the introduction of an 'appointment card' for patients providing the day/date and approx. time of next nurse visit.	G

National Priorities				
	Detail	Lead	Achievement	R;R A;A/ G;G
4	To reduce MRSA bloodstream and Clostridium Difficile infections in 2012/13 using our performance last year to measure this improvement.	N Illingworth	<p>We continue to report and investigate C Difficile infections sharing any learning with colleagues across the health community. Despite following best practice in prescribing and care we narrowly missed our aspiration to reduce the number of cases at the end of this target year. The target of 108 was exceeded by 7 to a total of 115 cases. We have been relentless in our efforts to investigate cases and interrogate data to identify any possible causes of C Difficile infection with special focus upon patients where there have been recurrent infections.</p> <p>MRSA bacteraemia Target achieved with 2 cases against a target of 2.</p>	R A
5	To achieve level 2 compliance in medicines reconciliation as directed by the National Patient Safety Agency (NPSA) and the National Institute of Clinical Excellence (NICE).	P Humphriss	<p>Medicines reconciliation Stage 2 continues to be reported as part of the Quality dashboard. Monthly sampling of drug charts are undertaken to monitor Stage 2 compliance as in excess of 60%.</p> <p>The Medical Director is working with doctors responsible for Medicines Reconciliation Stage 2 within the community hospitals; this will be to be included in the Medical contract from April 2013.</p> <p>A new drug chart has been developed for use across the whole organisation which will standardise paperwork and support the reconciliation process, after a slight delay it is anticipated to be implemented by May 2013. The monthly sampling data collection tool is to be reconfigured in line with policy so that Medicines Reconciliation stage 2 target will be set at 72 hours post admission. This will provide sufficient time for GPs to complete the process if patients are admitted over a weekend when regular medical checks are not available.</p> <p>It is anticipated that this QA priority will remain appropriate for 2013/14 as there is further improvement work to be undertaken in this area</p>	G
6a	We will enhance existing adult and children safeguarding training to ensure that 90% of staff caring for vulnerable adults and children have received the training appropriate to their role.	S Matthews	Current training figures indicate that <b>89%</b> of the workforce have received child protection training against a target of 90%. We anticipate that we will achieve 90% within the first quarter of 2013/14; however we are pleased to be able to report that this achievement does support improved knowledge and the ability of staff to raise safeguarding concerns and take appropriate action.	G
		J Anthony	Training figures indicate <b>86%</b> of staff have received Safeguarding Adults training against the target of 90%. We are delighted to report this level of training despite a number of workload pressure during the winter we have seen a substantial progress toward our aspiration to train 90% of the total workforce. Work will continue to focus on this training during 2013/14 reaching our target of 90% by 31.5.13	A/G

National Priorities				
	Detail	Lead	Achievement	R;R A;A/ G;G
6b	We will develop a method to measure service user satisfaction with our adult safeguarding processes.	J Anthony /Jo Jackson	<p>This has been completed by the Experts by Experience Group who have undertaken feedback interviews with people who have used the safeguarding service the learning from these interviews is contained within the full account.</p> <p>Phase two is now underway as a result of the success of the work undertaken; gathering the views from older people who have been through the safeguarding process. People who wish to participate in the evaluation have been identified with the Older Peoples Mental Health Team and zone teams.</p>	G
7	We will develop, introduce and evaluate a quality and safety monitoring tool for independent health care providers from whom we commission services to ensure service users are treated safely, with consideration for their dignity and respect, and that this care is person centred.	N Barker	<p>Since the project commenced in November 2012 there are now 13 homes both residential and nursing, using the quality monitoring tool as part of the pilot across the bay. The QuESTT data is being collated and analysed for full roll out in 2013/14.</p> <p>Care homes have received information on both the QuESTT tool and the Observational Checklist (OC) that our staff will complete when they visit clients. Both were well received by the homes that agreed that the tool would aide their quality assessment with CQC.</p> <p>The Observation of Care Tool is now fully developed and will be used by the Paignton Community Team and the Older Peoples Mental Health Team and rolled out in early August 2013.</p>	G

