

Quality Account

**A Report about Quality Covering the Period
April 2010 to March 2011**



NHS North Lancashire (North Lancashire Teaching Primary Care Trust)

Provider Services Directorate

Published June 2011

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This Quality Account meets the requirements of the NHS (Quality Account) Regulation 2010.

Part I: Chief Executive's Statement about Quality

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of service they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians and other staff to demonstrate their commitment to continuous, evidence-based quality improvement and to explain their progress to the public. (Quality Account Toolkit 2010/11)

NHS North Lancashire is a Primary Care Trust which has responsibilities for commissioning (purchasing) health care from a range of providers. The Trust also has a 'provider arm' or directorate, referred to as Provider Services. This Quality Account relates to the quality of service provided by that provider directorate within the Trust. A copy can be found on the trust website www.northlancshealth.nhs.uk.

I am pleased to provide this first Quality Account for the community healthcare services provided by NHS North Lancashire's Provider Services Directorate.

As an organisation we embed the principles of quality into all aspects of our clinical care and support functions. The formation of the Care Quality Commission (CQC) integrated all health and adult social care under one regulatory body with the powers to ensure safe provision of quality services. Our Provider Services application to register with the CQC in 2010 was accepted without any conditions.

Our aim is to provide the very best care to each patient on every occasion and I would like to thank all staff for their hard work and commitment to those individuals who use their services. Improving patient safety and quality, alongside patient experience continues to be our top priority and our fundamental purpose is to provide ever better quality healthcare to our patients and communities.

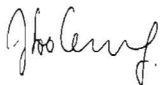
Good progress has been made in many areas, a number of which are summarised within the quality account, examples of which are:

- Local and National Recognition in regard to Non Medical Prescribing
- Engagement in Audit Programmes thereby ensuring appropriate benchmarking of service delivery
- Implementation of the HPV Vaccination programme
- Recognition that safety reporting is within the top 25% of Organisations
- Development and implementation of a programme targeted at Team Leaders, which ensures delivery of services in line with the Quality, Innovation, Productivity and Prevention agenda
- Establishment of a Patient and Public Reference Group with two public members on the Provider Integrated Governance Committee

- Success within the 'Enabling Change Award' for Adult Speech and Language Therapy, which has seen the provision of lap top computers to support individuals recovering from a stroke
- Implementation of patient experience surveys to inform current and future service provision, which was developed with support from the patient and public reference group

The Provider Board and the Trust Board has approved this Quality Account as a representative picture of the status of quality within the organisation.

Staff have been involved in the development of this report and our community partners have had the opportunity to comment on its contents.



Janet Soo-Chung Chief Executive

The information provided in this Quality Account is presented in terms of safety, effectiveness and the experience of people who use the services and is accurate, to the best of our knowledge.



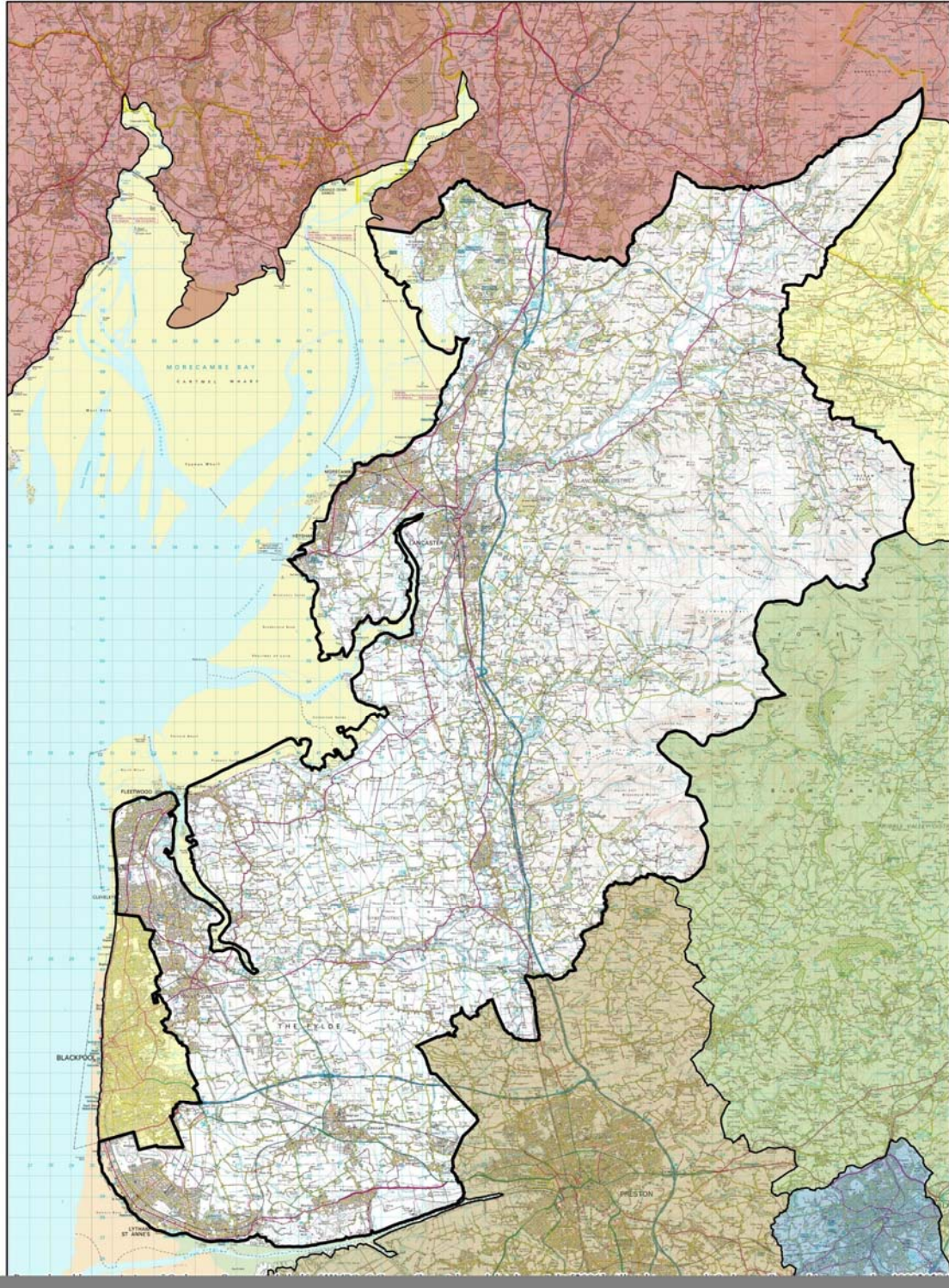
Ruth Roberts Assistant Director Provider Services Directorate

