

The Quality of Care Our Patients Receive



2011-2012

GLOSSARY

SpCAMHS	Specialist Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DoH	Department of Health
E4E	Energising for Excellence
EMSHA	East Midlands Strategic Health Authority
FNP	Family Nurse Partnership
HCAI	Healthcare Acquired Infections
IPC	Infection Prevention and Control
IV	Intravenous
JNCC	Joint Negotiating Consultative Committee
LINK	Local Involvement Network
LMT	Leadership Management Team
MKCHS	Milton Keynes Community Health Services
MKSCB	Milton Keynes Safeguarding Children's Board
MMSE	Mini Mental State Examination
MRSA	Meticillin-resistant Staphylococcus Aureus
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NPSA	National Patients Safety Agency
PCT	Primary Care Trust
PEAT	Patient Environment Assessment Team
QA	Quality Account
QC	Quality Control
QIPP	Quality, Innovation, Productivity and Performance
QRP	Quality Risk Profile
RAIT	Rapid Access and Intervention Team
RCA	Root Cause Analysis
R&D	Research and Development
RiO	Clinical records data collection system (Rivers of Information)
TOPAS	The Older People's Assessment Service
UTI	Urinary Tract Infection
VTE	Venous Thrombo Embolism
WICU	Windsor Intermediate Care Unit

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SECTION ONE

Introduction

High quality care is what we all want to receive. Here at Milton Keynes Community Health Services (MKCHS), maintaining high quality services is our top priority, underpinned by good patient safety, clinical effectiveness and patient experience. We aspire to excellence in all of our services which include: Adult Services, Older People's Services, Children's Health Services and Mental Health and Learning Disability Services.

Milton Keynes Community Health Services is very proud to provide a number of services in partnership with Milton Keynes Council. These integrated services include Mental Health, Learning Disability, Intermediate Care and Community Equipment. Both organisations are committed to ensuring quality is a priority and Milton Keynes Council has supported the development of the quality initiatives within this Quality Account.

In November 2011, MKCHS transferred under the legal umbrella of Bedford Hospital but as an autonomous division where our branding and identity remain intact.

We believe the integrated nature of our service provision supports improved experience for the person receiving the service. More joined up care means less duplication, better co-ordination and a faster response. We hope to build further on our integrated way of working with social care and also with primary and hospital care.

The quality agenda is a key component of our Quality, Innovation, Productivity and Performance (QIPP) programme and is threaded through the work that has been undertaken during the last year to transform community services.

The quality of services is now more robustly monitored by ourselves and by our commissioners (who receive funding from the government to purchase health services locally) through monthly data collection and reporting. This

gives us the ability to reduce any variation in standards of practice and, through the work we are progressing via patient experience feed back and engagement, it ensures increased accountability to the people of Milton Keynes.

We understand that the community we serve must have confidence in the services we provide. From first contact through to discharge, the patient journey must be a positive experience. We strive to work with patients, users and their carers in identifying where patient experience has not been as good as it should have been and ensure that learning and changes to services occur as a result.

We make sure that quality includes equality and inclusion. Ensuring high quality care always takes into account a person's age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation. This will help us to meet and go beyond the Care Quality Commission's standards of care and comply with the Equality Act, which became law in October 2010.

The patient experience strategy we have produced is a partnership between the people who use our services, the Milton Keynes community, clinical staff and service managers. The strategy comprises of a series of 'Campaigns' designed to make real and lasting improvements in areas which matter to our service users.

We have used our Patient Experience Working Group and our Equality and Human Rights Committee to give initial feedback on this Quality Account and established a working group which includes senior clinicians, managers and Local Involvement Network (LINK) representatives in its membership, to pull the report together. This input, along with information from the National Staff Survey and the Care Quality Commission's Quality Risk Profile, helped us to determine where we have done well and areas that need improvement. In using this approach, we are assured that this report gives a true and accurate picture of Milton Keynes Community Health Services and the issues that are important to the local community and our staff.

This Quality Account, in its draft format, was discussed and approved by the Leadership Management Team, the Patient Experience Working Group, the Joint Negotiating and Consultative Committee and our Equality and Human Rights Committee. The draft document was also circulated to Milton Keynes and Northamptonshire PCT Cluster, the Commissioning Support Hub, the Clinical Commissioning Group, the Health and Community Wellbeing Select Committee, Learning Disabilities Partnership Board and Milton Keynes Local Involvement Network (LINK MK). Once feedback was received the report was finalised and then formally presented to the MKCHS Board before final publication.

Within this Quality Account we have highlighted areas of importance to people who use our services; under **Patient Safety** we have included; falls, pressure ulcers, infection prevention and control (IPC), as well as safeguarding children and vulnerable adults. The **Clinical Effectiveness** section gives assurance that we have a high quality workforce, we are taking forward the national programme of 'energising for excellence' and the 'Productives'. We have also demonstrated that we actively participate in audit at a local and national level, and used this to demonstrate how we make improvements and sustain them. Under **Patient Experience** we have included making improvements to privacy and dignity, falls, copying letters, access for deaf and hard of hearing service users, as well as work to improve our Patient Environments (PEAT), looking at patient access and patient safety and standards.

We hope you find the report interesting and that it gives you an understanding of how seriously we take quality – it's at the heart of everything we do.



Milton Keynes Community Health Services Leadership Team

SECTION TWO

Priorities for 2012/13

2.1 Priorities for Improvement

Our 2010/11 Quality Account identified three areas as priorities for development: Pressure ulcers, Energising for Excellence in Care (E4E) and high impact actions for nurses and medicines management. We will demonstrate how these were taken forward and achieved within section three of this document.

We have identified the following areas as priorities for improvement in 2012/13:

- Patient Safety – Transfer of Care
- Clinical Effectiveness – Patient Safety Thermometer
- Patient Experience – The six campaigns which form the Patient Experience Strategy and the Equality Delivery System

Patient Safety – Transfer of Care

When people transfer from one clinical setting to another, we need to have effective systems in place to ensure that they are transferred safely. This is of particular importance for some of our most vulnerable service users who need complex arrangements to be put in place involving many different health and social care professionals. Though there has been considerable progress in this area, reviews of incident reports and feedback from service users show that there is still work to be done and in 2012-13 we will be building on the initiatives described below.

How do we achieve progress?

Over recent years there has been an emphasis on supporting people to remain at home to receive care and treatment and for those admitted to hospital to return home as soon as possible. This can often result in reduced time for discharge planning to take place. To counter any risks associated

with this, we are working with our partner organisations, Milton Keynes Council and Milton Keynes Hospital, to develop a joint policy and protocols which will set standards for good practice. We will be running more multi-agency training events and workshops to share good practice and improve understanding. We will ensure that there is a 'Board to ward' approach with strong leadership and engagement by all staff.

Listed below are just some of the initiatives Milton Keynes Community Health Services provides in partnership with other local organisations:

- **Home to Stay team** – Provides care co-ordination and support for people with complex needs being discharged from hospital for the first 30 days after leaving the hospital



The Home to Stay Team (March 2012)

- **Rapid Access and Intervention Team (RAIT)** – Works with GPs, community teams, A&E and admission units to support people to remain at home or discharge back home as soon as medically appropriate
- **Intermediate Care** – Provides a range of multi-disciplinary, community inpatient or re-ablement support for people to regain as much independence as possible by learning, or re-learning the skills necessary for daily living following an episode of illness, injury or crisis
- **Intravenous Treatment** – Community nursing provides support for people to return home to continue with a course of intravenous therapy in the home
- **End of Life Care Team** – Provides training, advice and support to services and organisations across Milton Keynes to improve end of life care and support for patients and their relatives
- **Diabetic Specialist Team** – Works with hospital consultants to support self management for people with unstable or newly diagnosed diabetes
- **Community Matrons and Telecare** – Working with Milton Keynes Council to provide support for people with complex long-term health conditions to monitor and proactively manage their condition

How are we monitoring and measuring?

We will continue to include Transfer of Care as a campaign in the Patient Experience Strategy and will seek the views of people who have used our services and their carers.

We will monitor adverse events (complaints, safeguarding referrals and incidents) and carry out regular audits to highlight areas for improvement.

