

Oldham Community Health Services

Quality Account 2010/11

Version Control

Engagement

OCHS (post TCS)	02/6/11
LINKs	23/6/11
Assuring Quality Sub-Committee (NHS Oldham)	23/6/11

Version Control History

Version ID	Author	Draft	Date
Version 0.1	Tanya Claridge	Initial draft for discussion	02/6/11
Version 0.1	Tanya Claridge	Final draft for approval	23/6/11
Final Draft	Tanya Claridge		30/6/11

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1 Statement on Quality from the Acting Chief Operating Officer of Oldham Community Services

Oldham Community Health Services (OCHS) provides community health services to the population of Oldham. During 2010/11 OCHS was part of NHS Oldham, the commissioning Primary Care Trust for the local area.

OCHS, both as part of the Transforming Community Services work and as a result of its commitment to continuous quality improvement and partnership working, developed and continues to develop a clear vision of what the key priorities supporting the delivery of high quality, effective safe sound services for the population of Oldham. These priorities were directly supported by NHS Oldham through the introduction of the Commissioning for Quality and Innovation scheme into the contract during 2010/11. The priorities for improvement were all underpinned by the following principles:

- Supporting integrated delivery including social care, primary, community and acute care delivery
- Improving patient's experience of services, as well as the outcome and safety of those services
- Supporting patient's involvement in their care
- Ensuring the development of clinical partnerships with other provider organisations
- Searching for innovative solutions to service delivery issues
- Using technology, information and information systems to improve quality and productivity
- The safety and experience of patients receiving care and the effectiveness of the care being provided was and will remain the clear focus for the organisation.

This first Quality Account for OCHS includes details of the quality improvements made during 2010/11. It also provides information about key organisational performance related to the quality and safety of the care provided. The direction for further quality improvement is contained within the Quality Account of Pennine Care Foundation Trust, the host organisation for OCHS from 1st April 2011.

The information set out within this Quality Account has been endorsed by the Assuring Quality Committee of NHS Oldham, representing the Commissioner for the OCHS contract. The Quality Account will also be provided to the local LINKs and Overview and Scrutiny Committee for review. The Account will be submitted to and published through the NHS Oldham Locality Board meeting in July 2011. To the best of my knowledge the information included in this document is accurate.



Shauna Dixon

Interim Chief Operating Officer, Oldham Community Health Services

29th June 2011

2 Our priorities for improvement in 2011/12

2.1 Look forward

As of the 1st April 2011 Oldham Community Health Services (OCHS) was transferred to, and is now part, of Pennine Care Foundation NHS Trust. Working in conjunction with Pennine Care, preparatory work has been undertaken in relation to both service development and identifying the key quality priorities for 2011/12. These priorities will be focused on the following domains; safety, clinical quality, patient experience and data.

Early engagement work has taken place with a range of staff across OCHS (e.g. network managers, professional leads and advisers, clinical leads, nurse consultants) and a draft set of priorities were identified for 2011/12 as follows:

- Safety – Reduction in medication errors
- Clinical Quality - Implementation of MUST tool in all identified services, 100% services will participate in clinical audits relevant to their clinical activity
- Patient Experience - All services will undertake an annual patient survey, Service leaflet (for each service) to be available to all patients
- Data – achievement of minimum data set requirements and data quality assurance mechanisms

2.2 Goals agreed with commissioners 2011/12

The goals agreed with commissioners for 2011/12 relate to the following areas:

- Patient Safety – Developing patient safety culture
- Healthcare associated infection – Reducing & preventing Healthcare associated infection
- Safeguarding - Improving care for vulnerable adults and children
- Patient Experience - Improving patient experience outcomes

2.2.1 Patient safety – Engagement and participation in the Safety Express Broad Series Collaborative

OCHS will develop, agree with Commissioners and implement four key outcome measures and one composite safety measure to support a demonstration in reduction in harm. The development should include partnership working across the health economy, the establishment of baseline data, measurement techniques and reduction of harm targets (in agreement with Commissioners) in the following areas:

- Grade 3 and 4 pressure ulcers
- Catheter acquired urinary tract infections
- Falls
- Venous Thromboembolism (VTE) (in partnership with secondary care)

The composite safety measure will relate to the proportion of patients free from pressure ulcers (any category, acquired in any location), falls or VTE (any kind, acquired in any location) urine infection (in patients with catheters)

OCHS has undertaken to develop and implement a community early warning patient deterioration trigger tool

OCHS has also undertaken to develop an action plan to engage with and implement the Institute for Innovation and Improvement's Trigger Tool (rapid structured casenote review) in

intermediate care settings. Community hospitals and intermediate care facilities are an increasingly important part of modern care in the NHS. Staff in these units are providing ever more complex care to growing numbers of patients. Yet little is known about the safety care in this setting, such as:

- how many patients come to harm?
- what are the common areas of harm?
- are we improving?

Trigger tools provide a method for detecting and measuring actual patient harm using rapid structured casenote review. They bring casenote review, a gold standard for detecting adverse events, into the real world where time is limited but we still need reliable information about incident rates.

2.2.2 Healthcare Associated Infection

OCHS has committed to achieve a reduction in the number of reported cases of Clostridium Difficile (CDiff) and Methicillin Resistant Staphylococcus Aureus (MRSA) from the previous year (based on commissioner target from the population of Bury, HMR and Oldham) by introducing and implementing ways of educating and raising awareness to the public and patients with regards to prevention of HCAI in the community environment with a particular focus on

- hand hygiene and antibiotic prescribing
- antibiotic prescribing
- an active campaign to increase patient / public awareness and control of their own condition as well as reviewing appropriate antibiotic prescribing which will also ensure cost effectiveness

2.2.3 Safeguarding – Improving care for vulnerable adults and children

The Common Assessment Framework (CAF) is a key contributory element for improved outcomes for children and young people and supports the delivery of services that are integrated and focused around the needs of children and young people. CAF is a shared assessment tool for use across all children's services in England. It helps in the early identification of needs of children and young people and promotes a co-ordinated approach on how those needs should be met. A CQUIN has been agreed that incentivises an increase in the number of CAF checklists completed (health visiting), and the provision of evidence of co-ordinated case planning

There is also the requirement to provide evidence that all published Serious Case Review executive summaries have been considered in collaboration with Designated Professionals, and where appropriate action plans have been generated and monitored.