Information about NHS North Lancashire and the Provider Services

The areas within the white shading are covered by NHS North Lancashire Provider Services

NHS North Lancashire PCT (September 2006)

NATCANSAT
www.natcansat.net
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- 1 The NHS North Lancashire footprint is a geographically large and diverse area covering approximately 1,000 square miles, including rural areas, densely populated areas, affluent areas and areas of significant deprivation. Within the boundaries of NHS North Lancashire there are two large hospitals, two large colleges, two universities, two army bases, two prisons, three main arterial traffic routes (M6, M55 and the west coast main line); a nuclear power plant; ferry services for passengers, vehicles and freight and discreet high-density urban populations, all contained within a large rural area. NHS North Lancashire covers a population of approximately 340,000, with a higher than national average (20.3%) of people over 65yrs; with a budget of £539 million and a revenue spend per head of population of £1,600.
- 2 There are striking inequalities in life expectancy between people living in different areas of North Lancashire. These inequalities are closely related to economic and social deprivation. Lancaster is ranked 117th most deprived district (out of 354, where 1 is the most deprived), Wyre 170th and Fylde 251st. There are greater pockets of deprivation in Lancaster: nineteen areas are classed as within the 20% most disadvantaged nationally, whilst there are eleven in Wyre and only one in Fylde.
- 3 Within this geographical footprint, Provider Services provides a wide range of clinical and facilities services. These services are provided through a robust Community Contract with NHS North Lancashire. This contract defines the purpose, the scope and service delivery arrangements including the service model or approach and clinical pathways, which describe how people access services.
- 4 Provider Services also has contracts to provide clinical and facilities services to other local NHS organisations including NHS Cumbria, University Hospitals of Morecambe Bay Foundation Trust, NHS Blackpool (Community Contract) and Lancashire Care Foundation Trust as well as contracts with local authorities and schools. In some cases the services are provided and patients are seen outside North Lancashire's geographical footprint.
- 5 The services which we provide are detailed overleaf:

Adults and Older People Division	
<ul style="list-style-type: none"> ▪ Intermediate Care Service in partnership with the local authority ▪ Palliative Care Physiotherapists and Occupational Therapists ▪ Community Equipment Service (CES) ▪ Dietetics ▪ Stop Smoking Service ▪ Rapid Response/COPD Homecare ▪ Dental Healthcare ▪ Medical Orthopaedic Department (south only) ▪ Pulmonary Rehabilitation ▪ Community Matrons ▪ Diabetes Specialist Nursing Service (north only) ▪ Out of Hours District Nursing Service 	<ul style="list-style-type: none"> ▪ District Nursing Service ▪ Community Brain Injury Rehabilitation Service ▪ Community Therapy Services (Occupational Therapy and Physiotherapy) ▪ Speech and Language Therapy (south only) ▪ Prison Healthcare ▪ MSK Physiotherapy ▪ Podiatry Teams ▪ Continence Service ▪ Podiatric Foot and Ankle Surgery ▪ Heart Failure Service (north only) ▪ Colorectal and Stoma Care Service (north only) ▪ Palliative Care Service ▪ Phlebotomy Service (Community Health Monitoring Team)
Children and Families Division	
<ul style="list-style-type: none"> ▪ Specialist Health Visiting ▪ High Dependency Nursing ▪ Paediatric Speech and Language Therapy ▪ Special Needs School Nursing (Day) ▪ Community Nursing ▪ School Nurses ▪ Oak Tree Children's Centre 	<ul style="list-style-type: none"> ▪ Paediatric Occupational Therapy ▪ Specialist Paediatric Diabetes Service ▪ Special Needs School Nursing (Residential) ▪ Children's Hearing Service (Including Newborn Hearing Service) ▪ Health Visiting ▪ Tuberculosis Service ▪ Sexual Health Services
Learning Disabilities	
<ul style="list-style-type: none"> • In patient houses for people detained under the Mental Health Act 	<ul style="list-style-type: none"> • Social care for people in their own homes
<ul style="list-style-type: none"> • Community Health Teams and Behaviour Intervention 	