One of the key methods for monitoring how well discharges are being planned and supported is through the incident reporting process. Milton Keynes Community Health Services staff have confidence in this system of reporting because of the cycle of feed back to them which provides assurance that:

1. Each incident is acted on in the area where the failure occurred so that remedial action can be taken to reduce the risk of recurrence
2. The investigation and outcome is fed back to the service which raised the incident
3. Reporting contributes to an overall picture of key risks to patients each quarter

How will progress with this be reported?

Progress against the Patient Experience campaign will be reported by the Strategy Steering Group to LINKMK and to the Clinical Governance Committee. Recent examples of actions to improve transfer of care processes include:

- Whole System Transfer of Care Workshop led by Milton Keynes Community Health Services held February 2012 to identify key actions required to improve transfer of care across the system
- Formal agreement to work across health and social care organisations to jointly resolve issues impeding effective transfer of care

Clinical Effectiveness – Patient Safety Thermometer

The Patient Safety Thermometer is a tool to collect and report on four key patient safety risks:

- Pressure ulcers
- Falls
- Catheters, where the patient has had a urinary tract infection
- Venous Thrombo Embolisms (VTE) - blood clots

The Safety Thermometer can merge patient safety data across all the services in the organisation, enabling us to identify 'trends', improvements or concerns. We are required to submit this data to the NHS Information Centre for inclusion in the national database.

How will we achieve progress?

Milton Keynes Community Health Services has recognised the four patient safety risks listed above and work has been progressed over the last couple of years to reduce falls in our inpatient units and reduce the incidence of pressure ulcers, both in inpatient units and in community settings.

Improvements are being made through staff training, standardisation of practice, following National Institute of Clinical Excellence (NICE) guidelines, good risk assessment and proactive management of risks.

We are implementing the VTE policy by carrying out routine VTE risk assessment on admission. This systematic risk management across inpatient units will see a reduction in patients developing problems with blood clots.

How will we monitor and measure this?

Data collected and submitted to the NHS information centre will be taken as the baseline measure on the four safety risks for the organisation.

Monthly data collection will show improvements in reducing risks over time, as well as allowing us to compare our performance in relation to other similar organisations.

We will also monitor our performance against the Patient Safety Thermometer via our Quality Report, which will be presented to our Leadership Management Team (LMT), independent monitoring by our Audit Committee, our Board and the Commissioners Quality Review Group.



MKCHS Board meeting March 2012

How will progress be reported?

Internally to:

- Leadership Management Team
- Clinical Governance Committee
- The MKCHS Board
- Bedford Hospital Board (which presently hosts our organisation)

Externally to:

- Milton Keynes Commissioning (CCG)
- Milton Keynes and Northamptonshire PCT Cluster
- Milton Keynes Joint Safeguarding Adults Board
- East Midlands Strategic Health Authority (EMSHA)

Patient Experience - The Strategy and the Equality Delivery System

The Patient Experience Strategy

Milton Keynes Community Health Services has an active Patient Experience Strategy, which includes six campaigns chosen annually to make measurable improvements to services and care experience. The campaigns are chosen based on both local information and national concerns; they are agreed by LINKMK.



Our priority is to make sure that the campaigns address the needs of our most vulnerable service-users, including people with characteristics protected under Equality and Diversity law, mental health service users, children's service users and people with learning disabilities.

Additionally, there are to be campaigns relating to pressure ulcers, transfer of care, access to services for those with visual or hearing impairments and, as a result of local concerns, we are looking to work with service users to improve access in our reception areas as well as looking into concerns around the provision of foot care and podiatry services.

In addition to the campaigns, all services will take part in patient experience surveys and will be required to show improvements within the year. They will need to make the results of the surveys available to their service users, showing how they are going to address areas of concern and will need to establish a system to collect patient stories.

How do we achieve progress?

We will maintain effective working relationships with LINK MK, service users and staff and further develop a robust reporting system allowing for two-way feed back to ensure that priority areas of work will progress through the coming year and beyond.

How are we monitoring and measuring?

In addition to the audits and surveys, which we use to monitor the progress of all campaigns, we will be using a set of questions designed to find out whether or not people would recommend our services to others. All services will be required to take part in the survey to establish a baseline assessment and then to repeat the survey to show an improvement within year.

We will embed national drivers including NICE, the new quality standards and the NHS Patient Experience Framework developed by the Department of Health into our work. Locally, we will monitor trends in incidents and complaints as reported through the Patient Experience Group and will address areas of concern raised by our service users, LINK MK and staff.

How will progress be reported?

All campaigns will be monitored through the Patient Experience Steering Group and each campaign lead will give a quarterly update against their action plan, noting any delay or exceptions. The minutes from this meeting will be reported through the Clinical Governance Committee and to the LINK executive team. Any comments will then be fed back via LINK members as a dedicated item at the steering group.

We will report quarterly to our Leadership Management Team and the Board, as well as bi-monthly reporting to commissioners. This feedback will include how patient experience and stories have impacted on changes to services. In addition to internal reporting, campaign leads will be required to explain how they will feed back to service users regarding the results of their patient experience work.

We will be implementing a series of 'walk about' visits with our Independent Committee Members in late 2012 which will give them the opportunity to listen to staff and patient views.

2.2 Statements of assurance from the Board

One of the aims of this Quality Account is to give information to the public which will be common across all Quality Accounts in the country. In order to do this our Quality Account has a number of statements that must be included. To quickly identify these compulsory sections we have printed them in a different coloured text (yellow) to the main body of the report.

Performing to essential standards

Milton Keynes Community Health Services achieved 'unconditional' registration with our regulatory body, the Care Quality Commission (CQC). In November 2011 MKCHS de-registered with the CQC as the provider arm of NHS Milton Keynes and was re-registered without conditions to Bedford Hospital. Our priority is to make sure that we comply with the new CQC Essential Standards.

To provide additional assurance, we opted into an assessment by the NHS Litigation Authority, which tested all the policies we have in place to manage risk. We were formally assessed in June 2011 and achieved 94% compliance.

Measuring clinical processes and performance

MKCHS is a research-active organisation; we participate in research and use this to support our clinicians in providing excellent research evidence-based care. We measure our delivery of high-quality care through a program of clinical audit; the audit plan includes audit LINKed to NICE and topics identified from national reports, as well as local clinical concerns.

Involvement in national projects and initiatives aimed at improving quality

Milton Keynes Community Health Services participates in research projects arising from the Comprehensive Research Network (a national portfolio of projects) and the national clinical audits which apply locally. We take account of any concerns arising from National Confidential Inquiries and reports (such as the Francis Report). We also work with our partner organisations; Milton Keynes Hospital and Milton Keynes Council to address any issues which might apply locally and to provide assurance that these are addressed.

2.3 Review services

During 2011 /12 Milton Keynes Community Health Services provided and/or sub-contracted 43 NHS services.

Milton Keynes Community Health Services has reviewed all of the data available to them on the quality of care in 43 of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by Milton Keynes Community Health Services for 2011 /12.

2.4 Participation in clinical audits

During the period April 2011 to March 2012, five national audits and one confidential enquiry covered NHS services that Milton Keynes Community Health Services provides.

During that period Milton Keynes Community Health Services participated in one (20%) national clinical audit and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

National Clinical Audits

National clinical audits are a set of centrally funded national projects that provide local trusts with a common format by which to collect audit data. The projects analyse the data centrally and feed back comparative findings to help participants identify necessary improvements for patients. Most of these projects involve services in England and Wales; some also include services from Scotland and Northern Ireland.

There are 51 national audits identified for inclusion in the Quality Account for the period April 2011 to March 2012 and Milton Keynes Community Health Services is eligible to participate in the following audits:

- Childhood epilepsy
- Chronic pain
- Parkinson's disease
- Prescribing in mental health services
- Schizophrenia

National Confidential Enquiries

The purpose of a National Confidential Enquiry is to detect areas of deficiency in clinical practice and devise recommendations to resolve them. Enquiries can also make suggestions for future research programmes.

Most confidential enquiries to date are related to investigating deaths, establishing whether anything could have been done to prevent the deaths through better clinical care. Confidential enquiries are "confidential" in that details of patients/cases remain anonymous, though reports of overall findings are published.

Milton Keynes Community Health Services is eligible to participate in the Suicide and Homicide by People with Mental Illness Confidential Inquiry.

2.5 Measuring participation

The national clinical audits and national confidential enquiries that Milton Keynes Community Health Services participated in, and for which data collection was completed during 2011/12, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During the period April 2011 to March 2012, four (7.8%) of 51 national clinical audits were relevant to Milton Keynes Community Health Services. The table overleaf details the audits that the organisation participated in and reasons for non-participation where applicable.