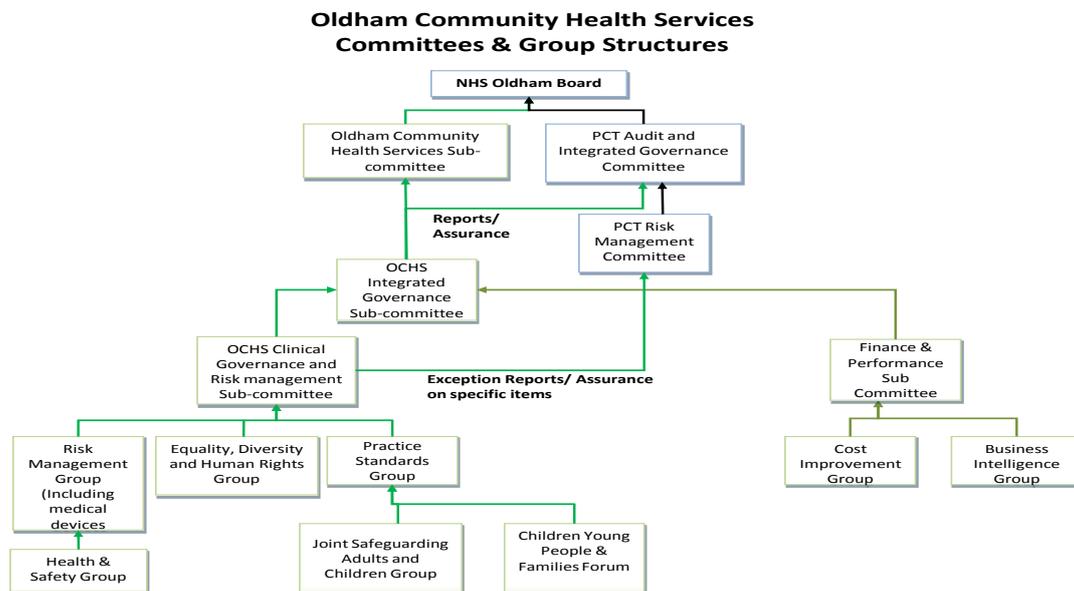
OCHS are also incentivised to embed information sharing to improve communication between primary and secondary care (children) and embed information sharing to improve communication between 1° and 2° care (adults). This will be achieved through full engagement with and support for the work Pennine Acute Hospitals Trust are undertaking to embed a 'safeguarding culture', ensuring that the Provider is represented by at least one named children's professional and one named adult's professional at every planning meeting.

2.2.4 Patient Experience

OCHS has been incentivised to undertake patient experience surveys across all clinical services, evaluate the results, implement change and provide assurance on the outcomes achieved.

3 Assurance from the Board

The diagrammatic representation of the governance structure of Oldham Community Health Services is shown below. It shows how the organisation formally manages and responds to information about the quality and safety of the care it provides. The structure also shows how this information and information about how it assures NHS Oldham that any risks to the quality and safety of the care it provides are being managed. All information contained within this Quality Account has been reviewed in detail within the governance structure described below, either in a committee, a sub-committee or at the NHS Oldham Board directly.



4 Review of quality performance 2010/11

4.1 Review of services

During 2010/11 Oldham Community Health Services provided a range of community services across a network structure (Health & Wellbeing, Health Improvement, Urgent Care, Long Term Conditions, Children with Complex Needs and Adults with Disabilities Networks).

Oldham Community Health Services has reviewed all the data available to them on the quality of care in the services within these six networks.

The income generated by the NHS services reviewed in 2010/11 represents the total income generated from the provision of NHS services by Oldham Community Health Services for 2010/11.

4.2 Participation in clinical audits

During 2010/11 a total of twenty five distinct audit projects were undertaken (including one project carried over from 2009/10). One additional project was registered and subsequently abandoned.

4.2.1 National clinical audits completed in 2010/11

Oldham Community Health Services participated in a 100% of eligible national clinical audits which included the requirement to complete both clinical and organisational data returns. The National Falls Audit was completed collaboratively with secondary care services.

The table below illustrates the national audits that OCHS participated in during 2010/11 and total number of cases submitted to each audit as a percentage of the number of cases required.

Title	Stage	Number of cases submitted
National Falls Audit – Organisational	Reporting	100%
National Falls Audit – Clinical	Reporting	Hip - 100% Non-Hip – 55% (due to insufficient number of cases during the period identified)
Stroke review audit	Reporting	100%

4.2.2 National clinical audit reports received in 2010/11

The report for one national audit (The National Continence audit) was received in the period 2010/11 and the associated recommendations are subject to current consideration for implementation in 2011/12.

4.2.3 Regional/Local audits

OCHS is also part of the Greater Manchester Essence of Care (GMEC) Network and participates fully in the associated audit calendar. During the period 2010/11, the organisation took part in four of these regional audits (privacy and dignity, pain, record keeping and pressure ulcers). One of these clinical audits was completed across the entire range of network services, one was conducted across those services that provide home visits and two were service specific. This data enables regional comparison and the opportunity for local benchmarking and collaborative action planning.

Of the local audits undertaken, four were related to CQUIN requirements and the remaining were of local priority and clinician interest. One local audit was completed across the entire range of network services as well as general practice staff.

The completed audits resulted in a series of action plans developed to support continuous improvement, the bullet points below describe some of the actions that have been identified and are being undertaken to improve the quality of healthcare provided:

- Further training for staff in the use of the Integrated Care Pathway for end of life care
- The development of strategies to improvement in end of life care
- The development of tools and techniques to support improvement in staff training in MUST and “Food First” to offer better eating and drinking advice to patients in their own homes
- The integration of sexual health services to ensure better access following a patient experience and opinion survey
- Supporting the improvement in transfer of information from midwifery to health visiting service about pregnant women in the antenatal period
- Developing a strategy to addressing staffing levels in health visitors teams to ensure timely reviews are conducted
- Developing tools and techniques to facilitate communication of the perinatal mental health care pathway to all staff and clarification of requirements for antenatal and post natal depression

4.3 What others say about OCHS

4.3.1 CQC Compliance Assessment

The new system of CQC regulation, which was effective April 1st 2010, requires NHS healthcare providers to assess compliance with 16 of the 28 essential standards (and their underpinning regulations).

NHS Oldham’s board approved the process for OCHS to demonstrate compliance at its meeting in October 2010. In line with the agreed process, each network within OCHS undertook an assessment of compliance with the essential standards for the regulated activities they provided. Reports were made to the NHS Oldham Board made by exception in relation to the standards and any associated action plans for improvement.

Compliance with all essential standards was made maintained during 2010/11.