Support Divisions	
<p><u>Governance, Standards and Performance Division</u>, which includes clinical policy and standards development; monitoring of standards and performance; clinical audit; all aspects of patient safety; provider communications; adult and child safeguarding</p>	<p><u>Business, Marketing and Development Division</u>, which includes Estates, including maintenance; Facilities support (domestics; waste management; buildings management; transport; administrative support); Business development advice; Informatics for collecting and reporting on activity; Contracting expertise and contract performance monitoring; support through supplies for high dependency patients in the community; leadership and co-ordination of non-medical prescribers; support, supply, recording and monitoring of vaccinations for the school aged population of North Lancashire and Blackpool</p>

- 6 The Government policies direct health care providers to improve services making them more efficient and accessible to patients. The *Transforming Community Services (TCS)* process is part of these plans to move services out of hospitals and into the community where appropriate. In order to achieve this and to ensure that a patient’s “journey” through the healthcare system is as seamless as possible, the TCS programme facilitates a joining up of community and hospital services, by placing these together within one providing organisation. The plans for the community services in North Lancashire are to transfer to Blackpool Teaching Hospitals Foundation Trust (BTHFT) at a date yet to be agreed.
- 7 NHS North Lancashire is awaiting final Department of Health (DH) guidance on the possible introduction of the new Integrated Acute and Community Contract.

Our Purpose, Vision and Principles

In 2008, the Provider Services Management Team identified Provider Services’ purpose, vision and principles. These vision and principles underpin all decision making in Provider Services.

Provider Purpose

The purpose is to ensure that the NHS services delivered are high quality and meet the requirements of commissioning organisations.

Provider Vision

- We will be the NHS community service provider that people would like to care for them
- We will be the first choice of commissioners to provide services to their local populations
- We will be the best place to work, providing opportunities for employees to reach their maximum potential
- We will consistently improve the services we deliver to the highest quality available
- We will provide a responsive, flexible, quality service to help people lead healthier lives
- We will protect and improve the health of our population and reduce health inequalities

Provider Principles

Everything we do will:

- Improve experience for patients
- Simplify the delivery of services for staff
- Support our business to flourish

Part 2: Looking Forward – Priorities and Proposed Initiatives for April 2011 to March 2012

The quality targets selected for 2011/12, as outlined below, comprise:-

- 1) The 3 identified by the Provider Services in conjunction with NHS Blackpool provider services and the Blackpool Teaching Hospitals NHS Foundation Trust. This collaboration in setting quality targets was felt to be important for consistency across the neighbouring geographical areas and which following transfer of services in 2011, would be served under the single provider - Blackpool Teaching Hospitals NHS Foundation Trust, by the end of the next reporting period – March 2012. These targets were selected because of their known and significant contribution to people's health and well being.
- 2) Those identified by the commissioner (NHS North Lancashire), which is specified in the contract-related Commissioning for Innovation and Quality Scheme (CQUIN). On achievement of the CQUIN, the Provider will receive a payment equivalent to 1.5% of the contract value.

Quality Improvements Identified for April 2011 to March 2012

Quality Improvement Area	Quality Improvement Target Set by Provider	Quality Improvement Measure and Reporting Arrangements
Patient Safety	<p>Reduction in grade 3 & 4* pressure ulcers</p> <p>**MRSA & C difficile (all services)</p>	<p>Patient incident reports submitted by staff will be analysed and reported quarterly to the Provider Services Risk Committee. A reduction trend over the year is anticipated, based on increased staff awareness and training</p> <p>All confirmed cases of MRSA and C difficile are reported and investigated. A very low number of cases each year are identified as having been acquired through contact with the Provider Services. This position must be monitored and maintained and will be reported to the Hygiene Code Implementation and Decontamination Group.</p>
Clinical Effectiveness	Meet the national target - access to genito-urinary medicine (GUM) clinics within 48 hours (sexual health service)	<p>Percentage: first attendances at a GUM service who were offered an appointment to be seen within 48 hours of contacting a service</p> <p>Percentage: first attendances who were seen within 48 hours of contacting a GUM service</p> <p>Monitoring of data at Contract Performance and Review meeting.</p>
Patient Experience	Choice of where to die (palliative care service)	<p>The service will record numbers of patients on their caseload who die and the proportion of these who have been facilitated to die in their preferred place of care.</p> <p>Establish the baseline in 2011/12, with monthly reporting. Monitoring of data at the Contract Performance and Review.</p>