National Priorities			
	Detail	Lead	Achievement
8	To further expand our adoption of the productive community service principles by implementing two further productive modules.	L Webber	<p><b>Community Nursing (Torbay):</b> Standardised documentation and monthly care records quality audit continue. A stakeholder 'Vision Day' event identified 4 key improvement areas:</p> <ul style="list-style-type: none"> <li>• systems, processes &amp; communication ,</li> <li>• IT</li> <li>• Skills and competences</li> <li>• Shared care arrangements</li> </ul> <p>This work has commenced with:            Competency frameworks for all registered nursing staff implemented and a similar framework for support staff in progress.            Activity recording, scheduling and allocation processes undergoing review            Assessors of practice being developed in all zones to assess the standards of nurses' clinical practice as part of the continual professional development.</p> <p><b>Community Nursing feedback</b> Patient experience feedback has been analysed and shared with key stakeholders and teams. Over 90 % of respondents gave 'strongly agreed' answer to questions in relation to standards of care, involvement in decisions about their care and being treated with dignity &amp; respect.</p> <p><b>Multi –disciplinary Zone Teams:</b> Current work streams on-going within the Productive Care modules include:</p> <ul style="list-style-type: none"> <li>• OT and Physiotherapy services have a 'live working week' workload data collection and analysis planned for May 2013.</li> <li>• Organisation of satellite equipment stores under review</li> <li>• Telephone 'Hunt system' under review in Brixham (learning to be shared across other zones)</li> <li>• Monthly QuESTT completion in all zones.</li> <li>• Use of white boards for patient status at a glance – further development work within intermediate care.</li> <li>• Intermediate care development of service across Southern Devon areas.</li> </ul> <p>Community Nursing teams and Zones MDT will continue to progress workforce and service development and work towards completion of Productive Care modules. The underpinning methodology used will continue to support our future changes.</p>

R;R  
A;A/  
G;G

G

National Priorities				
	Detail	Lead	Achievement	R;R A;A/ G;G
9	To improve access to local level 2 and level 3 obesity services.	L Ware	<p>Obesity services are now available in 10 different venues at different days and times. Patients are now able to attend as many of the various exercise sessions that they wish per week.</p> <p>Level 2 Obesity service- referral Target for year one – 340 referrals. We exceeded this target with a total of 473 referrals received by the service to date. A further 136 are starting a programme and 155 still on the waiting list. We set a goal to attract 25% of referrals from deprived wards we have achieved 41.6%. Out of the 57 clients who had both initial and end measurements taken 49 lost weight and 42 reduced waist measurement. The average weight loss is 3.3kg and average reduction in BMI is 1.2units. In order to reduce waiting times the Level 2 programme has 2 programmes commencing every 8 weeks.</p> <p>Level 3 Obesity services- A total of 8 programmes have commenced over the 12 month period. 156 service users have attended the pre-group sessions. The first 2 programmes have been completed. The programmes have used service user feedback to adapt the delivery model in order to insure that we are meeting the needs of the service users and maximising our ability to achieve the desired outcome measures. In order to reduce waiting times the Level 3 service has 2 programmes starting every month.</p>	G
10	To introduce a tool to enable early recognition of carers at risk of crisis	J Drummond	A Carers Discharge 'contact' card has been produced and distributed to Hospitals (acute and community), GP surgeries and other staff. Plan for rollout of cards to Community Nursing agreed. Arrangement to monitor distribution of cards is now in place. (See full report for more information).	G
11	To improve the participation of children and young people who use our Child and Adolescent Mental Health Services – we will implement the 'Hear by Rights' assessment tool.	C Foy	<p>Young Devon appointed to support the implementation of 'hear by Rights' and the IAPT pledges.</p> <p>With young volunteers involved in recruitment of staff in the Child and Adolescent Mental Health Service.</p> <p>Offering improvement ideas for waiting areas for patient's and a "Have your Say Board" for all users to add comments and feedback.</p> <p>Attending staff meetings to support recruitment of service user representatives</p> <p>Contribute to staff training on "participation in practice"</p>	G

Questions contained within the quality account survey for staff, patients and public

**1. Please tick one box**

Are you a member of staff  Are you a member of the public

**Below are 3 areas where new developments in the quality of services we provide, might be made. For each question there are four options. Please indicate which one is the most important one to you.**

**2. Thinking about the safety of our patients and service users which of the 4 options below do you believe should be our main priority. Please tick one box**

- a.  To develop quality and safety with our independent sector partners who provide care on our behalf.
- b.  To promote safe, nutritional mealtimes in community hospitals, care homes.
- c.  To reduce the number of falls occurring within community hospitals and residential homes.
- d.  To make sure patients and their carers are fully aware of the medication they are prescribed and how it should be taken.

