

Torbay and Southern Devon Health and Care



NHS Trust

Quality Account 2011/12

PART 1

Torbay Care Trust is pleased to provide this, their second quality account. We are delighted to share with you some of the successful quality and safety improvement work undertaken in 2011/12 in part 3 and in part 2 to explain the priorities we have agreed for 2012/13.

Quality Account Chief Executives Statement

In April 2011 Torbay Care Trust began providing community health services within Southern Devon. The integration of community health services across the southern part of Devon, including nine community hospitals and the integration of 800 members of staff, has made 2011 a significant year for local health services.

The changes however haven't stopped there; on the 1st April 2012 Torbay Care Trust became known as Torbay and Southern Devon Health and Care NHS Trust. The name change reflects the new organisational responsibilities in Southern Devon but also reflects the necessary separation of commissioning and provider responsibilities, as part of the NHS reforms. From 1st of April the new Trust handed over commissioning responsibilities for local health services to an organisation known as NHS Torbay, who work to the PCT (Primary Care Trust) cluster of Devon, Plymouth and Torbay.

Our new organisation has retained responsibility for commissioning and providing adult social care in Torbay, meaning the new Trust remains the only organisation in the South West to provide an integrated model of health and adult social care. Something we are very proud of.

The changes, have of course required careful management but this has also proved to be an exciting time as it enables the Trust to deliver the highest possible standards of patient safety and quality across a much wider health community. It has given us the opportunity to provide a more joined up service across a larger area and to collaborate more closely with colleagues in Southern Devon.

The Trust's ambition of ensuring local people receive the right care, in the right place and at the right time remains at the heart of what we do and is fundamentally underpinned by our aspiration to provide everyone who comes in contact with our services with high quality, safe and effective standards of care. The aim of the Quality Account is to ensure that our service users, patients, public and our commissioners are able to see exactly how we do this and it is an opportunity for the Trust to demonstrate where and how improvements have been made.

Our second annual Quality Account shows the successes, achievements and progress that we have made in 2011 to improve the safety and quality of our services. In 2011 we met and surpassed our target for reducing the number of infections acquired in healthcare settings, our compliance with medicines reconciliation has improved from 42 per cent to 87 per cent and of the patients asked, 100% reported that they felt they had been treated with dignity and respect.

Over the last year we have worked closely with the Strategic Health Authority to develop safety initiatives in a number of key areas. One of which is to reduce the harm sustained from falls, the improvement work undertaken has seen a sustained reduction in number of patients falling in our hospitals. All 11 of our community hospitals have continued to perform well in the annual Patient Environment Action Team assessments, which look at privacy and dignity, food and the environment and at the end of last year we were highly commended at the national Health Service Journal (HSJ) awards for improving the efficiency and effectiveness of the care process.

The feedback from our patients, service users, local carers and staff is central to what we do and it is in my view that learning from the experiences of those in our care is the most important way of knowing what works well and what could be improved. That is why the development of the Quality Account has also included a range of stakeholder engagement through questionnaires, direct feedback and service evaluation. It also takes the opportunity in part two, to look to the future and outline the priorities for safety, clinical effectiveness and patient experience that the public and our staff want us to focus on in the next year.

The next year will no doubt prove to be just as challenging as the last; providing cost effective and efficient care has never been more important, not only to the Board of Torbay and Southern Devon Health and Care NHS Trust but to our staff and most importantly all of the people who use or may need to access our services in the future.

I hope that this year's Quality Account will give you an insight into how we are performing in the clinical effectiveness, safety and quality of care we provide and demonstrate our continued commitment to improve and develop over the next 12 months.

To the best of my knowledge the information contained within this document is accurate and provides a balanced picture of quality and performance in the organisation between 2011-2012.

Kind Regards

Anthony Farnsworth

Chief Executive
Torbay and Southern Devon Health and Care NHS Trust

Statement of Directors responsibilities 2011-2012

The Quality Account 2011-2012 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 Care Trust performance between 2011- 2012.

Anthony Farnsworth

Chief Executive

Torbay and Southern Devon Health and
Care NHS Trust

Julie Dent

Chairman

Torbay and Southern Devon Health and
Care NHS Trust

PART 2

In this part of the quality account we will look forward as Torbay and Southern Devon Health and Care NHS Trust, explaining our priorities for 2012/13. The guiding principles and intentions that underpin quality improvement and effectiveness in health and adult social care for the Trust are written below these provide a framework within which we will focus upon delivering safe, effective care shaped by those who use our services.

Our Intentions

People

To provide people with the support they need to maintain good health, recover from illness, remain in control of their lives, and live as independently as possible.

Quality

To ensure that all our services are of the highest quality because they are designed to keep people safe, prevent ill health, treat illness and promote independence.

Impact

To deliver services that are innovative, personalised and focussed on promoting healthy communities, restoring people who have been ill to good health, reducing delays and keeping people safe at home.

Partners

To work in a ways which generate success for all our partners, in the provision of health and social services, and achieves best value for tax payers and those who fund us.

Affordability

To make good use of public money by ensuring that our services are efficient, effective, sustainable and regarded as being the best at what we do.

Our principles

Our Staff

Our Staff are the foundation of all we do, we want to make sure they are involved in setting our priorities, know what is expected of them and receive the respect, trust and support they need to do their jobs.

Our Community

We will ask people about our services, listen to what they say and then design our services so that the care we provide matches the needs of the individuals and communities which we are here to serve.

In 2011/12 the Trust completed a number of excellent quality improvement projects addressing safety, clinical effectiveness and patient experience; we plan to build upon this work during 2012/13.

National priorities:

In 2012/13 there are a number of nationally mandated quality improvement projects that we will be undertaking in addition to the local priorities identified within this account. The national priorities are defined within the NHS Outcomes Framework 2012/13 (DH 2011). These require us to further develop the work we started last year relating to:

Implementation of the NICE Dementia Care Standards:

Within our community hospitals we recognise that whilst people with a dementia are receiving care for a physical illness it is essential that other needs including their dementia care are managed effectively, reducing the stress of a hospital stay on both the patient and their family and carers. As highlighted within the NHS Operating Framework 2012/13 we will continue to improve the patients experience and quality of care in nutrition and hydration, respecting their dignity and eliminating mixed sex accommodation within our hospitals.

We will implement the good examples in the Care Quality Commission's report "Dignity and Nutrition for Older People". This will include 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. This will include implementation of the National Institute for Health and Clinical Excellence Quality Standards for Dementia Care, meeting both the physical and mental health needs of people with a dementia.

Implementation of the National Patient Safety Thermometer:

Whilst the majority of patients experience no adverse events as a result of being in hospital, there is evidence that an unacceptable number do sustain an injury as a direct result of being in hospital. This could be a fall, an infection or a pressure ulcer for example. For this reason, a tool to measure patient harm called 'The Safety Thermometer' has been developed. We will implement the patient safety thermometer, a process that will enable us to monitor the incidence of adverse events such as falls, pressure ulcers, venous thromboembolism (VTE) and catheter acquired urinary tract infections.

It is our intention to reduce the incidence of these events with safety improvement projects. The Safety Thermometer will allow us to monitor progress and demonstrate the effectiveness of specific interventions.

Improving the service user experience:

Listening and learning from the experiences of those who use our services is essential to ensure we deliver the services our local community value and to a standard they expect. Last year we established a patient questionnaire that was completed by all of the patients discharged from our community hospitals. The results have provided valuable feedback about the patient experience. We will adopt a similar approach to engage with people who receive care from our community based teams. This will include peoples' experience of safeguarding adults as well as the more mainstream services such as community nursing and social work.

We will develop a feedback survey for those people receiving care in the community.

Reducing the incidence of Healthcare Associated Infections

The Trust supports the Department of Health ambition to reduce the number of MRSA bloodstream and Clostridium difficile infections, an objective set within the NHS Operating Framework for 2012/13. In 2011/12 the Trust reported 2 cases of MRSA bloodstream infections against a regionally agreed target of 4, and managing Clostridium difficile infection rates to 83 set against a regional target of 207. We will continue to work with our partners to further reduce the incidence of HCAs by providing advice and training in infection control standards and continuing our focus on providing a clean environment within our hospitals.

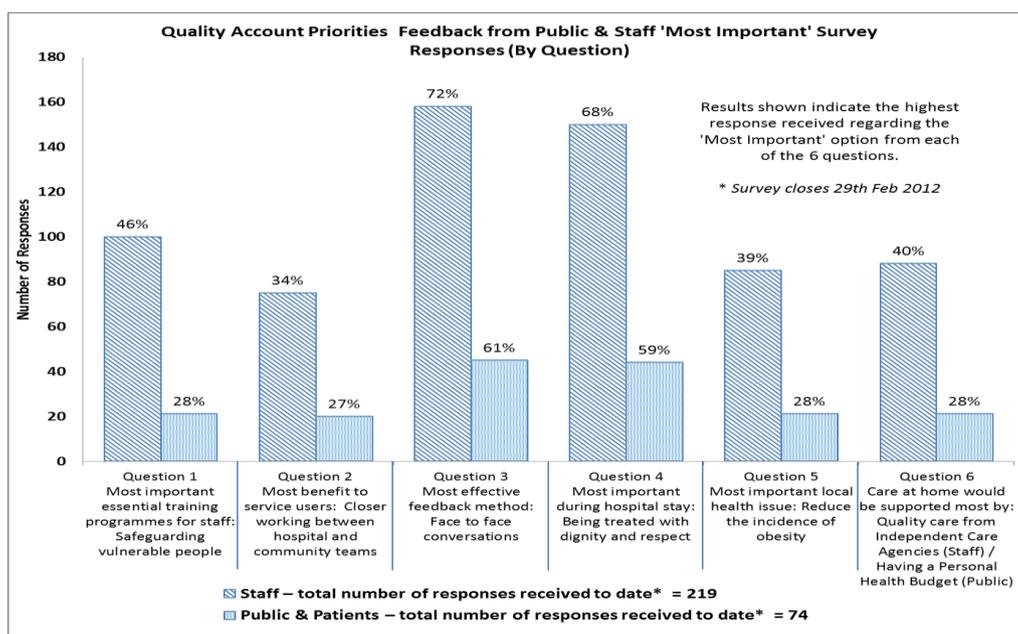
It is our intention to reduce MRSA bloodstream and Clostridium difficile infections in 2012/13 using our performance last year to measure this improvement.

An update on our performance against the improvement targets set last year for these national priorities can be found in section three. We will be enhancing and progressing improvements relating to the above priorities this year.

Local Priorities:

Stakeholder engagement:

As part of its duty to involve and consult service users, the public, carers, staff, members of our Local Authorities and commissioners to develop meaningful priorities for the coming year, the Trust developed a Quality Account survey. Respondents were asked to rank answers in order of importance. This survey was made available electronically via Torbay Care Trust website with paper versions provided where required accompanied by a pre-paid envelope. Posters were widely distributed inviting people to participate explaining the Quality Account, purpose of the survey and how to access the survey. Distribution included the Carers Support Workers in GP surgeries, carer support groups and the Torbay Carers Forum. Invites were also sent to the Overview & Scrutiny Committees, LINKs in Devon and in Torbay, community hospital patients and staff within the Trust. The graph below shows the areas that have scored the highest and are felt most important to the participants. The results indicate that both staff and patients/public agree on most priorities. The results gathered from the survey have influenced a number of the Trust Priorities for 2012 – 2013.



