



Quality Account – Provider Services 2010 – 2011



Our Mission

To deliver high quality, safe and sustainable health and well being services tailored to meet the needs of our local community.'



Trish Jay
Interim Managing Director
Provider Services

Over the past 12 months, Provider Services have been preparing to transfer its services from the Primary Care Trust to other organisations in line with the local strategy and national requirements. This change has acted as a further challenge to ensure the services, as they transfer, are of the highest quality through continuous improvement and development.

Every day across the county our staff have continued to deliver high quality care to people in their own homes, in local GP practices and medical centres and from our community hospitals, intermediate care centre and Mental Health inpatient units. Even during the unprecedented snow fall in December, services continued to run, and we co-ordinated the delivery of that care through the control centre at Hereford County Hospital.

There have been a number of specific achievements which are outlined in this report. This has been the first year that community and mental health services have had to deliver information in respect of very specific targets which are known as CQUINs (Commissioning for Quality and Innovation). These targets have looked at a number of different ways in which we could improve services. We have been able to show measurable improvement in a lot of what we do and where you say we were already doing well we have continued to do well. One area significant progress is the close work with partners in Hereford Hospital Trust and Social Services to ensure that people do not stay in beds in hospital when they could be better cared for at home.

From April 2011, the services we deliver will be taken on by two successor provider organisations: 2gether Mental Health Foundation NHS Trust and Wye Valley NHS Trust. The staff running services in your communities will continue to deliver the same high standard of care. We trust however that the changes will be enable further improvements in care as well as economies of scale for the people of Herefordshire. For many services, their integration with the services already delivered by the new organisations will enable better communication and less confusion.

I believe we can be proud of the improvements we have delivered to you in the last 12 months and present this account for you to understand what we have been doing.

A handwritten signature in black ink, appearing to be 'Trish Jay', written over a horizontal line.

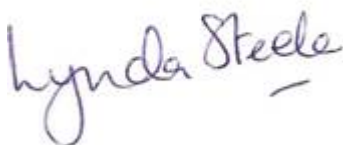
Trish Jay
Interim Managing Director

Statement of Accuracy

All Services delivered by NHS Herefordshire Provider Services have been included in the scrutiny and assurance processes. To the best of my knowledge the information contained within this Quality Account is accurate.



Trish Jay
Interim Managing Director



Lynda Steele MPhil, DCR(R),
Associate Director of Quality and Clinical Effectiveness

Keeping our promises:

Last year we said the organisational form which evolves from the consultation and the economic climate will create a need to more clearly define the key priorities for the next 12 months. For this reason the priorities which we outlined were broad and would continue to be shaped by the formation of new organisational boundaries. There were three areas where we focused our attention:

1. Patients/ Service Users as Partners
2. Improving Quality through local service partnerships.
3. Continuing to improve the recording of incidents in all services and the sharing of lessons learned.

There were a further two areas where we were looking for improvement:

- 4 Improving Clinical engagement with our key priorities.
- 5 Continuing to improve patient information systems.

Registration

NHS Herefordshire Provider Services were registered without conditions by the Care Quality Commission in April 2010.

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Throughout the account we celebrate specific incidents of achievement in green boxes



Who are we?

We strive to continually improve.

NHS Herefordshire Provider Services was formed in April 2009. The organisation provides services across the county, in Community Hospitals, in Dental Access Centre's, in Clinics and in people's homes. Care, treatment and support are delivered for people of all ages. This is coordinated for both physical and mental health as well as their social care needs; this is in liaison with partners in the Herefordshire County Council and Hereford Hospital Trust.

Podiatric surgery services are additionally provided to patients in: Shropshire, Gloucestershire and Powys.

Ensuring patients receive quality care, safely is fundamental to our core principles.

We have a Board of Directors, including Non-Executives, who oversee the delivery of the core principles and we provide information to our Commissioners monthly to demonstrate that our services meet the promised standards of quality and safety.

Services work to improve the care, treatment and support they deliver. National standards such as NICE guidance, Essence of Care and the National Patient Safety Agency are looked at to ensure in Herefordshire we are sure that we are providing care to the same level as can be seen elsewhere in the country.

Patient Satisfaction surveys, comments compliments and complaints are also used to help to shape the way we develop our services.

NHS Herefordshire Provider Services: Quality Account 2010 - 2011



Providing support, treatment and care across the county of Herefordshire and beyond.

Who do we provide services to?

With a population density which is the 4th lowest in England this means that many key services are further away from residents compared to other parts of the country so only about half of residents are within 4km of a GP (48%) and one third (34%) within 4km of a supermarket.

Many county residents also rely on a limited public transport service, and it is therefore particularly important that we ensure that services are delivered as close to residents as possible.