Outcome 1 – Respecting and involving people who use services

Outcome 2 – Consent to care and treatment

Outcome 4 – Care and welfare of people who use services

Outcome 5 – Meeting nutritional needs

Outcome 6 – Cooperating with other providers

Outcome 7 – Safeguarding people who use services from abuse

Outcome 8 – Cleanliness and infection control

Outcome 9 – Management of medicines

Outcome 10 – Safety and suitability of premises

- Outcome 11 – Safety, availability and suitability of equipment
- Outcome 12 – Requirements relating to workers
- Outcome 13 – Staffing
- Outcome 14 – Supporting workers
- Outcome 16 – Assessing and monitoring the quality of service provision
- Outcome 17 – Complaints
- Outcome 21 – Records

4.3.2 SHA assurance template relating to the recommendations of the Francis Report

A paper is to be presented to the SHA Board in July 2011 and will outline the North West position in relation to the Francis recommendations. It is unclear at this time whether results will be published by organisation. The results do not provide assurance on how Oldham Community Health Services is currently performing in these particular areas but is assurance that there are governance processes in place to track these key areas, monitor progress and implement action plans if required which are monitored by the Board or a sub-committee to the Board. As part of the transfer to Pennine Care it is acknowledged by the SHA that the systems and processes may have started to change.

The results for Oldham Community Health Services in relation to the 6 Quality Domains are as follows:

Patient Experience	Partial Assurance
Quality Improvement	Assured
Experience & Perception of Staff	Assured
The Management of Significant Issues	Assured
Board Governance & Leadership	Assured
Outcomes	Assured

4.4 Data Quality

OCHS will be taking the following actions to improve data quality as it is clear that good quality information underpin the quality and safety of the delivery of patient care. OCHS is aware that due to non achievement with the minimum data set requirements 2011/12 will present clear challenge in terms of delivering what is required in a safe, high quality timely way.

- OCHS has completed a whole system data flow mapping exercise and has developed a clear understanding of where quality improvement in terms of data capture and data management is required.
- OCHS took immediate action when concerns relating to data quality were raised with the local solution used for interim data capture.
- OCHS developed a suite of business continuity plans to support the ongoing data quality development within the organisation.

- OCHS, as part of the transforming community services programme will be developing a detailed action plan for 2011/12 to ensure that both minimum data set requirements are achieved and the quality of that data is assured.

4.5 Information Governance Toolkit attainment

Achievement with the components of Version 8 of the national Information Governance Toolkit was published at the end of March. The NHS Oldham's (including OCHS) overall score was 75% which is classed as Satisfactory. 75% was the 9th highest score across all NHS Trusts in the NW Region.

Initiative	Score	Grade
Information Governance Management	80%	Satisfactory
Confidentiality and Data Protection Assurance	87%	Satisfactory
Information Security Assurance	71%	Satisfactory
Clinical Information Assurance	73%	Satisfactory
Secondary Use Assurance	66%	Satisfactory
Corporate Information Assurance	77%	Satisfactory
Overall	75%	Satisfactory

An action plan has been developed to support continuous improvement however due to Transforming Community services this action will now be monitored and refined through the established governance mechanisms within Pennine Care Foundation NHS Trust.

4.6 Quality management systems

4.6.1 Developing a quality workforce: training and education

- Our **induction programme** continues to run monthly and also provides mandatory training for new staff. Non-attendance at induction is monitored and reviewed with individual staff and their managers. Completion of the induction programme has fallen from 89% (Q4 09/10) to 62% (Q4 10/11) overall (but upward trend from Q1). Perhaps more concerning is the time following commencement of employment that this is taking. The importance of staff attending induction shortly after taking up their post is to be again reinforced to managers and new starters.
- Over 70% of OCHS staff had received an **annual appraisal** within the past twelve months during 2010/11. This figure varied across the various networks (from 57.6% in the health and wellbeing network (at the end of quarter 3) to 90% in the Urgent Care network. These figures are slightly below expectations however represented a significant in year improvement over baseline levels.
- **Mandatory Training** was monitored throughout the year through the use of a Workforce Balanced Scorecard that was received by the Board half yearly. In 2009/10, NHS Oldham revised and refreshed mandatory training to improve overall compliance. Working collaboratively with managers we were able to identify areas of low attendance and develop interventions and solutions to address problems. Further work in 2010/11 occurred to secure further improvements in attendance via the development of flexible learning provision and use of mandatory training spreadsheets for each team to highlight when and where training was indicated for

named staff. The further development of the learning management system also enabled improved reporting to managers to further improve monitoring of core training.

4.6.2 Developing a quality workforce: the NHS Staff Survey

In October 2010 the eighth National NHS Staff Survey was undertaken with a 63% response rate across all staff groups (including both OCHS and Commissioning staff). OCHS believes that the survey is a key way of gaining information on the staff's views and experiences and is used as evidence by our Commissioners to support a number of key performance indicators. The experiences of staff are intrinsically linked to patient experience and there is a body of evidence to show that engaged employees are more likely to be productive at work, absent less frequently and provide higher quality services.

It should be noted that in the midst of large scale organisational change within the NHS that the staff of NHS Oldham have reported comparatively high levels of satisfaction in comparison with other PCTs and that several key improvements have also been made.

The results of the 2010 survey show that NHS Oldham has outperformed other PCT's in 23 areas and was designated as being in the best 20% of PCT's within 10 of these. NHS Oldham was also equal to the national average for PCTs in a further 11 areas.

In particular the top four ranking scores for NHS Oldham were:

- Staff using flexible working options – reported as 9% above the PCT average – the format of the questions asked means that the 2009 results are not comparable in this area, however it should be noted that NHS Oldham has retained in place in the top 20% of PCTs for 5 consecutive years.
- Commitment to work life balance – reported as 3.76 which is a decrease of 0.06 from 2009 but still represents a score of 0.16 above national PCT average.
- Effective Team Working – reported as 3.91 which is 0.11 above the PCT average – the format of the questions asked means that the 2009 results are not comparable in this area.
- Perceptions of effective action from employers towards violence and harassment – this was reported as 3.72 which is a decrease of 0.07 but still represents a score of 0.11 above national PCT average.

NHS Oldham has also made particular improvements from the 2009 survey in the following areas:

- Percentage of staff appraised in the last 12 months – a score of 78% was reported which represents an increase of 25%
- Percentage of staff appraised with personal development plans in the last 12 months – a score of 70% was reported which represents an increase of 36%.
- Percentage of staff having well structured appraisals in the last 12 months – a score of 36% was reported which represents an increase of 9%.
- In the above areas NHS Oldham is now in line with the average score for PCTs (having been well below average for three previous years). This represents significant work by line managers, senior managers and the Education and Training Department to ensure improvements.