In addition to the consultations undertaken, we have reviewed national and local best practice recommendations to inform our final list of priorities for 2012/13.

This scope of this review included but was not limited to:

- The NHS Operating Framework
- National Standards for Dementia Care
- Locally agreed Commissioning for Quality and Innovation (CQUIN) priorities
- National Institute for Clinical Excellence (NICE) guidance
- National Quality Standards
- Care Quality Commission (CQC) essential standards
- The Trust intentions that support its purpose and mission statement
- Priorities identified by the Trust as important to people who receive our care from feedback and other consultation events
- Discussions with clinical leads and managers within the Trust and partner organisations
- Patient and user publications such as the Department of Health NHS Future Forum (1) Report June 2011 and Phase 2 Report Jan 2012

The above process resulted in the production of a long list of 15 local priorities. These were considered by the Trust Clinical Advisory Group, the Board and other internal and external groups to establish the priorities that we will focus on in 2012/13. These were again considered by stakeholders to determine the final list of 8 local priorities set out below and 4 national priorities explained on page 5 of this document.

These local priorities will relate to 3 specific areas of quality improvement:

1. Safety
2. Effectiveness
3. Patient Experience

1. Safety

1.1 We will develop our work 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).

To improve medicines reconciliation at hospital admission we will review our policies to make sure that staff have the information to support their work to check regular medications on admission to hospital. Whenever possible we will make sure that pharmacists are available to check medications as soon as possible after someone is admitted to a community hospital.

We understand that communication difficulties can make the checking of those medicines taken prior to admission difficult. We will therefore develop a mechanism to improve the collection of this vital information in 2012/13. We will develop strategies to obtain information about medications for people with communication difficulties.

Progress toward full compliance with this priority will be monitored quarterly by the Trust Clinical and Audit and Effectiveness Committee.

We will continue to work with prescribers in community hospitals to increase Medicines Reconciliation Level 2 compliance and quality. This will include:

- An audit of prescribing quality in our community hospitals to inform development of improvement action plans.
- Monitoring of the pharmacists involvement in medicines reconciliation as soon as possible after admission to enable early intervention.
- Review our current medicines policies and improve awareness of medicines management issues in community hospitals and across community services to ensure that the responsibilities of pharmacists and other staff in the medicines reconciliation process are clearly defined.

1.2 (a) 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.

(b) We will develop a method to measure service user satisfaction with our adult safeguarding processes.

The Trust is committed to continually improving safeguarding services for vulnerable people. Public and staff consultation supported this as a key priority for inclusion in this account. The training will reflect the national competency framework for safeguarding adults and the Mental Capacity Act code of practice. We will monitor performance against this priority at the Trust Integrated Safeguarding Committee Monthly.

In safeguarding children's services we will continue to promote effective training programmes for all staff to ensure that they have the necessary skills to enable them to undertake their responsibilities. For example how to recognise abuse, where to go for advice and support, and how to report suspected abuse including where allegations are against staff. The training will include staff working in adult services that may have contact with carers and parents, as well as occasionally with children. Training numbers will be reviewed monthly as part of the Safeguarding Children Dashboard and reported to the Safeguarding Children Executive, the Integrated Safeguarding Committee and the Torbay Safeguarding Children's Board.

As part of our plan to engage more widely with people who use our service to achieve the best outcome for them, we will develop an effective feedback system that will identify if the outcome of their safeguarding process provided the desired outcomes for them. We will report this to the Local Safeguarding Adults Board and the Trust Integrated Safeguarding Committee quarterly.

2. Effectiveness

2.1 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.

This will include working with:

- Intermediate Care
- Continuing Healthcare
- Nursing Homes in Torbay
- Learning Disability placements
- Out of area placements of all types

The standards that we will work towards will be:

- Level 1 - assurance that all individuals placed with service providers are receiving appropriate care and are appropriately safeguarded
- Level 2 – assurance that all service providers meet statutory regulations and related requirements with specific reference to safeguarding
- Level 3 – assurance that all service providers have appropriate quality assurance and governance arrangements in place with specific reference to safeguarding.

By 31st March 2013, we will have a process in place to assure the quality, safety and client experience of care provided by non-NHS residential, nursing and domiciliary organisations.

We will work in partnership with a small group of homes to measure the effectiveness of early assessment and monitoring of care within an individual's support plan. Through agreed targets in areas such as skin care, nutrition, continence, medicines and falls prevention we believe this will demonstrate the good quality of the care provided.

We will develop a reporting framework that will enable providers to demonstrate through internal governance processes full compliance with the principles above, and report breaches and identified risks of non-compliance to the commissioner through Quality Review Monitoring Forums and the Quality, Safety and Clinical Risk Committee quarterly.

2.2 Community Services – We will further expand our adoption of the productive community service principles by implementing two further productive modules.

The productive community services principles enable the redesign of teams, their systems and processes to increase efficiency and safety. By using the methodology used in some manufacturing industries we can increase the amount of time we spend with patients and improve safety. Although the primary objective is to increase the face to face time with service users efficiencies often result in cost reduction.

From April 2012 a project plan will be established to support the launch of the Productive Community Services programme in Southern Devon and within our multidisciplinary teams in addition to further modules being completed in Torbay. As the teams are at different stages in the programme we will aim to complete a minimum of 3 modules in each area during 2012/13. Information on the productive community services can be found at http://www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html

We will monitor our achievement in this priority at the Productive Service Steering Group providing quarterly reports to the Quality, Safety and Clinical Risk Committee.

2.3 Managing Obesity – We will improve access to local level 2 and level 3 obesity services.

By managing some of the causes of long term conditions we can improve the quality of life for people as well as reduce the burden on health services in the future. In our local quality account priority survey this was rated the most important by the public and our staff. We will build upon the work of our public health teams in 2011/12 to develop services to support weight management services. We will improve access to local level 2 and level 3 Obesity (weight management) services and plan and deliver a newly commissioned Level 2 adult obesity programme, across Torbay. Performance data will be reported using the Clinical Pathway Group (CPG) dashboard which will be reported quarterly to the Quality, Safety and Clinical Risk Committee.

As part of the recently commissioned level 3 obesity service the public health life styles team will implement and deliver the community based group part of the new service across Torbay & Southern Devon, meeting the standards for best practice set within the NICE Obesity Clinical Guidance. This priority is supported by Torbay Care Trusts Strategic Improvement Framework, the Torbay Community Plan and Obesity CPG outcome framework. The planned launch of this new service in June 2012 will assist us in managing the increasing numbers of adults who are clinically obese and the demands for level 4 bariatric surgery interventions as well as co-morbidity complications. Progress will be monitored by the Quality, Safety and Clinical Risk Committee quarterly.

3 Patient Experience

3.1 Recognised, Valued, Supported. We will introduce a tool to enable early recognition of carers at risk of crisis

To identify the causes of carer breakdown. This priority is aimed at recognising those carers at risk of not coping and providing support that will enable them to continue their caring role. The Association of Directors of Adult Social Services publication 'Carers as Partners in Hospital Discharge' (2010) highlights that the period immediately after a 'cared for' person is discharged from hospital can be very stressful for the carer. This priority will involve development of a carer survey to identify those factors that most help carers and reduce likelihood of crisis or breakdown. The results of this survey will be used to develop a project that will offer support based on the findings and then with feedback from the carer evaluate their success. A report outlining findings and recommendations will be developed to inform future carer support practice this will be reported to the Trust Engagement and Experience Committee quarterly.

Existing local data is not available but the Audit Commission report 'Support for Carers of Older People' (2004) highlights that 43% of carers received no additional help when the 'cared for' was discharged from hospital. The Government recognises and values the contribution of carers. By caring for people in their own time and supporting other people's independence, carers embody the spirit of the Big Society. Supporting carers' well-being is therefore in all our interests. And is supported by nationally recognised best practice described within 'Recognised, Valued and Supported: next steps for the carers strategy' (Dept. of Health 2010). Two key outcomes set out in this document are:

- Carers will be supported to stay mentally and physically well and be treated with dignity
- To support those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset, both in designing local care provision and in planning individual care packages.

This priority aims to develop a mechanism whereby those at risk of breakdown are recognised early and are offered the support they need and deserve. We will undertake a literature review to identify best practice supported by discovery interviews with carers who have had a good experience and those who have not to identify what needs to happen to reduce the risk of a crisis occurring. We will then pilot interventions that our audit has identified as key to avoiding a crisis occurring, producing an evaluation report that will enable the organisation to review current services and recommend changes that are demonstrated to make a real difference to carers and those that are cared for. Progress of this work will be

monitored by the Trust Engagement and Experience Committee Quarterly and to our commissioners as part of the CQUIN monitoring meeting.

3.2 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.

We will implement the ‘Hear by Rights’ assessment tool and develop an action plan to improve the participation of children and young people.

Over a number of years national legislation has increasingly emphasised the need to engage and involve service users, in the decision making process. Within the context of children and young people services, some of the relevant legislation and policy developments include:

- i. UN Convention on the Rights of the Child (1989; ratified in UK law 1991)
- ii. Children Act 2004
- iii. National Framework for Children, Young People and Maternity Services
- iv. Equality Duties for Local Government

To enable us implement this priority, we will develop an action plan from the Hear by Rights self-assessment tool and develop Simple, Measurable, Achievable, Realistic and Timely (SMART) objectives. This priority will also be supported by the successful entry for measuring children and young people’s experience of healthcare, proposed by The Picker Institute Europe, using the Children’s Outpatient Experience Indicator. The indicator measures the recent hospital outpatient experience of children aged 8 to 17 years and derives a single indicator score from responses to questions about aspects of the experience that matter most to children and young people (outcomes Framework 2012/13).

These priorities will be monitored quarterly by the Trust Engagement and Experience Committee, with progress reported to the Trusts Board; we will also link with our partners to ensure that they have information available to them on our progress.

Statements of assurance from the Board

Review of services (Regulation 4)

During 2011/12 the Torbay Care Trust provided and/or sub-contracted 7 NHS services.

The Torbay Care Trust has reviewed all the data available to them on the quality of care in 100% of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by the Torbay Care Trust for 2011/12.

Clinical Audit

During 2011/12 2 national clinical audits and 0 national confidential enquiries covered NHS services that Torbay Care Trust provides.

During that period Torbay Care Trust participated in 50% (1 of 2) 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 Parkinson's Nurse undertakes a local audit to measure service delivery against national standards.

The national clinical audits and national confidential enquiries that Torbay Care Trust was eligible to participate in during 2011/12 are as follows:

- National audit of falls and bone health in older people
- Parkinson's disease annual audit

The national clinical audits and national confidential enquiries that Torbay Care Trust participated in during 2011/12 are as follows:

- National audit of falls and bone health in older people

The Parkinson's Disease national clinical audit is led by secondary care Physicians with a small community component. This audit was not completed by our main secondary care provider who would have led this audit with our participation.

