

**NHS South of Tyne & Wear Community
Health Services**

Quality Accounts
2010-2011

June 2011



Working together to make South of Tyne and Wear healthy for you



Table of Contents

Executive Summary

Part 1

Statement on Quality from Managing Directors

Part 2

Priorities for Improvement

Pressure Ulcers

Prevention and Control of Infection

Waiting Times

Communication

Patient Reported Experience Measures and Patient
Reported Outcome Measures

Statements of Assurance relating to services

Review of Services

Participation in Clinical Audits

Participation in Clinical Research

CQUIN Framework

Registration with the Care Quality Commission

Data Quality

Part 3

Review of Quality Performance

Statements from external stakeholders

How to provide feedback



Executive Summary

Introduction

NHS South of Tyne and Wear Community Health Services provide community health services to residents of Gateshead, South Tyneside and Sunderland. We are pleased to produce our first set of Quality Accounts about the quality of services we have provided over 2010 to 2011. The Accounts also identifies our improvement priorities for 2011 to 2012.

As we have followed the Department of Health guidelines for producing Quality Accounts the full document is very detailed, therefore we have produced this executive summary to make the content as accessible as possible.

This last year has been a particularly busy year for our organisation not least because of the Transforming Community Services (TCS) process that we have been going through. In early 2010 the Department of Health asked Primary Care Trusts (PCTs) to urgently look at options for the future management of Community Health Services such as ours. The aim was to separate commissioning and provider functions and allow primary care organisations to concentrate on commissioning. Following a local process which involved a detailed assessment, our three local PCTs (known collectively as NHS South of Tyne and Wear) selected South Tyneside NHS Foundation Trust (STFT) as its preferred management partner, to be the future provider of community health services in our three localities. We are set to join with STFT on 1st July 2011. We will be working as part of STFT to deliver our stated objectives.

Priorities for Improvement

We have identified the following five priorities for improvement to focus on in the coming year:

- Pressure ulcers
- Prevention and control of infection
- Waiting times
- Communication
- Patient reported experience measures and patient reported outcome measures

These are the five areas that feel we feel require priority investment and attention throughout 2011 – 2012. However we continue to monitor all our services in order to assure that we continue to provide the best service we can to all our patients and their carers.



Review of Services

Our commissioners undertook a comprehensive review of the District Nursing Service across Gateshead, South Tyneside and Sunderland to ensure that the service delivered is high quality and represents value for money. Since the review PCT and GP commissioners have worked together to develop a new service specification for district nursing and we are currently working with them on its implementation during 2011 – 2012 to further improve the service delivered to patients.

NHS South of Tyne and Wear Community Health Services uses the Virginia Mason Production System (VMPS) which looks at ways to improve the quality and safety of healthcare services that are provided. We have embedded the principles of the VMPS into our organisational culture as our key mechanism to improve care and services for people who live in South of Tyne and Wear. Techniques such as Rapid Process Improvement Workshops (RPIWs) are used to examine areas for development and explore solutions

Throughout 2010 – 2011, 14 RPIWs were carried out in a variety of clinical services including:

- St Benedicts' Hospice
- Speech and Language Therapy
- Community Matrons
- Community Dental Services
- Health Visiting
- Podiatry

These RPIWs assessed the service in its current state and identified areas for improvements which staff then implemented in the time after the workshop had finished. The result has been numerous improvements to the quality of care the services deliver.

During 2010 – 2011 Community Health Services participated in 10 National Clinical Audits. We were not eligible to participate in any of the National Confidential Enquiries for that year.

Community Health Services has a comprehensive bi-annual Clinical Audit Programme. During 2010 – 2011 we undertook 259 local Clinical Audit projects of which 134 were 'Integrated Audit'.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement.



Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Community Health Services were involved in conducting four clinical research studies during 2010 – 2011. These cover, Occupational Therapy, Tissue Viability, Speech and Language Therapy and the Family Nurse Partnership team.

There were nine members of clinical staff participating in research approved by a research ethics committee at Community Health Services during 2010 – 2011. The staff members participating in research cover four services.

Community Health Services are required to register with the Care Quality Commission and its current registration status is in full, with no conditions.

The Care Quality Commission has not taken enforcement action against Community Health Services in 2010/11, and we have not participated in any special reviews or investigations by the CQC during 2010 - 2011.

Review of Quality Performance

Community Health Services collect patient experience in a systematic way ensuring that we cover users of all services throughout the year. Additional work is carried out to supplement other projects when patient experience and views are needed – e.g. proposed changes to services.

The complaints process for Community Health Services has been managed in collaboration with NHS South of Tyne and Wear. We take complaints very seriously and aim to learn from all complaints. We use the information received to improve patient services and care delivery across all three localities.

Across South of Tyne and Wear 100 formal complaints were received in 2009 – 2010 and processed by the complaints team, and a further 217 informal complaints, queries and concerns were received of which the majority were dealt with at the first point of contact by the service provider or by the Patient Advice and Liaison Service (PALS). Four complaints were referred on to the Parliamentary and Health Service Ombudsman for independent review who decided no further investigation was necessary in each case.

Conclusion

The Quality Accounts has been sent to our commissioners, our local Overview and Scrutiny Committees and local LINKs. The feedback received is included within the full Quality Accounts report.



