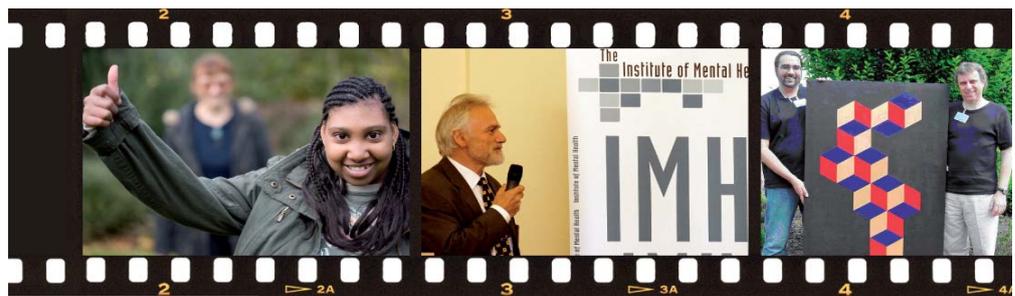


positive

... about quality for each
service user, patient, carer
and member of staff



Quality Account
2009/10

Quality Account 2009/10

Executive Summary

Introduction

Nottinghamshire Healthcare is a large mental health and learning disability Trust providing services across the whole of the care pathway from high secure services at Rampton Hospital, medium secure services at Arnold Lodge and Wathwood Hospitals, Low Secure services in Nottingham. We provide Mental Health and Learning Disability Services to the community of Nottinghamshire, from Psychological Therapies in primary care at your local General Practitioners to acute in-patient services. We provide over 1000 beds and employ over 5500 staff across over 100 sites.

Nottinghamshire Healthcare is pleased to present its second Quality Account, building on the work we did last year, focussing on improving the quality of care to all our service users and their carers.

This account should be read alongside the suite of companion documents, including the Quality Strategy, the Integrated Business Plan, the Annual Involvement Report and the Annual Report.

Statement from the Chief Executive

"The Trust Board of Nottinghamshire Healthcare NHS Trust reviewed the content of the Quality Account on 24 June 2010 and confirmed that we are accountable for the content of the report. In our view it presents a balanced view of the overall quality of services that we provide and that to the best of our knowledge the information in the document is accurate."

Professor Mike Cooke, Chief Executive

At a glance summary of Trust Board Statements

This section specifically includes a general review of services, details our participation in local and national audit programmes, our commitment to research and innovation, our response to the framework 'Commissioning for Quality and Innovation', details of our unconditional registration with the Care Quality Commission and a statement on data quality.

Review of services	92% of services are reviewed in the 2009/10 Quality Account
Participation in clinical audit	Participation in 100% of national clinical audits Participation in 100% of National Confidential enquiries The reports of 155 local clinical audits were reviewed by the provider.
Research	3531 patients were recruited into research studies approved by a Research Ethics Committee
Commissioning for Quality and Innovation	0.5% of income was conditional on achieving quality improvements and innovation goals
Care Quality Commission registration	Unconditional registration
Data quality	Valid NHS number – outpatients 97% In-patients 94% Information Governance toolkit 83% Error rates in clinical coding 12.1%

At a glance summary of our review of the quality of services

This section provides information relating to the quality of services that the Trust provides. It has been divided into three sections, commenting on, in turn, Safety, Effectiveness and Patient Experience. It builds on the priority areas from the 2008/09 Quality Account and reflects the view of the Trust Board, Service Users and Carers on priorities for quality improvement.

Safety		
Managing and Reducing Violence	Physical Violence to staff	Forensic 2% decrease Local 6% decrease
	Physical violence to patients	Forensic 7% decrease Local 15% increase
Seven Day Follow up after discharge from in-patient care		95.8%
Serious Untoward Incidents	Investigated within timeframe of 12 weeks	Current Performance at 100%
Medicine Safety	Medicine Error Rate	0.65 errors per thousand bed days
Safeguarding	Percentage of staff in date with training	Adult Safeguarding 82%
		Child Safeguarding 83%

Experience		
Patient experience	Overall rating of services from local postcard survey	85% of people reported care as Excellent, Very Good or Good
	National Patient Survey (In-patients only)	72% of people reported care as Excellent, Very Good or Good
Waiting times	Seen within 8 weeks of referral	96.5%
	Admission to Forensic Services bed within 3 months	93%
Complaints	% reported within agreed timeframe	89.5%
Effectiveness		
Cleanliness	Compliance with Health and Social Care Act – prevention and control of infection	Fully compliant
	PEAT	Significant improvement in PEAT scores
NICE Compliance		Programmes of audit in place to work towards NICE compliance
Re-admission rates	Adults	2.5%
	Older Adults >65	1.5%
Substance Misuse Services	Retained in effective treatment	80%

Priorities for 2010/11

Building on this account the Trust Board agreed the priorities for Quality Improvement 2010/11 at the Trust Board in April 2010.

Safety

- Reducing the frequency and severity of violent Incidents
- Improving the physical healthcare of patients

Patient Experience

- Improving feedback about the information people receive
- Improving experience of our acute in-patient environment
- Improving carer satisfaction

Clinical Effectiveness

- Introducing Measures of Recovery to Support the Recovery Strategy

- Reduce length of stay on acute admission wards and delays in transfer

The report then describes how we will achieve these Quality Improvements through the implementation of the seven steps to quality improvement as described in '*High Quality Care for All*' and through the implementation of our Quality Strategy.

Part 1

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

On behalf of the Board of Nottinghamshire Healthcare we are pleased to be able to present our second Quality Account for the year April 2009 to March 2010.

This report focuses on the quality of services we deliver to patients and is a statement of our value of openness, to be publically accountable for the quality of our services that we provide.

The Account has been developed through a year long focus on quality, building on the Quality Report that we published in 2008/9, responding to the feedback we received, consulting with services users and staff, leading to the development of our continuing priorities for 2009/10.

Quality is defined through three main priorities: (1) patient safety (2) clinical effectiveness (outcomes) and (3) patient and carer experience. This report will focus on the three priority areas and provide summary information.

Lord Darzi summarises an approach to the improvement in quality in '*High Quality Care for All*' and described seven steps to improving quality:



- 1 Bring clarity to quality.** This means being clear about what high quality care looks like in all specialties and reflecting this in a coherent approach to the setting of standards.
- 2 Measure quality.** In order to work out how to improve we need to measure and understand exactly what we do. The NHS needs a quality measurement framework at every level.
- 3 Publish quality performance.** Making data on how well we are doing widely available to staff, patients and the public will help us understand variation and best practice and focus on improvement.
- 4 Recognise and reward quality.** The system should recognise and reward improvement in the quality of care and service. This means ensuring that the right incentives are in place to support quality improvement.
- 5 Raise standards.** Quality is improved by empowered patients and empowered professionals. There must be a stronger role for clinical leadership and management throughout the NHS.

- 6 **Safeguard quality.** Patients and the public need to be reassured that the NHS everywhere is providing high quality care. Regulation – of professions and of services – has a key role to play in ensuring this is the case.
- 7 **Staying ahead.** New treatments are constantly redefining what high quality care looks like. We must support innovation to foster a pioneering NHS.

The Trust has responded to these challenges, incorporating them into a comprehensive leadership development programme – ‘Invest to Lead’ and a Consultant Leadership Development programme embedding quality at the point of service.

The Trust also produced its first ‘Quality Strategy’ approved by the Board in March 2010, which sets the direction for the next five years, to continuously improve quality by putting it at the heart of everything we do.

“The Trust Board of Nottinghamshire Healthcare NHS Trust reviewed the content of the Quality Account on 24 June 2010 and confirmed that we are accountable for the content of the report. In our view it presents a balanced view of the overall quality of services that we provide and that to the best of our knowledge the information in the document is accurate.”



Professor Mike Cooke
Chief Executive

Part 2

STATEMENTS OF ASSURANCE FROM THE BOARD

This section has a predetermined content to allow comparison between Quality Accounts from different organisations. The content and wording within the blue boxes is a requirement taken from the Quality Account Toolkit and provides assurance that the Board has received and engaged in cross-cutting initiatives which link strongly to quality improvement.

It contains six distinct sections

- Review of Services
- Participation in Clinical Audit
- Research
- Commissioning for Quality and Innovation
- Care Quality Commission Registration
- Data Quality

2.1 Review of Services

During 2009/10 Nottinghamshire Healthcare NHS Trust provided and / or sub-contracted mental health, learning disability and substance misuse NHS services.

Nottinghamshire Healthcare NHS Trust has reviewed all the data available to them on the quality of care in 8 of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 92% of the total income generated from the provision of NHS services by Nottinghamshire Healthcare NHS Trust for 2009/10.

The Trust Board reviews quality of services in various ways. All Board members review performance information and clinical risks are scrutinised in Board sub-committees. Board members have an opportunity to talk to frontline staff, patients and relatives on the wards and in the community and provide them with information in regard to improvements planned and where further work may be required.

The Trust also carried out planned Accountability Reviews throughout the year. These Accountability Reviews hold the Trust's services accountable for delivering safe, effective and quality services. Targets and plans are scrutinised to ensure that senior managers are aware of what actions are needed to continue to improve services and maintain a high level of quality.

In addition, future plans for the organisation is the development of QUEST (Quality Experience Scrutiny Team). This team consisting of senior managers, operational managers and services users and carers will carry out a series of internal reviews throughout the organisation focusing on quality, effectiveness and safety. QUEST will target specific themes and / or act as a peer review that will scrutinise and test to see if what is being reported to the Trust Board is actually happening within frontline services.

2.2 Participation in Clinical Audit

During 2009/10, one national clinical audit and one national confidential Inquiry covered NHS services that Nottinghamshire Healthcare NHS Trust provides.

During that period Nottinghamshire Healthcare NHS Trust participated in 100% of the national clinical audits and 100% of national confidential inquiries of the national clinical audits and national confidential inquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that Nottinghamshire Healthcare NHS Trust was eligible to participate in during 2009/10 are as follows:

- The national Prescribing Observatory for Mental Health (POMH-UK) (5 audits)
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI/NCISH) (1 audit)

The national clinical audits and national confidential enquiries that Nottinghamshire Healthcare NHS Trust participated in, and for which data collection was completed during 2009/10 are listed below.

The reports of 6 national clinical audits were reviewed by the provider in 2009/10 and Nottinghamshire Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

The POMH audits related to:

- Medicines reconciliation
- Use of antipsychotic medicine in people with Learning Disabilities
- Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards
- Screening for metabolic side effects of antipsychotic drugs in patients treated by assertive outreach teams
- Assessment of side effects of depot antipsychotic
- Monitoring of patients prescribed lithium currently running

The results of the completed audits have been presented at a number of forums locally and interventions to improve our Trust's results when we re-audit have been introduced. All interventions are available from the POMH member's area, available via the Royal College of Psychiatrists website.

Nottinghamshire Healthcare NHS Trust's involvement with POMH-UK has led to a greater awareness of standards of care in terms of prescribing. It highlighted the need for a medicines reconciliation policy which is now in use. The Trust has also purchased Lithium information packs, produced by the NPSA, which should lead to improved patient care.

The Ready Reckoner, produced by POMH-UK, is also available to help prescribers in our Trust have a better awareness of high dose prescribing.

From the results of the audits to date it is clear that there is scope for improvement in terms of prescribing practices in the Trust. Continued participation in POMH-UK audits will ensure that there is a greater awareness amongst clinicians of prescribing standards. This should lead to improved prescribing practices and ultimately better patient care.

National Confidential Inquiries – All homicide, suicide, unexpected deaths and near misses involving patients of the Trust are regarded as serious incidents and managed in keeping with the national guidance and with agreed policies within the Trust and NHS East Midlands. The Trust therefore participates in this research and reports its enquiries to the National Confidential Inquiries. The distinctive feature of the Inquiry's contribution is the critical examination, by senior and appropriately chosen specialists, of what has actually happened to the patients. There are established arrangements for communicating lessons learned both within the Trust and externally where appropriate, carrying out gap analyses for any areas of concern, developing any additional action plans where applicable to meet the recommendations of the study and to ensure that there is a robust and expedient system for dissemination and implementation.

The Trust has developed an action plan following the publication of the 5 Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness – Avoidable Deaths December 2006. The majority of the action plan has been completed and there are completion dates identified for all outstanding items.

Additionally the Trust is actively participating in the Nottinghamshire and Nottingham City Suicide Prevention Group, led by NHS Nottinghamshire County PCT and will implement all the requirements of the action plan for the period 2009 – 2012 which is currently being finalised by the group.