Quality Improvement Area	Quality Improvement Target Set by Commissioner (CQUIN)	Quality Improvement Measure and Reporting Arrangements
Patient Safety, Clinical Effectiveness and Patient Experience	<p>1. Reason for referral recorded in minimum data set</p> <p>2a. Protecting patients from urinary tract infections by increasing the number of staff trained in Aseptic Non Touch Techniques (ANTT)</p>	<p>Quarterly reporting of number of patients on the caseload with referral code completed against number of patients on the caseload</p> <p>Number of clinical staff who catheterise patients and have received training in ANTT</p> <p>Quarter 1: ANTT training package developed and agreed Quarter 2: 50% of relevant staff received training Quarter 3: 75% of relevant staff received training Quarter 4: 100% of relevant staff have received training</p> <p>Quarterly reporting of numbers trained</p>

	<p>2b. Increasing the number of staff trained to carry out male and female catheterisation</p> <p>3a. Reducing the occurrence of avoidable pressure ulcers</p> <p>3b. Reducing the occurrence of avoidable pressure ulcers</p>	<p>Quarterly reporting of numbers trained</p> <p>Quarterly reporting of:</p> <ul style="list-style-type: none"> - Number of patients with a Waterlow score^{^^} of 15 and above - Number of patients with a Waterlow score of 15 and above with a MUST Tool^{**} completed <p>Quarterly reporting of:</p> <ul style="list-style-type: none"> - Number of patients with Grade 2* pressure ulcer or above - Number of patients with Grade 2 pressure ulcer or above with completed MUST Tool <p>All reporting will be to the Quality and Patient Safety Meeting (a contract review meeting)</p>
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Other quality activities planned for 2011/12 will include service visits by members of the Governance Division, to check adherence to/compliance with the Care Quality Commissions' Essential Standards of Quality and Safety.

We will continue to seek people's views through ongoing use of the Patient Experience Survey and by responding to complaints, comments, concerns and compliments, and we will continue to report and be monitored against the Quality Schedule within the Community Contract

Footnotes

* Pressure ulcers occur when the skin or underlying tissue becomes damaged. Health professionals use a recognised grading system to describe the condition of pressure ulcers. Grades range from 1 to 4 with 1 being at a superficial stage and 4 being the most severe.

**MRSA - Staphylococcus aureus is a normal bacteria found in healthy people. Most bacteria are sensitive to antibiotics. Staphylococcus aureus that are resistant to an antibiotic called methicillin are referred to as methicillin resistant Staphylococcus aureus or MRSA. MRSA is rarely dangerous to healthy people .

Clostridium difficile (or c difficile) is a bacteria that normally lives in the large intestine (or bowel). It may cause inflammation of the intestine when there is an over growth of the bacteria. This overgrowth may take place after a person has taken antibiotics that have killed the helpful bacteria that live in the intestine and which normally keep the balance of clostridium difficile.

^{^^} The waterlow score (or scale) is a tool that gives health professionals an estimated risk of a patient developing a pressure sore (otherwise known as a bed sore or ulcer)

** The must tool is a 5 step screening tool to identify adults who are malnourished, at risk of malnutrition or obese. It helps clinical staff put plans in place to improve a patients overall health and recovery from illness

Part 3: Looking Back - Reporting on the Review of Quality Performance April 2010-March 2011

Quality Improvements Identified for April 2010 to March 2011

As in Part 2, the two tables below outline the improvements identified by the Provider Services and those identified by the commissioner

Quality Improvement Area	Quality Improvement Target set by Provider	Quality Improvement Measure and Reporting Arrangements
Patient Safety	To monitor; investigate and reduce patient safety incident trends	Reduction in the number of incidents where a trend is identified and reported to the Provider Risk Committee
Clinical Effectiveness	To develop written procedures which are *NHSLA compliant at least at level 1, for all diagnostic procedures undertaken	The presence of ratified evidence-based written procedures, readily accessible to all relevant staff. Reported to the Clinical Effectiveness and Audit Group
Patient Experience	To survey, report and act on patient experience for every service	Survey reports reported to services; action plans in place. Reported to Clinical Effectiveness and Audit Group and the Clinical Quality and Patient Safety meeting (contract monitoring)