**3. Thinking about the effectiveness of our services which of the following 4 options do you believe should be our main priority? Please tick one box.**

- a.  To support clients with learning disabilities in achieving personal outcomes.
- b.  To improve care for patients with leg ulcers.
- c.  To develop methods of capturing patient experience in all areas, using nationally recognised measures.
- d.  To work on the prevention of childhood obesity through a family intervention and weight management programme in Torbay.

**4. Thinking about patient experience which of the following 4 options do you believe should be our main priority? Please tick one box.**

- a.  To improve communication and information for patients on how to access care after they are discharged from hospital.
- b.  To develop methods of capturing patient experience in all areas, using nationally recognised measures.
- c.  To develop a programme to identify carers, including those who care for someone with dementia, allowing good support networks to be established.
- d.  To embed Mental Capacity Act and Deprivation of Liberty Safeguards to ensure that people who use services are safeguarded and improve their quality of life with choice and control.

Question	Staff	Public	Total
<b>Thinking about the safety of our patients and service users which of the 4 options below do you believe should be our main priority</b>			
To develop quality and safety with our independent sector partners who provide care on our behalf	57	48	105
To promote safe, nutritional mealtimes in community hospitals, care homes.	8/9	15	23
To reduce the number of falls occurring within community hospitals and residential homes.	16	9	25
To make sure patients and their carers are fully aware of the medication they are prescribed and how it should be taken	32	39	71
<b>Thinking about the effectiveness of our services which of the following 4 options do you believe should be our main priority?</b>			
To support clients with learning disabilities in achieving personal outcomes	29/27	26	55
To improve care for patients with leg ulcers	21	10	31
To develop a preventative educational programme to reduce the uptake of smoking in young people	17	23	40
To work on the prevention of childhood obesity through a family intervention and weight management programme in Torbay	46	52	98
<b>Thinking about patient experience which of the following 4 options do you believe should be our main priority?</b>			
To improve communication and information for patients on how to access care after they are discharged from hospital	45	42	87
To develop methods of capturing patient experience in all areas, using nationally recognised measures	14	13	27
To develop a programme to identify carers, including those who care for someone with dementia, allowing good support networks to be established.	27	41	68
To embed Mental Capacity Act and Deprivation of Liberty Safeguards to ensure that people who use services are safeguarded and improve their quality of life with choice and control.	27	15	42