The reports of 155 local clinical audits were reviewed by the provider in 2009/10 and Nottinghamshire Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided

- **Safeguarding Screening:** A recent audit across all Directorates has reviewed records to ensure that appropriate Safeguarding Screening and Assessments has taken place.
- **Infection Control:** A full programme of infection control audits has commenced and the first set of these has been completed. These will continue over the next 12 months and the results will be monitored through the Local Services Infection Control Committee. This work is being completed by Matrons, Facilities staff and the Associate Director of Nursing. The audit programme has highlighted various actions across the Division which are being addressed through the Matrons in each Directorate and monitored through the Infection Control Committee. There have been at least 6 directorate audits across local services.
- **PEAT:** Full PEAT audits have been completed, one audit per directorate (6) with improvement plans written for each (see Part 3).
- **Essence of Care:** This is a benchmarking process using audit methodology. It is a process through which best practice is identified, implemented and reviewed in a cycle of continuous improvement (DOH 2001).

Examples of improvements implemented following Essence of Care Audits are:

- Setting up a healthy eating group or food and nutrition assessments
 - Developing a project to review better standards for documentation and implementing in a team
 - Physical Health pathways
 - Improvements to dining rooms
 - Developing a more homely feel to units.
- **Audits related to Suicides and Deaths:** There have been 17 audits following suicides or deaths in the last year which have been reviewed by the Serious Clinical Incident Review Groups (one for each Division). In addition a further 4 Root Cause Analysis (RCA) investigations have taken place i.e. for the most serious incidents.

The following learning themes have been identified from the RCA investigations:

1. Communication – within teams, between teams (internal and external) and with others involved in the care process for example GPs and carers.
2. Clinical Risk Management – to ensure that there is a thorough and timely assessment of risk which forms the basis of the treatment plan, which is recorded in the clinical record and which acts as the key factor in both care provision and subsequent review processes for example Care Programme Approach (CPA).

3. Carers – this includes both the involvement of carers in the treatment process, for example consultation, involvement etc, and recognising and providing for needs (Carer's) arising from their involvement in the care process.
4. Health Care Records – ensuring that each patient's clinical record is detailed, contains a current treatment plan (including risk), is updated on a regular basis to show progress and in instances where records are complex contains regular clinical formulations and risk summaries which are easily accessible to clinical staff.

2.3 Research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 3531.

Nottinghamshire Healthcare is committed to the development of research and innovation throughout the Trust.

Through our partnerships with the University of Nottingham we have invested in the Institute of Mental Health, now entering its 4th year, with a significant growth in research income.

A flagship advancement in 2009/10 was the mobilisation of the Collaboration for Leadership in Applied Health Research & Care (CLAHRC). This is an applied health research partnership funded by the National Institute of Health Research (£17.4m) and one of only nine across England.

The mission of the CLAHRC is to undertake high quality, applied research and related education in order to enable a 'step change' in the way research is delivered and services are designed.

The CLAHRC is hosted by Nottinghamshire Healthcare, but is a collaboration between the University of Nottingham, ten NHS Trusts, NHS East Midlands and two local authorities.

Current programmes of work include

- Mental Health
- Primary Care
- Stroke Rehabilitation
- Children and Young People

with a significant mental health component across three of the four themes.

The innovative approach of the CLAHRC “*from what we know to what we do*” will keep our services developing, becoming leaders of best practice.

Alongside the CLAHRC we have been developing our approach to innovation through sponsoring, in partnership with the Nottingham Business School, a programme of developing innovation skills. A £1m programme of ‘invest to innovate’ projects was also launched and these innovative services are now being delivered.

- **Invest to Innovate**

The Invest to Innovate scheme was designed to fulfil the following objectives-

1. Develop new services for the changing needs of the Trust’s customers
2. Find new ways of delivering existing services
3. Create innovation networks

The scheme was sponsored by the relevant Director of the service and was evaluated by the Trust Business Development Group which consists of the Chief Executive, the Finance Director, two Non-Executive Directors and the Director of Business Development. A quarterly evaluation process was held where proposals were ranked and rated based on those criteria.

The success of a scheme was judged in two ways – either the benefits it demonstrates ensures there is adoption of the innovation by the Trust within current resources – or the scheme secures commissioner funding. The aim was to encourage people to try new ideas and approaches – the Trust should recognise that this means taking chances.

The winning bids were assessed to ensure they had addressed the issues around

- Emerging markets
- Competitor activities
- Service opportunities
- Growing business skills in the Trust
- Accelerated benefits for patients, staff and commissioners

Innovation investment schemes included:

- Art Therapy - Providing Art Therapy assessment and treatment for people with Learning Disabilities who have specific emotional, expressive and Mental Health needs
- Developing Recovery Orientated Practice
- Improve Arnold Lodge Patient Catering
- Activities Co-ordinator appointed in ?
- Bridging the Gap Aspergers Service
- Complementary Therapies across Local Services

2.4 Commissioning For Quality and Innovation

0.5% of the Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust received the full 0.5% of income for 2009/10. The agreed goals for the previous 12 month period (2009-10) were as follows:

Innovation:

- **Improvement in physical healthcare screening and detection of potential healthcare risks**

This indicator monitors the recording of physical healthcare screening assessments with a target of 95% of assessments recorded. The Trust achieved 100% for Local and Community Forensic Services and 97% for Secure Forensic Services.

- **Improvement in the number of recorded smoking assessment of patients**

This indicator monitors the recording of smoking assessments of patients with a target of 95% of assessments recorded. The Trust achieved 97.7% in Local and Community Forensic Services and 100% in Secure Forensic Services.

Safety:

- **Care Programme Approach – 7 day follow up**

This target monitors whether Service Users are followed up within 7 days of discharge from an in-patient stay. The target for this is 95% and the Trust has improved its performance this year, achieving 95.8%.

- **Electronic discharge summaries for all patients to be sent to the correct GP within 48 hours timescale**

This is not appropriate in all services and is only possible for GP Practices able to receive electronic discharges. The 2009/10 target was for the pilot scheme to be in place in the current financial year. A target will be agreed for 2010/11 based on percentage of discharge summaries sent electronically.

The Trust implemented the pilot scheme successfully in 2009-10.

- **Serious Untoward Incident reports to be completed within 12 weeks**

This indicator monitors the reporting following an investigation of a serious incident. The target is 100% of reports completed within 12 weeks of the incident and the Trust achieved 100% of reports completed on time.

- **Delivery of staff training to deal with Patient alcohol abuse**

This indicator does not have a specified target however the Trust has implemented training sessions with staff booked onto sessions through the year.

Effectiveness:

- **Recording of Health of the Nation Outcome Scores (HONoS)**

This is a regional target which monitors the recording of Health of the Nation Outcome Scores for patients receiving care. The target is for more than 95% of patients to have a recorded HONoS score. The Trust has achieved 91.5% of patients with a recorded score and is continuing to improve this to meet the target.

Patient experience:

- **Service User and Carer Experience Surveys**

This indicator looks at how the Trust has developed service user experience surveys and distributed this to service users with questions around their experience of the care they have received. The Trust has developed and implemented a postcard survey and has reported on survey results.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from:

<http://www.nottinghamshirehealthcare.nhs.uk/>

2.5 Care Quality Commission (CQC) Registration

Nottinghamshire Healthcare NHS Trust is required to register with the Care Quality Commission; its current registration status at 31 March 2010 is that it has an unconditional registration and therefore there are no conditions related to this Trust's registration.

The Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 10 February 2010. The CQC's assessment of the Trust following that review was that on inspection, "*we found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection*".

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009/10. These are:

- *Visits to monitor the care of people whose rights are restricted under the Mental Health Act*

- *Inspection report on the prevention and control of infections -*
On inspection, we found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.
- *Community mental health follow-up review 2008/09*
- *Review of hospital services for people with acute mental health problems – a score of ‘Good’ achieved.*

Further details are available at:

http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?widCall1=customWidgets.content_view_1&cit_id=RHA

2.6 Data quality

Nottinghamshire Healthcare NHS Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient’s valid NHS number was:

- 94% for admitted patient care;
- 97% for out patient care; and
- Not Applicable for accident and emergency care.”

which included the patient’s valid General Medical Practice Code was:

- 99% for admitted patient care;
- 99% for out patient care; and
- Not Applicable for accident and emergency care.”

Nottinghamshire Healthcare NHS Trust’s score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 83%”

Nottinghamshire Healthcare NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 12.1%.

Part 3

REVIEW OF QUALITY PERFORMANCE

What we have achieved in 2009/10

This section provides information relating to the quality of services that the Trust provides. It has been divided into three sections, commenting on, in turn, Safety, Effectiveness and Patient Experience. It builds on the priority areas from the 2008/09 Quality Account and reflects the view of the Trust Board, Service Users and Carers our priorities for quality improvements.

3.1 Safety

Patient and staff safety is of paramount importance to Nottinghamshire Healthcare. In this section we will report on:

1. Managing Violence
2. Care Programme Approach and 7 day follow up
3. Management and learning from Serious Untoward Incidents
4. Medicines Safety
5. Safeguarding Vulnerable Adults and Children
6. Releasing Time to Care

1. Managing and reducing violence

The Trust recognises that this is an issue of concern for both staff and service users. The safety of patients is paramount for the Trust and this priority will focus on how we have performed in improving safety and managing and reducing violence

Violence and aggressive behaviour is recognised by the Trust as one of the top risks within the organisation and is listed on the organisational risk register as:

“Violent and aggressive behaviour towards staff, patients and visitors, particularly those in intensive treatment areas and in community settings.”

This risk is reviewed regularly as part of the Board Assurance Framework by the Risk Management Committee and the Trust Board.

There are a number of systems and processes in place to manage and reduce the risk of violence, including:

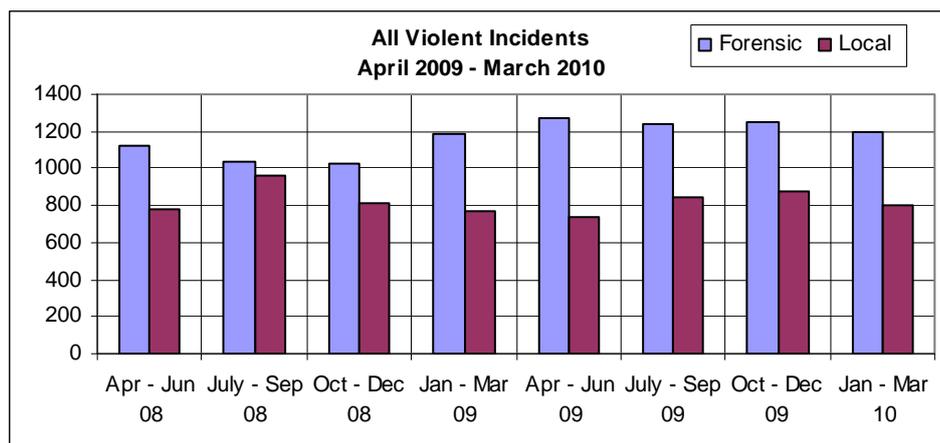
- An Incident Reporting system that ensures suitable investigation of serious incidents – regularly reviewed in each Division by specialist groups

- A comprehensive range of robust policies and procedures
- High Professional Standards and Professional Code of Practice and appropriate staffing levels maintained
- A comprehensive risk assessment programme including pre-admission assessment which ensures the use of appropriate risk assessment of individual patients using proven risk assessment tools
- Appropriate management of clinical environment including staffing levels and suitable gender mix
- Observation levels are utilised to reduce risk of violence to both patients and staff;
- Appropriate clinical interventions are provided to patients with a history of violent and aggressive behaviours to support the reduction of this behaviour. This includes the Releasing Time to Care & Rapid Improvement Programmes
- Staff have access to clinical supervision, debriefing and suitable post-incident support
- On-going de-escalation and managing violent incident training which commences with induction
- Training in the safe use of protective equipment where necessary (Forensic)

The definition of violent incidents includes both physical violence to staff and patients and non-physical incidents such as threats and verbal abuse.

The following graph shows the quarterly trend of violence-related incidents reported over these last two years throughout the Trust, showing the number of incidents reported in the two Divisions.

ALL VIOLENT INCIDENTS including non-physical (threats, verbal abuse etc) and physical violence):



There are no significant trends other than a small percentage increase in the total number of incidents reported in the Forensic Division within this two-year period. This increase is related to an increase in verbal abuse and threats.