Quality Improvement Area	Quality Improvement Target set by Commissioner (CQUIN)	Quality Improvement Measure and Reporting Arrangements
Patient Safety, Clinical Effectiveness and Patient Experience	Improving the collection of quality outcome data items and establishing a baseline for Transforming Community Services (TCS)	Data to be reported to the contracts sub-group
	Improving data collection and quality of patient information Data Quality Progress towards establishing the collection of community minimum data sets across services	Progress towards establishing collection of a community minimum data set across services Every Provider should aim to improve the quality of information collected for each patient at the beginning of the patient pathway. Compulsory elements of the Minimum Data Set (MDS) should be completed and submitted as part of reporting requirements. In order to achieve the extra CQUIN payment, the Provider will increase the amount of information collected as agreed with the Commissioner during Quarter 1. Q1: 100% collection of the mandatory data items and agreement of the CQUIN stretch indicators with the Commissioner Q2: 100% collection of the mandatory data items and collection of 50% the CQUIN stretch indicators Q3: 100% collection of the mandatory data items and collection of 75% of the CQUIN stretch indicators Q4: 100% collection of the data items and collection of 100% of the CQUIN stretch

	<p>TCS Indicators</p> <p>Progress towards establishing the collection of the Transforming Community Services Dataset</p>	<p>indicators</p> <p>Progress towards the collection of the Transforming Community Services (TCS) Dataset</p> <p>Progress towards the collection of the Transforming Community Services Dataset</p> <p>Providers should aim to start collecting quality outcome for their services and patients</p> <p>Q1: Agreement with the commissioner on which TCS data items will be collected and by when</p> <p>Q2: Collection of 50% of the data items as agreed in Q1</p> <p>Q3: Collection of 75% of the data items as agreed in Q1</p> <p>Q4: Collection of 100% of the data items as agreed in Q1</p> <p>Reporting was through the Clinical Quality and Patient Safety meeting.</p>
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Footnote

* NHSLA The NHS Litigation Authority which sets standards for trusts to achieve in specified risk areas. Achieving a higher NHSLA rating reduces the trusts contributions to the insurance system for the NHS.

Overview of Quality Performance

The following review outlines the activities and performance of quality undertaken in 2010/11, which includes the three quality improvements identified by Provider Services and shown in the first table above.

Safety

Incident reporting is actively encouraged and we are in the top 25% of trusts for reporting incidents. The National Patient Safety Agency says that, *“Organisations that report more incidents usually have a better and more effective safety culture. You can’t learn and improve if you don’t know what the problems are.”*

- Incidents are routinely reported whether they affect a patient, relative, visitor, student, or member of staff. Incidents range widely in type and severity. They are categorised and graded. Every two months the Risk Committee receives a report showing these incidents by service; by type and by grade, so that any themes or trends can be addressed. Incidents concerning vaccinations, incidents in prison services and incidents relating to the discharge of patients into the community have been looked at in more

detail. A group has been established to improve discharge practice and reduce incidents relating to discharge, which equate to 38% of our reported incidents.

- The Patient Safety Advisor and the Health and Safety Advisor have supported clinical teams to review reported clinical incidents, to ensure that the service has investigated the causes of the incident, identified and shared learning from the incident and corrected any problems which caused the incident. An example of this has been the investigation into the failures of some bathing aids. Patients' safety was paramount, patients issued with the bathing aid were contacted and devices recalled; checked and replaced as appropriate.
- Serious untoward incidents are reportable to the National Patient Safety Agency and to our commissioner and the Strategic Health Authority, where the investigation and actions taken to address the causes are monitored. Provider Services has reported 12 Serious Untoward Incidents in the year
- There is a national system for cascading alerts into NHS organisations relating to equipment, medicines and estates safety concerns. The cascade provides directives for action to ensure that known safety concerns are addressed across services. Provider Services has responded to alerts throughout the year. One example includes participating with other local providers of health care, to ensure that the syringe drivers in use are giving dosage readings in the same units, thereby reducing the risks of dosage errors.
- Development of skills in the safeguarding team continues to support safeguarding of adults as well as children, this development has included providing additional advisory materials, policy and training for staff
- In July 2010, following an audit visit to the Lancaster Community Equipment Store, the Internal Audit Service reported some significant areas requiring improvement. Through focused and sustained effort, the team has achieved the improvements. The store has been and will be re-visited by the Internal Auditors, to ensure the improvements are maintained

Effectiveness

- A Team Leader training programme has been completed, resulting in further skills to manage the team, deliver services efficiently, respond to patient feedback and maintain standards
- Written procedures were approved for 24 diagnostic procedures, which ensure patients are treated in the same way and in line with best practice. This reduces the risk of errors when carrying out the procedure
- Involvement of two members of the Provider Services Patient and Public Reference Group in the Provider Integrated Governance Committee