National Clinical Audit	MKCHS Participation		Reason for non-participation
	Yes	No	
Childhood epilepsy		x	Mainly acute focused
Chronic pain		x	To be reassessed for relevance to MKCHS in 2012/13
Parkinson's disease	x		
Prescribing in mental health services	x		
Schizophrenia		x	Unable to capture diagnosis information due to implementation of new patient management system.

In the same period, Milton Keynes Community Health Services participated in all national confidential enquiries which were relevant to the services we provide. The table below details participation.

National Confidential Enquiry	MKCHS Participation		Reason for Non-participation
	Yes	No	
Suicide and homicide by people with mental illness	x		

2.6 Measuring Coverage/Recruitment

National Clinical Audit	Participation		% Cases Submitted
	Yes	No	
Childhood Epilepsy		x	
Chronic Pain		x	
Parkinson's Disease	x		20 cases
Prescribing in Mental Health	x		5 cases

Services			
Schizophrenia		×	To be reassessed for relevance to MKCHS in 2012/13

2.7 Reviewing Reports of National Clinical Audits

The reports of the four national clinical audits relevant to our services were reviewed by the organisation in 2011/12 and MKCHS intends to take the actions described in the table below to improve the quality of healthcare provided.

AUDIT	Summary of Actions
Depression and Anxiety (National Audit of Psychological Therapies – NAPT)	The results were published in November 2011 with positive results. There is a national action planning tool kit which is being used by the service. NAPT has received an additional two years in order for a re-audit to be completed which we will participate in.
Prescribing in Mental Health Services 20010-2011	Although results for Milton Keynes Community Health Services were good overall, it was considered suitable to design a pro-forma as a front sheet for records to act as a reminder to carry out required physical health checks for patients prescribed antipsychotic medication which has now been implemented along with a planned audit programme to review this during the forthcoming year.
National Patient Survey for Mental Health	The results of the 2011 patient survey were more positive than the previous year and a detailed action plan has been implemented to improve, maintain and

	enhance the progress that has already been achieved.
National Parkinson's Audit	The audit was undertaken by the Specialist Parkinson's Nurse and the results have just been received by the service. A comprehensive action plan is being developed.

2.8 Reviewing Reports of Local Clinical Audits

The annual clinical audit plan reflects local and national priorities for service improvement and there is an expectation for all services to engage fully in the audit process to ensure continual review of current practice against specific objectives.

All services are expected to complete an audit of their record keeping practice each year to demonstrate that adequate information is recorded for each patient to ensure safe and effective treatment and care. Health and safety audits, security audits, hand hygiene and infection prevention audits are also carried out in all services annually and are of great value in terms of ensuring safety of patients and staff and minimising spread of infection.

The reports of 171 local audits were reviewed by Milton Keynes Community Health Services in 2011/2012 and the recommendations outlined from these will be acted upon in order to improve the quality of the service offered to patients.

Consent audits seek to measure our services against the way in which they involve service users and – where relevant – their families or carers in making decisions about all aspects of the care and treatment they receive from us.

These are carried out on a three-yearly basis and over the last year services such as Oakwood (Learning Disability), Linden (Mental Health), Family Planning and the Continence service have been audited. All four, although working with very different groups of service users, showed a very high standard of involvement with the wishes and opinions of the people using the

different services. This high standard is evidenced by thorough assessments, future planning and by the involvement of other services where this was felt to be necessary and was agreed to by the service-user.

Two consent audits have been recommended as examples of good practice for others to learn from, and quality of practice has noticeably improved over the years.

In addition to mandatory audit requirements, the annual audit plan is an integral part of the service improvement process for all services and topics relate clearly to service objectives against local and national priorities. Included in the plan are projects to identify level of compliance with national quality and best practice indicators such as the NICE guidelines and the Care Quality Commission's Standards for Equality and Safety as well as locally applicable patient satisfaction surveys or audits pertaining to emergent themes in incidents or complaints.

The case studies below are examples of audits conducted within Milton Keynes Community Health Services during the past 12 months.

Medication incidents audit

We audited all medication incidents reported between April and July 2011. The report shows the causes of incidents (including errors, reactions and missing medication) and gives an assessment of what was done to rectify problems and prevent recurrence. It also assesses the quality of reporting as this supports follow-up action and risk assessment and reflects the way services view errors.

The report was presented at the Clinical Governance Committee and sections which relate to individual departments were made available to the relevant staff and managers. Many of the learning points from this review were relevant to several services and were disseminated widely.

The audit showed that the actions taken to resolve medication errors are prompt and effective and the quality of incident reports is very good so it is possible to assess the impact of the incident and whether any further action is needed. Incident reports are all forwarded to the commissioning pharmacist for help in addressing dispensing issues. As a result of one of the incidents the pharmacist has produced some guidance notes for high street pharmacists.

The district nursing service has put into place some practical solutions such

as issuing medication in bags printed with guidance to staff to act as a reminder.

Windsor Intermediate Care's (WICU) approach to incident management is a model for good practice, as incidents are reported promptly and with good information, managers review them as soon as possible and learning points are discussed at staff meetings.

There is a comprehensive action plan in place at Woodhill Prison and this has already helped to improve procedures for dispensing and transporting medication.

Patient Satisfaction Privacy and Dignity 2012

Promoting and respecting the privacy, dignity and human rights of the people who use our services is both a national and local priority. Work has been undertaken to establish a dignity champion in all of our clinical services and a champions' network, with regular meetings is in place. We wanted to know how patients experience our services and to use this information to improve experience and help shape the work of the dignity champions for the coming year.

Questionnaires were distributed at WICU, the Campbell Centre and TOPAS. A member of LINK was available to support patients with the completion of the questionnaires and the results for WICU, TOPAS and the Campbell Centre have been collated.

The results for WICU showed that all patients felt they were treated with dignity and respect. They felt that their questions were answered in a way that they were able to understand and most people felt that if the need arose again they would choose to go back to the unit.



The Campbell Centre patients gave a mixed response to their overall experience of the service. When asked if they were treated with respect and dignity the majority responded either yes, all of the time or most of the time. Most people felt staff were available to discuss any worries or concerns they may have. Over half of patients reported they would go back to the unit if the need arose.

Patients in the TOPAS unit again felt that they were treated with respect and dignity. All patients felt they had enough privacy to discuss care and treatment or to be examined. When asked if there was anything good about the care on the unit most responded positively about the nurses being kind, friendly and helpful and that they felt listened to.

A summary of the findings has been presented at the dignity champions group and individual action plans will be developed for areas of improvement.

2.9 Research

Milton Keynes Community Health Services participates in research and development in order to promote best practice. We have a research and development steering group and are fully compliant with the Research Governance Framework, which ensures all research studies are conducted safely.

Over the past 12 months, we have hosted approximately 55 local and national research projects, working in partnership with staff and universities. Patient participation in local and national research provides a valuable contribution towards the advancement of medical knowledge overall, but can also be of significant benefit in terms of identifying areas for improvement and refining service provision locally.

PROJECT TITLE	Ref	DETAILS
Developing an understanding of the psychological counselling needs of young adults with specific language impairment and/or pragmatic language impairment who are experiencing problems with psychosocial adjustment	N/A: Local project	The study aims to develop an understanding of the psychological counselling needs of young adults with specific language impairment and/or pragmatic language impairment who are experiencing problems with psychosocial adjustment.
Support Matters: Use of assistant staff in the delivery of community nursing services in England	10/H0808/159	The principal research objective is to describe assistant roles in community nursing teams and explore their potential contribution to service delivery, patient experience and choice.