- **Physical Violence to staff**

2008/9 1946 incidents (Local Services – 1366, Forensic Services – 580)
 2009/10 1848 incidents (Local Services – 1281, Forensic Services – 567)

In 2009/10 both Divisions show a small reduction in the number of physical assaults reported, seen in the graph below covering the last eight quarters.



When comparing the incidents of violence reported in the Local Services Division and in the Forensic Services Division it is apparent that there is significantly more reporting of *non-physical* incidents in the Forensic Division. This indicates that the threshold for reporting these non-physical incidents is much *lower* in the Forensic Division. This may require further investigation and analysis.

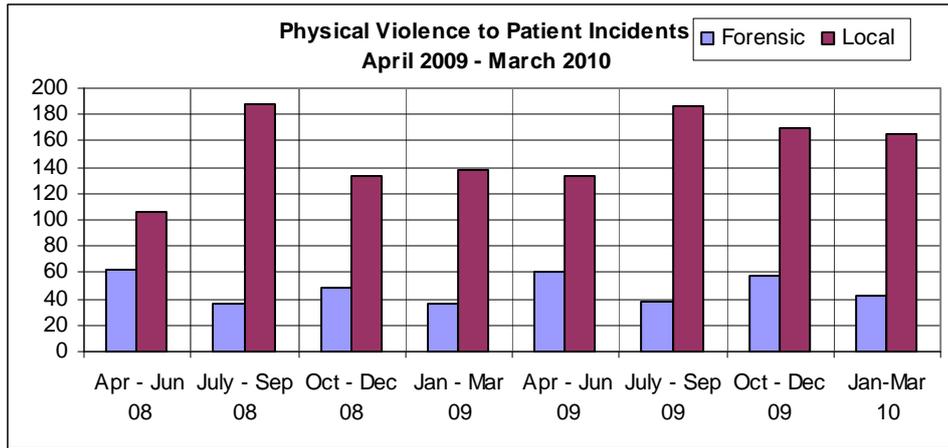
- **Physical Violence to patients**

Over the last two years the following incidents of physical violence to patients were recorded: These are nearly all patient-on-patient violence:

2008/9 750 incidents (Local Services – 566, Forensic Services – 184)
 2009/10 853 incidents (Local Services – 655, Forensic Services – 198)

The Forensic Services Division recorded a slight increase in 2009/10, whilst there was an increase of about 15% in the Local Services Division in the same year.

The following graph demonstrates the higher number of assaults to patients in Local Services, the majority of these occurring in the Learning Disability Services and the Mental Health Services for Older People.



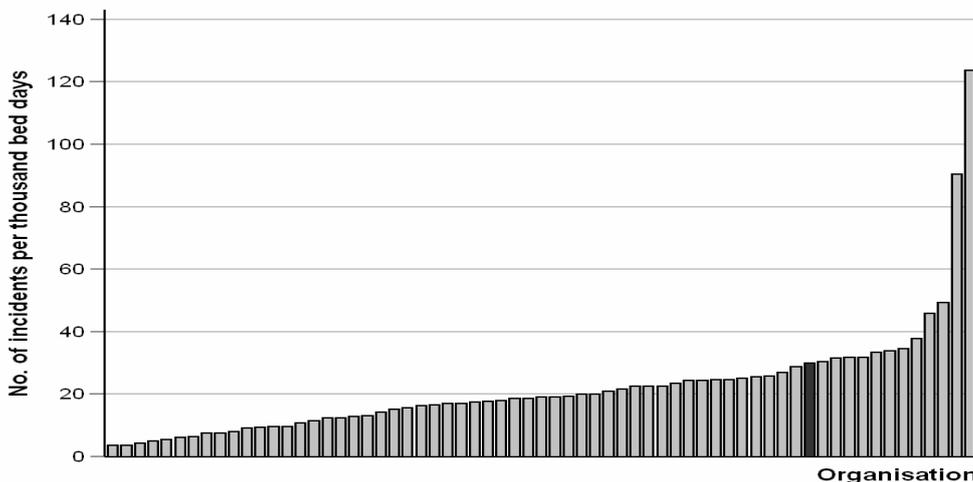
- **How do we compare to others**

Nottinghamshire Healthcare NHS Trust provides a unique range of services across local services, low, medium and high secure care, hosting national services for women and people with learning disability in high secure care. This makes comparing us to others difficult. However the National Patient Safety Agency (NPSA) collects reports from all NHS Trusts which are collated electronically via the National Reporting and Learning System. This is to enable the identification of trends nationally or clusters of incidents and to use these to inform the learning process and develop national solutions to patient safety problems.

Our cluster is defined as a “mental health and learning disabilities organisation” and contains at least 65 other organisations.

The National Patient Safety Agency publishes a 6-monthly report comparing figures with other mental health trusts. The last report has just been published and covers the period April – September 2009. 29% of all incidents we report are related to violence and aggressive behaviour. This compares to 24% for other mental health and learning disability trusts.

The first section indicates the number of patient safety incidents per thousand bed days compared with the others. This Trust is the 13th highest reporter (32 incidents/1000 bed days).



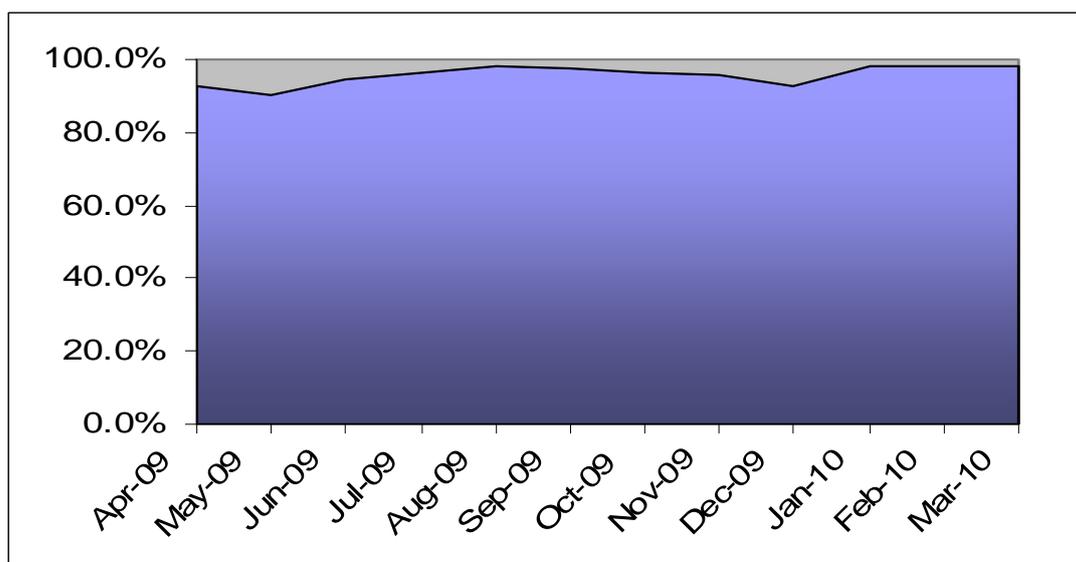
In addition to the number of incidents it is important to consider the degree of harm caused. The degree of harm is determined by the reporter and is based upon definitions determined by the NPSA, and is listed below

No Harm	= 47%	Cluster = 61%
Low Harm	= 49%	Cluster = 34%
Moderate Harm	= 3%	Cluster = 5%
Severe Harm	= <1%	Cluster = 1%
Death	= <1%	Cluster = 1%

2. Care Programme Approach (CPA) and 7 day follow up

Over the past year the Trust has been rolling out the Department of Health's Refocusing the Care Programme Approach which builds on the work we have been doing with service users to further increase the support we will be providing to those who will be on a CPA Pathway while reducing the bureaucracy for those who will be on a Care Pathway. Central to the work is high quality assessments and service user engagement in care planning and working towards recovery.

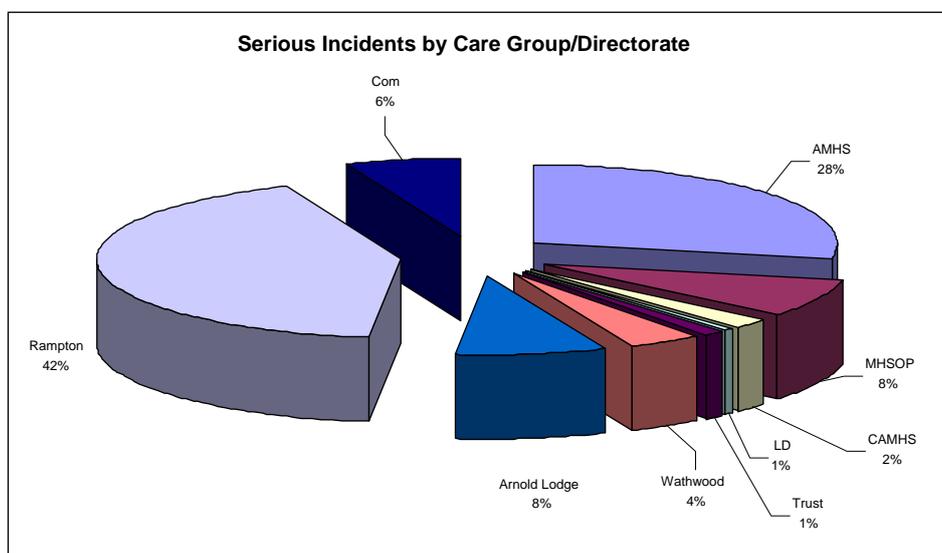
We continue to work closely with service users and their families to develop discharge care plans which will support them when they move from in-patient care to the community. To reduce risks and ensure a safer move into the community one of the core targets we endeavour to achieve is to see 95% of patients within 7 days of their discharge from hospital. Though last year we did not achieve this target, we are pleased to say that this year we have made improvements and we are pleased to report that we have achieved above 95% compliance.



3. Management of Serious Incidents

Where incidents are of a serious nature the Trust carries out investigations to ensure learning from the incident. Each of the Clinical Divisions has Serious

Clinical Incidents Review Groups with senior representation from both clinical and managerial staff. The following graphs show the percentage of serious incidents across the care groups in the Trust and the incidents by month.



There has recently been a review of the Serious Untoward Incidents (SUI) process in the Local and Forensic Divisions which was undertaken to examine Trust practices to provide assurance in our processes. The target for closing serious incidents investigation is 12 weeks from the date of reporting. The Trust is currently closing all cases within the targeted timeframe. The Trust will ensure that lessons are learned following incidents and these are shared throughout the organisation. This has resulted in 100% achievement of reporting deadlines and improved processes in learning the lessons from incidents.

The Trust considers that learning from experience is critical to its aim of delivering a safe, effective and continuously improving service to patients. The Trust has sought to promote and develop a learning culture through reviews of its committee structures, responsibilities and communication processes. The following groups have a key role in identifying and communicating learning points:

- Serious Clinical Incident Review Groups in both Operational Divisions
- Trust Infection Control Committee
- Trust Safeguarding Forum
- Trust Health and Safety Committee
- Trust Resuscitation Advisory Group

Identified learning points are communicated monthly to staff through a communiqué dedicated to this purpose. Action plans are monitored by relevant groups until completed, for example the Serious Clinical Incident Review Groups and Directorate Clinical Governance Groups. There are a number of examples where services have improved as a result of learning being identified;

Learning from SUIs in Local Services

- Adult Mental Health City, has developed a Carer Liaison role which has been piloted on the assessment ward. The intention of this role is to promote effective carer involvement in care processes and communication between Trust staff and carers.
- Coded locks have been fitted to toilet facilities located in public corridors to ensure controlled access at the Queen's Medical Centre.
- Following an incident on one of the Adult Mental Health wards at the Queen's Medical Centre radios are now issued to staff on other Adult Mental Health wards (Queen's Medical Centre) to enable more effective co-ordination of response in those instances where staff from other wards are required to assist.
- As a result of a number of incidents e.g. absconsion, that occurred whilst formally detailed patients were being escorted to the designated smoking area, from the assessment ward at the Queens' Medical Centre, a smoking area has now been provided on the ward, this has the added benefit of not diluting staff available to deal with incidents because of escort duties for smoking purposes.
- A review of the Trust Smoke Free Policy was undertaken and a number of amendments made, key amongst those is the approval of external smoking pods in designated areas for patients to use.