We also welcome your views and feedback which will allow us to improve the Quality Accounts in future and to include initiatives that you feel strongly about. Further details of how to access further copies of the Quality Accounts is available within the full document.



Part 1

Statement on Quality from Managing Directors

We are pleased to introduce Community Health Services Quality Accounts for 2010 – 2011. This is the first year Community Health Services has produced a Quality Account, which reflects on our performance over 2010 to 2011 and also identifies our improvement priorities for the coming year (2011 – 2012). Areas of key information have been identified throughout this document by being placed in a blue box.

We, in Community Health Services are committed to providing the highest quality of care and work at all times to achieve our vision of:

- Better Health
 - Longer life
 - Better quality of life
 - Fair access to services
- Excellent Patient Experience
 - Safe care
 - Effective Treatment
 - Quality services
- Using your money wisely
 - Right services in the right place at the right time
 - Reducing waste
 - Value for money

We endeavour to measure quality and effectiveness within all our services allowing us to identify areas where improvement is necessary and act appropriately to ensure it happens.

Community Health Services are currently going through the process of Transforming Community Services which will see us join with South Tyneside NHS Foundation Trust on 1st July 2011. For this reason our priorities for the coming year are also identified in South Tyneside NHS Foundation Trust Quality Accounts. We will be working as part of the Foundation Trust to deliver our stated objectives.

To the best of our knowledge all of the information in this Quality Account is accurate.



Part 2

Priorities for Improvement

We have identified the following five priorities to focus on in the coming year. Given the current process around Transforming Community Services, and the joining of Community Health Services with South Tyneside NHS Foundation Trust, we will be working to deliver these as part of South Tyneside NHS Foundation Trust, for this reason these priorities also appear in South Tyneside NHS Foundation Trust Quality Accounts.

Our identified priorities for improvement are:

- Pressure Ulcers
- Prevention and Control of Infection
- Waiting times
- Communication
- Patient Reported Experience Measures and Patient Reported Outcome Measures

Pressure Ulcers

Throughout 2011 – 2012 we will monitor the number of patients who develop preventable pressure ulcers while in our care and also the number of patients from all sources who have avoidable deterioration of pressure ulcers while in our care. In addition all our clinical services will be continuing to work to improve the healing time of pressure ulcers for those patients suffering from pressure ulcers.

We have struggled to measure this accurately in the past because we have not had an electronic system to capture the information. However during 2010 – 2011 we investigated numerous possibilities for capturing this information and have now established a way of reporting for all clinical teams through the DATIX system of incident reporting.

Using this electronic system we will be able to better monitor the incidents of pressure ulcers occurring among our patients. We expect we will initially report an increasing number of pressure ulcers as our measurement begins to more accurately reflect what is happening in the community. We will very closely monitor the numbers reported and the work carried out by the services to ensure that the reason for any increase is due to improved data capture only. Once an accurate data flow has been established we will use this information to identify the possibilities for improvement and will set a new improvement target for 2012 – 2013, which will be included in next years Quality Accounts.



Throughout 2011 - 2012 our Tissue Viability Service will continue working closely with all our other services to ensure that all our patients suffering from pressure ulcers receive the best possible care and the best possible outcomes.

Prevention and Control of Infection

We will work throughout 2011 – 2012 to reduce the amount of health care associated infections (HCAI). HCAs are infections that are acquired within a healthcare setting, including hospitals, care homes, GP practices and dental practices. The most commonly discussed HCAs are *MRSA* and *Clostridium Difficile* (*C.Diff*).

We work in partnership with our colleagues in Sunderland, South Tyneside and Gateshead who provide care to our patients to aid the reduction of rates of HCAI. We have joint HCAI plans with each of the three Foundation Trusts that operate within South of Tyne and Wear (South Tyneside NHS Foundation Trust, Gateshead NHS Foundation Trust and Sunderland NHS Foundation Trust) as well as working in partnership with GPs, Care Homes and Medicines Management.

Community Health Services has not been set individual targets around HCAI. However we contribute to the Primary Care Trusts overall targets and so must ensure that we play our part in this target being reached. The overall targets set for each PCT for MRSA and Clostridium Difficile in both 2010 - 2011 and 2011 – 2012 are shown in the table below and show that we have to make an improvement every year.

The targets shown in the table below are the maximum number of patients who should suffer from each HCAI in each locality within each year. We aim to contribute to a result that is below each of these targets and so demonstrate an improvement.

MRSA and CDI Targets

Area	Target Year End 2010 - 2011	Target Year End 2011 - 2012
Gateshead PCT, MRSA	7	6
Gateshead PCT, <i>C. Difficile</i>	145	93
Sunderland PCT, MRSA	13	9
Sunderland PCT, <i>C. Difficile</i>	134	79
South Tyneside PCT, MRSA	6	5
South Tyneside PCT, <i>C. Difficile</i>	53	34



Community Health Services Infection Prevention and Control Team work with all services we deliver to ensure that we actively contribute to the reduction of HCAI within the community. We will continue to report our progress to our Commissioners and our Board.

Waiting Times

Patients in our Dental and Podiatry service wait longer than we would like for treatment as our own data and patient feedback testifies. We have been actively monitoring waiting times and we have made efforts to reduce them, for example through the use of additional theatre lists in Dental services. However we are acutely aware that we need to improve further to meet our target of patients being seen initially within 18 weeks, and having follow-up care delivered in a timely way.