- The adult Speech and Language Therapy Service won nearly £45,000 from NHS Northwest's *Enabling Change Award*, to provide enhanced Speech and Language Therapy for people recovering from a stroke, using computer technology. The first group of patients accessed the service at the end of August 2010. Computer therapy is offered to patients whilst still in hospital to maximise their recovery at the crucial initial stage and offer intensity of treatment. Groups of outpatients attend therapy groups where they have access to laptops loaded with therapy software. The National Stroke Strategy recommends two hours a week of therapy. Patient benefits include enhanced access to therapy; a choice of when, where and how to access therapy; and reassurance that they are receiving up-to-date, individually focused therapy. The Speech and Language Therapists at NHS North Lancashire have found that patients are keen to be involved in the therapy, even those who had never previously used a computer. Evaluation began in December 2010. To date, anecdotal reports from participants suggest good uptake, enjoyment and benefit from using the programme. The programme is being formally evaluated.
- The Fylde and Wyre Rapid Response Service, which was launched in November 2009, utilising learning from the established service in Lancaster , which reflects partnership working between the NHS and Lancashire County Council, has been reported under the Successful Services page of the Department of Health website. The service objective is to support and care for adults in their own homes in an acute phase of their illness who, without additional intensive support, would normally be admitted to hospital or residential home.

Experience

- Every three months the Trust Board received a report summarising the complaints, compliments, comments and concerns received (the 4Cs). The report shows the outcome of complaints investigations and any learning. In addition, an analysis of the 4Cs has been provided for each division, showing themes and trends by service, so that services can track whether they are truly addressing the key concerns of patients. Some service changes made as a result of feedback from complaints include:

Theme: Poor communication between hospital and district nursing service on discharge.

Improvements: all issues with discharges reported. The Patient Safety Advisor follows up with the appropriate provider. A new discharge pathway has been agreed with one local hospital to be implemented September 2011, supported by single assessment documentation.

Theme: internal communication between evening service and night service about patients.

Improvement: formal handover arrangements introduced and visits added to schedule on the electronic patient recording system.

Theme: cancellation of foot and ankle surgery at short notice.

Improvement: a contingency plan agreed with commissioners because of need to cover booked sessions.

Theme: length of wait for collection of equipment no longer required in peoples homes.

Improvement: change in working practice, admin support in the equipment store to routinely respond to messages left regarding collection requests.

Numbers Received in 2010/11	Definition
Compliments 316	Where a patient or relative has indicated that they were happy with the service they received, their comments will be regarded as a 'Compliment'. Wherever possible compliments will be acknowledged and communicated to both the service and staff responsible for the care.
Comments 7	Where a member of the public, patient, carer or relative has made it clear that the details they have given are for information only and no further action is required, that information will be logged and where appropriate, if consent has been given, disseminated to the relevant manager or service and used to inform service improvement or change.
Concerns 153	Where a member of the public, patient, carer or relative raises an issue which can be resolved without recourse to the complaints process, these are recorded as 'Concerns', and if consent has been given, disseminated to the relevant manager or service. This information can be used to support service improvement or change.
Complaints 71	A Complaint is recorded when a member of the public, patient, carer or relative reports an issue which cannot be resolved immediately and the complainant has requested a full explanation and/or investigation with the expectation of a formal written response.

- A patient experience survey questionnaire was developed in consultation with members of the Provider Services Patient and Public Reference Group. It has been offered to patients accessing 28 services. Some of the overall results are shown below. The survey was made available in an easy read version for patients of six services, which included adults with learning disabilities and children. The return rate for the survey questionnaires was 40% in quarter 1, 39% in quarter 2, 34% in quarter 3 and 37% in quarter 4.

% of People Who Reported	What they Reported
91.5	Strongly agreed or agreed that they had been involved in decisions made regarding their healthcare
90.6	Felt that things had been explained fully and in a way they could understand
94.5	Strongly agreed or agreed that they were given enough privacy and courtesy during their examination/treatment
80.9	Reported a very clean or fairly clean environment
92.6	Reported outstanding or good overall experience

In addition to answering the questions in the survey, people were given opportunity to write their own comments and there have been some common themes. Positive themes have included:

- Heart Failure Service, “excellent service”
- Health Visitors (South), “wonderful/brilliant staff”
- Early Years Physiotherapy (South), “excellent service”
- Community Matrons (North), “invaluable/first class service”

Amongst otherwise positive comments, less positive comments have included

- Children’s Community Nursing , “there is no evening/weekend service”
- Podiatry (South), “long waiting lists”

A report of the results has been provided back to each service with an expectation that an action plan would be put in place to address any adverse feedback. The Patient and Public Reference Group have received a number of reports and will continue to receive reports. In March 2011 the members of the Provider Integrated Governance Committee received the summary reports of this year’s patient experience surveys.

- Non-Medical Prescribing (NMP), which is prescribing carried out by trained nurses and allied health professionals (podiatrists and therapists). Evidence has shown that the benefits of NMP include: faster access to medicines; more flexible patient orientated care; time savings; and improved service efficiency. It has also been found to be: safe; acceptable to patients; and acceptable to other clinicians. Non Medical Prescribing can prevent unnecessary hospital admission and/or re-admissions, GP surgery or home-visit appointments. It can ensure that episodes of care are completed and not disrupted by unnecessary referrals to meet medication-only needs. An audit of Non Medical Prescribers was undertaken to demonstrate how Non Medical Prescribing impacts on patient care. This audit confirmed that evidence-based decisions were made on management of medicines and appropriate decision making about when not to prescribe.