Learning from SUIs in Forensic Services

- After a spike in needle stick injuries to staff during the administration of insulin it has been agreed to provide retractable needles which will significantly reduce the risk of injury to staff as needles will be sheathed except when the insulin is being administered.
- Mid shift checks of security cabinets has been introduced to ensure that high risk equipment can be accounted for at handovers.
- Wards have been issued with stamps that can be used to highlight medication review dates. This will reduce the risk of administration against time-expired prescriptions and ensure that all medications are reviewed on a planned basis.
- At Rampton Hospital the focus on physical health has been strengthened by the development of physical healthcare and infection control roles and an increase in the GP provision.

- Following a Serious Untoward Incident at Rampton Hospital the Policy on Escorting Patients was reviewed, with staff being required to attend update training sessions and a patient movement form was introduced to improve tracking of patients within the hospital.

4. Medicines Safety

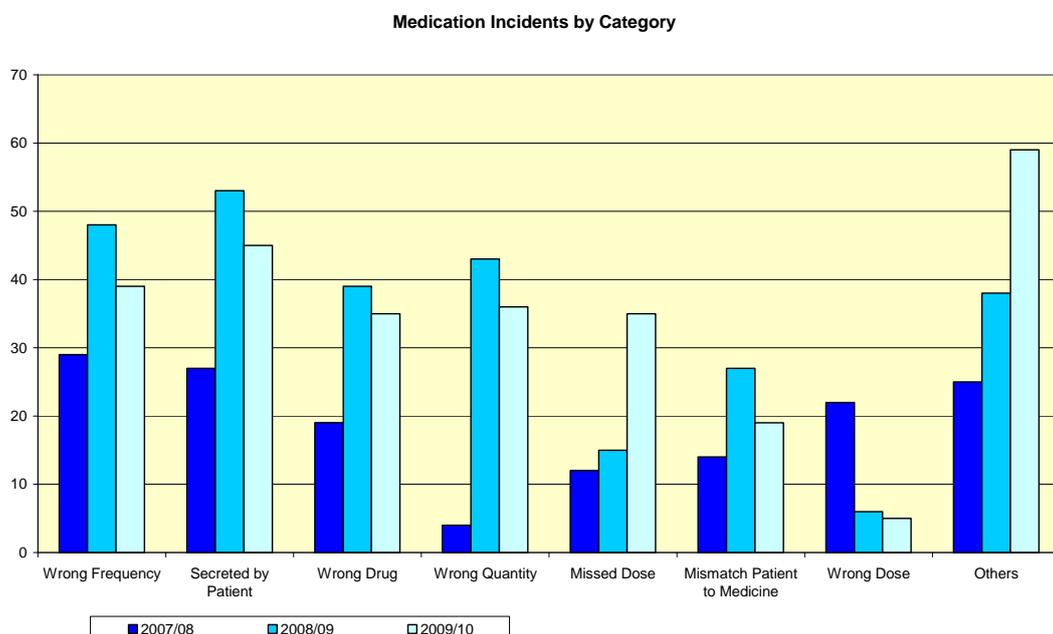
Prescribed medicines are the most frequent form of treatment provided for NHS patients. In the vast majority of instances, medicines are used safely and assist people to get better or stay well, but medicines can also have the potential to cause undesirable effects. Occasionally individuals might suffer adverse reactions to medicines, and sometimes errors are made when prescribing, dispensing or administering medicines to patients, all of which can potentially lead to harm. It is therefore of paramount importance that safety incidents arising from the use of medicines are rigorously reported so that lessons can be learned.

The Trust's incident reporting system currently records around 250 medication related incident reports per annum, the vast majority of which result in no harm to patients. All incidents are also reported to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System (NRLS). This allows the Trust to compare its rate of reporting with similar Trusts around the country.

- **Incident Rates**

Each quarter, the Trust's pharmacy services provide an analysis of all the reported medication incidents. This is discussed at meetings of the Trust Drug and Therapeutics Committee and the Trust Patient Safety Group so that trends can be addressed and learning points disseminated.

The chart below shows a breakdown of the top 7 categories of medication incident over the last 3 years, the less frequent categories being combined and represented as 'Others'. Note that the data for 2009/10 only includes statistics up to and including month 10 (January 2010).

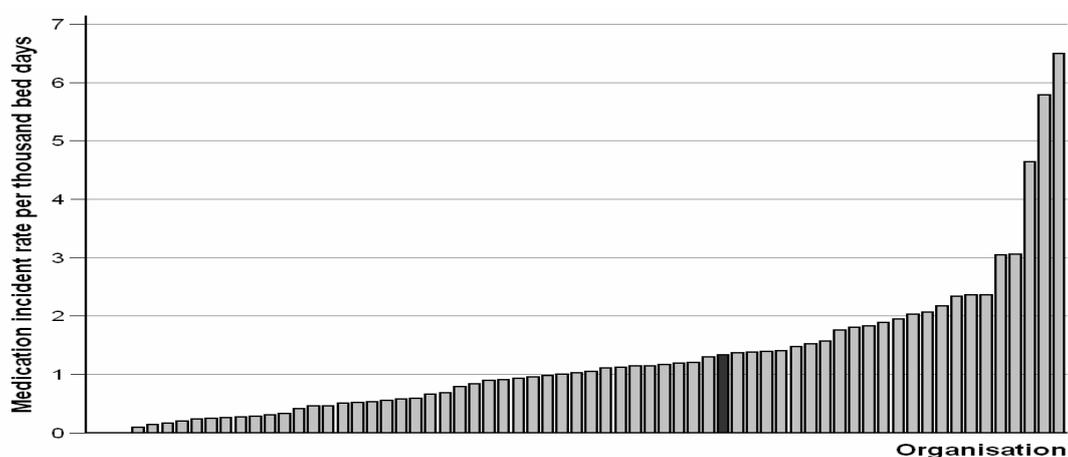


Staff are actively encouraged to report incidents, and the NPSA acknowledge that a higher reporting rate is indicative of a stronger reporting and learning culture. A more diligent reporting culture could explain the increased number of incidents across all categories from 2008 onwards. The importance of reporting incidents and learning the lessons from them is stressed at regular medicines management training sessions which are provided for staff by pharmacists from the Trust's pharmacy departments.

It is significant that the most commonly reported category in both years is for medicines 'secreted' by patients. Whilst this is classed as a medication incident, it should not necessarily be interpreted as an 'error' since it is only due to the vigilance of staff that these episodes are detected, thereby averting a potentially greater risk.

- **How do we compare to others?**

When the number of incidents throughout the Trust over the last 12 months is expressed as a mean rate, a value of 0.65 incidents per 1,000 bed days is obtained. If the 'secreted' category is excluded to give a more accurate representation of the 'error' rate, the figure drops to 0.54. This compares favourably with a national value of 2.1 errors per 1,000 bed days reported by the NPSA in 2007 although it should be noted that this was calculated using data from acute trusts. The NPSA provides data for us to benchmark ourselves against other mental health trusts.



5. Safeguarding vulnerable adults and children

- **Partnership Working**

Nottinghamshire Healthcare NHS Trust is an active partner in both adult and children safeguarding boards and colleagues are engaged in a number of sub-groups to meet local objectives. Multi-agency links have also been established with services that provide support to victims of domestic violence and with other health and social care providers

- **Activity for 2009/10**

Ongoing reviews of policy, procedure and guidance continue to ensure the development and embedding of an evidence-based approach to safeguarding into practice; including significant audits into the arrangements made for children and young people visiting psychiatric settings.

Our aim for 2010 is to continue to learn lessons from local and national serious case reviews and enquiries. An initial audit completed in December 2009 focused on the screening tool in use as part of the patient assessment. This audit identified some areas of development in some teams with regard to their use of the screening tool for safeguarding children. This is currently being addressed and a further audit will take place in early April 2010. Audit programmes will include quality of referrals to social care and safeguarding will then be embedded within several overarching audits e.g. supervision.

The Team continues to provide clinical advice, supervision and guidance to Trust staff in all domains of safeguarding in order to affect dynamic and positive responses in this complex area. For the year 2009/10, this included:

- 181 recorded phone calls received for adults and 287 for children giving a total of 468 recorded phone calls.
- The team has delivered significant amounts of Level 1 Safeguarding Children Training. Adult Safeguarding Training is delivered in collaboration with colleagues from the Learning and Development Department.

- **External Involvement**

In response to the Safeguarding Children Care Quality Commission Review and the expectations highlighted within the letter from David Nicholson, Nottinghamshire Healthcare is able to declare that it is compliant with Safeguarding Children requirements. Details and information about the declaration and a copy of the Trust's full declaration can be accessed via the Trust Website: <http://www.nottinghamshirehealthcare.nhs.uk/aboutus/how-are-we-doing/?locale=en>.

Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children. Section 11 of the Children Act places a duty on key persons and bodies listed below to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

Safeguarding Children Board (SCB) partners are required to come together to:-

- Co-ordinate and ensure the effectiveness of partners both individually and together for the purpose of safeguarding and promoting the welfare of children, including the arrangements made under S11 of the Children Act

- The Trust is also assessed by the Strategic Health Authority in a number of areas which include:
 - Criminal Records Bureau assurance
 - Policies and Systems
 - Flagging of children who miss outpatient appointments
 - Flagging of children for whom there are safeguarding concerns
 - Safeguarding children training to level 1
 - Role, clarity and support for designated and named professionals
 - Board level executive lead
 - Board review of safeguarding occurs annually
 - Robust and appropriate performance monitoring systems

The Trust was rated as green for all these areas, this rating is a credit to the organisation as it was the only Mental Health Trust in the Strategic Health Authority to achieve green in all areas.

- **Moving Forward**

The Safeguarding Team was established in 2007 and continues to provide a Trust wide service; offering advice and support to colleagues on all aspects of safeguarding. The Trust is in the process of reviewing existing arrangements to ensure they are fit for purpose and responsive to future challenges.

6. Releasing Time to Care: The Productive Mental Health Ward

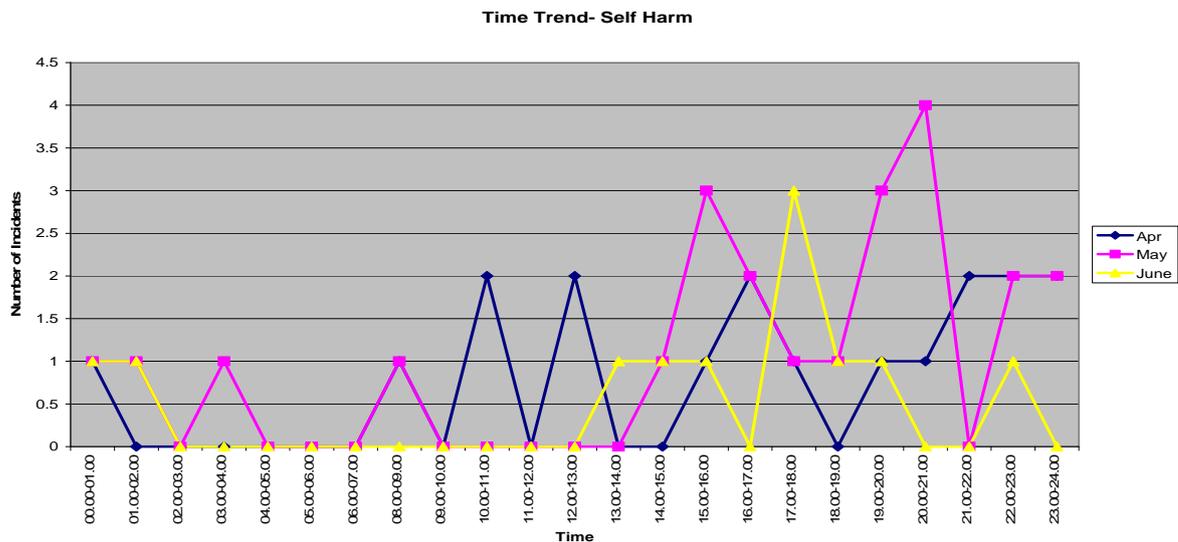
Releasing Time to Care (RTtC) is a programme that was developed by the NHS Institute for Innovation to improve the way wards function and to provide patients with a better experience. The main aim of the Releasing Time to Care programme is to improve and increase the amount of direct time staff have to spend with patients by improving the wards to make them run better and more safely. There are 36 wards which have commenced the Releasing Time to Care Programme with over 80 wards planned for the future.



The Releasing Time to Care package is presented in a series of modules which are outlined in the diagram above. The foundation modules are designed to help wards become organised and improve efficiency. These modules provide a firm base to build further developments through the process modules. The knowing how you are doing module focuses on four domains, safety and reliability of care, staff well being, patient experience and efficiency and reliability.