The national clinical audits and national confidential enquires that Torbay Care Trust participated in, and for which data collection was completed during 2011/12 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 Care Trust undertook this audit with South Devon Healthcare Foundation Trust, 100% of the total number of cases (40) were submitted

The reports of 2 national clinical audits were reviewed by the provider in 2011/12 and Torbay Care Trust intends to take the following actions to improve the quality of healthcare provided.

Acute stroke (SINAP) This audit report was received in May 2011 reflecting the findings from an audit of records collected in 2010. The recommendations for Torbay Care Trust were:

	RECOMENDATION	ACTION COMPLETED
1	To develop an Early Supported Discharge Service(EDS) in all areas of the Trust	<i>There is now ESD service in all areas of the Trust (see Priority 10 in appendix 1 of this account)</i>
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.	<i>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 : 100% of 55 patients identified as tolerating 45 minutes Occupational Therapy : 94% of 52 patients identified as tolerating 45 minutes Speech and Language Therapy : 53% of 19 patients who were identified as tolerating 45 minutes We will look at this data in more detail as part of the pilot of the dataset nationally scheduled for 2012/13.</i>
3	To review the number of patient being discharged into care homes from hospital following Stroke.	<i>We will be collecting this as part of the dataset pilot later in 2012/13 this will allow us to triangulate existing data to check accuracy. Once accurate data is available we will review and make any necessary recommendations for future hospital discharge planning.</i>

National Falls and Bone Health Audit

This is an annual audit undertaken in partnership with South Devon Healthcare Foundation Trust:

	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	<i>2 Consultants are in post with another appointment planned for Summer 2012</i>
2	Continued support to redesign patient pathways with integration of new NICE guidance in hip fracture care	<i>Hip fracture pathways have been redesigned to reduce pre-operative stay and it has been agreed to look at the redesign of the patients pathway. Clinical pathway group (CPG).</i>
3	Reaudit of the provision of anti resorptive therapy to hip and non hip fracture patients	<i>For Torbay Patients who are covered by the fracture liaison service (FLS) yes. South Devon funding bid is to extend the FLS across this area as well.</i>
4	Update of Joint Formulary Osteoporosis Guidelines	<i>Update is underway and initial draft presented at CPG 13/3/12.</i>
5	Evaluation of Inflex (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	<i>Inflex pilot still on going, changes to original work made and pilot continues. The statistics will be collected on the CPG dashboard.</i>
6	Ensure monitoring of local hip fracture rates	<i>Being monitored in the CPG dashboard.</i>
7	Establish a reliable mechanism of coding for falls in the Emergency Department to allow annual audit to ensure fallers presenting are assessed and referred to local falls clinics	<i>Outstanding issue for the CPG despite attempts to achieve this.</i>
8	Establish reliable pathways to ensure written information is provided about falls prevention to patients attending hospital with falls	<i>Age UK's 'Staying Steady' leaflet is regularly given to those attending hospital following a fall but there was no evidence of this in patient's notes for the RCP audit.</i>
9	Home hazard assessment by occupational therapists to be increased, particularly in non hip fracture patients	<i>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.</i>

Local Audit Programme 2011/12

The reports of 23 local clinical audits were reviewed by the provider in 2011/12 Appendix 3 provides a summary of the actions Torbay Care Trust intends to take to improve the quality of healthcare provided as a result of these audits.

Research

The number of patients receiving NHS services provided or sub-contracted by Torbay Care Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 1156.

Quality improvement and innovation goals agreed with commissioners

A proportion of Torbay Care Trust income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Torbay Care 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 2011/12 and for the following 12 month period are available on request from Torbay Care Trust.

Care Quality Commission Registration

Torbay Care 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 Care 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 Care Trust for Personal care

1. The registered provider must ensure that the regulated activity 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 St Edmunds.
2. This Regulated Activity may only be carried on at or from the following locations: Bay House Headquarters and St Edmunds.

The Care Quality Commission has not taken enforcement action against Torbay Care Trust during 2011/12.

Torbay Care Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 14th November 2011 at Dartmouth Hospital. The CQC's assessment of the Torbay Care Trust following that review was that improvement was required in Outcomes 02, 04, 07, with one compliance action for outcome 14. (See Appendix 2 for details).

Torbay Care Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Information Governance

Torbay Care Trusts score for 2010/11 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 65% we do not yet have the results for 2011/12 but this will be updated once received.

Torbay Care Trust (TAL00) submitted 41,779 records during 1st April 2011 - 31st December 2011 (2011/12 Month 09 inclusive) 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 2012

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

- *99.9% for admitted patient care;*
- *100.0% for outpatient care; and*
- *98.1% for accident and emergency care.*

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

- *99.9% for admitted patient care;*
- *100.00% for outpatient care; and*
- *99.4% for accident and emergency care.*

Torbay Care Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Part 3

Quality Account Priorities 2011/12

An update of performance against the 2011/12 priorities is provided at Appendix 1. Below are some examples of quality improvement work completed in 2011/12. These are presented under the headings Safety, Effectiveness and Patient Experience.

1. Safety

Participation in the South of England Quality and Patient Safety Improvement Programme

The Trust has played an active part in this programme, now in its second year, we are working on the 5 key work streams:

1. Reducing Catheter Associated Urinary Tract Infections
2. Pressure ulcers.
3. Falls.
4. Medicines Reconciliation.
5. Recognising the Deteriorating Patient in our Community hospitals.

Regular events are held to share learning across the region with the leads for each work stream achieving excellent results using The Institute of Healthcare Improvement methodology in safety improvement as explained below.

Service improvement trials have been tested in small areas involving only 1 or 2 patients before expanding to larger numbers of patients across the whole ward. These 'tests of change' are monitored to measure reduction in the number of patients who, for example, fall or develop a pressure ulcer and where a positive outcome of the change is identified i.e. there has been a reduction then the good practice is expanded to whole ward. Once we have successfully implemented these changes in one community hospital we spread it to other hospitals and the wider health community.

We said that we would - Continue to improve hand washing compliance across the Trust:

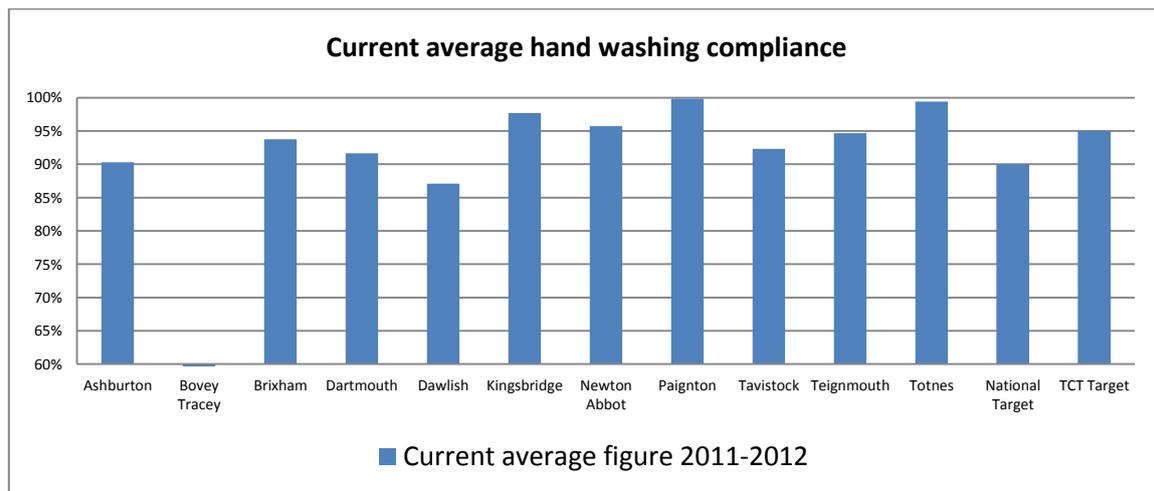
It is recognised that hand washing is a critical element for reducing all hospital infections including catheter associated urinary tract infections. For this reason we have focussed on improving compliance with hand washing standards.

The importance of effective hand washing cannot be underestimated in the prevention and spread of hospital acquired infections, such as MRSA. Taking steps to prevent infection control enhances the patient experience, safety and our ability run effective services. Infections such as influenza also place a great strain on our health resources and frequent and correct hand washing can reduce the risk and spread of this virus.

We set a target of 85% compliance in all of our community hospitals. Hand washing compliance remains above 90% in 10 community hospitals.



As a Trust we continue to train our staff in effective infection control practices, such as hand washing and reducing unnecessary cross-infection that could cause prolonged stays in hospital. We have also continued to raise the profile of infection control with the public. In November 2011 the Trust used the local media to convey messages about the importance of hand washing and where possible encouraging patients, visitors and staff not to enter a hospital or healthcare setting if you they have had signs or symptoms of flu or the winter vomiting bug, Noro-virus.



(Bovey Tracy Hospital was closed when this data was collated)

An internal campaign to encourage staff to have the seasonal flu vaccination took place. Having the vaccination helps reduce the risk of infection to those most vulnerable and ensures that our services can be safe, effective and maintained throughout the winter months, when there is often increased demand. As a result of the campaign 45.5% of frontline health and social care workers choose to protect themselves against seasonal flu.

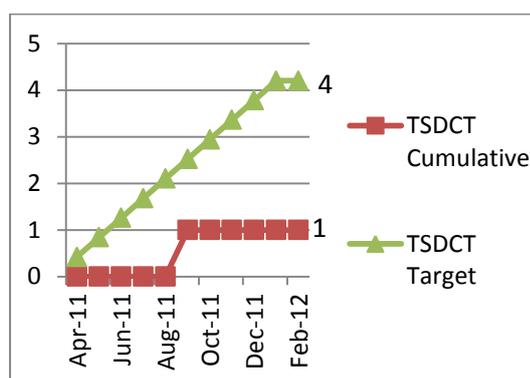
Dr Viv Thorn, Medical Director at Torbay Care Trust said: "Many infections are preventable and good hand hygiene is one of the best ways of helping tackle the spread of germs."

We said that we would ensure compliance with Healthcare Acquired Infection targets. Treating people in a safe environment and protecting them from avoidable harm.

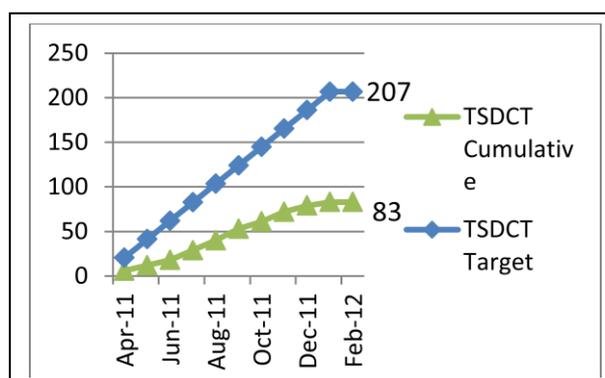
To date we are within the target set for Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia, and have reduced our numbers year on year. Time and resources have been invested in keeping our staff up to date with their training with specific attention to inserting and managing devices such as intravenous cannulas and urinary catheters which are known to increase the risk of infections. We have investigated a number of the cases where infections have occurred to identify any learning that could help avoid people acquiring similar infections. This learning is shared at our Infection Control Committee meetings and in our training sessions to staff.