Our Dental waiting lists are particularly challenging around General Anaesthetic procedures with a maximum wait in Sunderland of up to 46 weeks and 80 weeks in South Tyneside for some procedures. We are beginning a review of our waiting lists to ensure that all data is accurate and up to date. We are working with our commissioning colleagues to secure additional resources to allow us to undertake extra theatre sessions to reduce the waiting list to our target of 18 weeks. We aim to deliver a reduction in waiting lists throughout 2011 – 2012 if additional funding can be made available.

Podiatry patients often have to wait longer than we would like for a review appointment following their initial assessment and treatment due to a lack of capacity. We have already submitted a business case to our commissioners to try and secure funding to address this issue. Once we have a decision from the commissioners we will work with them to examine new ways of working to ensure that patients are seen for follow-up care within the timescales advised by the practitioner.

Communication

We are committed to communicating effectively with our patients and their carers. In 2010 we introduced a communication sheet which is kept in the patients' records within the home for those patients receiving visits from the District Nurses. The record also contains a guidance sheet to advise carers or relatives of the purpose of the communication sheet and the best way to use it. Carers or relatives are able to write on the sheet when they wish to notify the District Nurse of important issues that have arisen since their last visit if they have not been present at the time of the visit. District Nurses also



use this communication sheet to let carers and relatives know of any significant changes in the patient's condition or care plan.

As part of improving joint working within our services we are implementing a single joint record between District Nurses, Community Matrons and Intermediate Care Teams at the end of June 2011. This means that all patients within the three staff groups case load would have a communication sheet left in the home for carers and relatives to use. This will also help to improve communication between the various healthcare and social care professionals who often visit a patient.

As Community Health Services joins with South Tyneside NHS Foundation Trust we will keep patients and carers informed of the changes to assure them of continued quality of care.

Patient Reported Experience Measure and Patient Reported Outcome Measures

Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) are national initiatives that are mandated for hospitals around four operations. They are a way of gathering feedback from our patients about the experience they have had of using our services. Patient Reported Outcome Measures (PROMs) is a way of gathering feedback from our patients about their perceived impact of the health intervention they have received. There are no specific areas of measurement using PREMs and PROMs for providers such as Community Health Services.

However, we have developed our own PREMs and PROMs questionnaires based on the national template to enable us to capture the experiences and the impact we have on our patients. This information is used to highlight the areas in which we are performing well as well as the areas where we need to improve our services. We will then use this information to make changes to services which will improve the experience and outcomes for our patients.

The services we have covered and will continue to focus on during 2011 – 2012 are:

- Podiatry
- Consent to minor out patient procedures
- Speech and Language Therapy
- Occupational Therapy



These are the five areas that we feel require priority investment and attention throughout 2011 – 2012. However, we continue to monitor all our services in order to assure that we continue to provide the best service we can to all our patients and their carers.



Statements of Assurance

Review of Services

During 2010 – 2011 Community Health Services provided and/or subcontracted 70 NHS services across the three localities of Gateshead, Sunderland and South Tyneside.

Community Health Services has formally reviewed all the data available to them on the quality of care in one of these NHS services.

The income generated by the NHS services reviewed in 2010 – 2011 represents 17% of the total income generated from the provision of NHS services by Community Health Services for 2010 – 2011.

The one formal service review that was carried out was undertaken by our commissioners and looked at the service in great detail to allow for the service to be improved and for the same service to be delivered across Gateshead, Sunderland and South Tyneside. In addition to this formal review we use a system of continuous improvement called the Virginia Mason Production Systems which will be discussed in more detail overleaf.

District Nursing

Our commissioners have undertaken a comprehensive review of the District Nursing Service across South of Tyne and Wear to ensure that the service delivered is high quality and represents value for money. The service underwent a consultation period which involved Practice Based Commissioning Groups, Overview and Scrutiny Committees (OSC), Local Involvement Networks (LINKs), Carers Groups and Local Engagement Boards from Gateshead, Sunderland and South Tyneside. Current service users were also sent questionnaires asking about their experiences. The aim of the review was to help the PCTs clearly define the functions of the District Nursing Service across the three areas so that services are consistent and equitable.

Since the review, PCT and GP commissioners have worked together to develop a new service specification for District Nursing and Community Health Services are currently working with them on its implementation during 2011 - 2012 to further improve the service delivered to patients.



Virginia Mason Production Systems

Community Health Services is part of the North East Transformation System (NETS) which links six NHS organisations in the North East with the Virginia Mason Medical Centre in Seattle, USA. The Virginia Mason Medical Centre has developed the Virginia Mason Production System which they use to dramatically improve the quality and safety of healthcare services they provide. We have embedded the principles of the Virginia Mason Production Systems into the organisational culture as the main way we improve care and services for people who live in Gateshead, Sunderland and South Tyneside. Techniques such as Continuous Improvement and Rapid Process Improvement Workshops are tools used frequently to examine areas for development closely and explore solutions. Visibility sessions are regularly used to share best practice and improvement ideas amongst services.