PROJECT TITLE	Ref	DETAILS
A case control study to investigate the accuracy of clinical tests for Morton's Neuroma	N/A: Local project	The aim of the study is to improve our knowledge on the accuracy of common clinical tests – it will not generate new knowledge and is not generalisable to other areas. It is an information gathering exercise and will not change the patients' treatment in any way.
Predicators of Exercise in People with Schizophrenia	11/SC/0428	The aim of the present study is to assess the utility of the Theory of Planned behaviour variables to predict exercise intention and behaviour in people with Schizophrenia. Furthermore, it will examine the role of self-efficacy and professional social support in the prediction of exercise behaviour among people with Schizophrenia. A comparison of the efficacy of this revised model will be used in both Schizophrenic and general population groups. This will identify whether there are differences in physical activity levels and predictors of physical activity between the two population samples.
Efficacy study of a quadrivalent flu vaccine in children (FLU D-QIV)	11/SC/0313	To evaluate the efficacy of FLU D-QIV vaccine in the prevention of confirmed influenza A and/or B disease due to any seasonal influenza strain, when compared to non-influenza vaccine comparators in children aged 6 to 35 months
PUNS: Prems Under New Schedule	07/H0301/115	<ol style="list-style-type: none"> 1. To compare the immunological responses of infants born prematurely to PCV13 after two doses at 2 and 4 months of age with three doses at 2,3 and 4 months of age (*early protection*). 2. To evaluate the immunological responses of infants born prematurely to PCV13 when vaccinated with a three dose accelerated schedule (2,3 and 4months of age) compared with a three dose extended schedule (2,4 and 6 months).

The number of patients receiving NHS services provided or sub-contracted by Milton Keynes Community Health Services during April 2011 to March 2012 that were recruited into research, approved by a research ethics committee, was approximately 50.

We are committed to supporting research in all areas of healthcare and to ensuring continued organisational and staff development. The table below gives an overview of research studies we have been involved with in the last 12 months in various categories.

SPECIALITY	NUMBER OF STUDIES
Mental Health	2
Vaccinations	2
Older People	1
Staff Development	3
Musculoskeletal Conditions	1

2.10 Goals agreed with commissioners

A proportion of Milton Keynes Community Health Services' income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Milton Keynes Community Health Services and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2011/12 are summarised below. Full details and the CQUIN scheme for the following 12 month period are available electronically on the MKCHS website: www.mkchs.nhs.uk

Outlined below are the 2011/12 CQUIN standards and a summary of our achievement against them:

2011-12 CQUIN STANDARDS	
COMMUNITY SERVICES (CS) & MENTAL HEALTH SERVICES (MH)	
Clinical Quality Indicator (CQUIN)	2011-12 Performance
Community services	
To achieve recommended levels of health visiting	New staff are expected to be in post by end of March 2012 and therefore the target will have been met.
The experience of patients using MK Community Health Services will be sought and analysed on a regular basis by service providers and the outcome will be shared with the commissioners: the elements are; Patient Experience Strategy, Essence of Care, Copying Letters, Service Redesign	<p>Essence of Care Services have completed audits of Communication, Record Keeping and Pain management and many areas of good practice have been reported.</p> <p>Copying Letters Copying letters audits have been completed for a range of services in all Directorates. Services communicated extremely well with their service users. In areas where the nature of the information is highly confidential, practice was excellent and demonstrates compliance with copying letters directives.</p> <p>Service Redesign The initial review for the new out-patient treatment pathway for people with Cellulitis has been completed. Feedback from the questionnaire did show patient support the delivery of IV antibiotics in the home. The development of further pathways is now underway.</p>

<p>Ensure that the number of avoidable pressure ulcers above does not exceed the baseline from 2011/2012 across Milton Keynes health economy.</p> <p>Ensure education is provided across the Milton Keynes health economy.</p> <p>Once completed each investigation report will be presented and the outcome and evidence of learning will be included in the presentation</p> <p>We are able to demonstrate that a conversation with a patient admitted at the End of Life is recorded in a meaningful way</p> <p>Number of patients where there is evidence that there is either offering of, or discussion of, advance care planning when a death is expected</p>	<p>Figures for the year were below the baseline</p> <p>Training figures demonstrate that the training plan is on target.</p> <p>Investigation reports were shared across the health economy at the Tissue Viability Review Committee</p> <p>94% of patients identified as being in the last year of life (and placed on GSF register) have been offered the opportunity to discuss an advance care plan.</p> <p>The team continues to promote advance care-planning through training, support and liaison with services</p>
<p>95% of patients receiving support from the Long Term Conditions team will have an individualised care plan reviewed at least every 6 months</p> <p>80% of patients discharged through the service will have a jointly agreed discharge plan</p> <p>95% all patients are offered smoking cessation advice/support where appropriate</p>	<p>96.1% of all COPD patients have a care plan; every one is reviewed at least every 6 months.</p> <p>100% of the patients discharged through ESD has an agreed discharge plan.</p> <p>96.1% of all COPD patients have been offered smoking cessation advice/support</p>

Mental Health	
<p>Mental Health Service to use nationally recognised formal risk assessment</p> <p>Review the patient experience of being cared for whilst on heightened observations</p> <p>To create the development of a single, responsive fully staffed 24 hour point of access to a mental health assessment service from the age of 18 upwards in Milton</p>	<p>The NPSA Annual National Suicide Audit Tool has been completed as agreed in line with NPSA guidelines</p> <p>Care Program Approach compliance is audited regularly and improvement monitored, and a Patient Satisfaction Audit has been designed to audit patient experience during admission on discharge</p> <p>The project remains on track, implementation planned for 16.4.12.</p>
<p>Memory assessment service, with measures to demonstrate the number of people assessed and diagnosed, and number of medication reviews (for those patients receiving anti-psychotics)</p>	<p>The measures are in place and show that everyone referred has been assessed and a significant percentage diagnosed with dementia.</p> <p>No patient so far referred into service has been in receipt of anti-psychotic medication.</p>

Further details of the agreed goals for 2012/13 are summarised below.

The CQUIN targets relate to:

- Care of people with long term conditions
- Use of the 'Safety Thermometer' to monitor key clinical concerns
- Patient experience
- Innovative practice
- Dementia care (a CQUIN for mental health services)

Full details and the CQUIN scheme for the following 12-month period are available electronically on the MKCHS website: www.mkchs.nhs.uk

2.11 What others say about Milton Keynes Community Health Services

The Care Quality Commission

Milton Keynes Community Health Services is required to register with the Care Quality Commission and its current registration status is 'Unconditional Registration'



Milton Keynes Community Health Services has not participated in any special reviews or investigations by the CQC during the reporting period.

During 2010 /11 the Care Quality Commission introduced a monthly Quality Risk Profile for all NHS Organisations. The Quality Risk Profiles (QRP) are used by the CQC to support monitoring of compliance with essential standards of quality and safety.

The monitoring is carried out using external data that is relevant to MKCHS e.g. National Staff Survey, Patient Environmental Action Team Assessments, National Mental Health Patient Survey. This data is then put together in a report and is given a risk rating.

The QRPs were introduced in September 2010 and since this time MKCHS has shown month-on-month that 88% of the data collected relevant to our organisation is 'similar to' or 'much better than expected'. This is a good indicator that on the whole we are performing well.

However, since November 2011 when MKCHS' registration formally moved under Bedford Hospital it has been challenging to obtain MKCHS data. This issue has been raised with the CQC lead for the QRP and at 31st March 2012 no resolution appears to have been found. This means we have not had the usual level of robust external monitoring provided by the QRP process for seven months of this 12 month period.

When the QRP is received, exception areas (areas for improvement) are monitored via bi-monthly performance reports to our Board.

In 2011/12, we continued to build upon our successes with the introduction of provider compliance assessments. These assessments relate specifically to the outcomes that service users should experience when receiving care and treatment and so are highly relevant tools for understanding our services and service user experiences. Services are demonstrating innovative approaches to embedding CQC standards in practice and to complete the compliance assessments including full team involvement. This will help MKCHS to demonstrate compliance with CQC standards and also provide high quality care for all our service users.

2.12 Data Quality

Outlined overleaf are the actions that Milton Keynes Community Health Services will be taking to improve data quality.

MKCHS recognise that good quality information is critical in providing effective and prompt services, needed by patients in our community. This is also required for effective management, clinical governance and service agreements.

We have continued our program of work to improve both the completeness and validity of the data that is captured across the organisation. Opportunities to further enhance data quality are routinely identified and our Information and Performance Team sets clear priorities every month for development and improvement.

MKCHS manages data quality in a comprehensive and systematic way. Our aim is to ensure substantial assurance ratings to our systems and processes. This should give everyone confidence that data reported in these accounts, and routinely in our performance reports, is reliable and based on solid information.

During 2011/12 we made considerable progress to enable the internal and external reporting of performance data required as a result of increased

contractual requirements. We achieved this by continuing our implementation and enhancement of the RiO system and various data collection tools across services, and by increasing the capacity and capability of staff within services with regard to data recording, reporting and analysis.