The graphs on page 8 illustrate the good progress we made during 2011/12; reducing Methicillin-resistant Staphylococcus Aureus (MRSA) to one case, 3 cases below the regionally agreed target of 4, and managing Clostridium Difficile infection rates to 83 set against a regional target of 207.

MRSA Bacteraemia rate 2011/12



Clostridium Difficile Infection rate 2011/12



Data for March 2012 will be available in May 2012

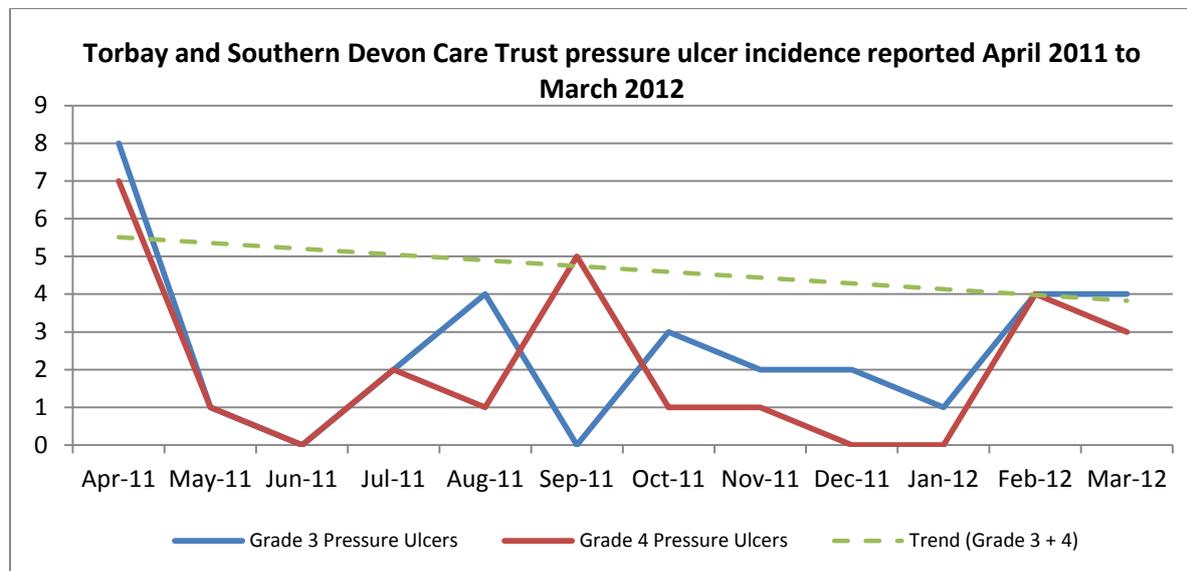
We will continue our work to reduce the incidence of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia and Clostridium difficile (CD) infections in line with national objectives set within the Operating Framework 2012/13. This will be monitored by the Infection Control Committee and reported to the Clinical and Audit Effectiveness Committee as part of our quality and safety dashboard.

We said we would reduce the incidence of avoidable Pressure Ulcers:

As an organisation we have encouraged all pressure ulcers to be reported by staff – this has allowed us to really understand where they are occurring and to begin to measure improvement in reducing the severity as well as the frequency.

During 2011 reporting of pressure ulcers has been encouraged to enable us to gain a greater understanding of where they occur allowing us to focus our improvement work in these areas. As we work with our teams to encourage reporting and investigation to identify the causes of pressure ulcers we identify common themes that enable further improvement work across the Trust.

The diagram below illustrates the number of pressure ulcers at grade 3 and 4 that have been reported during the year. We have reduced the incidence of pressure ulcers in our hospitals, with the majority of incidents occurring to patients being cared for in their own homes.



Improvement work that the Trust has introduced includes:

- “Intentional Rounding”, a routine undertaken within our wards when patients receive a regular visits from the nurse at a prescribed time interval to check they are comfortable and that their skin is not being damaged due to pressure, poor circulation, lack of drinks or movement. This is explained in the term ‘skin bundle’ shown in Fig 1 below.
- Regular assessment and comprehensive care planning when patients are admitted to hospital and at regular intervals throughout their stay.
- Staff Training provided by the specialist Tissue Viability Nursing Team has enabled nurses to identify risks and provide the most effective care to the patients.

Fig 1 - SKIN bundle

Surface selection *making sure the correct mattress is used to help relieve pressure on the skin*

Keep turning changing *position to improve circulation and reduce pressure*

Incontinence management *making sure people’s skin is kept clean and dry*

Nutrition *Make sure people eat a healthy diet and drink sufficient fluids to keep the skin hydrated*

Although we have seen a small reduction in the incidence of grade 3 and 4 pressure ulcers in 2011, we anticipate that the changes we have implemented will see this reduction continue. We were unable to illustrate improvement in this priority compared to previous years as we did not have sufficient data to allow effective measurement, however, increased focus on reporting in 2011 will allow us to measure improvement in the future. We will continue to learn from investigations and implement best practice across all of our services.

We will continue to work to reduce the incidence of avoidable pressure ulcers in 2012/13 as we recognise that with more people being cared for in their own homes, and the majority of pressure ulcers reported in 2011 occurred whilst a patient was at home, we need to ensure

that family and carers are aware of the risks of developing pressure ulcers. In 2012 we hope to develop a greater awareness of the need to report within the local community encouraging early detection of risks to allow preventative measure to be implemented. We will continue to roll out and ensure that all carers and patients have prompt cards in pressure ulcer prevention.

It is recognised that as we raise awareness within the general population the reported incidence of pressure ulcers could increase making it difficult to measure improvement through statistics alone.

Jane Viner, Director of Professional Practice at Torbay and Southern Devon Health and Social Care NHS Trust said: "The focus on the early identification and management of pressure ulcers is showing positive results and moves us closer to our ambition to establish a zero incidence of grade 3 and 4 pressure ulcers in our community hospitals."

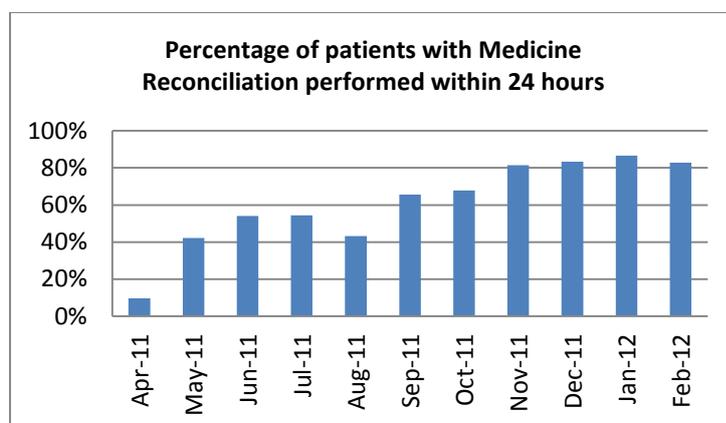
We said we would improve medicines safety

In 2011/12 we appointed a second Clinical Pharmacist to support our hospital teams and other the community based services. The Pharmacist is able to educate and raise awareness of potential risks in medicines management.

Omitted doses have been highlighted by the National Patient Safety Agency as a key risk area to patient care in hospitals.

The Medicines Management team undertook a community hospital wide ‘omitted dose’ audit in October 2011. A thorough report was generated and the results and recommendations were widely presented to the Medical Director, Director of Professional Practice, Community Hospital Managers and Hospital Matrons. This served to significantly raise the awareness of this issue across the Trust. As a result, hospital action plans were developed to heighten awareness with all staff and a new Trust standing operating procedure has been ratified. Significant improvement in the quality of recording of medicine administration has been realised.

The on-going review of ward drug charts to monitor omitted doses will be rolled out to all community hospitals by April 2012. This will be supplemented by a 6 monthly re-audit by the Medicines Management team.



We have achieved significant progress in the implementation of phase 1 of medicines reconciliation across all of our community hospitals. This work supports the best practice standards to ensure that information about the medicines patients were taking prior to admission are recorded with consideration of continuing the drugs during their hospital stay and on discharge.

We said we would reduce the number of patients falling whilst in community hospitals

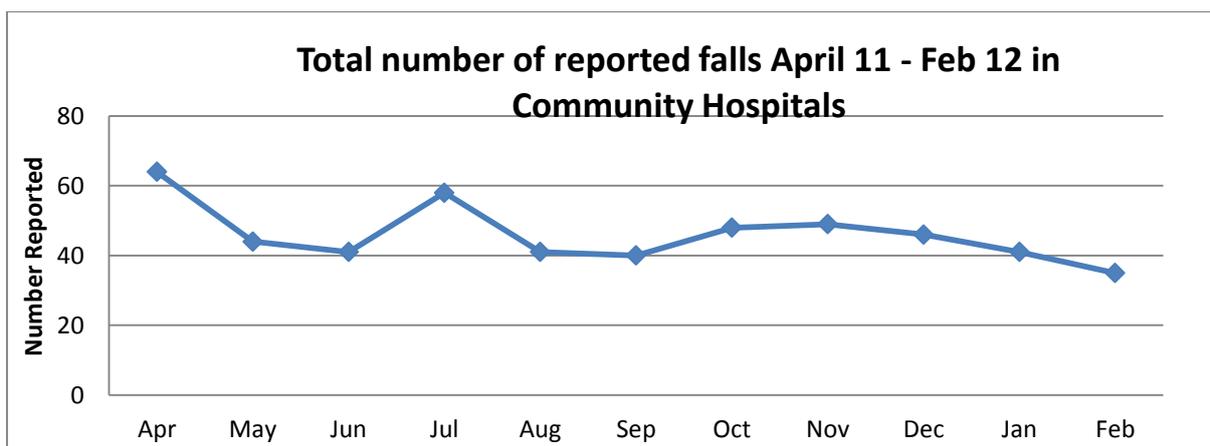
This priority is linked to the South of England Quality and Patient Safety Improvement Programme that aims to reduce the harm from patient falls in hospital. As part of the methods used to introduce this improvement work we have undertaken small tests of change i.e. small changes are made and then the effects are monitored and evaluated to measure any improvement or make recommendations of how the intervention could be more effective.

Tests of change that we have introduced include:

- The introduction of “Intentional Rounding”, a regular review of patient needs at prescribed intervals e.g. 30 mins., one hour we have identified that some patients who are confused will attempt to walk without assistance resulting in a fall by checking on the patient and offering to help them move regularly we have reduce the incidence of falls.
- The introduction of a simplified risk assessment saves staff time and provides an effective assessment of a patient falls risk allowing specific care plans to be implemented.
- Inpatient falls prevention leaflets are given to patients and carers to raise awareness of simple precautions that can reduce the risk of falling such as safe foot ware
- The use of bed and chair exit sensors to alert staff when confused patients attempt to walk without assistance.