Throughout 2010 – 2011, 14 Rapid Process Improvement Workshops were carried out in a variety of clinical services including:

- St Benedicts' Hospice
- Speech and Language Therapy
- Community Matrons
- Community Dental Services
- Health Visiting
- Podiatry

These Rapid Process Improvement Workshops assessed the service intensely by bringing together staff delivering the service, managers and patients and carers who then identified areas for improvements. Staff members implement the changes according to an action plan reporting on progress achieved back to the workshop members at regular agreed intervals. The result has been numerous improvements to the quality of care the services deliver, these include:

- The introduction of protected meal times for patients at the hospice
- The introduction of a standardised triage process across Speech and Language Therapy to ensure that patients see the appropriate therapist on their first visit
- The development of a patient carer engagement leaflet
- The reduction in the time taken for new patients to be seen by a Community Matron from 24 days to 8 days
- The development of a 'short notice waiting list' for Community Dental Services to allow patients to be offered appointments at short notice following a cancellation
- The reduction in waiting time for an initial assessment with the Community Dental Service from 88 days to 28 days



- The reduction in time taken from referral to the patient been seen for an assessment with the podiatry service from 422 days to 35 days

Participation in Clinical Audits

During 2010 – 2011 Community Health Services participated in 10 National Clinical Audits and 0 National Confidential Enquiries.

During that period Community Health Services participated in 91% of the National Clinical Audits which it was eligible to participate in which are detailed in table below.

Community Health Services Participation in relevant National Clinical Audits

Title	Locality	Eligible for participation	Participated	No. of Participants	Expected Report Date
Organisation of Services for Falls and Bone of Older People Audit	Sunderland	Yes	Yes	Site only Audit	May 2011
Organisation of Services for Falls and Bone of Older People Audit	Gateshead	Yes	Yes	Site only Audit	May 2011
Organisation of Services for Falls and Bone of Older People Audit	South Tyneside	Yes	Yes	Site only Audit	May 2011
National Audit of Psychological Therapies for Anxiety and Depression	Gateshead	Yes	Yes	Approx 80	October 2011



South of Tyne and Wear
Community Health Services

National Audit of Psychological Therapies for Anxiety and Depression	South Tyneside	Yes	No		
National Audit of Continence Care (Royal College of Physicians)	Sunderland	Yes	Yes	Continence Care: 24 65+, 26 <65 (=50) Bowel Care: 15 65+, 14 <65 (=29)	September 2010
National Audit of Continence Care (Royal College of Physicians)	South Tyneside	Yes	Yes	Continence Care: 34 65+, 27 <65 (= 61) Bowel Care: 14 65+, 9 <65 (= 23)	September 2010
National Audit of Continence Care (Royal College of Physicians)	Gateshead	Yes	Yes	Continence Care: 27 65+, 26 <65 (= 53) Bowel Care: 14 65+, 14 <65 (= 28)	September 2010
Occupational Health Depression Screening/ Management of Staff on Long Term Sick	NHS SoTW (Gateshead)	Yes	Yes	40	December 2010



**South of Tyne and Wear
Community Health Services**

National Audit against the British Association for Sexual Health and Human Immuno-deficiency Virus standards for sexually transmitted infections	South Tyneside	Yes	Yes	40	December 2011
National Audit against the British Association for Sexual Health and Human Immuno-deficiency Virus standards for sexually transmitted infections	Gateshead	Yes	Yes	40	December 2011

The reports of the ten completed national clinical audits will be reviewed by the relevant Clinical leads and discussed at the appropriate committees/steering groups. Action plans will be developed in order to influence service improvements and will be regularly monitored to improve the quality of healthcare provided.

Community Health Services was not eligible to participate in any of the National Confidential Enquiries for 2010 – 2011.

Participation in Local Clinical Audit

Community Health Services has a comprehensive twice yearly Clinical Audit Programme which during 2010 – 2011 was made up of 259 local Clinical Audit projects. 134 of these projects were 'Integrated Audit's'.

Integrated Audit is a mechanism for reviewing and improving the quality of clinical care delivered in Community Health Services. Effectively, it is a

compilation of audits (18 different chapters for 2011), encompassing established 'Essence of Care' standards and high impact action interventions as well as all of the mandatory audit activity required within Community Health Services.

The process for Integrated Audit follows a staged approach to ensure that it is rolled out across every team in each locality within Community Health Services. The activity is necessary for monitoring the quality of clinical practice in line with government guidelines and standards and allows for internal benchmarking. This enables us to highlight and share good practice, or where indicated, change and improve practice.

Every Community Health Service team is provided with 'in-house training' and undertake the data collection independently, returning their files to the Audit Team for inputting and analysis. Each team then receives an individual colour-coded report containing their detailed audit results. They develop an action plan in conjunction with their Modern Matron or Head of Service, with link Clinical Audit Nurses facilitating this process, as required. Results are disseminated across the organisation to promote sharing of good practice and discussed at specified Board and Committee meetings.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub contracted by Community Health Services in 2010 – 2011 that were recruited during that period to participate in research approved by a research ethics committee was 45.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and their active participation in research leads to successful patient outcomes.

We were involved in four clinical research studies during 2010 – 2011. These were, Occupational Therapy, Tissue Viability, Speech and Language Therapy and the Family Nurse Partnership team.

Nine members of clinical staff from Community Health Services participated in research approved by a research ethics committee during 2010 – 2011. The staff members participating in research covered four services.