For 2012/13 Milton Keynes Community Health Services will continue this program of work and will take the following actions to further improve data quality:

- We have set a key business objectives relating to **making sure that all services are in a position to record, report and analyse their activity and performance data**. This information will enable them to manage capacity and demand, ensure delivery of contractual requirements, measure the outcomes from service improvement initiatives and ultimately, improve the quality of services provided to patients
- Our Information and Performance team will **review and validate data to ensure records are accurate and captured in a timely manner**. And we will design and implement the use of data quality dashboards and service portfolios as part of a robust framework to collect and report meaningful and measurable information. These will help us to drive service improvements and contribute to better patient experience
- To further enhance how we can benefit from information we plan to implement a comprehensive desk top reporting system so that **information is available to staff on demand**. This innovation will support service decision making and make a real difference to the quality of our care

NHS number and general medical practice code validity

Milton Keynes Community Health Services submitted records during April 2011 to March 2012 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Based on published data in the SUS data quality dashboard from the Information Centre for coverage between April 2011 to January 2012 (latest release at time of writing);

The percentage of records which included the patient's valid NHS number was: 99.9% for admitted care and 99.9% for outpatient care.

The percentage of records in the published data, which included the patient's valid General Medical Practice Code, was 97.6% for admitted care and 99.9% for outpatient care.

Information Governance Toolkit

MKCHS has achieved full compliance with the Information Governance standards at the level expected for our organisation. This represents a significant improvement since last year. The Information Governance Committee is responsible for monitoring compliance with the standards.

The 'Information Governance Toolkit' is a set of standards which describe how we should look after people's information safely and effectively. The standards are very wide-ranging and examples of the topics in the toolkit include:

- all the arrangements which need to be in place to safeguard data about people; service users and staff, including training.
- expectations for appropriate use of computer systems
- procedures for handling problems
- all the policies which govern the quality of information
- procedures to ensure that information is available constantly and where needed, and contingency plans in place

The Information Governance Committee is responsible for monitoring compliance with the standards and under its guidance we have:

- Developed a new Information Governance Strategy which provides direction

- Reviewed all policies and procedures and have a rolling programme of review and updating in place
- Trained 95% of staff in safe-handling of information
- Developed an in-house 'toolkit' by which we can monitor compliance with all standards and provide assurance

As a service provider, MKCHS offers assurance of its compliance with the Information Governance Toolkit to the Bedford Hospital Board.

On Clinical Coding Error Rate:

Milton Keynes Community Health Services was not subject to the Payment by Results clinical coding audit during 2011/2012 by the Audit Commission

SECTION THREE

Review of 2011/12

3.1 Review of Quality Performance

3.1.1 Patient Safety

Falls

Why is this a priority?

Last year we became concerned about the number of falls in WICU, one of our in-patient units. An audit of falls showed that we needed to improve our assessment of patients and the ways in which patients are transferred into the unit from hospital. We included this topic in our Patient Experience Strategy.

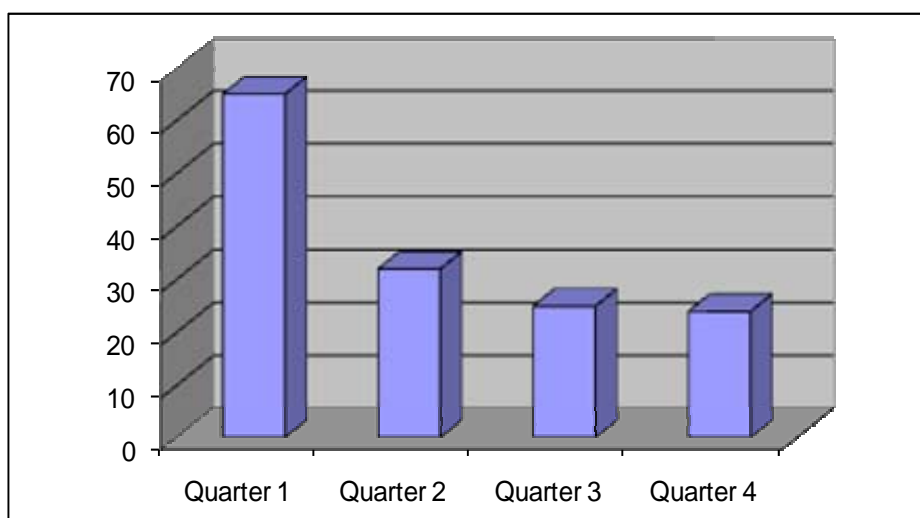
What are the outcomes from the work developed?

An action plan was put in place by staff at Windsor intermediate Care Unit; it includes:

- Improved patient assessment, including lying and standing Blood Pressure monitoring
- Issuing of new guidance from NPSA
- Introduction of non-slip slippers
- Falls sensors
- Falls monitoring group
- Ongoing monitoring of incidents

As a result, there has been a reduction in the number of falls each quarter since the plan was implemented in the first quarter of 2011.

Falls figures for 2011

**Pressure Ulcers****Why is this a priority?**

The drive to reduce the number of 'avoidable' pressure ulcers continues nationally, and therefore remains a priority in Milton Keynes.

The descriptor 'Avoidable' means that the person receiving treatment developed a pressure ulcer whilst under care of an organisation and the provider of care did not do one of the following;

- evaluate the person's clinical condition and pressure ulcer risk factors
- plan and implement interventions that are consistent with the person's needs and goals, recognised standards of practice
- monitor and evaluate the impact of the interventions, or revise the interventions as appropriate

Some patients may develop 'Unavoidable' pressure ulcers and this means that the person receiving care developed a pressure ulcer, even though the provider of the care had taken into account all the above bullet points.

Pressure ulcers continue to be categorised according to severity; Categories 1 and 2 are superficial and Categories 3 and 4 are more severe. All damage

of category 2 and above is reported as incidents. Category 3 and 4 damage is further investigated as a Serious Incident.

- Pressure ulceration prevention and management was again included in the CQUIN scheme for the year; all avoidable pressure damage Category 2 and above was recorded and measured against the baseline of the previous year
- Training in the prevention of pressure ulceration for all MKCHS staff, Nursing Home Staff, and those working in the patients' homes was included in the CQUIN and measured against the baseline of the previous year.
- All Category 3 and 4 pressure ulcers continue to be reported as serious incidents. The detailed investigations are time consuming but do highlight good practice and any deficiencies

What are the outcomes from the work developed?

- All Category 3 and 4 ulcers have Serious Incident Investigations
- A rolling programme of training continues across the health economy giving a more integrated approach to prevention and treatment
- The Tissue Viability Service continues to work closely with community nursing staff and nursing homes to improve the prevention and management of pressure ulceration. There continues to be a dedicated named nurse for nursing homes and we have recently identified one of the team to be the dedicated named nurse for community services
- Pressure ulcer prevalence can be monitored through the reporting system
- Documentation is reviewed across the health economy to ensure that nutritional and pressure ulcer risk assessments are used.

Pressure ulcer figures for 2011/12

This continues to show a high level of reporting of Category 2 pressure damage and a reduction in the number of Categories 3 and 4 pressure ulcers.

Infection Prevention and Control

Why is this a priority?

Effective infection prevention and control standards and avoidance of healthcare associated infections (HCAI's) are essential to ensuring the safety of patients in our care, wherever their care is provided. We know from regularly speaking with patients and the public during the last year that good infection control and the cleanliness of all of our facilities is really important to them. We are proud of our infection control achievements, some of which are set out below.

What are the outcomes from the work developed?

Hand Hygiene:

Studies show that infection rates can be reduced by 10-50% when healthcare staff regularly clean their hands. In the past twelve months we have been focusing heavily on ensuring staff are using effective techniques when cleaning their hands. We have done this by increasing the number of educational sessions we have provided and by encouraging staff to audit each other's hand hygiene practices.



An organisation-wide audit is carried out each year in December. This year we saw an encouraging increase in all aspects of hand hygiene practice, this confirms a continuous improvement over the past three years. This, together with raising staff awareness about the need for 'bare below the elbow' principles, will help to ensure the safety of all of our patients whilst they are in our care. We have also carried out some work to make sure that hand hygiene facilities are made available to patients and visitors, signs have been developed directing people to hand hygiene resources.