The Black and Minority Ethnic (BME) population is rising, although it is 4% in Herefordshire against an average of 16% nationally.

Changing to Improve

Over the year 2010/ 11 we were planning changes which would take effect on 1st April 2011, and these changes were to have the following two intended outcomes:

→ for Community Services to merge with Hereford Hospital Trust to become a new organization (this has been named Wye Valley NHS Trust)

This merger will create a new organisation delivering care for all groups of people in all parts of the county, both as inpatients and as out patients and in their own homes. In December of 2010 following considerable engagement with local people, permission was given by the Department of Health for this merger to take place.

Interim locality teams including adult social care services. have been developed as part of the process of moving to new way of delivering care.

→ joining Mental Health and Health Learning Disabilities Services with another organisation in order to provide services to and for people with Mental Health issues which are sustainable and broaden the scope of services available.

Commissioners approved ²gether (from Gloucestershire) as the organisation which would take over the running of these services from April 2011.

Finance

During 2010/11 NHS Herefordshire Provider Services provided and/or sub-contracted 60 NHS services.

NHS Herefordshire Provider Services has reviewed all the data available to them on the quality of care in 60 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 100% per cent of the total income generated from the provision of NHS services by NHS Herefordshire Provider Services for 2010/11.

NHS Herefordshire Provider Service's 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:

Community	Mental Health	Provider All
4.50%	0%	2.90%

NATIONAL RECOGNITION

Dr Ray Owen, consultant clinical psychologist; a recognized expert in communication was invited to Malawi to train those delivering Cancer Services in that country in specialist communication skills needed to support people and their families.

IMPROVING PREMISES

1 Ledbury Road, where we have a children's respite centre and other children's services; has had a face lift:

Building work and a new playground has improved the environment for children and their families using the facilities

No Mixed Sex Accommodation

Community Services

Following structural work and the re-organisation of accommodation in 2010, Provider Services were able to address many of the national concerns about mixed sex accommodation.

Single sex bathrooms and toilets are provided in areas used only by members of a single gender. Where it has not been possible to have bathrooms adjacent to bed areas they are sited in corridors. Toilets and bathrooms are clearly designated as being for one gender only.

We recognized that the endoscopy unit did not fully comply with the regulation this meant that we have had to declare no compliance for this unit for the months since December. Following our review of accommodation we have changed our approach to delivering the service so that patients of only a single gender are present in the unit at any one time. This means we are now compliant with the regulation.

During the year there have been no breaches in the mixing of genders for sleeping accommodation.

No Mixed Sex Accommodation

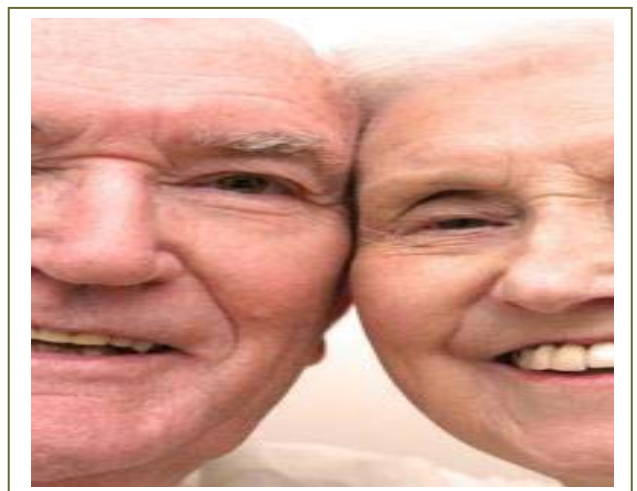
Mental Health Services

In November 2010 guidance issued by The Chief Nursing Officer caused us to look again at our accommodation. We have sleeping accommodation which is for single genders in a mix of small and single rooms. Some have en suite bathrooms others have to share designated gender specific toilets and bathrooms. However one ward has issues which need to be addressed.

There are areas for relaxation where genders can be separate. Where lounges are not designated for a single gender there is provision for such space if requested.

To fully meet the requirements of the guidance there is some further work required in Mental Health facilities.

During the year there have been no breaches in the mixing of genders for sleeping accommodation.



Changing to Improve

Community Services

Releasing more time to care:

For the second year Community Hospitals have been undertaking work as part of the national project 'Releasing More Time to Care'.

This looks at streamlining work so that there is more time to spend with patients. As a result of this work:

- ☺ All ward staff know the patient's condition at a glance using new information boards.
- ☺ The equipment ordering system has changed so we have what we want when we want it; not wasting space or money on things that are not required.

The releasing more time to care project has had the additional benefit of sharing good practice between the different Community Hospitals in Herefordshire.