Name of study in CHS actively recruiting	CHS Team Involved	Number of Patients Involved	Number of Staff Involved
Building Blocks	Family Nurse Partnership Nurses	24	Unknown
TOMAS	Occupational Therapy	17	2
Venus IV	Tissue Viability	2	6
Communication development of children with motor disorders	Speech and Language Therapy	2	1
		Total = 45	
Studies supported by CHS staff			
REEACT*	Mental Health (Gateshead Team only)	13	4
*accrual for REEACT is tracked to individual GP practices			



CQUIN Framework

The Commissioning for Quality and Innovation (CQUIN) Framework is a nationally mandated tool for improving quality within providers of healthcare; it allows commissioners to reward excellence by linking a proportion of a healthcare provider's income to delivery of improvement goals.

A proportion of Community Health Services income in 2010 – 2011 was conditional on achieving quality improvement and innovation goals agreed between Community Health Services 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 (CQUIN) payment framework.

The value of achieving the targets of the CQUIN scheme is equivalent to 1.5% of our contract value and the key areas that will be covered by CQUIN in 2011 – 2012 are:

- Long term conditions
- Pressure Ulcers
- Reducing hospital admissions
- Patient satisfaction
- End of Life Care

Further details of the agreed goals for 2010 – 2011 and for the following 12 month period are available at written request from the Business Development Team who are located at Clarendon, Windmill Way, Hebburn, NE31 1AT

Registration with the Care Quality Commission (CQC)

Community Health Services is required to register with the Care Quality Commission and its current registration status is in full, with no conditions.

The Care Quality Commission has not taken enforcement action against Community Health Services in 2010/11, and Community Health Services have not participated in any special reviews or investigations by the CQC during 2010 - 2011.



Data Quality

Community Health Services will be taking the following actions to improve data quality:

Many of the requirements in the contracting framework such as Quality Schedules and CQUIN rely heavily on good data quality to prove that the care that is being provided to patients is both safe and cost effective. We also need an increasing level of clarity of data to be able to answer questions about how we can best deliver our services to patients within the financial boundaries of the contracts we have with commissioners. If the data quality is poor, whether inaccurate or missing, then any decisions made based upon it are undermined. We are striving to improve data quality in our services in a number of ways:

- From 2011/12 onwards a new section on data quality will be included in the Integrated Audit for all clinical staff. This section will help to raise the awareness of data quality in the clinical teams and also begin to identify particular aspects of data quality that need to be addressed in specific teams.
- At present there are only a limited number of our services where we can compare ourselves against other providers of community services elsewhere in the country. By taking part in the new national data set for community services we will be part of a valuable national initiative which will enable benchmarking. We will be able to see inconsistencies and poor data which will allow us to make improvements. We are making preparations to allow collection of the proposed data set so that we can start to submit the new flows to the Secondary Uses Service within the national timescale.
- During 2010/11 we have substantially increased the use of the National Batch Tracing Service to improve the coding of NHS number and registration details for the patients that use our services.
- We understand the importance of training staff on how to record information in a consistent, timely way and we have recruited a new member of staff to the role of Clinical Systems Trainer to lead this work.



South of Tyne and Wear Community Health Services

- A group led by clinicians with Information Communications and Technology (ICT) staff members has been formed to ensure that we support good quality electronic patient record keeping. We must meet all the professional regulatory requirements in line with our record keeping policy, Community Health Services data quality policy and all national information governance policies and security standards. This group reviews and risk assesses clinical content of ICT systems templates and also reviews new national standards and local data quality issues.
- We are planning to implement a new Electronic Patient Record and there has been training developed for all clinical and admin staff, this will include data quality and reporting training to enhance staff members understanding and ensure that the information entered will be accurate and safe.

Community Health Services submitted records during 2010 -2011 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

98 percent for admitted patient care
97 percent for out patient care
96 percent for accident and emergency care

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

100 percent for admitted patient care
100 percent for out patient care
100 percent for accident and emergency care

As South of Tyne and Wear Information Governance Assessment Report is based upon performance of both Community Health Services and the three Primary Care Trusts which make up NHS South of Tyne and Wear, we are unable to provide an individual score for Community Health Services. The overall score for 2010 – 2011 was 60% and was graded unsatisfactory for each of the three Primary Care Trusts.

Community Health Services was not subject to the Payment by Results clinical coding audit during 2010 – 2011 by the Audit Commission.



Part 3

Review of Quality Performance

Community Health Services is committed to providing a high quality service to our patients, and work within a culture of continuous improvement. We work with our commissioners through our CQUIN scheme to improve the quality of services we deliver and value and act upon patients experience and feedback to help us further improve services.

CQUIN

Throughout 2010 – 2011 1.5% of Community Health Services income was linked to performance against our CQUIN Schedule. The indicators were grouped into the following key categories:

- Palliative Care
- Pressure Ulcers
- Falls
- Urgent Care
- Long Term Conditions
- Health Improvement
- Patient Satisfaction
- Stroke

Community Health Services has achieved on its CQUIN targets and some of the improvements made include:

- All appropriate patients within palliative care are on an advanced care plan
- A data system has been implemented and staff training undertaken so we capture the incidents of pressure ulcers within our services accurately
- Patients with long term conditions have a personal care plan in place
- Education of other healthcare professionals on the role of the Community Matron
- Established a data flow around the capture of smoking status in services where possible
- Updated the patient surveys to include three set questions across all services to allow for comparison



Patient Experience

We measure patient and carer experiences in a systematic way ensuring that we cover a sample of users of all services throughout the year. Additional work is carried out to supplement other projects when patient experience and views are needed, e.g. proposed changes to services.