Clean Environments

Improvement of infection prevention and control standards requires a multi-faceted approach. It is widely recognised that environmental cleanliness is a key component in the provision of safe, clean care. Since July 2010 the domestic services have been integrated fully with the infection prevention and control team. This has meant much closer working and the ability to provide a much more responsive service in relation to infection prevention and control.

During 2011/12 we were keen to find out what our patients and members of the public thought about standards of cleanliness within our services. A patient survey, to establish some baseline information regarding patient perceptions of cleanliness, was therefore undertaken during the spring of 2011. A total of 75 questionnaires were completed, which included standards within 15 buildings.

The results showed that, 63% of patients thought that the building they were in was clean or very clean. Additionally 21% of patients thought "fairly clean", so combining these three statements (fairly clean, clean or very clean) gives a total of 84%. Whether or not this is acceptable is a matter for further discussion, and this will be progressed in 2012/13 through our Infection Prevention and Control Committee.

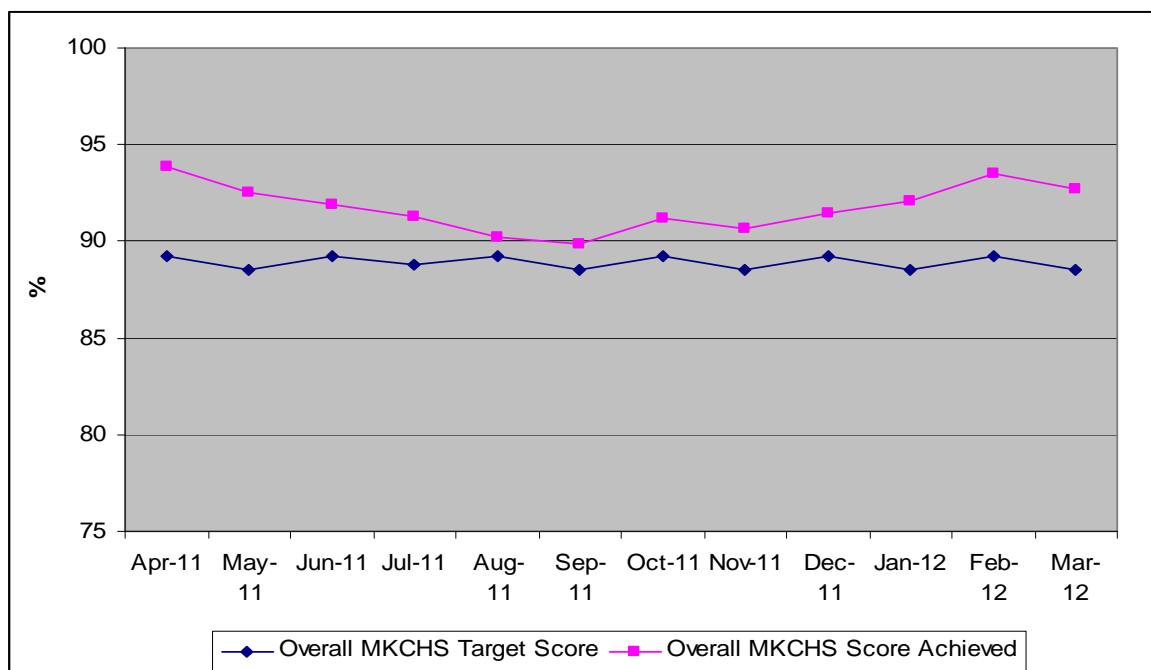
Many of our buildings are old and this can influence how 'clean; they appear. Interestingly most patients felt that a tidy and uncluttered building appeared clean, regardless of its age.

Drawing conclusions is problematic when so many different buildings are involved, but some overarching findings emerged. Seeking people's perceptions of cleanliness is difficult; a number of people interviewed said they never thought about it, they either assumed it was done and it was fine, or they genuinely were not interested. Others clearly had strong views.

Cleanliness is viewed from a very personal and individual perspective. Nonetheless, if we are to consider improving the patient perception, not just about cleaning, but about infection prevention and confidence in the care

received we should give due consideration to those things that matter to patients. We will use our findings to continually improve the way that we work and enhance and sustain levels of satisfaction for all of our service users.

Graph - Overall Cleanliness Score (By Month) for April 2011-March 2012



Using the scores in the chart above it is possible to identify an annual cleanliness performance score for the organisation against an overall annual target. This information can be found in the table below.

MKCHS 2011-12 Target Score	MKCHS 2011-12 Score Achieved
88.88%	91.77%

Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia

We continue to play a significant role in maintaining very low numbers of patients admitted to hospital with MRSA bacteraemia (MRSA in the bloodstream). Milton Keynes is now covered by East Midlands Strategic Health Authority which sets a standard of no more than two cases of MRSA bacteraemias across all community care within Milton Keynes (MKCHS is one of many providers of health care outside the hospital).

In 2011/12 there were **no cases** attributed to Milton Keynes Community Healthcare Services.

In April 2011, a project was commenced to study the MRSA patient pathway in the community. Patients newly diagnosed with MRSA from a selected group of GP practices, were contacted by the IPC team to identify what type of information or support they had been given and thereby to identify and areas where improvements could be made. The project finished at the end of March 2012. Data will be analysed and recommendations will be shared with all relevant community health providers.

Clostridium difficile

Incidence of *Clostridium difficile* is also monitored very closely and reported as a key performance indicator on a monthly basis. In 2011/12 the target was radically reduced from 59 to 21 cases across all community health providers across Milton Keynes. In total, 33 cases were reported, however of these only **one case** was attributed to Milton Keynes Community Health Services in-patient settings. Proactive and innovative work around *Clostridium difficile* continues to reduce the number of cases to the absolute minimum possible.

Work to reduce the risk of *Clostridium difficile* infection caused by prescribing of Co-amoxiclav in primary care:

Broad spectrum antibiotic use is LINKed to development of *Clostridium difficile* infection. Locally, Co-amoxiclav has been shown to be the most commonly associated antibiotic with community associated *C difficile* infection.

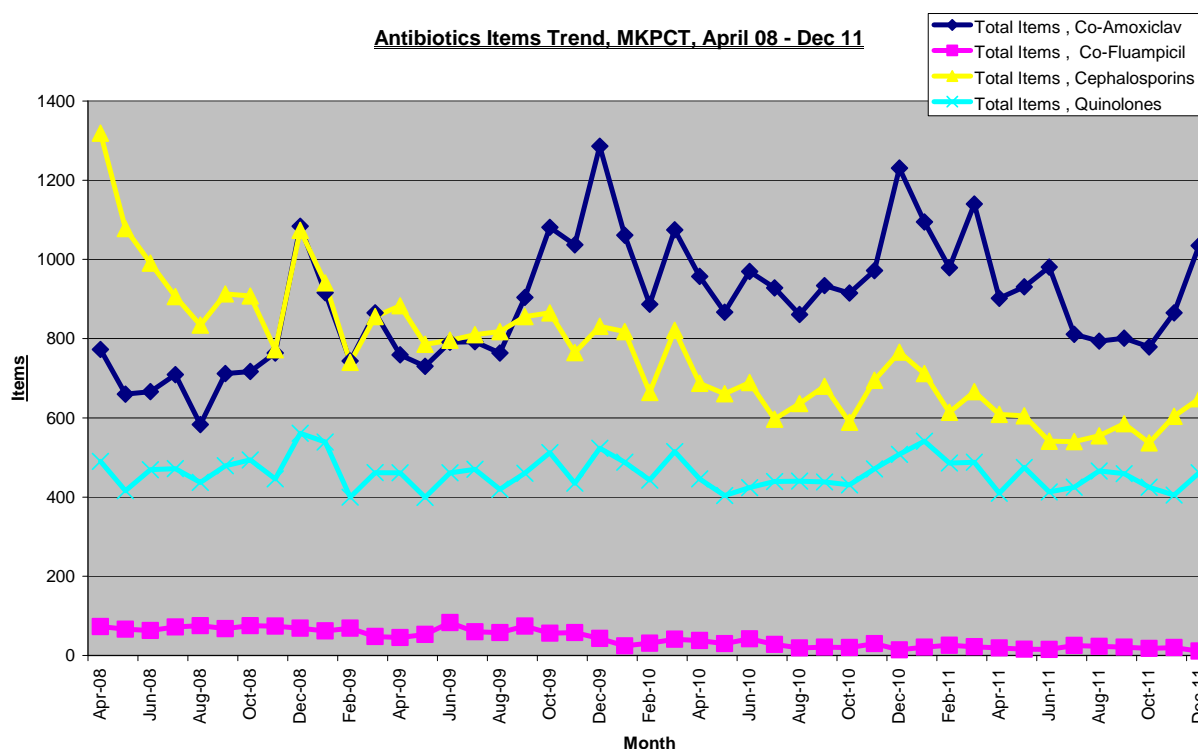
Analysis of prescribing data revealed that Co-amoxiclav prescribing by GP practices has increased from August 2009, initially this was regarded as a response to Swine Flu and then the winter peak that occurs annually. However the levels of prescribing did not drop back to the levels seen previously in the summer of 2008/9. Audits were carried out in MKCHS inpatient areas and in several GP practices to ascertain whether the Co-amoxiclav prescribing was appropriate.