- ☺ Delayed discharges mean that people are not cared for or supported in the most appropriate ways. This year a considerable improvement in the ability of community services to support people at home and therefore allow them to leave hospital as soon as they are ready has been achieved.

This year Community Services have also been working on this project. As a result:

- ☺ District Nurses have improved their assessment processes to ensure people get the right referrals to specialist care.

Mental Health Services

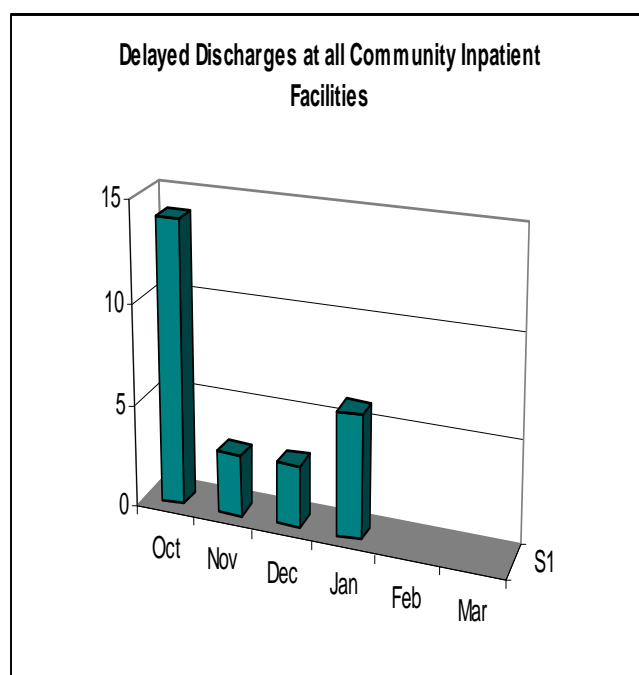
Releasing more time to care:

Mental Health inpatient units have also been undertaking work as part of a national project called "releasing more time to care".

As a result of this work there is:

- ☺ improved patient observation
- ☺ improved documentation
- ☺ improved timeliness and being more pro-active with clinical management.

We have also found that this work has improved the skills of the staff on the unit. In respect of monitoring and planning of services.



We check delays on the same day every month to compare. In October on the day we checked 14 people were in Community Hospitals who could have been cared for elsewhere. In November and December 3 people were in beds, in January there were 6 people.

We promised that patients would be our partners. Across the year we have been looking at ways to improve our understanding of what people want.

In September and December extensive patient satisfaction surveys took place in Community Hospitals and for people who use District Nursing Services. In January, we introduced customer satisfaction touch screen monitors at Community Hospitals and also at our treatment centre at Gaol Street, Hereford.



Information from these surveys helps us to know what we are doing well so that we can improve.

Community Services

National Patient Survey

Herefordshire Community Services were considered to be “about the same” as other services in all areas of the national patient survey.

We were pleased to note however that:

- 90% of people said we listen carefully to them.
- 94% say we take account of their privacy and dignity

Although we are considered to be similar to other trusts there are areas where we would like to do better including:

- Improving the use of care plans.

Mental Health Services

National Patient Survey

Mental Health In-patient Services in Herefordshire take part in the annual national patient survey. The responses to many of the questions were seen to have improved from the previous survey showing that services are listening to concerns that have been raised about it and also what we need to do better.

This year more people:

- felt they were being listened to,
- that they were being shown dignity & respect
- received explanations of the purpose of their medication

The survey did identify things which needs further improvement and we have set in place plans to look at these matters so that people

- understand the side effects of drugs
- have improved access to activities
- who are detained understand their rights
- know how to complain if they are not happy.

Listening to improve.

We have listened to what has been said in letters of complaint and made changes to ensure that the matters causing concern are addressed.

Changes as a result of complaints include:

- Information leaflets changed to make clear who is providing the care you received.
- Pre-assessment questionnaires are provided before appointments, in order that people can complete these in privacy.
- Changes have been made in our discharge planning process in Mental Health Services to ensure that ‘carers voices are heard’.

Community Services

Environment and Catering

We constantly monitor and report on how clean our buildings are and the quality of food for In -patients.

In the last 12 months we have listened to people's comments about "Hospital Food" and made changes to provide more food choices for patients in Community Hospitals. Working with our partner Sodexo, we have brought in a new system of delivering meals called cook-freeze. The meals come in small portion sizes of 2 or 4 (rather than 8) which make it easier to give patients their first choice and means there is less wasted food.

In addition, dieticians and nutrition experts have been working to ensure that meals for people with swallowing difficulties are both nutritious and appetising.

Each year we take part in a national assessment of these areas called the Patient Environment Action Team (PEAT) assessment and all of the inpatient areas achieved "Good" or "Excellent".