A snapshot of patient and carer experience is also captured in the Integrated Audit process discussed earlier in this report.

Changes to services are regularly made as a result of the patient experiences collected. The table on pages 26-32 details some of the feedback we have received from patients between 1st September and 31st December 2010 and the action plans for change based on this feedback.

Complaints

Across South of Tyne and Wear 100 formal complaints were investigated in 2009 – 2010 with a further 217 informal complaints, queries and concerns received. Most of these informal issues were dealt with by the staff in the service or by the Patient Advice and Liaison Service (PALS). Four of the formal complaints were referred on to the Parliamentary and Health Service Ombudsman by the complainant for independent review who decided no further investigation was necessary in each case.

The complaints process for Community Health Services has been managed in collaboration with NHS South of Tyne and Wear. We take complaints very seriously and learn from all complaints by using the information to improve patient services and care delivery across Gateshead, Sunderland and South Tyneside.

A number of improvements were made in 2009 – 2010 following complaints, across South of Tyne and Wear, these include:

- Improvements made to Ophthalmic booking system
- Information leaflet devised for patients who attend Walk in Centres and Minor Injuries Units giving advice on when to seek further advice
- Training given to District Nursing staff to increase knowledge and awareness around Diabetes Care
- Development of a new wound care protocol for District Nurses and the wound care training programme has been extended
- Out of hours nursing services have improved their initial telephone contact procedures so patients are now prioritised more effectively



- Reception staff have been given feedback and made aware of the need to act professionally and courteously at all times.



Examples of Patient Experience Surveys and Action Plans September 1st – December 31st 2010

Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Intermediate Care	Galleries Day Unit 12 current and 14 discharged patients interviewed using open questions	<ul style="list-style-type: none"> • falls had been investigated competently; • referrals to specialists made relating to falls but also other medical conditions; • encouragement and support appreciated; • content of the programmes clearly shown and explained; • discharged patients continued with exercise regime; questions answered; • facilities good; • care from the ambulance transport staff appreciated; • patients felt programme had prevented further falls 	<ul style="list-style-type: none"> • some patients unsure of how they had been referred and provided little information about the service; • not all patients were clear on their "goals" set or understood their limitations; • uncertainty about how long patient able to attend the Unit; • didn't like being called "elderly" 	<ul style="list-style-type: none"> • some improvements already underway and feedback from patients confirmed the changes; • results and actions will be posted on Tier 4 visibility wall; • considering development of newsletter



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Intermediate Care	Nurse Specialist Nursing Homes 7 Care Home managers and 7 relatives interviewed using open questions	<ul style="list-style-type: none"> • Carers and staff interviewed - specialist skills an asset; • communications improved; • regular visits prevented minor issues from escalating; • enabled access to patient's medical history; • referrals and access to test results quicker; good rapport 	<ul style="list-style-type: none"> • advantages and disadvantages discussed about the implementation of ward rounds; • the role of the specialist nurse in training nursing home staff; • level of support required by nursing and residential homes; • carers unclear of the nurse specialist role 	<ul style="list-style-type: none"> • to add patient feedback to business case for commissioning of this service further; • feedback to participants via formal presentations in each of the participating care homes to staff, residents and relatives



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Intermediate Care	Intermediate Care Team Gateshead Occupational Therapy support	<ul style="list-style-type: none"> patients and carers were very grateful for the support that the team has given to reach important goals and for the provision of equipment; assessment process was thorough, timely, and involved patients and carers in making decisions; team referred and signposted to other services including to benefits advice; team were approachable and friendly, treated people with dignity and respect and listened to their needs 	<ul style="list-style-type: none"> patients and carers were previously unaware of the role of the team; main concerns that patients have were related to ongoing issues regarding other services they had been referred to following assessment by this team - it is often unclear to the patient who the responsibility lies with 	<ul style="list-style-type: none"> need to continue to ensure that the service user and/or carers are aware of the responsibility of other services



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Intermediate Care	Intermediate Care Team (24/7) in Sunderland	<ul style="list-style-type: none"> all of the patients who had accessed the 24/7 team for intravenous antibiotics found the service outstanding 	<ul style="list-style-type: none"> each individual appeared to have their own pathway into the service and even when the patients had been referred through the same route e.g. following hospital admission, there seemed to be a number of variations with regard to when they met the team, how they collected their medication and the continuation of the treatment 	<ul style="list-style-type: none"> positive feedback to the Team that they are doing a good job and to continue with their positive approach to patient care; to review the pathway for patients receiving IV antibiotics in line with Gateshead team to ensure standard work



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Intermediate Care	Brushstrokes 18 people interviewed using questionnaire about support group for people who have had a stroke	<ul style="list-style-type: none"> • everybody enjoyed the group and mixing with people in the same situation • carers appreciated the break • willing to pay a small fee for the group to continue • found it helpful that the nurse attended the group 	<ul style="list-style-type: none"> • group activities depend on what everyone wants to do and one person could not do a particular activity because no one else was interested 	<ul style="list-style-type: none"> • information will be used to identify resources to continue group
Planned Care	Ryton GP Practice 16 patients interviewed in the practice over two surgery sessions	<ul style="list-style-type: none"> • felt involved and informed about healthcare decisions; • HCA in attendance put people at ease, answered questions; • treated with privacy and dignity; • practice and its staff has a positive image with patients 	<ul style="list-style-type: none"> • follow up for patient test results; • possibility of introduction of well woman / man drop in sessions; • evening open hours supported; • open day supported to promote attending the GPs to younger people 	<ul style="list-style-type: none"> • information provided will be reported back to the patient forum and a copy of the report will be placed in the waiting room; • feedback will be added this to the practice website and a copy sent to the patients that attended the surgery on the day of the survey