The main reasons for prescribing were found to be chest, skin and urinary tract infections.

To improve the appropriateness of Co-amoxiclav prescribing, the following actions were taken:

- The Antibiotic Pharmacist and lead Tissue Viability Nurse wrote guidelines for the treatment of Cellulitis, recommending when to treat and the recommended choice of antibiotics and this was disseminated to MKCHS prescribers and all GPs in July 2011
- The antibiotic pharmacist and the microbiologist at Milton Keynes Hospital worked together to have an additional lower risk antibiotic choice for Urinary Tract Infections added to the formulary to replace Co-amoxiclav where possible . This took effect from May 2011
- The appropriate prescribing of Co-amoxiclav for chest infections was discussed in the quarterly antibiotics prescribing report produced for GPs in September 2011 and an article written for prescribing news in January 2012

Graph: The trends in GP prescribing of *C difficile* associated antibiotics in MK



Prescribing of Co-amoxiclav fell from June to October 2011 to levels last seen prior to August 2009. Prescribing then increased due to seasonal use in November and December, but was less than in previous winters. The Milton Keynes average prescribing of Co-amoxiclav for the quarter October to

December is also less than the national average over the same timeframe. Significantly, prescribing of other broad spectrum antibiotics did not increase as the prescribing of Co-amoxiclav reduced.

Symptoms of *C difficile* can take up to 10 weeks after antibiotic therapy to appear, when looking at cases of community associated *C difficile*, those attributable to Co-amoxiclav prescribed in the community have fallen from seven out of 15 cases (April to September 2011) to one out of 15 cases investigated so far (October 2011 to March 2012). (Co-amoxiclav was still an important factor in some of these patients, however had not been prescribed by primary care.) To help maintain this progress, reduction of Co-amoxiclav prescribing has been made one of the GP targets for April 2012 to March 2013.

Safeguarding Children

Why is this a priority?

Safeguarding children has been in the national media over the last few years, flagging up devastating outcomes that can happen when systems to protect vulnerable children fail. Working Together to Safeguard Children (2010) is statutory guidance which sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children's Act 1989 and Children Act 2004.

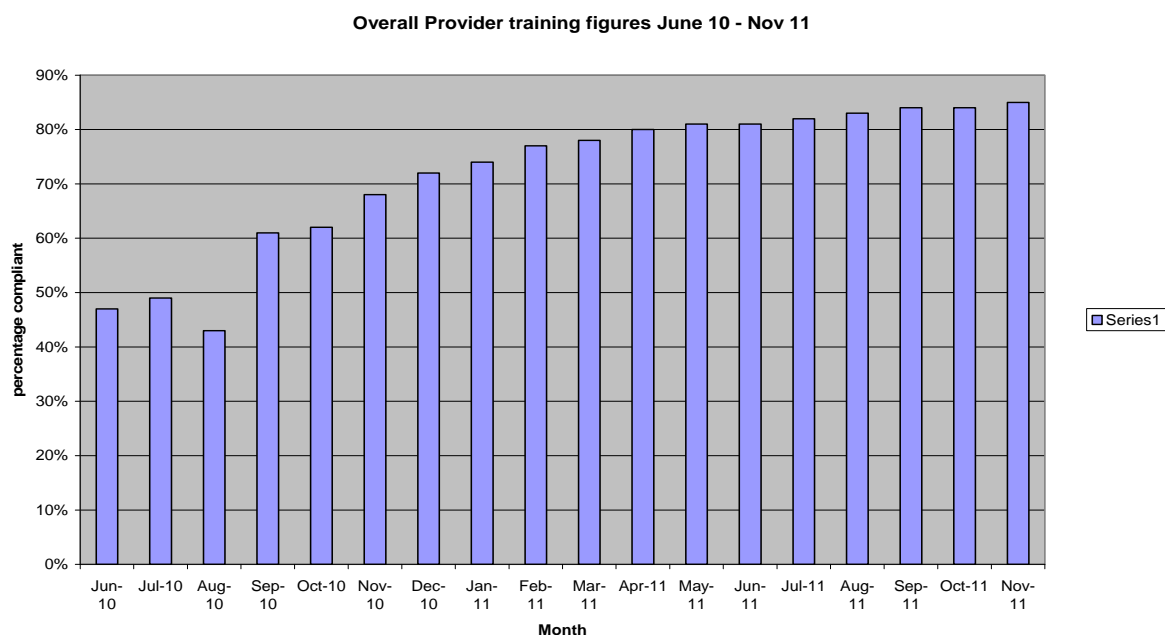
What are the outcomes from the work developed?

Milton Keynes Community Health Services has a small team of nurses and a doctor who are specially trained to offer advice, support and training to staff about safeguarding children.

In the past year the Safeguarding Children Team has:

- continued to deliver a comprehensive training programme for staff to make sure they are all up-to-date with what they need to know about safeguarding children
- updated the training section of the policy for our staff to follow in line with national guidance

- undertaken audits of practice and developed a better process for reviewing safeguarding children cases so we can learn lessons for improving practice
- embedded a more robust governance structure within the organisation to monitor safeguarding activity
- continued as an active partner in supporting the work of the Milton Keynes Safeguarding Children Board (MKSCB) - a multi-agency board - which requires all organisations that work with children to co-operate to keep children safe from harm
- contributed to the Milton Keynes Children and Families Partnership, which ensures better partnership working between local agencies, to improve the lives of children and young people and their families in Milton Keynes



We are confident that because of this ongoing work, ensuring staff have the required skills and competencies, they will be able to identify and take appropriate action when there are safeguarding concerns. This, therefore, ensures staff are better able to safeguard and promote the welfare of vulnerable children within Milton Keynes.

Safeguarding Adults

Why is this a priority?

Safeguarding adults has been driven up the agenda both nationally and locally over the past ten years through a series of national directives and through many high-profile cases reported in the press. Milton Keynes Community Health Services is a full and active member of the multiagency Safeguarding Adults Board. We have set up internal structures and processes and work proactively to safeguard people at risk of harm by assessing risk, training the workforce and monitoring all safeguarding activity.

What are the outcomes from the work developed?

Assessing risk

We have implemented a policy for assessing ourselves against the findings from national investigations and for developing action plans to improve services where necessary (e.g. the recent Patients Association Report). This measure of quality control is an efficient way of checking performance against concerns identified elsewhere.

MKCHS screens all incidents reported via our on-line system and all complaints, for possible safeguarding problems. We ensure that any concerns are followed up appropriately and referred for investigation if necessary. Examples include pressure ulcers or unsafe transfers of care, resulting in audits examining causes and suggestions for future work.

Training

The training that is delivered to staff firmly places safeguarding adults within the Human Rights Act and the Mental Capacity Act. Staff are aware of the need to ensure that any safeguarding response is proportionate and allows the adult at the centre of the safeguarding concern to take informed risks. Staff are trained to understand when and how to report concerns.

Monitoring

Our safeguarding adults systems were assessed recently by the Strategic Health Authority. We were able to provide assurance by providing evidence of good practice including the results of audits, and have received positive feedback.

In September, RSM Tenon (our external auditors) conducted an audit of safeguarding in MKCHS. This highlighted some effective practice, but also made a set of recommendations which we are now implementing via our Safeguarding Adults Governance Group.

We lead on the programme of audits of the Safeguarding Adults processes on behalf of the Safeguarding Board, and the results are fed into training and disseminated to Safeguarding Managers for action.