The Releasing Time to Care team work alongside ward teams and support them in the implementation of the Productive Mental Health ward package. One of the key activities of the team is to undertake direct care audits. In the direct care audits the percentage of time a staff member spends in direct contact with patients is assessed.

Below is a graph which details a study undertaken in a ward of the time an incident occurred. Through working with this information the ward team were able to look at activity around the time of incidents and organise resources to provide improved responses to incidents for patients.



The ward found that using the Releasing Time to Care approach made them more efficient and able to devote more time to direct care leading to less incidents and improved safety. This approach is being rolled out across all our wards with the aim of improving safety and the quality of our care through more efficient working practices.

3.2 Patient experience

The Trust is committed to improving the experience of service users and carers and gives the opportunity for them to tell us about their experiences and what we need to improve. We take part in the annual Mental Health Survey and this allows us to understand what service users think of the care they receive. We have also developed local surveys across the Trust.

This section includes reports on:

1. Development of the Trust Service User and Carer Experience survey
2. National Survey of Mental Health Acute Service Users 2009
3. Waiting times including Improving Access to Psychological Therapies
4. Complaints monitoring

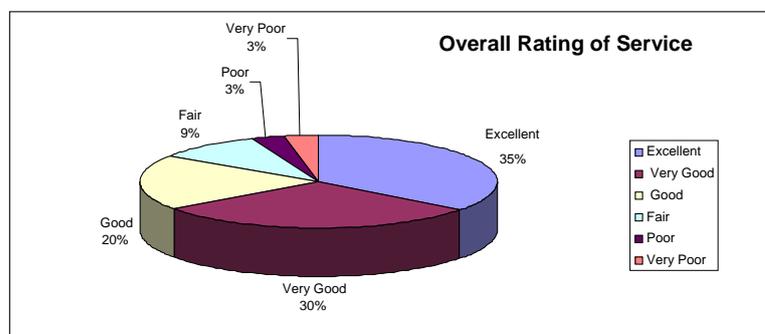
1. Trust Service User and Carer Experience Survey

Over 1000 responses to survey

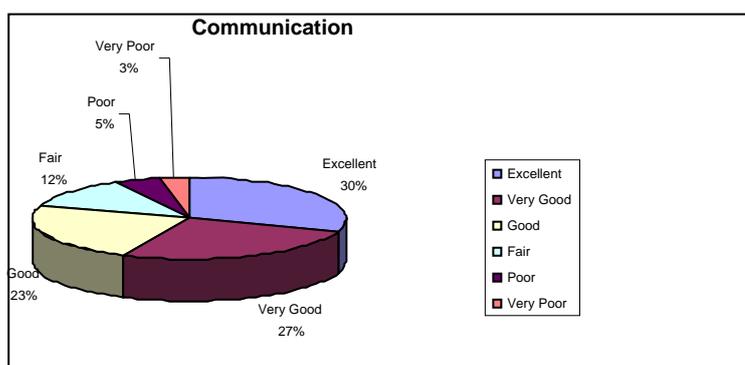
This year the Trust launched a service user and carer experience survey to enable people to share their views about the services they received from the Trust. Between July and December 2009 over 1000 people let us know about their experiences of our services by completing the survey. The Involvement Team initiated this survey so that we could gain a better understanding of people's experiences of our service at a team level.

The survey has five basic questions and also gives people the opportunity to comment on what they would most like to be improved and the best thing about the service. The survey is offered by each team to service users and carers on a regular basis, for example, at each care review, or at the end of a treatment programme, discharge from a ward or on a quarterly basis. We compile and analyse the results every quarter. Below is a summary of the findings.

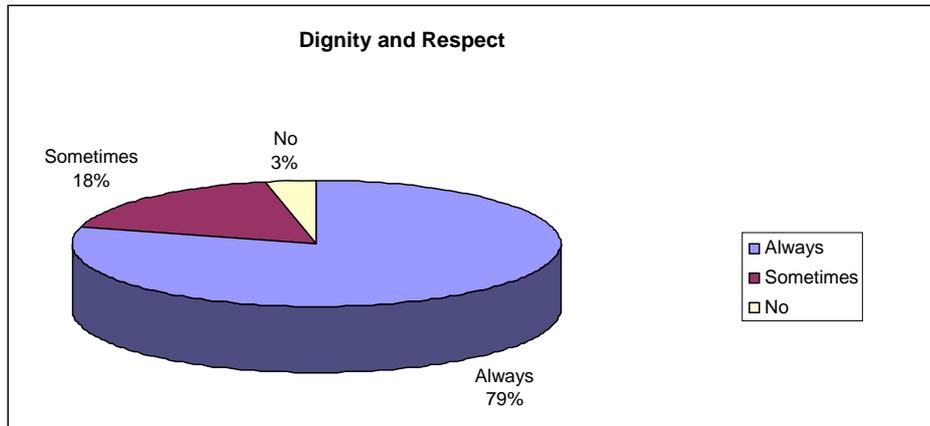
Overall, 85% of people rated our services as good, very good or excellent.



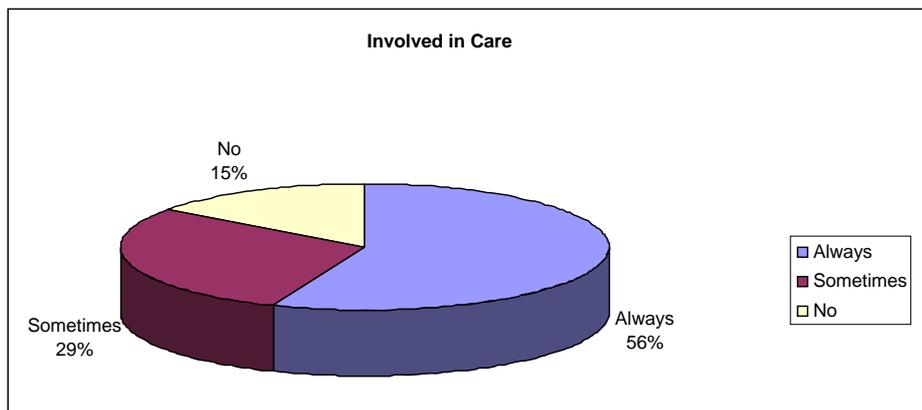
Communication about care and treatment was rated as excellent, very good or good by 80% of people.



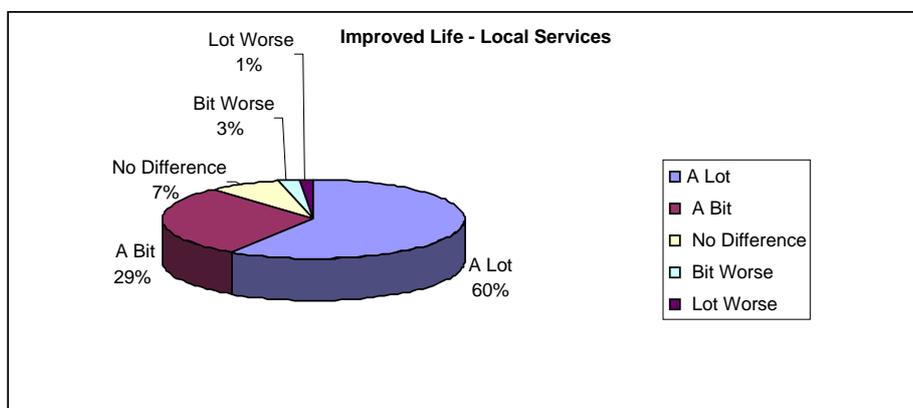
The percentage of people who said they were always treated with dignity and respect was 79%.



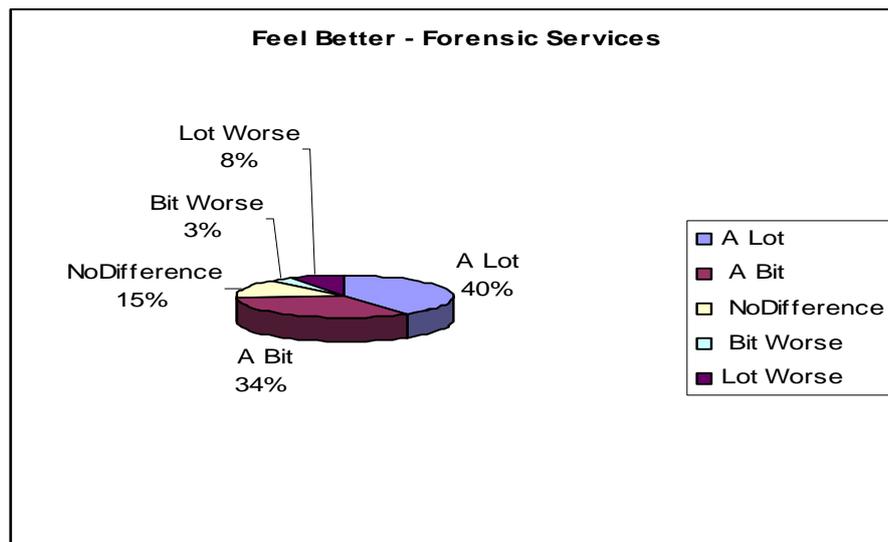
The percentage of people who said they were either always or sometimes involved in decisions about their care was 85%.



The percentage of people who said that our Local Services had made their lives either a lot or a bit better was 89%.



The percentage of people who said that the services provided by our Forensic Services had made them feel better was 74%.



In Local Services the main things that people would most like to see improved are: the communication and interaction with staff; more things to do/creative activities; more time with staff.

The best things about the services provided by our Local Services teams were reported as: caring, dedicated and helpful staff; being listened to and valued by staff; the outcome of the service.

In Forensic Services the main things that people would most like to see improved are: more staff; better communication/interaction with staff; more activities / therapy.

The best things about the services provided by our Forensic Services teams were reported as: outcome of treatment, hope and help to progress; caring, dedicated and helpful staff; the support given by staff.

The survey is organised by the Involvement Team and analysis is carried out by the Institute of Mental Health.

Results from the survey are provided to each team and directorate on a quarterly basis so that they can see people's views on their service, what is rated highly and what needs to improve, which will in turn help ensure that they continue to provide a quality service. Each directorate is currently looking at the feedback for their area and is producing a response to the main themes and issues in their area.

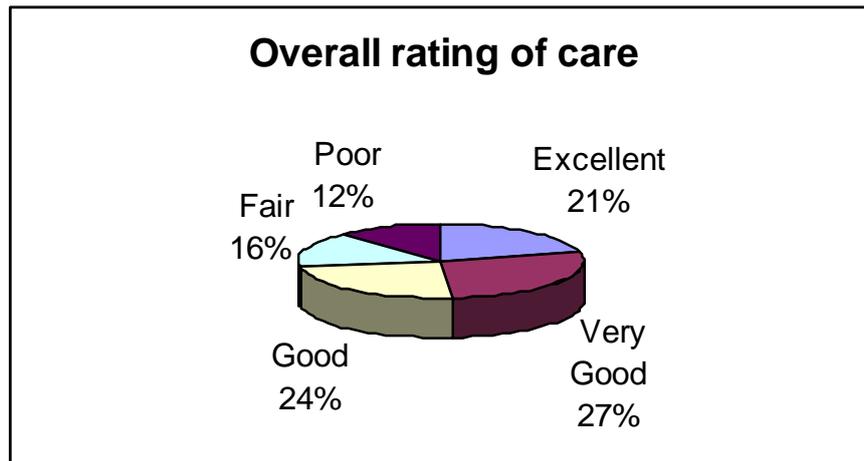
2. National Survey of Mental Health Acute Service Users 2009

The UK National Survey of Mental Health Acute Service Users 2009 was carried out by the Picker Institute on behalf of Nottinghamshire Healthcare NHS Trust. This survey is part of a series of annual surveys required by the Care Quality Commission for all NHS Mental Health Trusts in England. The purpose of the

survey is to understand what service users think of healthcare services provided by Nottinghamshire Healthcare NHS Trust.

A total of 448 patients from the Trust were sent a questionnaire of which 121 returned a completed questionnaire, giving a response rate of 28.5%.

Most patients were appreciative of the care they received with 72% of the patients rating the care as excellent, very good or good.



We were compared against other Trusts for 36 questions from the survey. We were about the same as other Trusts for 34 questions, better than other Trusts for one question and worse than other Trusts for one question.

We were better than other Trusts for having a contact number for someone from local mental health services to phone out of hours (69% of people said they had a number) . We were worse than other Trusts for having confidence and trust in the nurses (45% of people said they always had confidence and trust and 39% said they sometimes did).