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Specialist Palliative Care	Sunderland Palliative Care Service interviews with 27 <i>staff members</i> who work within or in partnership with the team	<ul style="list-style-type: none"> the evening and overnight service is greatly appreciated allowing for seamless 24 hour care for patients; two qualified staff seen as important due to challenging situations, complexity of medications involved and needs of carers as well as patients 	<ul style="list-style-type: none"> great discussion over potentially expanding the service to week ends and bank holidays and 24/7 as concern over role duplication during week days; 	Awaiting plan from service
Children and Families	Dental	<ul style="list-style-type: none"> pleased with service and outcome; overcame their fears and built up confidence 	<ul style="list-style-type: none"> lengthy wait, especially when patient a child with toothache 	<ul style="list-style-type: none"> additional General Anaesthetic sessions started RPIW work on reducing waits for assessment Work with Learning Disability team to implement care plans



Workstream	Team Name	Good practice reported	Areas for development	Action plan for change
Children and Families	Specialist Health Visitor for children with disabilities Postal questionnaire survey of health professionals – 80 responses – to assess access to the service	<ul style="list-style-type: none"> • Expertise appreciated and welcomed; • Improved service to families; • Good support at meetings; • Partnership working and coordination valued 	<ul style="list-style-type: none"> • Raise more awareness of role possibly through additional training; • Should have own caseload or detailed information on complex cases; • Additional clerical and ICT support 	<ul style="list-style-type: none"> • Kaizen event planned for 2011 • Review service in 12 months
Cross cutting	Telehealth in Sunderland and Gateshead	<ul style="list-style-type: none"> • improved patient confidence in checking readings; • carers confident in understanding relative's health • helps in conversations with clinicians about condition 	<ul style="list-style-type: none"> • reliability of devices and installation patchy initially – now much more reliable • creates anxiety in some patients 	Feedback is incorporated into business plan to develop the use of telehealth across SoTW



Statements from external stakeholders

This document has been sent to our Commissioners, Gateshead, Sunderland and South Tyneside council's Overview and Scrutiny Committees and Gateshead, Sunderland and South Tyneside LINKs for comment. The feedback received is included below.

Feedback from NHS South of Tyne and Wear

NHS South of Tyne and Wear Quality Account statement for NHS SoTW Community Health Services

NHS South of Tyne and Wear (serving Gateshead, South Tyneside and Sunderland PCTs) aims to commission safe and effective services that provide a positive experience for patients and carers. Commissioners of health services have a duty to ensure that the services commissioned are of good quality. NHS South of Tyne and Wear takes this responsibility very seriously and considers this to be an essential component of the commissioning function.

Throughout 2010/11 NHS South of Tyne and Wear had monthly quality and contract review meetings with Community Health Services. This quality review process is still developing and aims to monitor the quality of the services provided and to encourage continuous quality improvement. The purpose of these quality review meetings is to:

- monitor a broad range of quality indicators linked to patient safety, clinical effectiveness and patient experience*
- review and discuss relevant trust reports e.g. Incident and Complaints reports*
- review and discuss relevant external reports e.g. Care Quality Commission patient surveys*
- monitor action plans arising from the above*

There are a number of areas where Community Health Services has made significant quality improvements that have been particularly important for patient care and to commissioners, for instance

- development of systems and process and measurement linked to reducing harm from pressure ulcers,*
- use of early warning scores (EWS) to improve management of patients at home and avoid hospital admissions*
- improvements made as a result of patient stories or surveys.*

It is positive that the priorities for 2011/12 align with South Tyneside Foundation Trust's priorities as Community Health Services join with them later this year. Working with partners across South of Tyne and Wear will become increasingly important as the management of community services transfer. The priorities also show some alignment with the areas included in the 2011/12 CQUIN scheme.

As required by the NHS Quality Accounts regulations NHS South of Tyne and Wear has taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

Feedback from South Tyneside Overview and Scrutiny Committee



South Tyneside Council

Quality accounts

Thank you for the opportunity to contribute a comment in your Quality Accounts.

We have been kept abreast of the developments with *Transforming Community Services* through South Tyneside NHS Foundation Trust and believe that bringing the community services together with the Acute Trust will reap many benefits in terms of clearer patient pathways and more efficient and effective services across primary, community and secondary care.

We have expressed concern over Dental waiting lists and will be keenly monitoring the effect of additional resources in trying to manage this.

We also appreciated the presentation given to our Select Committee on the review of District Nursing. Again, we will be interested in being kept informed on the performance of the service as the new service specification is implemented.

I hope you find these comments helpful.

Yours sincerely



Cllr Peter Boyack

Chair of the Overview and Scrutiny Coordinating and Call-in Committee



Feedback from Gateshead LINK



As you know, Gateshead LINK attended your presentation on the topic of the NHS South of Tyne & Wear Community Health Services Quality Account 2010 – 2011 which you gave to Gateshead Council Overview and Scrutiny Committee on 27th May 2011.