We have provided briefing sessions for staff in these simple precautions that can be implemented to reduce the risk of a patient falling and will continue to trial new and innovative tests of change to keep patients safe.

Although we commenced this improvement work in Paignton Community Hospital we are now spreading the proven interventions for improvement across all of our community hospitals. Recent reports demonstrate a steady decrease in the number of falls with a high of 65 in April 2011 to 35 reported falls in February 2012 across all of the community hospitals



We recognise the devastating effect that falls can have on an older person’s confidence as well as the long term disabilities that can result for injury sustained as a result of a fall. We will therefore continue to roll out more tests of change spreading proven interventions across all of our community hospitals. We have also been working with care homes in Torbay to share the improvement work and reduce falls for their residents.

Improving bone health and reducing the risk of falls

Torbay Care Trust in collaboration with Torbay Council and South Devon Healthcare NHS Foundation Trust held an Active for Life event in June 2011. The event which is organised, as part of a national falls awareness campaign, was a huge success with over 100 local residents in attendance.

The annual event aims to raise awareness about the importance of keeping healthy into older age, maintaining good bone health and knowing the steps that can be taken to prevent falling.

Jane Reddaway, Falls Prevention Lead at Torbay Care Trust said: "With all the research that is now available we are becoming increasingly aware of the need to remain active into older age and how to go about it. We all hope to keep our independence and health but many older people become too sedentary, which leads to loss of balance and muscle strength; these are vital to keep us mobile and upright which will help us to keep well and avoid falling."



A volunteer exercise instructor at the falls awareness day (above)



(left) One of the many exercise classes held on the Falls Awareness Day

Those who attended were able to have a health MOT and try out exercise taster sessions, including barn dancing and Tai Chi. The event was supported by a number of local agencies, including Devon Fire and Rescue services, LINks, local dieticians, and pharmacy, amongst others.

We said we would improve safety the of patients

With the increasing ability to care for more acutely ill patients within our community hospitals we have recognised the need to introduce a more effective clinical observation tool traditionally used in acute hospitals wards known as the Early Warning Score. This monitoring record enables nurses and doctors to improve the assessment of acute illness through the use of specific physiological measures such as blood oxygen concentration in addition to the more traditional observations e.g. blood pressure, pulse rate and

temperature. The Early Warning Score (EWS) tool supports the continuous monitoring of a patient's physical wellbeing throughout their stay in hospital tracking the trends in their clinical response to treatment, early detection of clinical deterioration and acts as the trigger for an escalation in clinical care and treatment.

Small tests of change have been carried out in our community hospitals resulting in the formatting of a new early warning score chart incorporating recent national best practice guidance on scoring clinical parameters. Following successful tests of change in both the new early warning score chart and audit tool, all 11 community hospitals will now participate in monthly audits of records to monitor the effectiveness of the early warning score. The Early Warning Score is also supported through an on-going training programme available to all staff in the "Recognition of the Deteriorating Patient".

Pilot audits in the use of the Early Warning Score in 2 community hospitals have consistently achieved over 95% compliance in recording early warning scores and over 95% in the appropriate escalation taken following early recognition in deterioration. We recognise that the early identification of deterioration in a patient's condition is essential if we are to provide safe and effective care – this will therefore remain a priority next year with continued focus on education.

Effectiveness

We said we would continue to manage the risk of Blood Borne Viruses



*Above Torbay Care Trust
Blood Borne Viruses Nurse*

The Blood borne virus service, which is part of the Torbay primary care substance misuse team has offered 100 percent of clients the opportunity to have a test for Hepatitis C compared to 90 percent nationally and regionally; with 89 percent accepting the test, compared to 66 percent regionally and 62 percent nationally. In the testing for Hepatitis B similar results have been achieved with 100 percent offered vaccination and 79 percent acceptance, compared to 40 percent regionally and 36 percent nationally. This is very positive news for high risk clients in Torbay, allowing them to access appropriate healthcare as a result.

How do we achieve this?

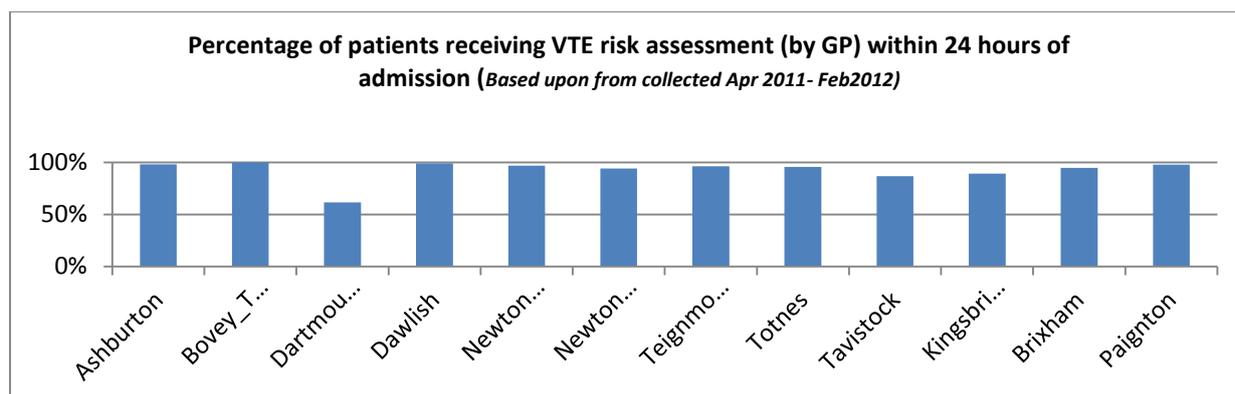
- A flexible and supportive outreach service.
- Putting patients at ease through the use of dried blood spot testing. The blood borne virus service has found this method encourages better uptake with patients, as it is a less invasive procedure.
- The use of health promotion with targeted groups.
- A greater understanding of blood borne viruses within the community and amongst professional.

We will continue to build on this success to ensure that clients have this service readily available to them.

We said we would - Keep our patients safe from the risk of Blood Clots
(Venous Thrombo Embolism (VTE) prevention)

Over the past 12 months across our all community hospitals doctors and nursing staff have worked to ensure patients are risk assessed against national standards of care, published by the National Institute of Clinical Excellence (NICE), within 24 hours of admission to a community hospital.

This clinical practice has been adopted and embedded across all our hospitals, monthly audits enable us to monitor performance and target support where required. (National target 90%)



We said we would improve the service users experience

Below are 2 examples of behind the scenes projects that are improving care for patients.

1. Enhancing the effectiveness of care through a Single Community Care Record (SCCR)

In 2011 Torbay Care Trust started work to create a Single Community Care Record for health and social care.

Once it has been developed, the IT system will provide staff with office and remote offline access to comprehensive and secure records of patient and client care details. The new system will improve efficiency by streamlining a number of forms and systems currently used and will make it possible for staff to view, update, and monitor records whilst they are out in the community. Once the new system is in place it will have enormous benefits. Staff will be able to full maximise their time with patients and clients, have access to the most up-to-date information about a person's care and needs and reinvest time on the frontline, that would have been previously spent travelling.

The Trust always values the feedback and views of patients, and to ensure that the new record system is meeting the needs of our patients, staff we are working with our Experts by Experience Group. The group is supporting the development of the record by providing feedback on the language and questions within the record and ensuring the system is customer friendly as well as user friendly.

“This innovative and more integrated technology will support our frontline staff, and enable them to deliver the safest and most effective care to their clients and patients The new system will also improve the patient experience with patients only ever having to tell their story once.” said Mandy Seymour, Chief Operating Officer for Torbay Care Trust.

2. Improving the patient experience behind the scenes

Torbay Care Trust has been working with Mede Analytics following a patient through every aspect of the health and social care process to identify areas for improvement, efficiency and effectiveness in the care we provide. This work was recognised in December 2011 at the prestigious Health Service Journal awards. The Trust was highly commended in the Data and Information Management Category for the work that has taken place.

Anthony Farnsworth Chief Executive at Torbay Care Trust said: "Work such as this, taking place behind the scenes, does not normally get the recognition it deserves but has a vital impact upon our ability to provide local people with the best care."

We said we would improve efficiency by Releasing Time to Care:

Throughout 2011/12 we have worked to improve the effectiveness and efficiency of our community nursing teams within Torbay. Led by the community nursing team leaders the first two modules completed have been:

"well organised working environment" – This has resulted in standardisation of consumables held in each team, removing items no longer required and cease ordering. We established a central area to share short shelf life stock and consumables used intermittently by teams to reduced waste. This has led to reduced cost of consumables by £1,000 approximately per team for the year.

"Knowing how we are doing" - To understand how the community service is perceived by patients we undertook a pilot survey of 100 patients on the community nursing caseload 20 patients per zone which resulted in a 60 % response rate. This demonstrated overall high levels of satisfaction with the service, but one area where we could improve the service to patients included the time and date of a proposed visit. Teams are currently reviewing how this can be improved in each zone.

As part of our intention to improve efficiency we also looked at ways we could increase the amount of time spent with patients by reducing office work and avoiding unnecessary visits.

The work achieved to date has demonstrated how through adopting the productive community services model we can systematically identify where productivity is lost and develop systems to improve effectiveness.



Productive Community Services will:

- Increase patient-facing contact time
- Reduce inefficient work practices
- Improve the quality and safety of care
- Re-vitalise the workforce
- Put staff at the forefront of redesigning their services.

We said we would improve safety

In 2011 the Quality, Effectiveness and Safety Trigger Tool was introduced in all our community hospitals. The Quality Safety and Effectiveness Trigger Tool was developed by

Quality Safety and Effectiveness Trigger Tool (QuESTT)

An example of some of the measures used in the tool.

- Vacancy rate higher than 3%
- Unfilled shifts is higher than 6%
- Sickness absence rate higher than 3.5%
- No monthly review of key quality indicators by peers (e.g. peer review or governance team meetings)
- Planned annual appraisals not performed
- No involvement in Trust-wide multi-disciplinary meetings
- No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)
- 2 or more formal complaints in a month
- Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)
- Hand hygiene audits not performed
- Cleanliness audits not performed
- Ward/department appears untidy

the NHS Southwest by senior nurses from across the region. The tool provides a set of measures that when combined alert senior managers to the potential for a hospital ward to be at risk of not delivering safe, effective and quality care. It brings together a number of concerns that on their own would not appear significant but when collated into a report they provide an objective assessment of the factors affecting the ward at a specific time.

It has been proven that when a number of these factors are present in a ward there is a potential risk to quality and safety

With a large number of community hospitals it is essential that the Trust has a consistent and measurable audit of safety and effectiveness to ensure we have oversight of all safety in all of our hospitals; this tool is one method that we use to do this.

The measures used have been developed using the lessons learnt from CQC reports such as the Mid Staffordshire NHS Foundation Trust inspection report. The tool demonstrates a proactive approach to managing for quality and safety alerting senior managers to potential problems, allowing restorative action and support to hospitals.

The tool is completed by the hospital matron monthly; any wards that score highly or show a significant change from their previous submission are followed up by the Director of Professional Practice and her team. The tool can highlight factors that require executive support to improve or resolve, more importantly it provides an overall picture of how wards are managing quality and safety by using a variety of other measures and observation; it has proved to be a very useful mechanism to trigger additional support.