IMPROVING CARE

We now provide a 24 hour service including 'Instant Care' for people needing support at home following discharge from hospital or who will be able to stay out of hospital with some help.

This is provided by Herefordshire Intermediate Care Service (HICT).



Food Tasting Event: January 2011

Mental Health Services

Environment and Catering

We constantly monitor and report on how clean our buildings are and the quality of food for In – patients.

Each year we take part in a national assessment of these areas called the Patient Environment Action Team (PEAT) assessment and the Stonebow Unit improved its scores in "Environment" and "Food".

In the last 12 months we have listened to people's comments about "Hospital Food" and made changes to provide more food choices for patients in hospital. Working with our partner Sodexo, we have brought in a new system of delivering meals called cook-freeze. The meals come in small portion sizes of 2 or 4 (rather than 8) which make it easier to give patients their first choice and means there is less waste.

We know this because you told us

The National Patient Safety Agency(NPSA) recognise that organisations who are able to record, learn and act on low level (Insignificant) incidents are learning organisations. Learning organisations have a better safety record.

In the second half of the year the number of reported incidents was rising month on month and the level of incidents was matching a pattern which the NPSA have said best demonstrates a 'learning organisation' with less severe incidents reported most often, as shown below.

Last year we promised to improve the recording of incidents in all services and the sharing of lessons learned.

Community Services

Training clinical leaders for safer care:

In April 2010 a training event for 30 staff "kicked off" our year of events to increase the knowledge and skills of our clinical teams in managing safety and risk. 5 different training events have taken place which have covered a variety of subjects all designed for team leaders and recognising that quality care can only be accurately measured if this group of people are supported to develop the skills to collect, collate, report information and then to learn from it to improve care delivery.

The training has resulted in changes which are reflected in the number of reports of incidents reported and the management of these incidents.

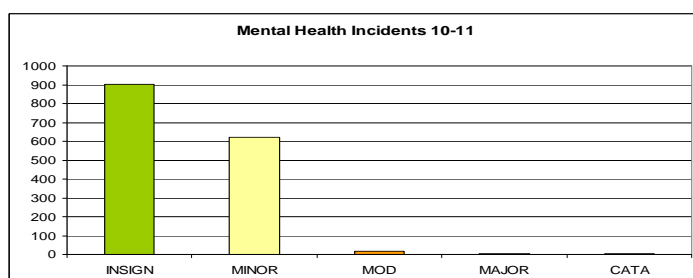
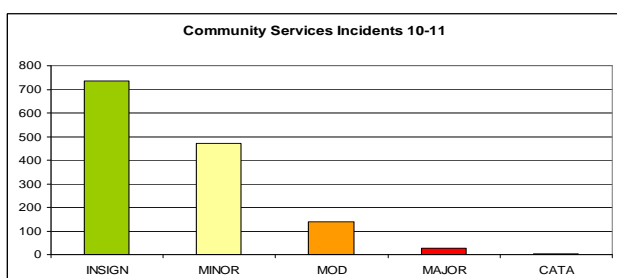
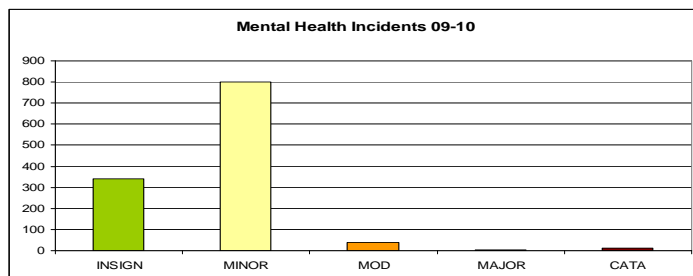
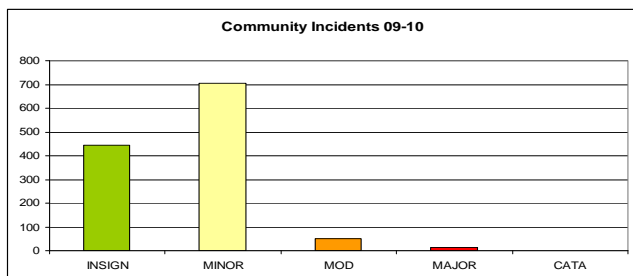
Mental Health Services

Training clinical leaders for safer care:

Mental Health Service managers have been undergoing training in respect of investigating incidents.

Three senior managers attended training delivered by the National Patient Safety Agency. Other managers have also been attending sessions on Root Cause Analysis.

Sessions have been provided for all staff working in Mental Health in reporting and managing incidents. The reporting of incidents has increased as a result of this work. The incidents reported are counted together with incidents from other service areas. The change in the way incidents are viewed and actions taken following insignificant or minor incidents helps increase patient safety.