As a result of our survey results we identified a number of areas where service users said there is most need for improvement and drew up a detailed action plan to address these areas.

Some service users (54%) said that there were not always enough activities to do during evenings and weekends. In our wards at the Queens Medical Centre we employed three activities co-ordinators across all seven days. We have received positive comments from patients on the wards. In addition, we have extended the Occupational Therapy programme.

Some service users (48%) said that the side effects of medications were not explained in a way they could understand. We now have leaflets which tell people what they should ask about their medication on all wards, have developed

new information on medicines and in the County pharmacists attend all ward reviews.

A proportion of service users (27%) did not feel as though they were involved as much as they wanted to be in decisions about their care and treatment. All areas have distributed recovery packs which enable people to set out how they want to be treated. In the County all teams have recovery leads and in the City have an agreed and signed care plan within 72 hours of admission.

When asked about receiving help from staff with organising their home situation 23% of people said they did not receive any help. As a result four additional staff are helping to enhance the discharge process.

We have also responded to the finding that 17% of people did not have confidence and trust in nurses. As a result staffing levels have been increased so patients get enough time to discuss their needs with nurses.

In addition to these actions we have also met the AIMS (Accreditation for Acute Mental Health Wards) standards for several wards and are aiming to reach them for our other wards. Training and master classes are also being rolled out to develop additional skills and knowledge for staff on our wards.

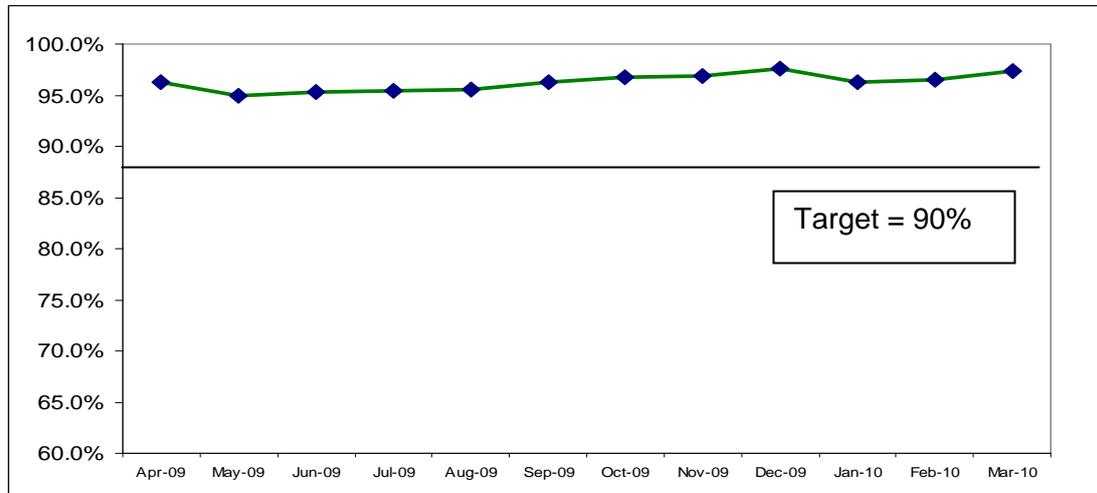
To ensure these and the other actions we have taken have improved people's experience we are going to repeat the survey in 2010.

3. Waiting times including Improving Access to Psychological Therapies

- **Local Services**

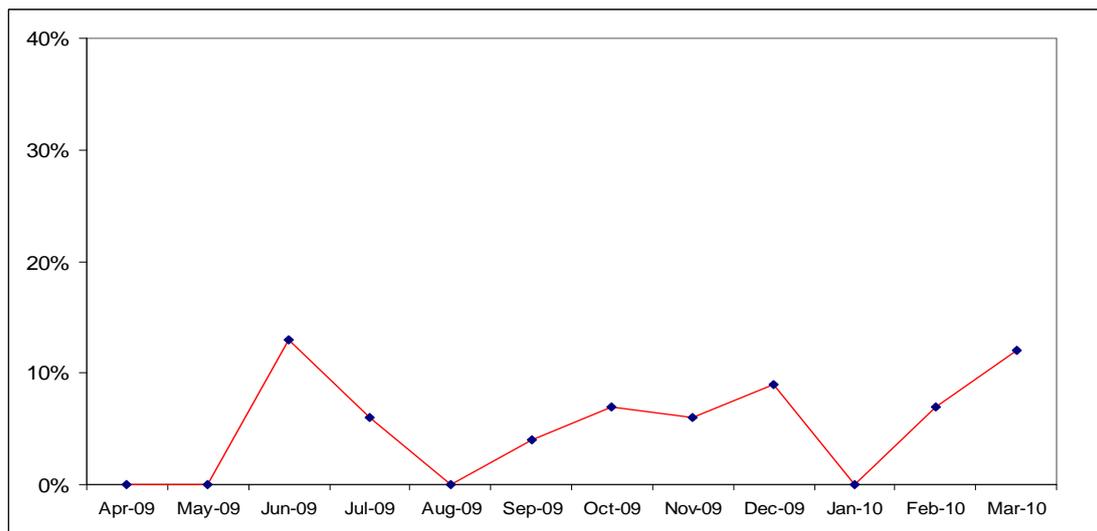
The Trust has targets set both internally by our Trust Board and by external bodies ie our Commissioners and the Healthcare Commission (now Care Quality Commission) to monitor how long people wait to access our services. Over the year 2009/10 the Trust has continued to strive to achieve a rigorous target to ensure people receive an appointment quickly following referral to our services. From September 2008 the targets for all general appointments were reduced to 8 weeks ie people referred to our services should receive an appointment within 8 weeks of their referral. We aim to see 90% of service users within 8 weeks and at the end of March 2010, 96.5% of people referred for general appointments were seen within this time.

The following chart shows the performance through the year.

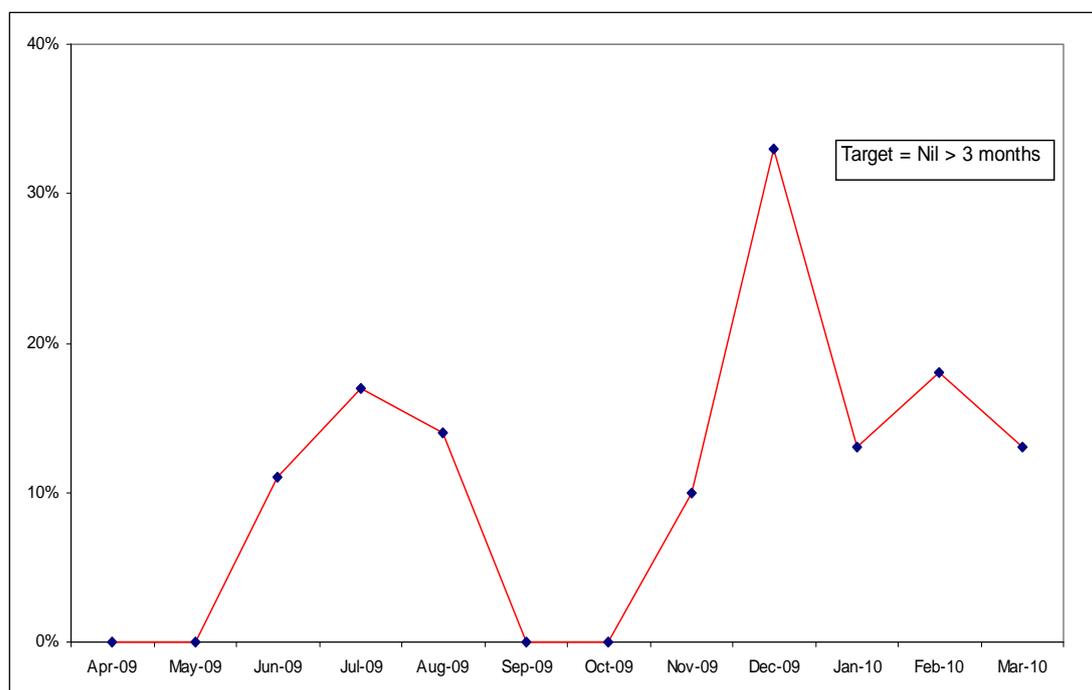


The Trust is also measured on its waiting times for admission to and discharge from Forensic Services with a target of 3 months for both. The admission and discharge process is rigorous to ensure Forensic Service Users receive appropriate treatment and support. During 2009/10 considerable work has improved the waiting times and the Trust achieved 93% of service users being admitted within 3 months and 82% of service users being discharged within 3 months at the end of March 2010.

The following chart shows patients waiting over 3 months for admission to the Forensic Directorate Service



The following chart shows patients waiting over 3 months for discharge from the Forensic Directorate Service



4. Complaints Monitoring

The statutory framework for complaints promotes a more flexible and person-centred approach to complaints handling. Learning outcomes are published in complaints activity reports to facilitate clinical governance arrangements in the organisation and to ensure that changes are made to enhance service delivery.

- **New Complaint Regulations: Listening – Responding – Improving**

On 1 April 2009, a single complaints procedure across Health and Social Care was introduced and is a two stage process consisting of local resolution and independent review by the Health Service Ombudsman (Local Government Ombudsman for Social Care).

The new approach is a simplified process for complaint handling, which is more flexible by treating each case according to its individual nature and the complainant's expected outcome. The focus is on satisfactory outcomes and swift local resolution; asking people about their experiences of care and then using this information to help improve standards.

- **Complaints received 2009/10:**

Staff and service managers will try to address any concerns raised by patients/service users and carers/relatives as they arise and will make changes where necessary. However, in some cases, they choose to make a complaint about Trust services under the NHS Complaints Procedure. In 2009/10, a total

of 625 complaints were received across the Trust. This represents a 50% increase in complaints compared with the previous year.

The increase in complaints in part can be attributed to a greater number of PALS concerns being taken forward under the complaints procedure during this period and also enhanced recording of complaint activity in line with the new statutory framework. The Trust is also committed to demonstrating more flexibility in complaints handling and strives to be proactive in seeking and encouraging feedback at the point of service delivery. There is renewed emphasis on resolving less complicated issues at source, affording a more person-centred approach to complainants and the likelihood of increasing confidence in the process. A more accurate assessment of the increase can be undertaken at the end of 2010/11 when a year on year comparison can be made.

- **Performance**

The Trust continues to respond to complaints within agreed timeframes at the local resolution stage (Stage 1) of the NHS Complaints Regulations 2009 and the following table gives data for the Local and Forensic Services Divisions.

Service	Number of complaints received	% responded to within agreed timeframe	Performance target
Local Services Division	176	84%	80%
Forensic Services Division	449	91.5%	80%
Trust-wide total	625	89.5%	80%

- **Assessment by the Parliamentary & Health Service Ombudsman: Independent Review Requests**

During 2009/10 the Trust advised complainants of their right to apply to the Parliamentary & Health Service Ombudsman for independent review under Stage 2 of the NHS Complaints Procedure (2009) if they were dissatisfied with the response provided at Stage 1. There were 24 applications to the Ombudsman by complainants during 2009/10, which represents approximately 4% of total complaints received in this period. The comparable percentage figure for 2008/09 was 9%.

Of the 24 applications, 6 applications were made by complainants in respect of the Local Services Division. Of these, 2 applications were confirmed as case closed with no investigation to take place; one was returned for further local resolution which successfully took place; and an outcome from the Ombudsman is awaited in the case of the other three applications.

There were 18 applications made by complainants in respect of the Forensic Services Division and of these, 16 applications were confirmed as case closed with no investigation to take place; one was returned for further local resolution which successfully took place and one was resolved locally before the Ombudsman assessed the complaint file.

- **2009/10: Patient Advice and Liaison Service Activity**

Although the Patient Advice and Liaison Service (PALS) is now an integrated service it still has a discrete function to provide a confidential service to anyone with queries or concerns about NHS mental health, substance misuse or learning disability services throughout Nottinghamshire. Its aim is to make contact with the NHS as smooth as possible by:

- advising and supporting patients, their families and carers;
- providing information on NHS services and other sources of support;
- listening to concerns, suggestions or queries;
- helping to sort out problems quickly;
- utilising patient experience to help shape and improve local health services.

The PALS welcomes comments about the services the Trust provides as well as compliments about the care that has been received.

During 2009/10 a total of 818 requests for advice and assistance were dealt with, a 37% increase on the previous year. In addition PALS recorded 112 compliments from the public about staff and services. PALS contacts took the form of telephone calls, letters, emails, and comment cards.