QuESTT results and actions taken are reported to the Integrated Governance Committee.

Due to the success of this tool we intend to develop a similar method of monitoring quality and safety in our community based teams in 2012/13.

2. Patient Experience

Community Hospitals score highly with patients

In 2011 community hospitals across Torbay and Southern Devon received top ratings in a report published by the NHS Information Centre.

Seven out of the 11 community hospitals, run by Torbay Care Trust scored excellent in all three of the assessment categories with the other four achieving a 'good' or 'excellent' rating for environment, food, and privacy and dignity.



The self-assessments which are part of the Patient Environment Action Teams (PEAT) programme are carried out by a team of nurses, matrons, doctors, catering staff domestic service managers, and most importantly groups of patients. It aims to review key areas from a patient perspective and awards a score of excellent, good, acceptable, poor or unacceptable across a range of patient services within the three main categories.

Pat Mcdonagh, Assistant Director of community hospitals at Torbay Care Trust said: "Admission to hospital can be a worrying time for patients and their families we recognise that the environment, food and maintaining privacy and dignity are all an important part of a patient's overall experience".

"The strong results across all of our hospitals in Torbay and Southern Devon demonstrate our commitment in making the whole patient experience as comfortable as possible by ensuring we deliver the highest standard of excellence and quality of care to all those who stay in our community hospitals."

Results of 2011 PEAT scores for our community hospitals are illustrated below

Site / Hospital Name	Environment Score	Food Score	Privacy & Dignity Score
Totnes	Good	EXCELLENT	EXCELLENT
Dartmouth	EXCELLENT	EXCELLENT	EXCELLENT
Tavistock Hospital	EXCELLENT	EXCELLENT	Good
South Hams (Kingsbridge)	EXCELLENT	EXCELLENT	EXCELLENT
Newton Abbot	EXCELLENT	EXCELLENT	EXCELLENT
Teignmouth	EXCELLENT	EXCELLENT	EXCELLENT
Dawlish	EXCELLENT	EXCELLENT	EXCELLENT
Bovey Tracey	Good	EXCELLENT	EXCELLENT
Ashburton and Buckfastleigh	Good	EXCELLENT	EXCELLENT
Paignton	EXCELLENT	EXCELLENT	EXCELLENT
Brixham	EXCELLENT	EXCELLENT	EXCELLENT

Refurbishment of Bovey Tracey Hospital

Bovey Tracey Community Hospital was reopened in January 2012 following a programme of improvement to inpatient care services. Inpatient care was temporarily relocated to nearby Newton Abbot Hospital in April last year, to facilitate refurbishment of the hospital. This provided the opportunity to undertake a comprehensive programme of recruitment, staff training and education. The Care Trust has also used the opportunity to improve the physical environment of the Hospital to make it safer, more comfortable and more functional for patients, visitors and staff.

In addition to general decoration, other improvements to the ward include a new physiotherapy unit and more flexible use of office space to enable visitors and patients more privacy when meeting with doctors or nurses.

Work has also been taking place on the hospital site, to improve the gardens and make them more accessible to those staying in or visiting the Hospital.

Pat McDonagh, Torbay Care Trust's Assistant Director for Community Hospitals, said: "The action taken at Bovey Tracey Community Hospital demonstrates our overriding commitment to providing our patients with safe and good quality care.

"Patients can now benefit from the new surroundings and facilities and as a Trust we are confident that our patients are receiving safe and effective care in a suitable environment."

We said - we will continue to listen and gain feedback from our patients:

We are mindful of the negative findings in the Ombudsman's Report "Care and Compassion" although the findings in this report related to care received elsewhere in the country, we will strive to ensure we learn from it to further improve the patient's experience here.

All community hospitals invite patients to complete a feedback questionnaire; this monthly survey enables Matrons to monitor compliance against a set of quality standards

The areas that we ask for feedback on include:

- their experience of staff treating them with dignity and respect
- their level of involvement in planning their plan of care and treatment
- how easy it was for them to recognise staff with different roles on the ward
- how accessible the staff were to discuss their care and answer questions
- that staff explained how to take their medicines and their discharge plans.

The results of these surveys are discussed with staff as part of a process of review and improvement.

Some key results include:

- Of 317 patients who responded between September 2011 and January 2012 only 1 patient stated that they were "occasionally but not always" treated with dignity and respect—with 316 patients reporting a more positive experience. Where such concerns are raised the hospital matron follows it up with the staff to reinforce the Trust standards of care and its expectation of its staff, reinforcing the NHS constitution
- Over the same 3 month period 90 per cent of patients felt that they had been involved in decisions about their care and treatment – we recognise that we need to improve this – the introduction of new care planning documentation will help us achieve the on-going monitoring and local improvements with ward teams will support improvement in our joint care planning with patients and their families and carers.
- The survey results have demonstrated that there is accessibility to doctors and nurses for patients and their families to ask questions and discuss their care rising from 86 per cent to 94 per cent during 2011/12 although we aim to improve this further in 2012, we are pleased to note that the responses show an improvement.

We have successfully implemented the national standards reporting of no mixed sex sleeping areas in our community hospitals. This has involved significant investment. We will continue to review these standards aiming to go above and beyond the minimum standards, as described in our PEAT overview above, with dignity champions in each hospital to reinforce the standards that we set.

We were fully compliant with National Standards to avoid mixed sex accommodation in 2011/12 with no breeches reported.

We said that we would broaden volunteering opportunities:

The Lifestyles Team have recruited 5 Health Trainer Champions to cascade Public Health Messages across Torbay and inform targeted groups of the health services available. Over the past 12 months Health Trainer Champions have attended community events including the Carers conference in Brixham, Watcombe Community Centre Christmas Party, Family Healthy Fun Day and a Workout @ Work Day event.

The Health Trainer Champions also promote healthy lifestyles to Young Adult Carers, the Homeless, Family's living in supported accommodation and unpaid carers of service users of ROC Active. As part of their training the Health Trainer Champions have attended the Royal Society for Public Health's Understanding Health Improvement Level 2 certificate.



Health champions discussing the aspects of health

This course covers:

1. The role of Health Champions in the community and the workplace.
2. An understanding of the factors that affect health.
3. The public health messages related to Lifestyle behaviours.
4. Communication skills and approaches used to facilitate behaviour change.
5. Practical skills on how to support individuals to make lifestyle behaviour changes.
6. Information about local support services available in Torbay.

Over the past 12 months a total of 52 people have attended this training course, delegates have included employees of Torquay Children's Centre, pharmacy assistants, councillors, groundwork, Jatis, Leonard Stocks and Folks @ Home, social workers, care workers, fire men and members of the public with an interest in healthy living have also completed this certificate.

We said we would support carers, caring for someone with a life limiting illness

During 2011 six courses were delivered on one day a week over 4 weeks, the aim of the course is to provide emotional support, empower, signpost and encourage carers to look after themselves. 42 carers enrolled and 32 attended the courses. Those who attended the courses felt that it provided them with support and advice to care for their loved one.

<p>A Carers feedback following the course</p>		<p><i>"It helped me to learn what to expect on the journey. It gave me the nurse and social worker to ask specific questions which allayed added anxiety."</i></p>
<p>Feedback from a carer support worker who refers to the course regularly</p>		<p><i>"From their experience of the course these carers feel less isolated in their role and have a greater insight into the process they are going through. As a result they have come away much more confident about their ability to cope"</i></p>

The diagnosis of the "cared for" is split nearly 50/50 between cancer and non-cancer diagnosis. The course is run in partnership with Torbay Care Trust and Rowcroft Hospice meeting National Institute of Clinical Excellence (NICE) End of Life Care for Adults Quality Standard Number 2.

In early 2011 a drop in group was started to offer support for those who could not access the four week course and for carers who requested ongoing support following the course. During 2011 a number of carers attended the drop-in, six drop-ins were held. 100% of carers completing the course would recommend it to a friend.

Review Section

This “review section” of the Quality Account will include statements from our commissioners, Overview and Scrutiny Committees and LINKs in the final publication.

Appendix 1

No	DETAIL	LEAD	PRIORITIES SET FOR 2011/12	UPDATE	RAG = Red, Amber, Green
1.	<i>Keeping our patients safe from Healthcare Associated Infections (HCAs)</i>		Continue to improve hand washing compliance across Torbay and Southern Devon Health and Care NHS Trust. Target 85%	There are no national targets for hand washing compliance. Monthly hand washing compliance audits in community hospitals are completed, results continue to be well above the national average. The current average across all community hospitals 89%.	G
			Continue education and audit of our compliance with MRSA screening.	Education and audit of MRSA screening occurs in all 11 community hospitals. All patients admitted to our community hospitals have received screening for MRSA on admission or prior to hospital admission.	G
		Infection Control Team	Continue to deliver infection control training for staff, as part of their mandatory training requirement.	The training programme continues to be delivered to all staff as part of the mandatory training programme. The infection control team are collaborating with the training team on an E-learning approach for staff. Clinical staff undertake mandatory hand washing assessment annually. Infection control training is incorporated into all clinical skills training to reinforce best practice.	G
		Infection Control Team	Continue monitoring and reduce incidence of hospital acquired infection outbreaks in line with Department of Health requirements.	Hospital acquired infection outbreaks are reported and monitored across all 11 community hospitals when they occur. 2011/12 - 10 outbreaks (11 Community Hospitals) 2010/11 - 1 outbreak in Torbay Care Trust (In that year Torbay Care Trust had 2 Community Hospitals). We do not have 2010/11 data available for Southern Devon.	G
		Infection Control Team	Continue to deliver education & support for the efficient management of viral gastroenteritis (Norovirus).	An investigation is completed after every outbreak to look for the root cause. This is shared with the area affected and other Hospitals. All staff attending infection control training receive guidance in the avoidance and containment of outbreaks.	G