The key findings do show a slight decrease in overall performance from the 2009 survey findings. There is a decrease in performance in 12 areas (albeit in 11 of these NHS Oldham reported as equal to, or better than, other PCTs). This may be attributable to changes within the NHS and the current financial/economic climate. Decreased satisfaction is also replicated across other PCTs.

The following four indicators were identified as the bottom four ranking scores:

Quality of job design – this had fallen by 0.06% and is 0.04% below the national average.

- Staff witnessing errors / near misses – this has increased by 3% and is now 2% above the national average (a lower score is preferable in this indicator)
- Staff attending equality and diversity training – this has increased by 1% since 2009 but is still 4% below the national average.
- Impact of health and well being on ability to perform work – this has remained the same but is 0.04% below the national average. NHS Oldham is working internally and externally to explore options available to staff to improve this health and wellbeing.

It should be noted that the only indicator in which NHS Oldham falls in the bottom 20% of PCTs is in relation to witnessing errors, near misses and incidents. However, 97% of all errors, near misses or incidents are reported within NHS Oldham placing it in the top 20% of PCTs and staff perceptions of the fairness and effectiveness of reporting procedures is above the national average for PCTs.

4.6.3 Developing a quality workforce: the leadership forum

OCHS recognised that strong leadership was key to supporting the challenges faced, of greater complexity than ever before, by the organisation during 2010/11 in an environment of accelerated change. These challenges included:

- The increasingly competitive environment with the organisation being required to not only provide but demonstrate that it provides high quality, value for money services;
- The fact that service delivery was also changing. Staff were being asked to work out of different premises (e.g. Integrated Care Centre), using different models (e.g. Urgent Care Centre), providing new services (e.g. Community Recovery Unit) or in Clinical Networks as part of the Service Transformation Programme.
- The challenging financial position required significant service transformation to lever efficiency savings whilst at the very least maintaining, if not increasing, quality;
- The fact that national, regional and local priorities continued to develop, requiring OCHS to adapt;
- The opportunity to collaborate with new partners and drive forward future organisational form.

OCHS firmly believes that it falls to leaders to create a culture of continuous quality improvement and high readiness for change and enhance staff productivity, not only in a cost-effective way, but also in a way that does not reduce their motivation and well-being.

OCHS is embarked on a programme which designed to build organisational capacity and capability to effectively lead and manage the organisation through this period of transformation.

Whilst the need for effective leadership is clear, there are many leadership models. However, given its values and strategic objectives, the form of leadership that is most appropriate for OCHS, and as set out in its Workforce Strategy, concentrates on the crucial concept of engagement. Engaging leaders build and maintain strong relationships with those who work for them, capturing their hearts and minds, co-producing a shared vision, whilst encouraging, empowering and enabling staff to deliver it. The Leadership Forum was designed as a key enabler of effective engagement, ensuring the engagement of leaders across the organisation, reinforcing and role modelling our values and culture. The Leadership Forum brought together the Senior Management Team, Network Managers, Heads of Service and their Team Leaders to understand:

- The organisational context - where are we and what do we need to be mindful of?
- How are we performing?
- How can we improve?
- Where are we going and how will we get there?

The event provided attendees the opportunity to network, build a shared vision, drive and facilitate change, access senior and other managers, challenge and question to drive service improvement, inspire others, focus team effort, support the development of individuals and the organisation, share key issues/messages openly, honestly and with integrity. The evaluation of the forum revealed that the methodology used demonstrably enabled increasing engagement of leaders and supported capacity and capability building.

4.6.4 Developing a quality workforce: staff engagement

OCHS held a series of nineteen Staff Roadshows which attracted over 400 staff (40% of the workforce) to communicate directly with and seek engagement from staff relating to the transfer of services to a new host organisation from April 2011. The roadshows were interactive in nature and encouraged staff to discuss their thoughts and reactions to the proposed transfer, their concerns, their perception on the impact during 2011/12 and their vision for the next three years

4.6.5 Information systems: the Minimum Data Set

OCHS did not achieve the requirements of the Minimum Dataset Commissioning for Quality and Innovation (CQUIN) Scheme. OCHS fully recognises that as an organisation it has a great deal of work to do to improve information systems and information management, using the new technology and electronic solutions that are available. Despite the non-achievement of the indicator the organisation undertook a significant amount of data flow mapping and did implement a local solution 'Contact Manager' to support several services. This ground work will support the full implementation of a regional solution following the completion of the Transforming Community Services programme and the integration of the organisation into Pennine Care Foundation Trust.

4.6.6 Integrated Governance: Board assurance framework

Oldham Community Health Services was required to present its Assurance Framework to NHS Oldham's Board four times per year. The Framework used was regularly reviewed and revised in light of organisational changes and follows best practice linking risks to the achievement of corporate objectives. This format has been reviewed and approved by Internal and External Auditors. Principally, the Framework reflects material risks which score highly and that are likely to impact on the delivery of our strategic objectives. Significant progress was made in a number of areas. However, progress in a number of areas was affected by former and recent management and structural changes. Key risks in relation to IM&T, workforce and organisational resilience, and finance remain. Following the most recent changes, increasing attention has been given to ensuring the safe transition of

services to Pennine Care as opposed to development works. As OCHS transfers to Pennine Care on April 1st, it will contribute to that organisation’s assurance framework and as such, these above key risks will transfer and be aligned, as appropriate to Pennine Care’s strategic objectives.

4.6.7 Quality Improvement, Productivity and Prevention

Throughout 2010/11 OCHS has been working to deliver a cost improvement plan (CIP) which supports the NHS Oldham Quality Improvement, Productivity and Prevention programme of work.

The CIP schemes were reviewed and rationalised during December and OCHS was able to demonstrate broad achievement with the revised forecast by the end of 2010/11. The QIPP agenda is not a finite one and OCHS will continue to work with NHS Oldham, the Clinical Commissioners and Pennine Care Mental Health Foundation Trust to support its’ delivery in the future.