Community Services

MRSA Screening

Inpatient and Surgical Units screen patients for MRSA on admission or before they have an operation. This helps to protect all patients against the spread of the bacteria.

During the last 12 months we have included people who attend for podiatric surgery in our screening programme.

From 1st November instead of screening specific groups of people it was decided we would screen all people on admission and if they stay longer than 28 days they are screened again.

Serious Incidents

In the last 12 months 25 serious incidents have been reported by NHS Herefordshire Community Services

We have learned from these incidents and introduced changes to ensure:

- we are more timely in referral to specialist nursing advice.
- we are using photographs to monitor pressure ulcers.
- good management of the space in our buildings has improved our response to outbreaks of Norovirus.

Mental Health Services

Serious Incidents

In the last 12 months 11 serious incidents have been reported by NHS Herefordshire Mental Health Services.

We have learned from these incidents and some changes we have introduced have been:

- a new process for passing information to the CRISIS team was agreed..
- social care workers are being invited to meetings about individuals so we all have the same information.

MRSA Screening

Inpatient Mental Health Units screen certain groups of patients for MRSA on admission or before they have an operation. This helps to protect all patients against the spread of the bacteria.

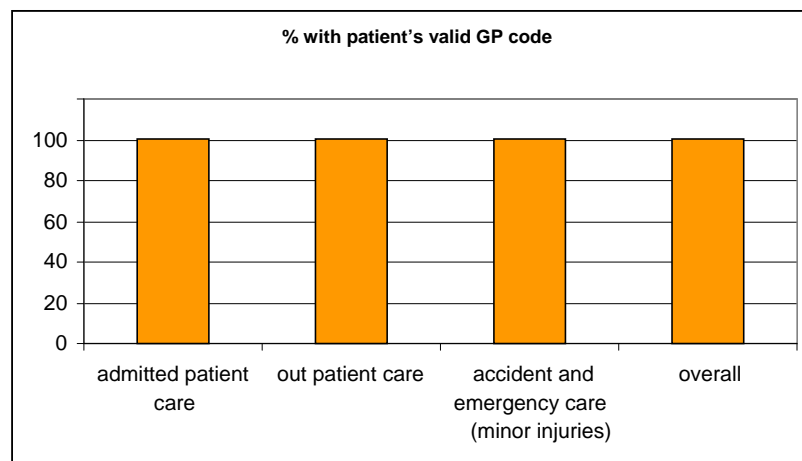
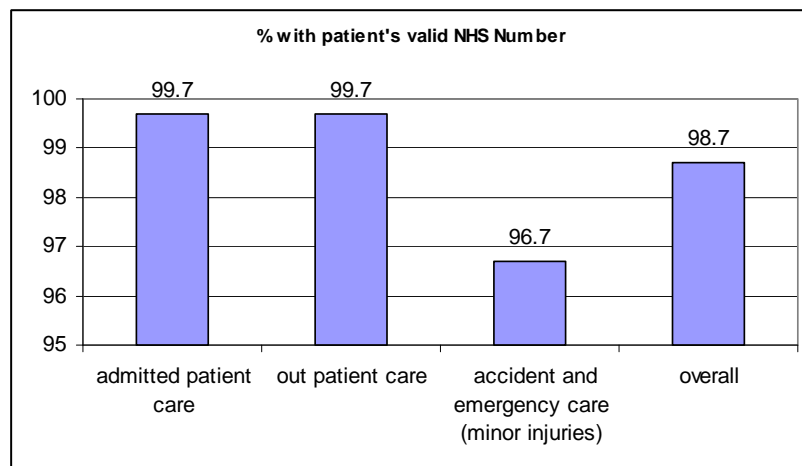
Since November it has been agreed that all new admissions to inpatient units should be screened for MRSA as part of the admissions process not just those who fall into certain groups.

Since July inpatient areas for mental health facilities have fully met the screening expectation as laid down in policy as seen in the table below.

MRSA Screening Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cantilupe Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Jenny Lind Ward	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mortimer Ward	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total				100%	100%	100%	100%	100%	100%	100%	100%	100%

Provider Services Community Services and Mental Health Data Standards

NHS Herefordshire Provider Services submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This helps us to monitor our performance and make improvements as necessary. The information provided below shows high levels of compliance with the recording of NHS numbers and GP codes, and we continue to monitor our performance and work with our minor injuries units to ensure that we record NHS numbers.



Community Services and Mental Health

In relation to the NHS Herefordshire Provider Service's Information Governance Assessment, we are pleased to report that for the second year our reported overall score is GREEN:

- for 2009/10 was 88% and was graded GREEN
- for 2010/11 was 80% and was graded GREEN



Some of our Community Hospital have Minor Injuries Unit bringing urgent care closer to you.