PATIENT SAFETY	
Title	Key Actions
<b>Record Keeping</b> (paper and electronic) These audits are completed for each clinical area with local action plans that reflect the standards for record keeping set in Trust policy	This annual audit is completed across all clinical teams with individual action plans in place; reported to the Audit & Effectiveness Committee, results also fed into Information governance Team for monitoring of standards. Trends indicate that further work is required to raise staff awareness of record storage; Improved information at discharge; making alterations to clinical records
<b>Community Nursing Records Audit</b> , undertaken within the Community Nursing Service with action plans that reflect the standards for record keeping set in the Trust policy.	Audit undertaken monthly with results presented quarterly to the Audit & Effectiveness Committee. Audit areas include: Care plan audits, risk assessments, communications, and medication administration records.
<b>VTE prevention</b> These audits measure compliance with NICE standards <ul style="list-style-type: none"> <li>• % receiving risk assessment (by GP) within 24 hours of admission</li> <li>• % reassessed within 24 hours of admission for risk of VTE and bleeding</li> <li>• % patients/carers offered verbal/written VTE info on admission &amp; discharge</li> </ul>	Undertaken monthly, improvements have been made with an average of 95.4% of patients in our community hospitals assessed with 24 hours of admission, 93.4% reassessed within 24hrs of initial assessment and 97% patient/carers offered verbal/written VTE on admission & discharge. <b>NB figures above represent mean average for full year results</b>
<b>Prevention of Pressure Ulcers –</b> <ul style="list-style-type: none"> <li>• assessment on admission/Care planning/Grade 2+ ulcers</li> <li>• % receiving risk assessment (by nurse) within 12 hours of admission</li> </ul>	2012/13 has focused on improvement work in the avoidance of pressure ulcers in hospital wards data shows 96.4% patients received assessments and 94.1% received pressure ulcer care plans. Improvement project is in place to improve this <b>NB figures above represent mean average for full year results</b>
<b>Prevention of Malnutrition – In-patient Settings</b> <ul style="list-style-type: none"> <li>• % receiving risk assessment (by nurse) within 24 hours of admission,</li> <li>• % of those at risk receiving care plans ,MUST nutritional assessment care plan for high risk patients and weekly review</li> </ul>	Work continues to ensure that this assessment is completed within 24 hours of hospital admission. Data demonstrates some improvements in this area with current target >95% for both categories with the data for each totalling 91.9% & 95.8% respectively.
<b>Nutritional Supplement Audit –</b> To assess if standards are being met regarding waiting time and follow up of domiciliary visits for malnourished patients.	Audit undertaken during the period Feb to April 2012. Results demonstrated a significant increase to the number of referrals for the same period during the last year. <ul style="list-style-type: none"> <li>• 225 referrals made between Jan to Dec 2010 (average 19 referrals per month)</li> <li>• 337 referrals made between June 2011 and May 2012 (average of 28 referrals a month)</li> </ul> Following presenting the results to the Clinical Audit & Effectiveness Committee a business case was put to Commissioners for additional funding to expand this service in the future.
<b>Prevention of Falls</b> - Assessment on Admission/Care Management Plan for high risk patients, and risk assessment within 24 hours of admission, % of high risk patients with a care plan, & of high risk patients receiving intentional rounding	Monthly audit data demonstrates standards are on target to be met. March 2013 results highlight that 97.7% of patients in our community hospitals receiving assessment within 24 hours of admission.
<b>Medicines Reconciliation</b> - assessment on admission, a minimum of stage 1 to be completed within 24 hours of admission	Work continues to improve results. Monthly audit data demonstrates an improvement in standards. January 2013 results highlight that 80.2% of patients in our community hospitals assessed with 24 hours of admission.
<b>Controlled Drug Audit</b> to monitor safe storage of Drugs	Controlled Drug audit continues to be undertaken by Medicines Management Lead in all community hospitals with recommendations for each ward based on findings and action plans implemented if improvements required. Findings are reported to the Medicines Governance Group.
<b>Missed Drug Dosage</b> ; compliance with best practice standards in administration of medicines	Audit in place, undertaken monthly by Dashboard reporting. Improvement evidenced as in Jan 2013, 95 out of a total of 22,427 doses omitted that equates to 0.42%. Work continues to improve this.
<b>Antimicrobial Prescribing</b> to audit the effective prescribing of antibiotics	Audit undertaken annually results not available for this report.
<b>Patient Medication and Administration Record Audit (PMAR)</b> – standard of prescribing for inpatients in Community Hospitals	Twice yearly audit undertaken, Audit undertaken annually to establish a baseline observation of the quality of prescribing standards within community hospitals and highlight areas for improvement. Thorough audit with 'Productive Ward' methodology or 'Safety Crosses' to be utilised to ensure compliance with required standards.
<b>Safeguarding Children</b> adherence to policies and procedures	Annual audit, progress reports presented to Clinical Audit & Effectiveness Comm. Results presented to Torbay Safeguarding Children's Board. Action plan and re-audit scheduled in place.