The top four categories of PALS contacts were:

- Patient and carer concerns about specific instances of treatment and care
- Requests for information and advice about health and social care
- Compliments about the services we provide
- Signposting to other sources of support and advice.

3.3 Effectiveness

The Trust continues to develop its measures of clinical effectiveness to provide information on the quality of its services. This includes monitoring compliance with national standards and monitoring care processes.

This section includes reports on:

1. Compliance with the Health and Social Care Act 2006 Prevention and control of infection standards
2. Patient Environment Action Teams (PEAT)
3. National Institute for Clinical Excellence (NICE) Compliance
4. Re-admission rates
5. Retention in treatment

The Trust was awarded an unconditional registration for Compliance with the Care Quality Commission Registration for Healthcare Associated Infections

(HCAI). The Quality Account will provide a report on improvements made through 2009-10 to ensure full compliance with the Hygiene Code.

1. Compliance with the Health and Social Care Act 2006 Prevention and control of infection standards

The Trust was visited and inspected for Infection Control services on the 10 February 2010. They visited 4 wards within the Local Services Division and received a clean bill of health from the inspection. All minor issues that were picked up by the CQC were immediately resolved through local action planning, which was monitored via Matrons Forum, Local Services and Trust wide Infection Control Committees.

The next year will see the development of working not only towards compliance of the Health & Social Care Act 2008, but exceeding it and working towards excellence. This will be achieved by strong leadership of the matrons across the Division.

The Trust monitors the number and type of infections alert, ie Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile. During 2009/10 there was one case of MRSA wound infection. There have been 5 outbreaks of diarrhoea and vomiting across both Divisions in the last year. All resulted in wards being closed but were managed appropriately with plans being developed quickly and acted upon. There was no adverse outcome from any of the incidents.

2. Patient Environment Action Teams (PEAT)

The PEAT inspections have identified an improvement in standards within the environment in most areas of the Local Services (particularly at Thorneywood Unit) noting that there are some exceptions and challenges to be met.

Modern Matrons now lead the PEAT process and as a result awareness has been raised significantly regarding cleanliness and the environment. This impetus needs to continue.

Areas that have appointed Care Environment Coordinators and have in-house Hotel Services have seen significant improvement overall, and as a result higher standards are being maintained. These are detailed below:

Environment	SCORE 2009/10	SCORE 2008/09
Bassetlaw Hospital Mental Health wards	GOOD	GOOD
Highbury Hospital	GOOD	GOOD
Medical Centre Mental Health wards, Queen's Medical Centre	GOOD	ACCEPTABLE
Millbrook Unit	GOOD	GOOD
Thorneywood	GOOD	ACCEPTABLE
Food	SCORE 2009/10	SCORE 2008/09
Bassetlaw Hospital Mental Health wards	GOOD	GOOD
Highbury Hospital	GOOD	EXCELLENT
Medical Centre Mental Health wards	EXCELLENT	EXCELLENT
Millbrook Unit	EXCELLENT	EXCELLENT
Thorneywood	GOOD	GOOD
Privacy & Dignity	SCORE 2009/10	SCORE 2008/09
Bassetlaw Hospital Mental Health wards	EXCELLENT	EXCELLENT
Highbury Hospital	GOOD	GOOD
Medical Centre Mental Health wards, Queen's Medical Centre	GOOD	GOOD
Millbrook Unit	EXCELLENT	GOOD
Thorneywood	GOOD	UNACCEPTABLE

Environment	SCORE 2009/10	SCORE 2008/09
High Secure	GOOD	GOOD
Medium Secure (Arnold Lodge)	ACCEPTABLE	ACCEPTABLE
Medium Secure (Wathwood)	GOOD	ACCEPTABLE
Low Secure	GOOD	ACCEPTABLE
Food	SCORE 2009/10	SCORE 2008/09
High Secure	EXCELLENT	GOOD
Medium Secure (Arnold Lodge)	GOOD	GOOD
Medium Secure (Wathwood)	EXCELLENT	ACCEPTABLE
Low Secure	GOOD	ACCEPTABLE
Privacy & Dignity	SCORE 2009/10	SCORE 2008/09
High Secure	GOOD	GOOD
Medium Secure (Arnold Lodge)	GOOD	GOOD
Medium Secure (Wathwood)	GOOD	ACCEPTABLE
Low Secure	GOOD	GOOD

3. National Institute for Clinical Excellence (NICE) Compliance

NICE publish best practice guidelines on a variety of conditions. The Trust has programmes in both divisions to audit itself against those guidelines and prioritise service improvements where gaps have been identified.

- **Forensic Division**

The Forensic Division has robust monitoring systems in place and ensures that compliance is regularly monitored against key NICE guidelines through the NICE Monitoring Group.

In addition to the NICE Monitoring Group, the progress in terms of implementing

NICE guidance is discussed in many Forensic Forums including the Forensic Clinical Governance Operational Group, the Drug and Therapeutics Committee, Physical Healthcare Steering Group and Obesity Steering Group. Topic Expert Group Leaders and successful NICE Project Leads do get asked to present to these groups in order to promote their work and share good practice.

Forensic Division NICE Newsletter

The inaugural Forensic NICE Newsletter was published in November 2009. This outlined current developments related to NICE, including impact analyses of relevant NICE guidelines, updates on NICE funded projects, NICE-related audit activity and patient involvement. The aim of the newsletter is to promote NICE activity happening within the Division and share good practice, and also to highlight any relevant NICE guidelines and promote awareness of NICE throughout the Division.

Forensic Division NICE Annual Report

The Forensic Division has produced its third NICE Annual Report highlighting the continued significant achievements that have been made throughout the Forensic Division in the last twelve months.

NICE Antisocial & Borderline Personality Disorder Forensic Division Topic Expert Group

The Forensic Division has set up a number of Topic Expert Groups to review recently published relevant NICE Guidelines. The groups' report on the current provision across the Division in relation to these guidelines identify any gaps in this provision and any training requirements or financial implications of the implementation of the guidelines. The groups have representatives from all Directorates at Rampton Hospital, Arnold Lodge, Wathwood Hospital and from Nottinghamshire Community Forensic Services.

Practice Example

An audit of Pharmacological Treatment of an Acute Episode of Schizophrenia was carried out at Arnold Lodge in March 2009. This was a re-audit of an audit carried out in 2004.

The purpose of the audit was to see if the practice at Arnold Lodge was in accordance with the NICE guidelines on the treatment of schizophrenia and how it compared with practice in 2004. Also it was to audit the monitoring of Prolactin for patients being treated for schizophrenia with antipsychotic medication.

Criteria and standards were derived from the NICE Guidelines and compared to 2004 the audit showed an improvement with the majority of standards. The results for the standards of: if first episode, patient is prescribed an atypical; evidence that therapeutic progress is being monitored; and Prolactin levels are monitored and managed, were found to all be at 100%.

Recommendations for future improvements were drawn up which suggested:

- Advance directives should be encouraged for all patients where possible
- Clinicians should take care not to exceed British National Formulary (BNF) limits, especially where PRN (as requested) medication is required regularly
- Clinicians should take care not to co-prescribe typical and atypical antipsychotics
- Clinicians should record whether a discussion has been held with the patient about treatment and where this discussion is not held, it should be recorded.

- **Local Division**

The Local Services Division has developed an audit process making use of Topic Expert Groups to assess the impact of NICE guidance on its services. Following the publication of guidance considered to have high impact on our services, a group of 'experts' representing the Directorates (for example consultant psychiatrists, clinical psychologists, nurses, physiotherapists, occupational therapists, pharmacists and service users) are brought together to provide an informed opinion on the current level of compliance with guidance and to inform the level of service change needed to achieve compliance. The Topic Expert Groups produce a gap analysis along with recommended actions for compliance. These are provided to the Directorates and action plans are developed, which are monitored at six-monthly intervals to ensure that implementation is taking place in a co-ordinated, standardised way and within recommended timescales.

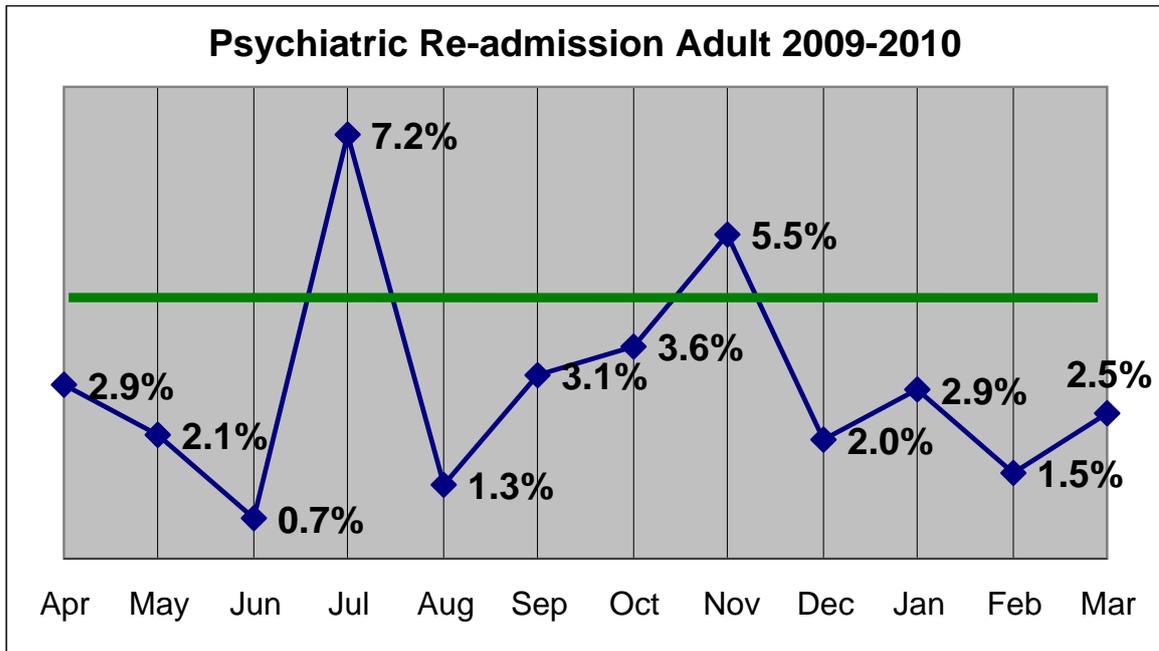
4. Re-admission rates

The Trust has robust processes for discharge planning to ensure patients discharged from in-patient care are supported in the community. To review the effectiveness of our discharge planning we monitor the level of patients re-admitted as an emergency within 28 days of discharge. This is measured in 2 ways:

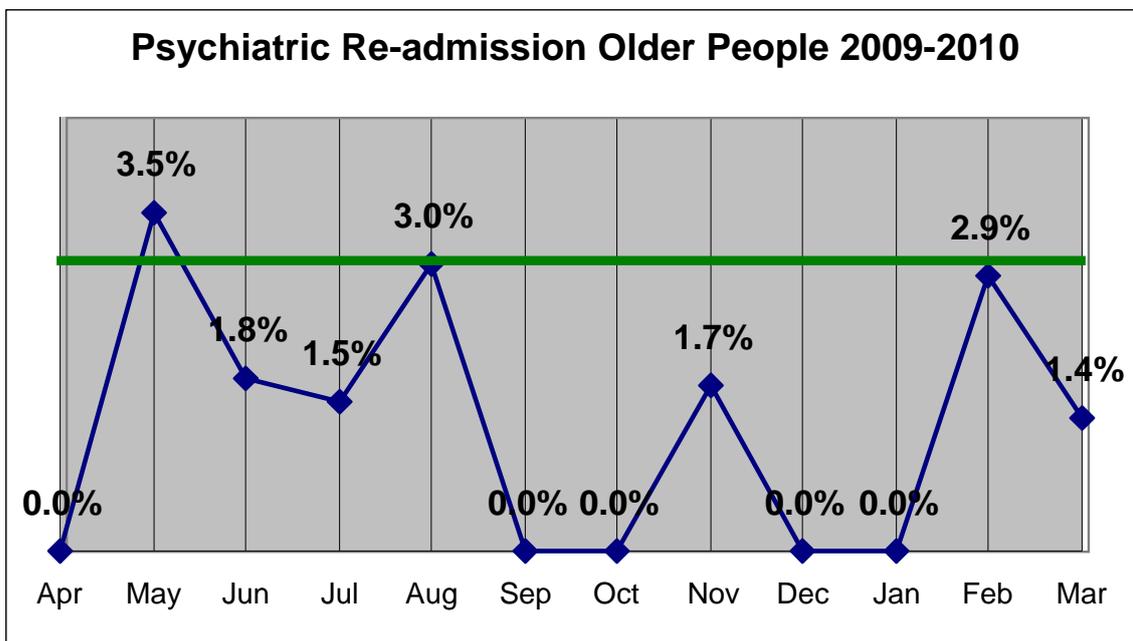
- Psychiatric Re-admission: Adults - the percentage of adults who have been discharged from hospital and had to be readmitted within one month. Target is <4%.
- Psychiatric Re-admission: Older People - the percentage of older people who have been discharged from hospital and had to be readmitted within one month. Target is <3%.