No	DETAIL	LEAD	PRIORITIES SET FOR 2011/12	UPDATE	RAG = Red, Amber, Green
2	<i>Priority: Privacy and Dignity- Eliminating Mixed Sex Accommodation (EMSA)</i>	Head of Safety and Quality	We will continue to listen and gain feedback from our patients. We are mindful of the negative findings in the Ombudsman’s Report Care and Compassion although the findings in this report related to care received elsewhere in the country, we will strive to ensure we learn from it to further improve the patient’s experience here	<p>The Trust has had no Breaches of ESMA standards during 2011-12</p> <p>Questionnaires are completed by patients within community hospitals monthly. Results are analysed and any actions required are taken forward by Matrons.</p> <p>Leaflets are available to patients and visitors that explain the standards that we have regarding eliminating mixed sex accommodation.</p>	G
3.	<i>Priority: Keeping our patients safe from the risk of blood clots</i>	Head of Nursing	We will continue to audit the prescription and medication record for appropriate VTE risk assessment and prophylaxis that monitors practice against the NICE recommendations to further improve quality.	<p>Monthly audits of compliance with NICE standards in venous thromboembolism (VTE) prophylaxis are completed in all community hospitals as part of our CQUIN quality monitoring process.</p> <p>For initial assessment within 24 hours, a mean of 92% has been achieved for the year to date against a target of 95%.</p> <p>For reassessment within 24 hours, a mean of 80% has been achieved for the year to date against a target of 90%.</p>	G
4.	<i>Reducing the incidence of pressure ulcers</i>	Head of Safety and Quality	We intend to spread the good practice from the pilot sites and introduce the ‘SKIN bundle’ to all community hospitals and community nursing teams in Torbay and Southern Devon Care Trust	<p>Clinicians are now well informed of the importance of undertaking comprehensive assessments and care planning to avoid the incidence of pressure ulcers. Working within the SHA patient safety improvement network we have shared best practice in prevention and applied it to our services to begin to reduce the incidence of Pressure Ulcers this includes:</p> <ul style="list-style-type: none"> • ‘Intentional rounds’ and the use of the ‘SKIN bundle’ in all community hospitals • Regular assessment and comprehensive care planning • Training provided by the specialist Tissue Viability Nursing Team. • The learning from incidents also informs policy and local procedures. When a pressure ulcer develops a comprehensive investigation is undertaken and the learning from this is shared with all clinical teams. • The introduction of <i>Prompt Cards</i> providing advice to patients and staff <p>The information collated in 2011 will provide a baseline to measure improvement in the future, this will remain a priority. The data collected in 2011/12 will enable us to measure improvement in this priority</p>	G

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4.	<i>Reducing the incidence of pressure ulcers</i>	Head of Safety and Quality	We will develop education packages and written advice sheets on prevention of pressure ulcers and the use of the skin bundle to all agencies and carers of patients in the community.	We have developed prompt cards for patients and their carers' with very simple instructions on preventative measures they can take and when to alert a member of the community nursing team. These are being piloted in two community areas with an anticipated roll out in April 2012 across community services.	G
5.	<i>Keeping patients safe from the risk and harm associated with falls</i>	Falls Lead	The SHA improvement programme continues and we look to maintain the improvement in falls reduction we have made across Torbay and Southern Devon Care Trust.	<p>The work undertaken to reduce the incidence of falls within our community hospitals includes:</p> <ul style="list-style-type: none"> • The use of bed and chair exit sensors to alert staff when patients attempt to walk but need assistance. • Falls assessments and care plan now and integral part of new hospital documentation pack. • Education leaflets for patients and their carers on safety precautions such as sensible foot wear • "Intentional rounds" allowing clinicians to offer patients assistance to move/walk regularly. <p>Initial reports have identified a small but steady decrease in the number of falls occurring in our community hospitals (see section 3)</p>	G

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5.	<i>Keeping patients safe from the risk and harm associated with falls</i>	Falls Lead	More postural stability classes will be available allowing greater numbers of less active older people to improve their mobility, strength and balance.	2 new classes (16 older people every 12 weeks) started in Torbay and a bid to sustain these is underway. A further person has been trained to deliver postural stability training	G
			Work will continue in the development of a revised multi-factorial falls assessment form to improve information for GPs about the assessments and interventions being carried out with patients and staff in the community.	Work is on-going to develop this area; 3 surgeries across Torbay and Southern Devon are involved in the national "PreFIT" research trial to establish the most effective interventions in falls prevention. Greater numbers of Multi-factorial Falls Assessments being carried out	G
			Improved communication to reduce duplication of falls assessments and interventions between hospital, general practice and community services. This will ensure care reflects NICE guidance	Electronic communication system now being piloted in Torbay Hospital with a plan to roll out across hospital in 2012/13. This provides comprehensive information for GPs to assist community services to continue existing treatment plans when patients discharged from hospital avoiding duplication. Results of the pilot area have been favourable. This tool is now being 'rolled out' across the whole organisation in a phased approach, starting in the Emergency Assessment Unit (EAU) at Torbay.	G
			There will be another public event aimed to promote healthy ageing in the older population and falls prevention.	Brixham event held in June 2011. 150 older people given lifestyle and fitness advice with a particular emphasis on vision.	G
			The final two elements of the advanced falls training will be delivered with the complete programme available to staff during 2011-12	All 6 modules of advanced falls training complete, 182 staff in Torbay trained across all the modules to date.	G

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6.	<i>Safe management of medicines (MM)</i>	Head of Provider Medicines Management	We will build a firm infrastructure with the merger of Southern Devon and Torbay Care Trust to deliver an effective medicines management service.	<p>The medicines management team, newly formed in April 2011, continues to evolve in order to support safe and high quality medicines governance within the community and community hospitals.</p> <p>To enable us to deliver effective medicines management services we are reviewing current service agreements with our providers to further improve efficiency and safety.</p>	G
			Provide strong governance support to implement best practice identified by national guidelines (e.g. National Patient Safety Alerts).	<p>The Medicines Governance Group monitors safety and quality including compliance with NPSA reports and other best practice standards which reports directly to the Care Quality & Safety Group. Compliance with medicines related NPSA reports listed below have been achieved with the implementation of appropriate policy and guidance.</p> <p>NPSA/2010/RRR009 Reducing Harm from Omitted and Delayed Medicines in Hospital NPSA/2010/RRR018 Preventing Fatalities from Medication Loading Doses</p> <p>Additional work by the medicines management team within the community hospitals has developed systems and processes in medicines reconciliation as well as education and guidance to staff in stage 1 medicines reconciliation”.</p>	G
			Continue to deliver training and education to staff to ensure best practice in medicines management, controlled drugs	<p>During 2011-12 training targeted key areas of practice with a more formal programme of training in 2012-13 to support the implementation a newly published medicines policy.</p> <p>Training delivered to date</p> <ul style="list-style-type: none"> • 6 calculation training sessions in 3 community hospitals with follow-up supervision sessions • Training delivered to support medicines reconciliation • Medicines management priorities (for Learning disability services and social care assistant practitioners and care homes) • Medicines management for health support workers • Medicines calculation in community hospitals • Provision of training in use of Patient Group Directions 	G
			Continue to raise awareness of the safe use of medicines within the organisation and to the wider population.	CD stock checks are undertaken daily by matrons in community hospitals with medicines management team oversight. More in depth CD audits are carried out three monthly by the medicines management team. There is also clinical audit programme that supports the monitoring of nationally agreed best practice standards including omitted doses, record keeping and antimicrobial audits	G

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7.	<i>Safeguarding Children</i>	Safeguarding Children Lead	We will further the collaborative approach to safeguarding children with partner agencies within the Multi Agency Safeguarding Hub (MASH).	<p>Due to delays in the launch of the MASH within Torbay and pending discussions to develop 2 Peninsula wide hubs this is currently on hold. This is due to the need for external partners to redesign their own services.</p> <p>Torbay Children's Services have developed a local safeguarding hub launched in February 2012 as part of a phased implementation. Health services are included in the Hub and with plans to discuss developing further multi-agency links and information sharing.</p>	A
8	<i>Safeguarding Adults</i>	Safeguarding Adult Lead	<p>Continuation of the safeguarding adults improvement action plan objectives,</p> <ul style="list-style-type: none"> • clearance of the backlog of case conferences • continued training and development of staff • a review of policies standard operation procedures • improved reporting functions 	<p>Backlog cleared within timescale. Procedures developed to minimise risk of backlog developing in cases and improved reporting systems to support management of safeguarding cases.</p> <p>Training in place with new programme reflecting national competencies and lessons from case file audits.</p> <p>Safeguarding scorecard has been developed to more accurately report performance to Safeguarding Adult Board and commissioners. Department of Health returns also completed.</p> <p>Safeguarding Adult Board (SAB) Annual Report for 2011 was published during March 2012. The Safeguarding Adult Policy was revised during March 2012.</p>	G
9.	<i>Support the health of carers to enable them to care for their loved one when they die</i>	Head of Nursing	It is planned for carer support sessions to continue	<p>Four weekly courses held every 2 months 8 courses were delivered in 2011 (42 carers enrolled and 32 attended) Courses are planned for January and March 2012.</p> <p>Six additional support sessions have been provided bi- monthly during 2011 (39 carers attended)</p>	G

10.	<i>Early Supported Discharge for stroke patients</i>	Head of Physiotherapy	Finalise staffing for new Early Supported Discharge service in Torbay.	Team now in post providing early supported discharge services to patients who have had a stroke; allowing them to continue treatment at home after discharge from hospital	G
			Determine level of service which can be provided within the initial funding levels and aspire to 7 days per week service	Metrics in place; patient reported outcome measures and patient feedback plus clinical outcome measures. This will allow audit of effectiveness and identify efficiencies that could provide long term financial resources and consideration of a 7 day a week service	G
			The implementation of the Torbay Early Supported Discharge service.	Due to recruitment delays the original start date was deferred to 01.11.11 40 referrals received between 01.11.11 and 03.02.12.	G
			Enable systems to support staff so that referrals and discharge summaries can be provided from the acute ward to the community teams electronically to reduce any treatment delays.	Process being trialled using existing paper based system with the aim of reducing duplication and improving the quality of information a new electronic system will be developed as part of the single community care record project scheduled for release in 2012.	G
			Rationalise supervision arrangements for staff so they are employed and managed within local teams (zones or clusters).	Management arrangements agreed and supervision now in place within local teams providing an integrated approach to multidisciplinary working.	G
			To expand the specialist stroke and Early Supported Discharge service to other parts of the Trust	6 month pilot commenced 01.12.11 in South Hams and Tavistock	G

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11.	<i>Helping people towards a healthier lifestyle</i>	Lifestyles team	Delivering the 4 week quit target (vital signs) for year. This will be supporting at least 1031 individuals to stop smoking sustained for at least 4 weeks.	Final submitted figures for quarter 3 (not including refreshed data) 612 (target of 690) 11.3% down against target. Actual figures including refreshed /and late returns for quarters 1 & 2 (32 quitters) is 645 (down 6.6% against target). Latest update on 31.3.2012 for all quitters is 835. The service has been, and continues to remain busy this will continue to be a priority for the Trust in 2012/13.	A
			To continue to reduce numbers of women smoking during pregnancy.	Current performance year to date 18.8%, this is an improving position compared to previous years. With only March 2012 data to be received this is an excellent result. This Improving performance has been supported by the new developments of a voucher scheme for women and successful implementation of the "Rotherham model" in December.	G
			To routinely monitor all pregnant women for elevated Carbon Monoxide levels at their 12 week scan.	Since August 2011 routine CO monitoring has been in place for all pregnant women as part of their routine 11 week scan appointment. This allows all women with a "smokers reading" of CO to be referred in to stop smoking service.	G
			Develop a referral pathway and stop smoking service in hospital	On-going work, with progress being made with more staff referring patients that smoke. Including automated text messaging system for all newly admitted patients that will inform of Hospital Smoke Free status and availability of Nicotine Replacement Therapy.	G
			To provide support for obesity management programmes.	The lifestyles service continues to provide services to the community group programme. With a plan to change the contractor to South Devon Healthcare Foundation Trust in 2012.	G
			To continue the integrated delivery of the public health services from a high street shop	Stop smoking and young peoples' health 'drop in' integrated into the service which is also used for open access drop in (drug/alcohol), and been used by the Chronic Obstructive Pulmonary Disease Nurse and Dental Service in local campaigns the lease for this shop has been extended for a further year.	G
			To broaden volunteering opportunities to support the work of the lifestyle services	We now have 5 health trainer champions (volunteers) working for the team. In addition a further 17 volunteers support Bay walks and cooking in the community projects.	G
			To develop obesity services for children / young people (& families)	A service specification has been written for children and young people with support from the lifestyles team. Not yet commissioned. This is planned for 2012/13.	A