PATIENT EXPERIENCE	
Title	Key Actions
<b>Infection Control</b> - Sharps/IPS/MRSA/Mattresses & equipment	Audits undertaken by the infection control team and reported to the Infection Control Committee. January 2013 HCAI results ranges between 80% to 100% compliance with Hand Washing, averaging 90% for the Trust. Robust action planning is in place to address issues from audit led by Hospital Matrons.
<b>Safety Thermometer</b> – harm free care for Community Hospital patients and future plans to capture Community Nursing data.	Monthly audit undertaken for local Community Hospitals, to with 100% compliance. Plans underway to incorporate Community Nursing from April 2013. (See main Quality Account document)
<b>Patient Experience</b> - patient survey results, measures of improvement against national inpatient survey and 5 national inpatient survey questions. (This will be replaced by Friends & Family)	Positive results received to date, on track with action planning. Questionnaires undertaken during Feb 2013, results: <b>For MIUs</b> <ul style="list-style-type: none"> <li>Out of 200 responses, 99% stated they would be extremely likely to recommend the MIU Unit to their friends and family, with the remaining 85 stating likely to recommend.</li> </ul> <b>Community Hospitals Inpatients</b> <ul style="list-style-type: none"> <li>92% stated extremely like to recommend, Matrons undertake local actions when feedback is required, both good and sub optimal feedback.</li> </ul>
<b>Privacy &amp; Dignity</b> in Community Hospitals Eliminating same sex accommodation	Monthly audit captured via Dashboard, no breaches of ESMA standards to date, Positive feedback from patients with very few exceptions. (See full Quality Account Report.)
<b>Personalised Care plans, care records</b> are audited to identify engagement with patient family and carers in their development	Action plans are in place and care plans reviewed to ensure that they reflect a personalised approach to recording care planning. Monthly audits undertaken.
<b>PEAT</b> - Privacy & Dignity, Environment & Food, now re-named PLACE = Patient Led Assessment of Clinical Environment	All Community Hospitals have either scored good or excellent in this audit, 29 excellent and 4 good. (See full Quality Account)
<b>Community Nursing Patient Satisfaction Survey</b>	Audit results positive to date, work continues to improve service. (See full Quality Account.)
<b>OT Audit Assessments</b> – patient feedback	Audit commenced in January 2013, data will be available after April 2013..
<b>Community Records Audit (AHPs)</b> – personalisation/CQC requirement	Audit commenced January 2013, results/data will be available post April 2013.
CLINICAL EFFECTIVENESS	
Title	Key Actions
<b>Diabetic Foot Problems</b> - in-patient management CG119 assessing the effectiveness of care in compliance with NICE standards	Audit completed and presented to Clinical Audit & Effectiveness Committee, overall good compliance. Key actions from this audit: <ol style="list-style-type: none"> <li>Development of a new guideline for the management of diabetic foot ulcers specifically in Community Hospitals, focusing on foot inspection and documentation, management and pressure relief of any wounds during the in-patient stay with follow up and referral pathways.</li> <li>To ensure staff attend toe nail cutting training sessions.</li> </ol>
<b>Stroke</b> (SINAP Stroke Improvement National Audit) & SSNA (Sentinel Stroke National Audit)	Part of the National Audit Programme undertaken with the Acute Trust, awaiting results.
<b>Dementia Standards:</b> <ul style="list-style-type: none"> <li>Dementia Screening - % of patients aged 75 and over admitted by a GP that have been screened using the dementia screening question</li> <li>Dementia Risk Assessment - % of patients aged 75 and over identified from above as at risk of dementia, who have had a dementia risk assessment within 72 hours of admission to hospital using the hospital dementia risk assessment tool.</li> <li>Dementia Specialist Diagnosis and Referral - % of patients aged 75 and over identified as at risk of having dementia that are referred for specialist diagnosis.</li> </ul>	Audit data collected quarterly for all patients admitted directly to Community Hospitals, to monitor compliance with Dementia Assessment Standards. The current total for each area within Dementia Standard is 90%.
<b>End of Life Care</b> – Planning & Management – CQUIN/National – End of life care strategy	Data collected monthly that reflects the percentage of patients with completed Treatment Escalation Plan in Community Hospitals. Action plan on track with an average of 94.5% of patients having a TEP completed.

**Mental Capacity Assessment Project** (re-audit) – Safeguarding/CQC Outcomes/MCA

A monthly audit where the Trust has the target of >75% to have a Mental Capacity Act Form completed plus the appropriate care planning. Data for the year reflects an on-going improvement, on average 81.6% of patients in our Community Hospitals that do not have mental capacity have an MCA form completed and appropriate care planning. Actions include training and further work to improve this.

\*Where audits are undertaken monthly, the results contained with this report represent the mean average across the year 2012/2013.