The following graphs show the performance across the year 2009-10

Adult including Substance Misuse



Elderly (65 years or over)



The Trust has shown improving performance and is now achieving the target in both areas.

5. Retention in Treatment in Substance Misuse Services

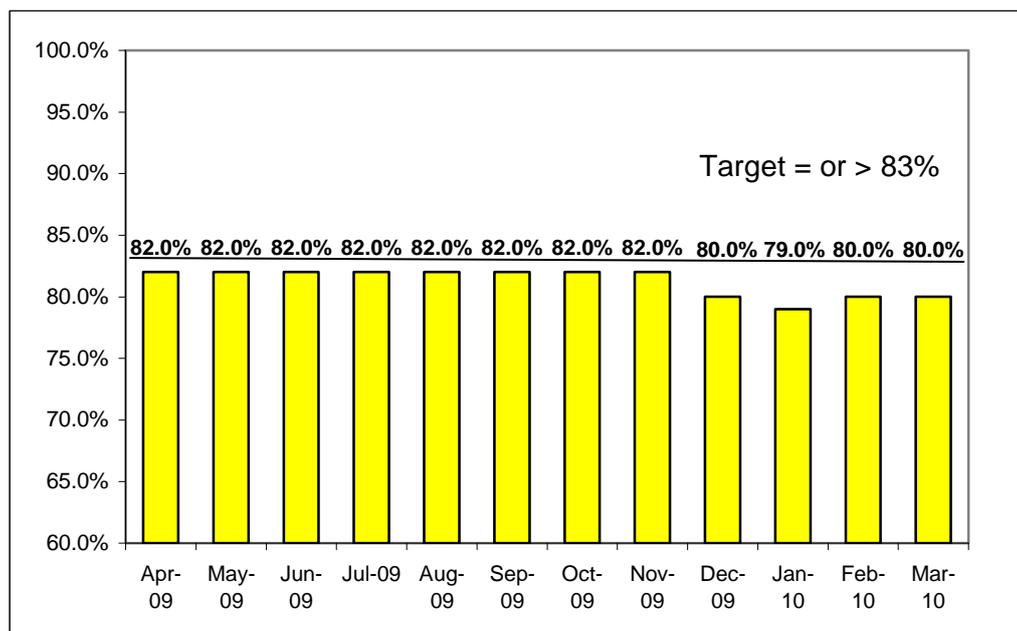
Drug Users – Retained in Effective Treatment

There have been significant, recent changes in drug trends in the city of Nottingham and Nottinghamshire in the past 18 months. The number of opiate (predominantly heroin) users presenting to treatment services is stabilising and stimulant use has increased rapidly and significantly. The national retention target of year on year improvement of Problem Drug Users (PDUs) maintained in effective treatment for longer than 12 weeks is a Care Quality Commission quality measure, related to treatment systems aimed at engaging heroin and crack cocaine users (not appropriate to stimulant users).

The indicator is based upon the number of drug users taking crack and/or opiates recorded as being in structured drug treatment in the financial year who were:

- Discharged from treatment after 12 weeks or more or,
- Remain in treatment for 12 weeks or more or,
- Discharged from treatment in a care planned way.

The following chart shows the percentage recorded as being in effective treatment Trustwide as a rolling 12 month average. To achieve the target of year on year improvement the Trust needs to achieve 83% or more. However the Trust's retention figures are only able to reflect those individuals who initiate their treatment within trust services. Referrals from other drug and alcohol services across the health community are not reflected in this figure (though they are in the Partnership data), and we have a significant number of referrals from other agencies. The overall achievement against the target will include this partnership data (not available to us at this time).



Part 4

PRIORITIES FOR IMPROVEMENT 2010/11

This final part of the Quality Account is 'forward looking' offering an understanding of what improvements the Trust plans to make over the coming year (2010/11). It will outline the 5 key priorities and describe why these have been chosen.

A long list of priorities were drawn up by the Extended Executive Leadership Team (a group consisting of senior staff and service users) and has been referenced against the CQUIN measures, and consulted on at the Executive Leadership Council, the Trust Board and the Quality Oversight Group. We feel these priorities reflect the views of commissioners, staff, service users and the Trust Board.

Through a process of consultation we have established priorities for 2010/11.

Safety

- **Reducing the frequency and severity of violent incidents** - This priority has been continued from 2009/10. It remains an important focus for us in improving the experience of service users, especially in our in-patient settings. It is also important for our staff who should expect to be free from violent assault whilst at work.
- **Improving the physical healthcare of patients** - This priority will be new for the next Quality Account, but reflects the increasing evidence that life expectancy is considerably reduced (by 20 years) in people with serious mental health difficulties. This priority reflects the focus of the Trust Board, the commissioners, through the CQUIN measures and service users.

Patient Experience

There is a commitment through the Trust Board to continue to improve the experience of service users and their carers. We have developed the 'postcard' survey to enable us to get information back in a localised and timely fashion. Based on feedback already received we wish to prioritise 3 areas within Patient Experience.

- **Improving feedback about the information people receive** - The National Patient Survey has identified that this is a relatively weak area, with only about half of people reporting that they have enough information about their condition, or treatment.
- **Experience of our acute in-patient environment** - The National Patient Survey for 2009/10 reported feedback on the environment.

Whilst many of our scores were in the average range, the Trust recognises that there is significant room for improvement.

- **Carer satisfaction** - The Trust has not previously specifically focussed on the experience of carers, but the experience of carers has arisen in several enquiries.

Clinical Effectiveness

- **Introducing Measures of Recovery to Support the Recovery Strategy** - the Trust has been raising the profile of recovery as a means to enhancing wellbeing. This is also reflected in the CQUIN measures for 2010/11, targeting improvements in returning to work and living in settled accommodation.
- **Length of stay on acute admission wards/reducing delays in transfer** - unnecessary time spent as an in-patient is frustrating for both patients and staff, and is costly to the health system. This has been identified as a priority in the CQUIN measures developed with commissioners.

How will we achieve these Quality Improvements?

Nottinghamshire Healthcare NHS Trust agreed its first Quality Strategy for 2010/15 in April 2010. This 5-year strategy aims to put quality at the heart of everything we do and is based on the 7 steps to improve quality outlined in '*High Quality Care for All*'. The Trust Board has already agreed key underpinning strategies to support the development of Quality services. The Workforce Strategy is key to engaging and developing our workforce to have the skills required to advance this work. The Estates Strategy will continue to develop our estate, to deliver services from buildings of which we are proud, and the Health Informatics Strategy to deliver the technology and information requirements of these changes.

Bringing Clarity to Quality

Through systematic engagement with staff and service users, and informed by national best practice we will develop local quality improvement measures, and CQUIN measures that will drive and give focus and priority to quality improvements.

Measuring Quality

The Quality Strategy identifies the development of local dashboards to provide feedback on quality performance. These are already rolling out across the organisation.

Publishing Quality Information

In addition to this Quality Account, we will make available more information, through its website, about the quality of our services, to ensure that the Trust is publicly accountable for the quality of its services.

Recognising and Rewarding Quality Improvement

CQUIN measures with their financial reward will bring focus and priority to Quality discussions. Within the Trust we will continue to recognise the contribution of staff through internal recognition (OSCARs) and external means (nominating for awards).

Leadership for Quality

Through Board prioritisation the quality of services that we provide will be a focus for leadership. The Trust continues to develop leadership skills, through its Invest to Lead programmes and other leadership development programmes. A focus for these programmes has been the Quality agenda.

Linked to the Workforce Strategy, the development of skills and attitudes are vital to the delivery of improved quality. We will ensure that our staff have had the appropriate training and experience, that they are well appraised and that they all receive regular supervision.

Regulating Quality

The Trust has been given an unconditional registration with the Care Quality Commission, but will continue to be reviewed and inspected on a regular basis to ensure that we are offering safe and effective services. In addition to this regulation we welcome external accreditation reviews (NHSLA, ECTAS, AIMS). Internally we need to be our first line of regulation and we have developed the QUEST team which will review quality performance.

Staying ahead through Research and Innovation

The Trust is committed to leading and supporting the development of research and innovation. In partnership with the University of Nottingham we are hosts to the Institute of Mental Health, which in turn hosts the CLAHRC, a prestigious £17.4m translational research hub – turning what we know into what we do.

The Trust has developed an 'Invest to Innovate' scheme, sponsoring innovative schemes to improve quality (see section 3).

Part 5

STATEMENTS PROVIDED FROM THE COMMISSIONING PCT, LINKS AND THE JOINT OVERVIEW AND SCRUTINY COMMITTEE

On behalf of commissioning partners NHS Nottingham City has provided the following corroborative statement:

“Nottinghamshire Healthcare NHS Trust works constructively with commissioners and other partners developing integrated care pathways that improve the mental health of the local community.

All homicide, suicide, and unexpected deaths are regarded as serious incidents and are managed in line with national and local policies. There are established arrangements for communicating lessons learned.

Nottinghamshire Healthcare is committed to the development of research and innovation and has secured research income and monies from the regional innovation program.

A commissioning team with representation from local and specialist commissioners monitor quality and performance. There are monthly review meetings and dedicated quality panels that influence the commissioning process.

The information contained in the quality account is consistent with the information received in the monthly review and quality panels between April 2009 and March 2010.”

EAST MIDLANDS SPECIALIST COMMISSIONING GROUP (FORENSIC SERVICES)

“Thank you for sending us a copy of the Trust Quality Accounts 2009-10 asking for East Midlands Specialised Commissioning Team comments.

On the basis we commission High, Medium and Low Secure services from the Trust we were pleased to note the general improvement in the services we commission.

We particularly noted:

- Your priorities for 2010/11 of introducing measures of recovery which supports the CQUIN indicator introduced for secure services.
- How seriously you take National Confidential Inquiries and are supportive of the CQUIN indicator for High Secure Services of ensuring HCR20 is used to identify and communicate risk when patients are being transferred.
- Support the development of a Quality Experience Scrutiny team
- The learning from serious untoward incidents.
Support releasing time to care; the productive mental health ward and are pleased this initiative is now being rolled out to the other High Secure

- hospitals as a CQUIN indicator as a result of demonstrating the benefits within your Trust.
- The work you have done with service users and carers.

Overall we found the Quality Account 2009/10 easy to understand and confirmed much of the excellent work we are already aware takes place in the Trust.”

JOINT HEALTH SCRUTINY COMMITTEE

The Joint Health Scrutiny Committee has reviewed Nottinghamshire Healthcare’s Quality Account. This year the Committee has decided not to make any formal comments on any quality accounts from NHS organisations.

NOTTINGHAMSHIRE COUNTY & NOTTINGHAM CITY LINKS

“The Nottinghamshire County and Nottingham City LINKs are delighted to enclose our comments on Nottinghamshire Healthcare NHS Trust’s Quality Account. The comments have been divided into four key headings based upon the Department of Health Toolkit.

Statement from the board

The Nottinghamshire County and Nottingham City LINKs agree that there is a clear statement from the board in the executive summary.

Organisation’s priorities for improvement

The Nottinghamshire County and Nottingham City LINKs agree that each of the priorities for improvement is present under part four of the document, and that these priorities are clear and encouraging.

Statements included in the Department of Health format

The Nottinghamshire County and Nottingham City LINKs closely reviewed each of the statements within the blue boxes throughout the document, and agree that these are both useful and informative.

Review of the quality of services based on patient safety, clinical effectiveness and patient experience

The Nottinghamshire County and Nottingham City LINKs feel that the review of the quality of services based on three key factors adequately meets the expectations of the LINKs, and is fully supported by the LINKs.

A final comment that the Nottinghamshire County and Nottingham City LINKs would like to make is that we feel it is wrong to present a draft document for consultation clearly stating that the document has been agreed as accurate containing a future date. We would therefore gratefully receive comments on this matter.”