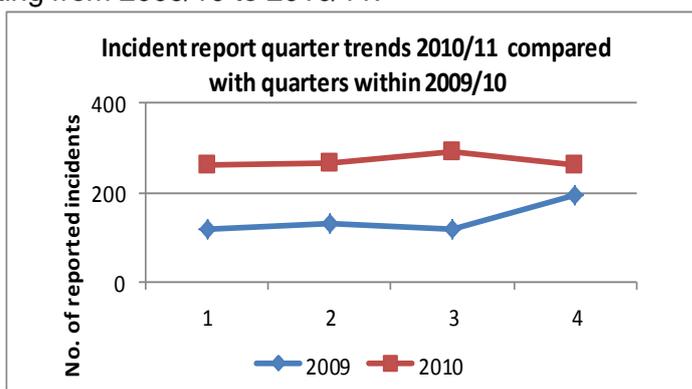
4.7 Patient Safety

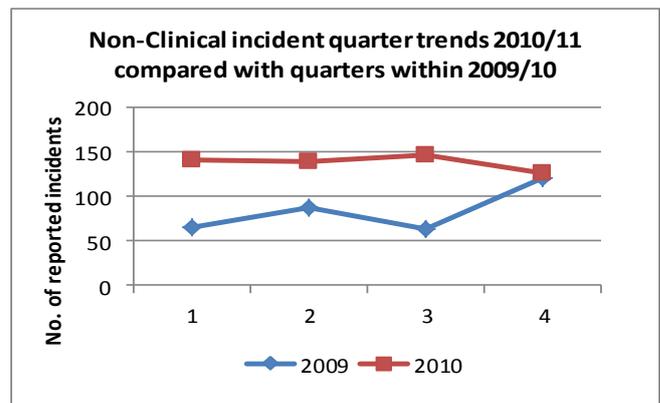
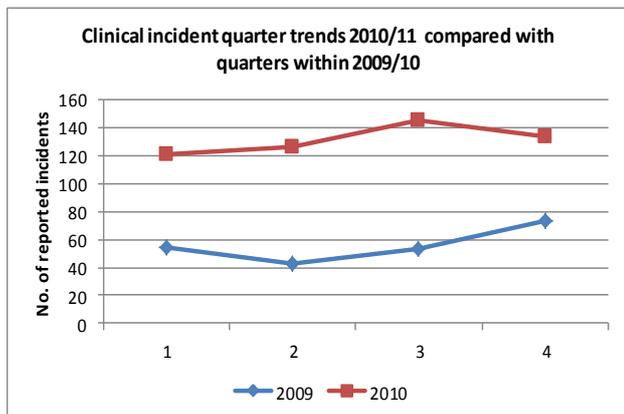
4.7.1 Infection Control

During 2010/11 OCHS has demonstrated full compliance with the Health and Social Care Act 2008 requirements. This has been confirmed to NHS Oldham in the monthly returns of the Assurance Framework which is provided to the Strategic Health Authority on a monthly basis. The target for MRSA bacteraemia of no more than two cases was achieved; there were no cases of MRSA bacteraemia directly related to OCHS. No target was set for Clostridium Difficile infection (CDI); however OCHS has implemented the campaign for CDI risk reduction promoted by NHS North west. Any health care acquired infection occurring within a patient receiving care from any of the OCHS services is subject to a detailed investigation, undertaken in collaboration with our Commissioners and other Provider organisations as relevant. The investigation is undertaken to understand the root cause of the acquired infection and to make sure that any lessons learnt are shared across the organisation and that measures are put in place to ensure that the risk of the same cause occurring again is minimised or eliminated.

4.7.2 Incident reporting

OCHS believes that incident reporting, detailed and trend analysis and the development and maintenance of mechanisms to ensure learning from incidents is embedded within the organisation is a key component to the patient safety culture. The graphs below show the incident reporting number trends for 2010/11 alongside those for 2009/10. OCHS can demonstrate a strong reporting culture and this is also reflected in the results of the staff survey described in section 4.6.2. Incident reporting for quarter four 2010/11 compared against quarter four from 2009/10 has increased by 35%. There has been an overall 80% increase of reporting from 2009/10 to 2010/11.





OCHS reports directly to the National Patient Safety Agency’s (NPSA) National Reporting and Learning System. OCHS has reviewed, in collaboration the three reports available to it from the system during 2010/11. We believe that the reports demonstrate the continuing progress and the robustness of our reporting system. The reports have been considered by our Health and Safety Committee providing an analysis of patient safety incidents reported by the trust, including benchmarking information from similar NHS trusts. The key points from the reports are as follows:

- Positive increase in reporting numbers (trust at the top of 50% reporting trusts).
- Reports have been consistently submitted twice a month over the data period.
- Incidents were submitted significantly faster than the more than other reporting trusts.
- There was no Patient Identifiable Details included in any report sent.
- We demonstrate a higher proportion of incidents associated with implementation of care and treatment and procedure.

4.7.3 Trend analysis of incidents 2010/11

Aggregation and analysis of the incident reporting data over the year indicates that a total of 284 injuries were reported in 2010/11, which is a 58% increase from last year (180 09/10 OCHS). Of these 61 occurred to staff and 223 occurred to patients or visitors. Injuries reported included incidents where there was no causal link to OCHS care provision, for example there were a number of examples of pressure sores, where the presence of the pressure sore is reported even though it originated when the patient was in the care of another provider.

During 2010/11 OCHS provided inpatient intermediate care for patients at the Community Recovery Unit. The operation of this unit contributed to the overall incident and accident numbers, with slips trips and falls and medication errors forming the principal categories. Control measures were designed in consultation with the Health and Safety Executive (HSE), and implemented over the year. The unit closed during quarter four and a predicted reduction in overall report numbers is reflected within the trend graphs.

The ‘top five Injuries’ have remained similar to 2009/10, with the following changes. Within the top five categories there have been the following change in proportion over the year; Pressure sores increased from 36 to 50%; Cuts, bruises and abrasions decreased from 37 to 26%; Inoculation injuries which have reduced from 3% to 2%.

Slips trips and falls commonly contribute to cuts, bruises and musculoskeletal injury. The risk management team and facilities management initiated preventative work, which included

improving floor surface selection within new buildings, implementing a 'toolbox talk', and ongoing evaluation of floor surfaces using the HSE flooring assessment tool.

Pressure sores are acknowledged to have measures that can prevent occurrence in many instances. However their inclusion within the incident reporting system identifies that the largest proportion are identified at initial contact by our services. In these instances prevention is extremely difficult. Our tissue viability team are working with our local acute Trust and residential care units to triangulate incident data, to help us address wider preventative risk issues, and also to ensure that patients with pressure sores receive the best level of support and tissue viability advice.

4.7.4 Never Events

There were no 'Never events' reported during 2010/11. However three 'Insulin administration incidents were specifically considered in terms of the Never Event criteria published by the Department of Health, both for 2010/11 and the revised criteria published for 2011/12 and all were evaluated to fall outside of the criteria.