Community Services

Care Quality Commission visit

The Care Quality Commission made an unannounced visit to Community Hospitals in June 2010 to review cleanliness standards. They said that:

The overall impression of the visiting inspectors was that all sites were very clean, well organised and there was a good sense of ownership by the Matrons. All staff were commended for being helpful.

The initial report was very positive and we are pleased to tell you that they reported:

*Of the 14 measures we inspected, we had **no areas for concern about thirteen** and found some areas for improvement in one.*

The one item which they had some concerns about has been fully addressed, with new arrangements in place to ensure that Community Hospitals meet the required standards.

Mental Health Services

Care Quality Commission visit

The Care Quality Commission Mental Health Act Commissioners made a short notice visit to Mortimer Ward which is part of the Stonebow Unit in June 2010. The report from the visit recorded that they were pleased to see clear poster telling people about the visit.

Their summary report said the ward was quiet, clean and well maintained. It also said they had seen positive interactions between staff and patients.

They were generally impressed with the papers relating to initial detention, including comprehensive AMHP reports. In addition, the initial clinical assessment record seems well-designed. We were also pleased to find good recording of physical health checks on admission. Section 17 Leave forms include a space for the patient signature which suggests a willingness to promote service user participation in the process, and demonstrates attention on the part of staff to upholding patients' rights.

The Commissioners were able to talk with someone who had previously been detained on the ward, and he was generally complementary about the approach and attitude of staff, although he felt their workload was 'overwhelming'.

NATIONAL RECOGNITION

Two members of the local Health Visiting team took part in a national scheme enabling them to spend time with the Chief Nursing Officers team at the Department for Health.

Community Services

Essence of Care

Measuring services against national standards within the Essence of Care has enabled us to rethink and improve in a number of ways:

- **Privacy and Dignity:** Podiatric Surgery identified structural changes needed to ensure privacy and dignity for their patients. The work was completed in January 2011.
- **Communication:** The Acquired Brain Injury Team have developed a public web site to help clients who live in rural areas find information about other services and support available to them.
- **Recordkeeping:** Children's Community Nurses have updated their induction check list for new staff to ensure they are aware of the procedures in place for patients to access their own records.

The system called Commissioning for Quality and Innovations (CQUINs) has set a number of targets for services to measure improved delivery of care. Some examples of change are:

- All patients being admitted to Community Hospitals are given a range of assessments in order that we can identify any issues early. This is for instance helping to reduce the number of falls suffered during inpatient stays.
- Podiatric surgery, dentistry, podiatry, physiotherapy, health visiting, Occupational Therapy services all now offer advice and information on available support to patients who are smokers.
- In April 2010, 65% of people who were expected to die were not being cared for using the recognised national standard (Liverpool pathway), in February 2011 all patients who meet the criteria are being care for using this pathway.

Mental Health Services

Essence of Care

Teams across the Mental Health Services in Herefordshire have looked at what they do using the .Essence of Care Benchmarking system.

They have made changes in relation to what they found and among the positive outcomes from this was that:

- the In-patient survey showed a notable improvement in the number of people who felt that their Privacy and Dignity had been respected when compared to those asked the same question 12 months before.
- **Communication:** Business cards giving out of hours numbers have been introduced.

The system called Commissioning for Quality and Innovations (CQUINs) has introduced targets or Mental Health Services. As a result of these:

- In October 2010 a vision for people with Dementia was set out for Herefordshire. 100% of people referred are able to access an integrated, seamless, proactive and high quality locality based service.
- we are offering advice to people to help them to stop smoking.
- we have improved the initial assessment of people being admitted to inpatient units so that we have information about accommodation and employment status. Helping us to better address their support needs.
- people meet with the Crisis Resolution Team on admission so discharge can be planned to suit individual needs.