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12.	<i>Supporting recovery from drug and alcohol dependence</i>	Torbay Primary Care Substance Misuse Services	We will continue with the roll out of the training programme to front line staff	This programme continues to be delivered; it is being monitored via the Prevention of Harm Torbay Children's Safeguarding Board Sub-group. During the course of the calendar year 2011, a total of 157 individuals have been trained in screening and brief advice for drug and alcohol misuse.	G
			We will implement an alcohol service redesign plan with other local service providers	The alcohol treatment service is currently provided by staff in Torbay and Southern Devon Health and Care Trust and Devon Partnership Trust (DPT); to improve quality and efficiency it is planned to second DPT staff into the "Torbay team". This will provide a fully integrated service for Torbay. This will occur in April 2012. In preparation, work is being undertaken to redesign the service to ensure that it meets the needs of the client group and provides the most effective treatment.	A
			We will develop recovery services led by service users themselves to support recovery	Self-Management and Recovery Training (SMART) programme and Torbay Open Recovery Community (TORC) groups are both now fully established in Torbay. Together with the Primary Care Service staff, ex-service users from TORC ran 'Recovery Month' in March 2012, where promotional activities took place at a number of venues throughout Torbay. Events were received well and there were many opportunities to promote all services in relation to recovery.	G
			Support the implementation of screening and brief advice programmes within Acute Hospital.	A referral pathway has now been completed and agreed by South Devon Healthcare Foundation Trust. On-going work with the A&E department is continuing to build upon this, both for adults and young people with staff training and additional awareness raising on-going.	G
			Developing a new group work programme to support the recovery agenda focusing on 'Recovery Capital'.	This has been fully embedded in service provision for the past 9 months. This model helps an individual look at all of the resources available to them in assisting with their recovery from addiction (i.e. medical interventions, psycho-social interventions family, friends, employment, activity, life skills, volunteering, education) and increasing individual responsibility for developing personal recovery plans.	G
			Implement intervention programme for non-prescribed drug users.	The new development has been fully implemented; delivering a highly effective 63% successful completion, drug-free percentage.	G
			Maintaining progress achieved in relation to Blood Borne Virus testing and immunisation.	<ul style="list-style-type: none"> • Hepatitis C test received = 89 % (Regional = 66%, national = 62%) • Hepatitis B test received = 79% (Regional = 40%, national = 36%) The Hepatitis B vaccination received figure is still outperforming the regional and national figures, but below the 90% target set by the NTA, although this target is currently being challenged.	G

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13.	<i>Enabling independence re-ablement pilot</i>	Assistant Director of Performance	To work with care home and domiciliary care providers to: Change the ethos of contracted care provision to secure a re-ablement focussed service: To better meet the needs of patients , Provide care in an appropriate setting and secure closer working arrangements between the different carers	Re-ablement training has been provided to care homes and domiciliary care staff with very positive feedback. The Trust and Somerset Care staff also attended a National Skills for Health conference outlining the pilot and its remit. The Trust remains committed to establishing stronger partnership working arrangements and in order to increase the number of clients participating as a result of the pilot a further 3 joint initiatives have been agreed. They aim to secure more seamless services and handovers between Care Trust and domiciliary care agency staff.	G
14.	<i>Quality Payments for Care Homes</i>	Asst Dir Performance	We will be working with the Care Homes forum to review the scheme. We will investigate different options for the use of CQUIN payments.	A 2011/12 CQUIN has been constructed focussed on Falls prevention <ul style="list-style-type: none"> • To increase Falls Awareness in care homes and reduce the number of falls • This will enhance well-being for residents and reduce expenditure on non-elective care. • Dedicated falls champions in the homes and engagement of all staff will improve the quality of care for all in the home. The indicator is a three year reduction in the number of Fractured Neck of Femur (NOF) procedures. The results of this CQUIN was not available at the time of this account	G
15.	<i>Productive Community Services</i>	Head of Nursing	Further work continues to improve efficiencies in how we manage the supply of some specialist equipment to nursing teams.	The community services have undertaken 2 modules in the productive programme with a focus on Clinical stores, equipment, communication and patient experience.	G

Recommendations and Actions from CQC review of Dartmouth Community Hospital

Torbay Care Trust intends to take the following action to address the points made in the CQC's assessment and lists below a brief summary of the progress so far as well as what is planned:

Desired Outcome, Governance / Evidence Required	Issue / Recommendation	Action There may be a number of actions for each Issue / Recommendation	Desired Outcomes	Target date due to be completed	Update / Evidence Available on Completion
Outcome: 2 Before people are given any examination, care, treatment or support, they should be asked if they agree to it.	People are not constantly involved in decisions about how they choose to be cared for especially in the event of life threatening situations	To communicate the need for a Treatment Escalation plan (TEP) that supports patient's wishes and that this is clearly documented and agreed by the patient. Agreement and discussion with treatment escalation plans between GP's and ward team to provide consistent approach Audit undertaken and reported monthly	All patients will have a TEP completed to indicate patient wishes.	March 2012 Complete	Revised TEP implemented across all services GPs are completing TEPs Monthly audit of compliance show positive results
Outcome: 4 People should get safe and appropriate care that meets their needs and supports their rights.	Inconsistent and non-individualised care plans and risk assessments.	A full review to be undertaken to review the current records used in the Nursing across the Trust – currently a lead has been employed Training programme to be implemented on Care Planning. Use of clinical supervision to reflect on how the plans of care are progressing. Interim plan of working with individual staff to start change process	Staff aware of need to personalise care plans. Monthly audit of standards of records Consistent planned care that is individualised to patient need is evident.	June 2012 Established Complete	New documentation in place. Stage 1 Individualised Care Plan held at patients bedsides. Stage 2 To reduce the risk of error all medical and nursing records being stored in one place.
Outcome: 7 People should be protected from abuse and staff should respect their human rights.	Safeguarding process not always used to ensure that appropriate investigations of issues take place.	Ensure that all staff are aware of the incident policy and flowchart for referrals to safeguarding and the importance of linking this to any reported incidents. Training session at Dartmouth as part of the implementation plan for this policy to be set up in January for staff. Review the need for a standard operating procedure to record staff training. Work on-going corporately to set up a link between incident reporting and the safeguarding lead Key pad in use without a standard operating procedure	All staff are aware of the correct process to alert via safeguarding Links for the organisation are robust between incident reporting and safeguarding Write a standard operating procedure.	March 2012 complete Feb 2012 complete Feb 2012 complete March 2012 complete	New Incident policy now in place communicated with staff Not required – to use ESR SOP written now being shared across other areas
Outcome: 14 Staff should be properly trained and supervised and have the chance to develop and improve their skills.	Suitable arrangements are not in place to provide staff with appropriate supervision in order for them to deliver care and treatment to service user's to an appropriate standard.	<ul style="list-style-type: none"> • Ensure monthly supervision for all staff. • Review of one to one and clinical supervision records. • Ensure all staff aware of supervision policy and expectations • Training lead to carry out two local training sessions on clinical supervision. 	All staff will receive clinical supervision.	April 2012 complete	Training for supervision completed Jan 2012 Group Supervision commenced Jan 2012.

PATIENT SAFETY	
Title	Key Actions
Record Keeping (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 is completed across all clinical teams with individual action plans in place; reported to the Record Management Committee and Audit & Effectiveness Committee
VTE prevention These audits measure compliance with NICE standards <ul style="list-style-type: none"> % receiving risk assessment (by GP) within 24 hours of admission % reassessed within 24 hours of admission for risk of VTE and bleeding 	Undertaken monthly within community hospitals, improvements have been made with over 96.8% of patients in our community hospitals assessed with 24 hours of admission and 91.4% reassessed within 24hrs of initial assessment
Prevention of pressure ulcers – <ul style="list-style-type: none"> assessment on admission/Care planning/Grade 2+ ulcers traced or photographed % receiving risk assessment (by nurse) within 12 hours of admission 	2011/12 has focused on improvement work in the avoidance of pressure ulcers in hospital wards data shows improvement of compliance with 99.6% and 99% respectively.
Prevention of malnutrition – <ul style="list-style-type: none"> % receiving risk assessment (by nurse) within 24 hours of admission, % of those at risk receiving care plans ,MUST nutritional assessment care plan for high risk patients and weekly review 	Work continues to ensure that this assessment is completed within 24 hours of admission (100%). This is a monthly audit Monthly audit data demonstrates standards are being met or on target to be met
Prevention of Falls - 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 being met or on target to be met. December results highlight that 98% of patients in our community hospitals receiving assessment within 24 hours of admission
Medicines Reconciliation - 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 standards are on target. December results highlight that 82.5% of patients in our community hospitals assessed with 24 hours of admission
Controlled Drug Audit to monitor safe storage of Drugs	Controlled Drug audit undertaken in all community hospitals with recommendations for each ward based on findings and action plans implemented if improvements required.
Missed drug dosage; compliance with best practice standards in administration of medicines	Audits in place - see part 3 of full report for more detail
Antimicrobial Prescribing to audit the effective prescribing of antibiotics	Audit undertaken in February 2012 results not available for this report
Safeguarding Children adherence to policies and procedures	In progress
Infection Control - Sharps/IPS/MRSA/Mattresses & equipment	Audits undertaken by the infection control team and reported to the Infection Control Committee
PATIENT EXPERIENCE	
Title	Key Actions
Patient Experience - patient survey results	Positive results recorded details in part 3 of full report
Privacy & Dignity in Community Hospitals Eliminating same sex accommodation	No breaches of ESMA standards Positive feedback from patients with very few exceptions
Personalised Care plans, care records are audited to identify engagement with patient family and carers in their development	Action plans are in place and care plans being reviewed to ensure that they reflect a personalised approach to recording care planning. Monthly audits undertaken.
PEAT - Privacy & Dignity, Environment & Food	All Hospitals have scored good or excellent in this audit
Community Nursing Patient Satisfaction Survey	Positive results received in pilot area for Torbay and plan to repeat audit across whole service in 2012
CLINICAL EFFECTIVENESS	
Title	Key Actions
Diabetic Foot problems - in-patient management CG119 assessing the effectiveness of care in compliance with NICE standards	Audit completed Dec 2012
Community MDT Stroke Audit	Part of the Nation Audit Programme, awaiting results
Dementia Standards	Baseline audit undertaken by all community hospitals with action plan in place, Dementia champions in each hospital and training for staff in progress
Community Nursing - Staff engagement questionnaire	As part of the productive community services and on-line audit was undertaken with action plans in place for teams
Parkinson's Disease – to audit service against local and nations standards	Audit undertaken in Feb 2012 no results available to date – this is an annual local audit