4.7.5 Non clinical incidents

Reported security related incidents and those of violence and aggression both remain high levels in comparison to the average from 2009/10. Lone worker devices were deployed to provide an extra layer of protection to staff working in the community setting. OCHS have currently in the region of 600 active lone worker devices allocated to staff. Training has been given to all staff allocated the devices, with refresher training available as required. It can be expected that as a result of the raised awareness in relation to verbal and physical abuse a greater number incidents will be reported.

The reporting of data security incidents was higher than last year's average. This year has seen three quarters with higher numbers than last year. This has resulted in an increased average from 9 per quarter in 09/10 to 11.5 per quarter in 10/11. The range of issues reported within the category has increased with staff demonstrating that the information governance training to support compliance with the Information Governance Toolkit compliance has resulted in the recognition of issues that previously may not have been reported. The incidents are reported to the Information Governance Group for scrutiny and action plan monitoring.

Three RIDDOR reports have been made to the HSE. All incidents that resulted in a RIDDOR have been reviewed in detail by the respective line managers.

4.8 Patient experience and engagement

4.8.1 Friends of OCHS

'Friends of Oldham Community Health Services' was an initiative designed to enable people who care about their local health services (whether users/patients, carers or the general public) to get involved in our activities. 'Friends' worked with us in a number of ways and were free to choose the level of involvement that they wished. Whatever their level of involvement we were committed to working with them to improve the quality of local healthcare services we provide.

Level 1: INFORMED

Being 'informed' can mean:

* Receiving information about Oldham Community Health Services e.g. our newsletter, new or developing services, new initiatives

- * Responding to surveys on the range of services we offer (if they have used these services, or knows someone who has)

- * Receiving invitations for future events

Level 2: INVOLVED

Being 'involved' can mean:

- * Being 'informed' as described above and

- * Participating in workshops, focus groups designed to provide us with views on how to take service changes forward and make quality improvements

- * Joining existing groups to add weight to the patient's view

Level 3: ACTIVE

Being 'active' can mean:

- * Being 'informed' and 'involved' as described above and

- * Attending formal meetings of OCHS where you will get first hand information about our business and activities e.g. board meetings (held every two months)

- * Acting as an ambassador for OCHS at public events e.g. conferences (local and national)

- * Assisting us in recruiting 'Friends'

- * Working with us on our quality agenda e.g. taking part in formal audits, reviews and evaluation of services across a range of key activities, becoming a 'Quality Champion' in relation to your area of interest

Since the transition to Pennine Care Friends of OCHS have been invited to apply to become members of Pennine Care Mental Health Foundation Trust

4.8.2 Patient Advice and Liaison

PALS continue to provide an effective service for patients and their carers when they encounter difficulties within the NHS services in Oldham. It aims to resolve problems on the spot and, through local resolution, prevent them escalating into formal complaints. Since taking over the registration for Healthspace, the Patient Advice and Liaison Team have met and registered several clients. The Patient Advice and Liaison team has undertaken outreach work, for instance attending the National Older People's Day, the Health Mela and the World Mental Health Day events in Oldham.

4.8.3 Complaints, concerns and Compliments

A summary of complaints and concerns received was reviewed on a monthly basis by the Interim Chief Operating Officer of Oldham Community Health Services and a report on complaints received is prepared for Oldham Community Health Services' Sub-Committee on a quarterly basis, highlighting any identified themes. Due to changes in the way that complaints, concerns and compliments are logged, it is become possible during 2010/11 to present an analysis of themes and trends by clinical network as well as by service.

Configuration of the data in this way also allows networks to better monitor and take appropriate actions, ensuring learning takes place and lessons implemented. Retrospective review has also been undertaken in order to identify themes, patterns and trends over the previous quarters of the year. Any complaint that identifies shortcomings in service results in an agreed remedial action plan, the implementation of which is closely monitored by the Complaints Team.

The trend analysis for 2010/11 revealed that a significant number of complaints and concerns were from patients attending the Walk-in Centre. The complaints specifically related to waiting times and the attitude of staff and communication. A number of closely monitored action plans were put into place, and despite the transfer of this service to another Provider in 2011, OCHS has ensured, in collaboration with NHS Oldham that the learning

and actions associated with the complaints and the trends identified are not lost during the handover of the service.

It is acknowledged that patients have experienced waits which are longer than we would expect. Many of these long waits have occurred during very late evening or the early hours of the morning when only one clinician was on duty. Since 1st December 2010, the Walk-In Centre has ceased to provide a 24-hour service and its opening hours are now 7.00am – 11.00pm. There is now always more than one clinician on duty and necessary breaks are staggered. It is hoped that long waits are therefore less likely to occur. In addition, consultation times are being monitored to ensure staff make the most efficient use of their time whilst ensuring services remain safe and sound. Customer care training was delivered to all Walk In Centre staff earlier this year and the importance of providing clear information in a professional and courteous manner was further reinforced at the Walk In Centre team meetings

Network Managers are asked to report any written patient compliments to the Complaints Department on a quarterly basis. It should be noted however that many verbal compliments are paid directly to frontline staff on a daily basis that go unrecorded. Large numbers of positively completed patient questionnaires and letters of thanks from other colleagues and health professionals supplement compliments received from patients. Oldham Community Health Services takes seriously the learning from complaints and has put into place a number of remedial action plans to address the shortcomings in service identified. Our priority, as always, is to ensure safe and sound services and improve the patient experience.

4.9 Clinical Effectiveness

A number of quality initiatives were identified, agreed and established during the year within OCHS to improve the clinical effectiveness of the services provided. These initiatives were developed in collaboration with NHS Oldham and were incentivised using the Commissioning for Quality and Innovation scheme. As such it was ensured that all dimensions of quality, clinical effectiveness, patient safety and patient experience were covered within each scheme. The initiatives are all presented in this section for completeness. The initiatives were focused in the areas below.

- Smoking cessation
- Obesity
- breast feeding
- nutrition and hydration
- Chronic obstructive pulmonary disease
- End of Life Care

4.9.1 Smoking cessation

The Department of Health's National Choosing Health strategy, and the Oldham Community Health Services' local Choosing Health strategy identified the importance of all healthcare professionals in supporting patients to make healthy lifestyle choices; and the need to support all healthcare professionals to improve their skills and confidence in delivering health improvement advice and brief interventions to patients. Oldham Community Health Services (OCHS) is ideally placed to support patients make healthy lifestyle choices.

Rationale

Smoking is the UK's single greatest cause of preventable illness and health inequalities. The annual cost of tobacco is estimated to cost the NHS around £2.7 billion. As well as increasing the cost of ill health and the risk of premature death, there is evidence that smoking reduces the benefits of other medical treatment. Seven out of ten smokers say that they would like to 'quit' and quitting, with support from specialist Stop Smoking services, is up to four times more likely than quitting without assistance. Additionally there is evidence that brief intervention advice given by a healthcare professional can prompt behaviour change. Our specialist Stop Smoking Service historically received low numbers of referrals from other PCT services.