Having seen your presentation and read the Account, Gateshead LINK would like to make the following comments. These are made on behalf of the Gateshead LINK Steering Group Steering Group representative who attended the meeting- Anthony Atkinson, Kay Parker and Dave Wallace.

- We accept your comment that you have produced the Quality Account at short notice and would have liked to deliver a fuller document. It is inevitable, as you said that you have emphasised the priorities for improvement. These priorities are appropriate and we particularly welcome the aim to improve communication. We would like to discuss how Gateshead LINK can help you to deliver this.
- We have worked with your service over the last year. You are represented by Susan Joyce on our Steering group and the excellent working relationship that we have bodes well for both of us as we make the transition to be a local HealthWatch.
- The reduction in waiting times for Community Matrons from 24 to 8 days is a major step forward.
- We are pleased that you aim to use qualitative data as well as quantitative data. We have experience of this in our work with Gateshead council and the Gateshead NHS Foundation Trust and this is an area in which we would like to work in partnership with you.
- We also welcome the priority to reduce waiting time.

We enjoyed the chance to learn more about the Trusts work.



Feedback from Gateshead Council Overview and Scrutiny Committee



Draft Statement for inclusion in NHS South of Tyne and Wear Community Services Quality Account

Based on Gateshead Healthier Communities OSC's knowledge of the work of the Trust during 2010-11 we feel able to comment as follows:-

Priorities for Improvement

The OSC notes that the process of Transforming Community Services will see the Trust join with South Tyneside NHS Foundation Trust on 1st July 2011 and for this reason the priorities for the coming year are also identified in South Tyneside NHS Foundation Trust Quality Accounts. The trust will be working as part of the Foundation Trust to deliver on its stated objectives.

The OSC are supportive of the priorities for the coming year but looked for reassurance that the priorities are connected to Gateshead JSNA and reflect local need. The OSC received assurances that the Trust would continue to maintain delivery of its services across the locality as part of its core business.

The OSC was concerned that the information in the Trust's Quality Account was a lot lighter in content and in quantitative data than the accounts from Northumberland Tyne and Wear NHS Foundation Trust and Gateshead Health NHS Foundation Trust and did not appear to cover the full range of services.

The OSC noted that historically there were minimal information systems for the Trust so the robustness and depth of data is not available at present. The OSC understands that significant work is now taking place to address this but at present the Trust is only in the early stages of this work. Never - the-less the OSC considered that it was important that these areas of concern are addressed as a priority for the future.



Feedback from Sunderland Health and Well-Being Scrutiny Committee

Thank for you forwarding a copy of your draft Quality Report for 2010/11.

The Health and Well-Being Scrutiny Committee welcomes the opportunity to comment on this year's Quality Account although, as you will appreciate at this time of year the new scrutiny committee has not had a chance to meet since the start of the municipal year. Nevertheless, I have consulted informally with the Chair and Vice-Chair and would make the following statement.

The Scrutiny Committee can confirm that they would support the selected priorities for 2011/12. The Committee particularly notes and supports the ambitions for continuous improvement to be achieved through measuring quality and effectiveness within all services and identifying areas for improvement and taking appropriate action.

The Committee notes the number of patient complaints during the year and would propose that these could be broken down into categories such as attitude of staff, communication, procedural breach etc. The Committee welcomes the fact that actions are taken to improve services in relation to patient complaints but would note that as some complaints are related to the attitude of staff, an emphasis is given to the importance of dignity and respect. With all of the priorities identified, the achievement of improvements is to an extent reliant upon the realisation of dignity and respect for patients as underlying principles. The published Quality Account should reflect that dignity and respect are key principles of the Human Rights Act.

The Health and Well-Being Scrutiny Committee has considered the transformation process that will see Community Services join with South Tyneside NHS Foundation Trust on 1st July 2011 and members have questioned at the Scrutiny Committee the level of impact this could have on service provision for Sunderland residents. Councillors were assured that Sunderland patients would continue to receive the same package of care under the new management arrangements and welcomes proposals for patients to continue to be asked for their suggestions as to how services may be improved.

The Committee is therefore very pleased to note procedures in place to collect patient feedback and to improve the experience and outcomes for patients to ensure local people continue to receive the best possible care.



Conclusion

We hope this Quality Account has been informative and we would welcome your views. Your feedback will allow us to improve the Quality Accounts in future and to include initiatives that you feel strongly about. This document is available on the NHS Choices website as well as on NHS South of Tyne and Wear website, www.sotw.nhs.uk and South Tyneside NHS Foundation Trust website, www.sthct.nhs.uk/home

If required we will be happy to provide this document in a different format to suit your needs, please contact us at the address provided for feedback on the next page.



How to provide feedback

Please fill in the feedback form below and return to us via post to:
Business Development
Clarendon
Windmill Way
Hebburn
NE31 1AT



Feedback Form

Which best describes you: Patient / Carer / Member of the Public / Staff Member / Other

Did you find the Quality Account easy to read? Yes No

Did you find the content easy to understand? Yes all of it Most of it None of it

Did you feel the content was relevant to you? Yes all of it Most of it None of it

Are there any subjects / topics you would like to see included in next years Quality Account?

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In your opinion how could we improve our Quality Account?

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