Community Services: CQUIN Results

Goal No.	Goal Description	Overall target to achieve	Final payment achieved
1a+b	Patient experience - hospital and community	Improvement in questions scoring	65% of the goal weighting value achieved. We looked at 5 different factors in hospitals and 6 in community at the beginning of the year and at the end. Scores for satisfaction were above 90% satisfaction for all questions. We aimed to improve scores achieved across the year, but many stayed the same.
2	Smoking - Brief Intervention in healthcare professional appointments	90% over Q4	100% of goal weighting value achieved. We offered advice to 99% of people who attended specific out patient clinics.
3	Compliance with Think Glucose Guidance	Demonstrate compliance with Think Glucose programme.	50% of goal weighting value achieved. We made changes to how we monitor people who have diabetes and are admitted to hospital. We are training nurses and doctors to improve the care of people with diabetes.
4a	Tissue Viability - Risk assessed	≥95%	100% of goal weighting value achieved. We have recorded information about people who acquire pressure ulcers while in our care. We have learned lessons and taken steps to reduce the number of people who acquire such pressure ulcers.
4b	Tissue Viability - At risk care plan in place	≥95%	
4c	Tissue Viability - decrease in numbers	12.5% reduction in Q4 from Q2	
4d	Tissue Viability - Reported locally and RCA commenced	≥95%	
4e	Tissue Viability - deterioration	≥95%	
5	Falls - assessed and care plan	≥90%	75% of goal weighting value achieved. When we checked not all people who had been identified as being at risk of falling had plans in their clinical records to say how we were monitoring them.
6	Nutrition - assessed and care plan	≥90%	75% of goal weighting value achieved. When checked not all people who had been identified as needing extra support for feeding (e.g. special food/ drinks to maintain weight) had plans in their clinical records to say how we were monitoring them
7	End of Life	≥87.5%	25% of goal achieved. We checked how many people should have been looked after using the Liverpool Care pathway and how many should be cared with this way. We found 70% of people were cared for on the pathway as expected.
8	Discharge Planning - development and completion	≥90%	25% of goal weighting value achieved. New documentation was created as agreed. When checked not all people who had should have a plan for discharge in their clinical records to say what we were doing to prepare them to go home.
9a	Medicines Management Completion of chart	≥90%	25% of goal weighting value achieved. Over the year there was an improvement in the charts having all information on them. When we looked at the beginning of the year 25% of charts were fully completed at the end of the year 70% were.
9b	Medicines Management Missed doses	≥90%	100% of goal weighting value achieved. We made agreed changes. When checked improvements had been made; over 90% of people had all the medicines at the prescribed times.

There was a possible £450,498 available for achievement of these targets, we achieved £322,105.

What is a CQUIN?

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals

Each Commissioner agrees a number of different CQUINS beginning of the financial year with each of their providers. These include in year targets as well as final outcome targets. makes. In Herefordshire Provider Services we had two different sets of agreed targets taking account of the different services which were being delivered.

Mental Health Services CQUIN Results

Goal No.	Goal Description		Final payment achieved
1	Productivity and Pathways Improvement programme	Several targets during year	100% of indicator value achieved. All quarterly targets achieved.
2	Patient Experience	Improvement in scoring of questions surveyed	100% indicator value achieved for Community Survey – responses for all five questions improved during the year. 90% CQUIN target achieved for the Inpatient Survey – improvements were noted in two of the five questions
3	Smoking Cessation	90% over Q4	100% of indicator value achieved. We offered advice to 91% of people who attended specific out patient clinics.
4	Assessing patients accommodation and employment status	≥90%	100% of indicator value achieved. 100% of a sample of case notes had clear evidence that accommodation and employment status had been assessed. 100% of people whose accommodation/employment was identified at risk had clear evidence that action had been taken within one week of assessment
5	CRHT Gate keeping rate	≥95%	100% of indicator value achieved. Over 90% of all admissions to inpatient services had access to crisis resolution treatment teams during the year.
6	Delayed and missed doses of medicines for hospital inpatients	≥90%	100% of indicator value achieved. Over 90% of patients had medicines at their prescribed times at the three identified audits during the year.
7.1	Dementia Pathway - pathway development	Agreed dementia pathway	100% of indicator value achieved. Dementia pathway developed and agreed.
7.2	Dementia Pathway - Implementation of pathway	>80%	100% of indicator value achieved. 100% of clients in sample were allocated to the dementia pathway.
7.3	Dementia Pathway - Clinical staff trained in dementia awareness	>50%	100% of indicator value achieved. By Q4 51% of staff have been trained in dementia awareness.
8	Clinically managed leave from hospital	Less than/= 25%	100% of indicator value achieved. No informal patient spent more than 25% of their inpatient admission on leave.
9	Continuity of care for assertive outreach		100% of indicator value achieved. There was no more than one instance of "broken engagement" per patient or team each quarter.

There was a possible £252,006.00 available for achievement of these targets; this was achieved in full.

Provider Services (Community and Mental Health)

Research

No patients receiving NHS services provided or sub-contracted by NHS Herefordshire Provider Services in 2010/11 were recruited during that period to participate in research requiring ethical approval.



Meeting National Budget Targets

Commitment of the budget holders within provider services, supported by the professionalism and commitment of the finance team allowed us to record a surplus of £661k in 2010/11 building on the surpluses achieved in previous years.