Outcome

During the year, health promotion champions were identified in each network within OCHS, who were supported to develop knowledge and skills for sharing with colleagues across the networks. The aim of this was to enhance awareness of the services to support people who wished to stop smoking, to offer a 'brief intervention' and to signpost and refer to our Stop Smoking Service. As a result all clinical staff who had contact with patients were supported to assess patients' needs in relation to stopping smoking and to offer a brief intervention. Additionally, written information was provided to patients on how they could access the specialist Stop Smoking Service and, where the patient consented, a referral was made to the Service.

Raising and maintaining public awareness - Accurate, up-to-date Information on how to access local specialist stop smoking services was prominently displayed in all public waiting areas by the Health Promotion champions. An in-year audit was undertaken and demonstrated that all sites surveyed were displaying such information.

4.9.2 Obesity

Rationale

As yet, there is a dearth of evidence surrounding the long term effects of childhood obesity; however the promotion of evidence-based dietary choices and habits is believed to be advantageous in maintaining a healthy lifestyle. Obese children tend to become obese adults. There are at least 8000 obese children in Oldham under the age of 16 years (approx 1 in 5 of these being children aged 10 – 11 years). If this trend continues, then two thirds of Oldham children will be obese by 2050.

Additionally, screening children for obesity provides the opportunity to identify a number of rare conditions associated with obesity such as Prader-Willi Syndrome, Bardet-Biedl Syndrome, hypothyroidism and Cushing's Disease.

Developing an obesity strategy

The PCT and its provider arm worked collaboratively to ensure that a strategy for obesity was developed. The strategy provides a framework for future action and identifies the scale of the problem locally, the risks and costs of obesity, where action will be targeted and how we will progress these actions. It serves as the basis for our commissioning intentions going forward.

4.9.3 Breast feeding support

Rationale

There is significant evidence to support the health benefits of mother's choosing to breast feed their infants e.g. protection against a wide range of serious illnesses including gastroenteritis and respiratory infections in infancy as well as allergies and diabetes in

childhood. Support offered to mothers in making their choice of feeding method for their babies, and continuing with emotional and practical support once they commence feeding is vital if they are to sustain breast feeding, particularly in the critical early days and weeks following birth.

Outcome

Achieving best practice standards – UNICEF Baby-friendly initiative Stage 3 accreditation

For a number of years, OCHS has gained recognition for improving the quality of care in relation to support for mothers in making their choice to breast feed and supporting them whilst breast feeding. Their efforts have resulted in Stages 1 and 2 of the UNICEF Baby-friendly award. This year, we agreed that they would aim to achieve Stage 3 accreditation. The benefits that resulted from the works undertaken demonstrate in improvement in data collection and completeness on the numbers of babies who are either breast or bottle-fed at birth, 6-8 weeks and at 6 months; and the quality of information and support provided to mothers to assist in the maintenance of breast feeding. As a result accreditation was awarded in November 2010.

4.9.4 Malnutrition and dehydration

Rationale

Malnutrition is both a cause and consequence of ill health. The impacts of malnutrition include vulnerability to infection, delayed wound healing, impaired functioning of the heart and lungs, decreased muscle strength and depression.

People with malnutrition consult their doctors more frequently, receive more hospital care and tend to stay in hospital for longer periods and are more likely to develop complications and have shorter lives. Particular groups of people e.g. the elderly are more likely to be at risk of malnutrition, and where poor dietary habits/intake are chronic, they may be at risk of death.

Malnutrition is currently under-recognised, reported and as a consequence under-treated.

Capacity and capability building

In order to raise awareness and support improvements in the recognition and management of malnutrition a nutrition steering group was established. The steering group had patient representation and multi-agency membership and was tasked with developing an audit programme to monitor the use of the malnutrition universal screening tool (MUST); to monitor education and training in relation to malnutrition and dehydration and to undertake an evaluation of the patient experience.

- *Education and training:* Staffs attend a three yearly update on malnutrition and to support this training sessions were held through the year and staff attendance monitored. This demonstrated that not all staff who should have attended did so. Active publicity for training events has taken place and line managers have taken action to ensure staffs attend through the coming year. Of those who attended, 45% expressed themselves to be more confident in undertaking a MUST assessment and that the training had helped them to better identify those patients requiring an assessment.

- *Audit of use of the MUST tool:* The tool was to be used on all newly referred older patients within the Adults with Disabilities and the Long Term Conditions Network.

In addition to the above, the Nutrition Steering Group worked collaboratively to produce clinical guidance on the use of the MUST tool and a new hydration policy, both to be

supported as part of staff training updates; and all district nursing teams were issued with new weighing scales.

Evaluation of patient experience

Two types of survey were conducted, one in a number of intermediate care in-patient facilities and one in patients' homes. The surveys had common aims, these being to measure patient satisfaction and their experience of food and to use comments from patients to improve practice.

The results of the survey conducted in patients' homes indicated that the majority (63%) had been assessed in relation to their dietary habits, with a minority (44%) being offered advice on food and drink and that the majority (69%) had been satisfied with the assessment and/or advice. 44% of patients surveyed said that they had been referred to a dietician for further assessment and support.

The results of the survey conducted in intermediate care settings indicated higher levels of satisfaction with the quality of care provided in relation to aspects of food and drink.

Whilst the survey sample groups were small, the results suggest that more needs to be done in relation to improve the quality of support given to patients in their own homes. As a result, the MUST training is to be reviewed and the 'Food First' resources pack (for use by staff) is to be updated and included in the training.

4.9.5 Chronic obstructive pulmonary disease

Rationale

Exacerbations of chronic obstructive pulmonary disease account for a significant number of all emergency medical admissions and may be associated with prolonged lengths of stay. Improving the management of the disease in line with best practice guidance will enable patients to remain at home, thus aiding their recovery and avoid needless hospital admission.

The aims in targeting this aspect of care provision was to improve the effectiveness of care, improve patient experience and provide an opportunity for innovative care delivery, thus working to prevent acute episodes of the disease and enabling patients to remain at home through acute episodes of the disease.

Developing capacity and capability

OCHS made an active contribution to development of the care pathway and supporting resources for COPD, sharing best practice through membership of the North East Sector COPD Group and development and delivery of a local respiratory programme.

Two key areas were identified for action.