Review of Services

During the 2010/11 the NHS North Lancashire Provider Services provided 44 NHS Services.

The NHS North Lancashire Provider Services has reviewed all the data available to them on the quality of care in 44 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 78% per cent of the total income generated from the provision of NHS services by the NHS North Lancashire Provider Services for 2010/11.

Participation in Clinical Audits

During 2010/11, one national clinical audit and zero national confidential enquiries covered NHS services that NHS North Lancashire Provider Services provides.

During that period NHS North Lancashire Provider Services participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audits and national confidential enquiries, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that NHS North Lancashire was eligible to participate in during 2010/11 are as follows:

The Provider Services participated in the initial local discussions/planning regarding the National Audit of Falls and Bone Health in Older People (hence it was registered on the audit calendar), however the data could be obtained from GP records alone and Provider Services was not required to participate in the audit.

The national clinical audits and national confidential enquiries that NHS North Lancashire participated in, and for which data collection was completed during 2010/11, 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.

There was no data collection required.

The reports of zero national clinical audits were reviewed by the provider in 2010/11. NHS North Lancashire Provider Services intends to take actions to improve the quality of healthcare by reviewing national clinical audits which are appropriate to our services.

The reports of 21 local clinical audits were reviewed by the provider in 2010/11 and NHS North Lancashire intends to take the following actions to improve the quality of healthcare provided.

- Cool boxes audit for HPV vaccines (commenced 2009-10) – an action plan was produced, which identified the need for staff to ensure that the vaccine fridges were used to store vaccines only; to ensure that the oldest vaccine was used first; to be aware of the location of manufacturer’s instructions and to use the correct number of cool packs.
- Newborn Hearing Screening parent satisfaction survey – following the audit and in light of new guidance from the Medical Research Council Hearing and Communication Group, it was decided that a new protocol would be developed to describe the timeline for giving information about screening to patients.
- Paediatric Therapy Strength Group, an action plan was produced, as follows: to ensure that parents are aware of approximately when their child’s group will be so they are prepared if there is a long wait; if staffing levels allow, run more than one group per half term in order to reduce waiting times; consider the possibility of running after school sessions; ensure that all parents receive feedback sheets after their child finishes in Strength Group; ensure that all parents are aware of the purpose of group sessions when their child is signed up; feedback to parents after group sessions on improvements made by child that are seen by a therapist; continue to talk to parents after each Strength Group session.
- Speech and Language Therapy audit of time between referral of stroke patients to the service and an initial assessment by the Speech and Language Therapist [SLT], an action was produced as follows: Speech and Language Therapists to provide in-hours telephone triage of referrals, one-to-one assessment of patients where appropriate, and to monitor training of qualified nurses to assess dysphagia (swallowing difficulties).
- Fridge Audit, a set of recommendations was made, as follows: All divisions to receive a copy of the report and to develop an action plan based on the findings in the report; designated leads (and nominated deputies) for vaccine fridges to be clearly identified, and must have a clear understanding of their role; system audits to be undertaken to ensure that procedures are adhered to and lessons learned to be disseminated; vaccines must be stored in a specialised refrigerator (pharmacy grade vaccine fridge) which must be of sufficient capacity and used only for storage of vaccines; all vaccine fridges must be recorded on the relevant divisional medical devices register; re-audit compliance with the procedures for the management of the vaccine fridge and storage of vaccines to be undertaken 12 months after production of Standard Operating Procedure.

The Clinical Audit Programme carried out across the year included topics ranging from clinical record keeping (patient notes) to hand washing. Services were required to devise and implement an action plan in light of any adverse audit findings.

Number of Audits on 10/11 calendar	Type of Audit
4	Regular repeated audits. Applicable across the whole directorate e.g. hand washing
8	Audits of compliance with policy e.g. Safeguarding Children. Applicable across all or most of the directorate.
3	Other clinical audits. Applicable across the directorate e.g. vaccine fridges,
10	Service-specific audits e.g. physiotherapy triage
1	National Audits, National Audit of Falls and Bone Health in Older People

Participation in Clinical Research

The number of patients receiving NHS services provided by NHS North Lancashire Provider Services in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 1.

Goals agreed with commissioners – use of the CQUIN Payment Framework

A proportion of NHS North Lancashire’s income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between NHS North Lancashire Provider Services and the Commissioning PCT, through the Commissioning for Quality and Innovation payment framework. See table on pages 12 and 13.

Due to restructuring of the workforce within the organisation, the 2010/11 CQUIN targets were not achieved.

Further details of the agreed goals for 2010/11 and for the following 12 months period are available electronically at http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

However, excellent progress was reported against the quality targets outlined within the Quality Schedule of the Community Contract. This included the provision of personalised care plans; seeking and acting on patient experience; assessing the privacy and dignity of patients accessing services.