Special Reviews

NHS Herefordshire Provider Services has not participated in any special reviews or investigations by the Care Quality Commission during 2010/11

Audit

There are a number of national audits, as a community provider the following audits were relevant to the services provided:

Continuous; all patients

NAPTAD: anxiety and depression (we did not take part in this audit as we are already involved in a regular and comprehensive audit of this area).

Intermittent samples of patients

National Audit of Dementia: dementia care (we took part in this audit)
National Falls and Bone Health Audit (we took part in this audit, results available spring 2011).

One-off; all patients

None were relevant.

We also undertook the nationally mandated clinical records audit in October 2010.

NATIONAL RECOGNITION

Physiotherapist Louise Ainger's work on lower limb strength and balance for chronic stroke patients has shown significant improvement for patients and has received recognition nationally when she was invited to present her results at the Society for Research in Rehabilitation winter conference.

Community Services

From April 1st 2011 NHS Herefordshire Provider Services will be delivered as part of an integrated organisation called Wye Valley NHS Trust.

Future vision and aspiration is set out in the document:

[Wye Valley NHS Trust Quality Account](#)

Supporting Staff to Support Others

Dave Quinn, a member of the health psychology team was mobilized by the Red Cross to support the evacuation of UK nations from Libya in February 2011.

His team at home continued his work, kept in contact with him and his family and welcomed him back on his return.

Mental Health Services

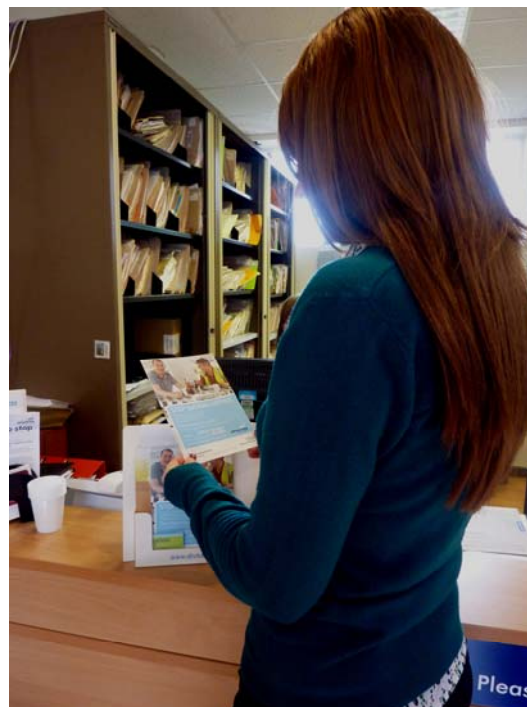


From April 1st 2011 NHS Herefordshire Provider Services Mental Health Directorate services will be delivered as part of 2gether, an NHS Foundation Trust.

Future vision and aspiration is set out in the Quality Account for 2gether.

[2gether Quality Account](#)

Services across Herefordshire now provide advice to people who want to give up smoking



**NHS Herefordshire's (Commissioning Arm)
Commentary on Herefordshire PCT provider Services Quality Accounts**

NHS Herefordshire is pleased to endorse Herefordshire PCT provider services second Quality Account which provides information with regard to the quality of the services it provides to the public.

Based on the knowledge NHS Herefordshire commissioners has of Herefordshire PCT provider services, we believe that this report is a fair reflection of the healthcare services provided.

This is the last report that the commissioners will receive as the Provider Arm services will be reported next year through 2gether and Wye Valley Trust. The report therefore reflects the achievements in year but does not consider next year's priorities. The report celebrates the successes and improvements in quality but is balanced in that it recognises those areas which require further development.

Mental health services have done particularly well in achieving the CQUINS this year. They have dedicated the appropriate resources and had clinical ownership which has resulted in substantial improvements in the quality of services and been rewarded appropriately financially.

NHS Herefordshire commissioners monitored the quality performance of PCT Provider services monthly through the Clinical Quality Review Forums. Performance data in relation to quality was presented and verified, and action plans supported to address areas of less than optimum performance.

Sue Doheny
Director of Quality and Clinical Leadership
May 2011

Quality Account - Provider Services 2010/2011

Response from Herefordshire LINK

to Lynda Steele MPhil, DCR(R), Associate Director of Quality and Clinical Effectiveness
Herefordshire LINK welcomes and appreciates the opportunity to comment on the 14 page content of the document *Quality Account - Provider Services 2010/2011*.

LINK Members are most supportive of the five listed priorities, together with the progress thus evident and projected for the identified quality initiatives with specific reference to *Releasing More Time to Care* and *Training Clinical Leaders for safer Care*.

Members look forward to positively and effectively contributing to the maintenance of the high standards achieved and applaud the initiatives for continued improvement.

Allan Lloyd

Herefordshire LINK Chair

1st June 2011