Staff education and training: Given their close involvement with patients who have COPD two services were targeted for specific education and training (community matrons and district nursing). The clinical nurse specialist for respiratory disease developed the local training programme 'CPOD – management and treatment'. Six sessions were held in the year with a total of 77 of the targeted staff in attendance. The session was designed to provide up-to-date information on the disease, the standards governing best practice and how to provide care in accord with best practice. The sessions allowed for interactive debate between clinicians and the specialist.

Patient education and training: A significant number of patients with COPD were invited to attend an 'Admissions Avoidance' self-care session. The number of sessions held through the year was 10 and a total of 95 patients and carers attended. Patients were issued with an information pack, a 'flare up' plan and also signposted as appropriate to other services e.g. Stop Smoking Service. Along with a structured education session, patients were also offered flu and pneumonia injections. Patients and their carers were asked to provide feedback on the value of the sessions:

The majority of patients felt they:

- Better understood COPD (93%)
- Would be better able to cope if they had a 'flare up' (96%)
- Understood the different kinds of medicines they had been prescribed ((91%)
- Would know better how to use their medicines (89%)

The majority of carers felt they

- Better understood COPD (100%)
- Would be better able to help the patient cope with a flare up (100%)

Owing to the success of these sessions, consideration is being given to staging the programme in 2011/12.

4.9.6 End of Life Care

Rationale

Patients should experience the highest possible standards of end of life care. The Liverpool Care of the Dying Pathway (LCP) delineates nationally recognised best practice in end of life care and ensures value and enhances the experience of patients and their relatives. The utilisation of this tool within OCHS was identified as a potential area of risk to the organisation as a recent end of life care audit relating to LCP use showed potential areas of non-compliance with the requirements of the pathway.

Outcomes

OCHS used a multifaceted approach to increase the proportion of dying patients whose care is managed using the LCP including training, education and rapid sequence auditing. OCHS also undertook a full audit cycle during 2010/11 to identify specific areas within the pathway of non compliance and to develop action plans completed within year to address the issues identified.

5 Statements from Local Involvement Networks, Overview and Scrutiny Committee and Primary Care Trust

Comments on the Oldham Community Health Services Quality Account for 2010/11 from the Oldham Overview and Scrutiny Committee

The Board welcomes the Oldham Community Health Services' Quality Account and the opportunity to provide comments on this. Members feel that their comments are limited on this year's document due to the timescales given to provide comments. It does recognise the amount of work that has gone into producing the document and acknowledge any difficulties that may have arisen this year due to the transition.

The priorities for 2011/2012 are clear and explained well to make improvements. The Board also notes the performance made by Oldham Community Health Services during 2010/2011 and represents a fair reflection of services provided. It also welcomed the opportunity for Oldham Council's Overview and Scrutiny during 2010/2011 to scrutinise issues such as the closure of the Community Recovery Unit. They also were consulted on early in the process on the proposals to changes of the Walk in Centre in Oldham.

For the forthcoming year, the Board would like to be involved in the production of the Quality Accounts at the beginning of the process. It would also like to be engaged in consultations regarding service changes and development of action plans and strategies. Finally, the Board would like to receive a six monthly progress report on delivery of targets for 2011/2012.

Comments on the Oldham Community Health Services Quality Account for 2010/11 from Oldham LINK

Oldham Local Involvement Network (LINK) provides the following statement in response to the OCHS Quality Account. It should be noted that this has not been formed from direct consultation about the Quality Account itself due to limitations of time and capacity. Rather, it is drawn from existing areas of LINK consultation and engagement activity over recent months, from which relevance to aspects of the Quality Account can be applied. This is provided by the Host Organisation (Gaddum Centre), on behalf of the LINK.

Oldham LINK engagement activity on the public health priorities of smoking and obesity (amongst others) would support the actions taken by OCHS in terms of its focused quality initiatives for Clinical Effectiveness.

Obesity in particular was identified as one of the major health problems locally and as a priority for local action, with barriers including lifestyle behaviours of children and within their family units and a lack of awareness and accessibility to affordable healthy food choices. Some practical recommendations included:

- Affordable healthy food and widely accessible and available.
- More people on walking schemes/groups.
- Available and safe (green) spaces for children to play.
- Community ownership schemes of local parks and other green spaces.
- Better neighbourhood working.
- More community based health interventions in locally accessible venues.

- Better access to information about obesity related issues and available services/support interventions, and in one place. Innovative practices, not restricted by strict need for evidence base and very rigidly measurable outcomes that may inhibit preventative work from being commissioned.
- Increased physical activity for children/young people

Smoking was identified within LINK consultation as a major concern, especially in light of public health intelligence data showing LINK members that smoking related illnesses are responsible for the greatest number of preventable deaths.

Education amongst young people was considered to be particularly important as a local action and solution, which is not particularly reflected by the activity described within the Quality Account. LINK engagement information however would support the actions to promote greater brief interventions, based upon an identified need for support with giving up smoking.

Further information about these issues can be found in the Oldham LINK “Love Your Health” report on the public health strategy consultation (see <http://www.oldhamlink.org.uk/assets/documents/amendedloveyourhealthreport.pdf>)

More generally, the Improvement Principle of supporting the involvement of patients in their care within the Quality Account can certainly be supported by Oldham LINK. Work of the Oldham Health Commission (as facilitated collaboratively by Oldham LINK and NHS Oldham) to develop a set of “fairness” principles within commissioning indeed asserts:

“We believe patients should be fully involved: both individually in making choices about treatment and collectively in commissioning decision making; at all stages and all levels, including commissioner governance.” (see <http://www.oldhamhealthcommission.org.uk/index.php/report>)

This was an intensive piece of work, sponsored by the emerging Clinical Commissioning Consortia. Further details can be found at its dedicated website www.oldhamhealthcommission.org.uk

Oldham LINK has also this year worked with Pennine Care NHS Foundation Trust to provide a local briefing workshop prior to the Transforming Community Services (TCS) transaction of OCHS from NHS Oldham to the Foundation Trust. This fulfilled part of the LINK’s statutory obligation to monitor and scrutinise services and provide information about relevant changes within services. The LINK thanks Pennine Care for delivering this session and for engaging with interested LINK members and others. It is intended to work further with OCHS now that the TCS transaction is complete to consider from a patient perspective what effect it has had on the patient experience of community health services.

We have also supported Pennine Care with its recruitment of new members in order for its membership model to reflect its diversity, now that it has expanded from solely being a specialist mental health provider of acute service and wish OCHS well in being incorporated within the broader organisation. We also look forward to further developing working relationships with the Trust in light of its new responsibilities for OCHS.