What Others Say about the Provider Services Directorate

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. Their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

In April 2010 it became a legal requirement that all regulated health and social care services need to be registered with CQC and show that they continually meet certain criteria, known as the Essential Standards of Quality and Safety. These standards ensure that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. They are focused on outcomes, rather than systems and processes, and place the views and experience of people who use the services at their centre.

NHS North Lancashire Provider Services is required to register with the Care Quality Commission and its current status is registered without conditions.

As an organisation we monitor each service we provide to ensure that these standards are being met and maintain our registration status.

In 2010/11 services were enabled to collect evidence to show that they meet the Care Quality Commission's Essential Standards of Quality and Safety. The evidence was reviewed by a panel, which included a member of the Patient and Public Reference Group whenever possible. A written report was provided back to the service. Progress with any required action plans against the review report, has been reported to the Integrated Governance Committee e.g. in the Sexual Health Service, a protocol has been written regarding the agreed process for transferring people who use the service to other services, when this is required. The reviews demonstrated the services' compliance with the Care Quality Commission's 16 core standards.

The Care Quality Commission has not taken enforcement action against NHS North Lancashire Provider Services during 2010/11.

NHS North Lancashire Provider Services has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Patients and users of our services have provided feedback through the completion of the Patient Experience Survey and the NHS Complaints Procedure, the responses to which are outlined in the section above.

Data Quality

NHS North Lancashire Provider Services will be taking the following actions to improve data quality. A Data Quality Improvement Plan has been agreed, which includes ensuring all mandatory fields in clinical patient information systems are completed accurately and in a timely manner; all reported waiting times will

accurately reflect the situation in each service; all open cases within clinical patient information systems relate to patients who have not been discharged from the service; increase the use of the NHS number.

NHS Number Code Validity

NHS North Lancashire Provider Services did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit Attainment Level

NHS North Lancashire Provider Services Information Governance Assessment Report score for 2010/11 was 68% and was graded satisfactory.

Clinical Coding Error Rate

NHS North Lancashire Provider Services was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

Who Has Been Involved in Our Review of Quality?

Service managers, Team Leaders, other staff and members of the Patient and Public Reference Group have been involved in reviewing different aspects of quality outlined above. Patients using services have been able to report on the quality of service through the patient experience survey and reporting through the NHS Complaints procedure.

Statements from the Lancashire Local Involvement Network (LINKs), NHS North Lancashire Teaching Primary Care Trust Lead Commissioners and the Overview & Scrutiny Committee

Comments received from the Lancashire Local Involvement Network LINK's

Our overall comment is that we felt the Report was rather formal and impenetrable in the way the information was presented. If these reports are for the public, then they need to be presented in a more accessible way. For example, there could be sections on what we've done well over the last year, what we've not done so well, areas for improvement, and action plans.

Furthermore, many clinical audits and surveys are mentioned throughout the Report, but it would've been useful to have more information on some of these, in particular in relation to patient safety issues (pages 13-14) and experience (pages 15-16). However, we are pleased to find more incidents are being reported and that the PCT is encouraging a culture of openness amongst staff teams.

We can confirm from LINK's work over this period that poor communication between hospital and district nursing services on discharge remains an issue of concern to patients. We would hope that whatever measures are put in to improve this situation are monitored regularly and reported on in next year's Quality Accounts.

We have had great feedback in relation to podiatry services being excellent, when available, stressing the importance of these services in keeping vulnerable people mobile, out of hospital and in their own homes.

The same has been said of specialist community nurses such as the stoma care nurses who run 'drop in' services. These services enable people to manage their own, often complex, medical conditions and relieve the pressures on other parts of NHS and social care.

Comments received from NHS North Lancashire Teaching Primary Care Trust Lead Commissioners

As the lead commissioner of services from the North Lancashire PCT Community Services Provider, NHS North Lancashire Commissioners are required to review the Quality Account and provide a supporting statement for inclusion in the report. We made a number of comments on the initial draft document that have subsequently been included in the final draft version.

The PCT lead commissioner has a duty to take reasonable steps to validate the information contained within the document. In accordance with that duty, we can confirm that the North Lancashire PCT Community Services Provider 2010/2011 Quality Account provides an accurate representation of the quality of services provided by the Trust.

This is the first year that Community Service Providers have produced a Quality Account. The report outlines the improvements achieved over the last year and the priorities identified for the coming year. We were involved in the development of those priorities and we are looking forward to building on this involvement to assist the provider to include the new GP led commissioning arrangements within their 2011/2012 Quality Account.

The Provider has indicated they will continue to develop the content of future reports to ensure patients are provided with a clear understanding of the quality and effectiveness of the services they provide. They also intend to develop how the views of patients and stakeholders are recorded to ensure that in future those views and experiences are influential in setting the Provider's priorities.

Comments received from the Overview & Scrutiny Committee

The Overview and Scrutiny Committee had no comments to make on the Quality Account Document.

Thank you for taking the time to read our Quality Account. If you have any queries or wish to speak to someone about it, please contact

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