3.1.2 Clinical Effectiveness

High Quality Workforce

Milton Keynes Community Health Services employs around 1,000 staff - around two thirds of whom hold professional qualifications, either as doctors, nurses, therapists or other technical staff.

Why is this area a priority?

The key to providing excellent care to those who use our services is to ensure that we recruit and retain a skilled and competent workforce. Most of the healthcare budget is spent on staff. Therefore the quality of our staff, how motivated and committed they are to their jobs, can really affect the standard of care provided to patients and service users. It is important to ensure that staff are effectively trained, given opportunities for development and feel engaged in the work they are doing.

What are the outcomes from the work developed?

We continue to place a great deal of emphasis this year on ensuring that our staff receive all the training defined as mandatory – this covers issues such as infection control, load and patient handling and safeguarding children.

Currently over 80% of staff have undertaken the training and we continue to work towards increasing this. In addition, we have been developing the use of e-learning across a range of subjects and this has increased staff access to training, as borne out by the staff survey results shown below.

We are pleased that the Staff Survey 2011, which benchmarks us against similar organisations, indicates that staff motivation and ability to contribute to improvements at work are above average and that the overall staff engagement score is also above average. Areas where we score very highly are percentage of staff receiving health and safety training, percentage of staff having well structured appraisals, fairness and effectiveness of incident reporting and perceptions of effective action towards violence and harassment.

The table below highlights some results from the survey. We are pleased to see that staff generally enjoy their work, are well trained and are able to contribute to making improvements at work.

Issue	% 2010	% 2011	% average similar organisations
Staff receiving health and safety training	93%	96%	86%
Staff agreeing their role makes a difference to patients	90%	93%	92%
Staff feeling valued by work colleagues	79%	82%	81%
Staff saying hand washing materials are available	59%	62%	60%

Fairness and effectiveness of incident reporting procedures	3.53	3.59	3.5
Staff motivation at work	3.62	3.88	3.85
Staff believing the Trust provides equal opportunities for career progression	90%	92%	92%
Perceptions of effective action against violence and harassment	3.62	3.68	3.61
Staff receiving training and development	80%	82%	82%

Although there are a few occasions when it is difficult to recruit staff, we have had no major recruitment issues this year, despite the year of organisational uncertainty. We have been able to reduce the use of temporary and agency staff in the clinical areas, which saves us money, as well as ensuring a good quality service for patients.

Sickness absence rates have risen slightly during the year, reflecting pressures that staff are under, but we continue to monitor this closely.

Our recruitment checking processes, introduced last year, are now well embedded and continue to ensure that all new staff have the appropriate checks before commencing employment.

The Productives (Energise for Excellence)

Why is this a priority?

The Productive programmes are part of the 'Energise for Excellence' national initiative. This was set up by the NHS Institute for Innovation and Improvement to remove waste from clinical area and release time to spend on direct patient care.

The programme aims to:

- Ensure every patient has a good experience
- Improve patient safety and clinical outcomes
- Offer a systematic way of measuring quality and patient outcomes
- Equip frontline staff with known improvement methods
- Develop staff capability for improvement and productivity
- Address the NHS reforms and wellbeing agenda
- Reduce variations in practice in core procedures

What are the outcomes from the work developed?

Milton Keynes Community Health services has been rolling out the '**Productive Ward**' programme across four key in-patient areas over the past three years

- Windsor Intermediate Care Unit.
- The Older People's Assessment Service (TOPAS)
- Hazel and Willow Wards at the Campbell Centre

All units have made good progress with rolling out the modules of the programme and have developed systematic ways of leading on continuous improvements in patient care.

Roll out of 'Productive Community' Services began in January 2011 and currently 33 Community teams have started the programme. The teams involved are from a range of different services

- Intermediate care
- Health visiting
- District nursing
- Mental health
- Community matrons

Teams are mostly at the beginning stages of implementation working through modules to identify areas for improvement starting with 'well organized work environment'. Some examples of successes are

- **Assertive Outreach Team** review of patient handover meetings – by eliminating waste reduced daily handover meetings from one hour to

20 minutes, seven staff saved 40 minutes a day, five days a week which is a total of 23.3 hours saved weekly within the team

- **Complex Paediatric Team** –by working through the Well organized work module they cleared space in their office for a member of staff who had previously felt squashed into a corner, she now feels more a part of the team.
- **Rapid Assessment & Intervention Team(RAIT)** reviewed their referral forms they now spend 80% of their initial assessment with patients doing functional work and 20% of their time on paperwork, prior to the review they spent 80% of their time on paperwork and only 20% of their time on functional patient contact time.

How patient feed back makes a difference

During his stay at Windsor Intermediate Care unit, a patient commented that he missed not being able to keep in touch with his friends and relatives by email. Other patients fed back that they would like to spend more time with other patients or participate in more group activities, particularly in the evenings or at weekends when therapy staff are less likely to be available. The unit seized upon this as an opportunity to provide more support for patients to achieve their rehabilitation goals on the unit and to support patients to learn more about how access to a computer might assist their independence through online shopping, for example.

As a result, the unit has purchased a large television to go into the patient gym/lounge area. It has also purchased a computer solely for patient use and will be running some 'getting started' sessions for patients. In addition, a Nintendo Wii will be LINKed up to the television to allow patients to play games with fellow patients to improve co-ordination and strength, as well as providing an opportunity for social interaction which can sometimes be missed by older people who live alone at home.

Clinical Audits

Why is this a priority?

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Clinical Audit is considered by the CQC to be the 'gold standard' for determining whether clinical treatment and care is inline with best practice and policies. People who use our services have been very keen to see the results of audits, which have been discussed at our Clinical Audit Patient Panel and have helped to determine what should be in our Patient Experience Strategy campaigns. MKCHS has a robust programme of audits for all clinical services; audits of care records, safety and consent are mandatory and we also conduct audits where we know, from external reports and incidents or complaints, that there might be a risk.

What are the outcomes from this work?

Some of our audits were described in section two of this document and all are available on request. One of the examples given in Section 2, the Medication Incident Audit April - July 2011, illustrates the LINK between patient safety incidents, clinical audit and the patient experience strategy.

It identifies causes of incidents and outcomes where known, and gives an assessment of the actions taken to rectify mistakes and prevent recurrence. It also assesses the quality of reporting as this supports follow-up action and risk assessment, and reflects the way services view errors.

Medication incidents were first audited in Q1 of 2010 and this report also provides an opportunity to assess the impact of recommendations made at the time.

3.1.3 Patient Experience

The Patient Experience Strategy for Milton Keynes Community Health Services is about to enter its third year. The first year saw the development of the initial strategy which was based on Care Quality Commission standards; the second year has been one of consolidation and transition and the third year is expected to provide for a new strategy which takes account of new and emerging priorities at national and local level.

Patient Experience: Privacy and Dignity

Why is this a priority?

Promoting and respecting the privacy, dignity and human rights of the people who use our services is both a national and local priority. Work has been undertaken to establish a '**dignity champion**' in all of our clinical services and a champions network with regular meetings, is in place. We wanted to know how patients experience our services and to use this information to make improvements and to help to shape the work of the dignity champions.

Questionnaires were distributed at Windsor Intermediate Care Unit (WICU), the Campbell Centre and TOPAS. A member of the community from LINKs was available to support patients with the completion of the questionnaires

What are the outcomes from the work developed?

Detail from the work carried out can be found on page 19 as part of **2.8**

Reviewing Reports of Local Audits

Next steps

A summary of the findings will be presented at the Dignity Champions Group and individual action plans will be developed for areas of improvement.

Patient Experience: Falls

Why is this a priority?

National information suggests that Falls are a common but overlooked source of injury particularly for adults over 65. This is most often due to health related factors but



the figures also show that once a person has fallen, they are much more likely to fall again and this is often related to a lack of confidence. The campaign based at WICU aimed to use incident reports to look further into any patterns related to patients falling, to ensure national guidance was fully implemented and captured patients' experience of falling to determine if any improvements could be made.

What are the outcomes from the work developed?

The staff at WICU have introduced a new procedure for all new patients which requires them to have their blood pressure taken whilst standing and laying down to determine if there is a correlation between their blood pressure and falls. This has now been fully disseminated and further work will be completed by the end of March 2012. Following National Patient Safety Guidance, a post falls procedure has been written, disseminated and displayed.

Next steps?

The final stage of the campaign will be to interview a sample of patients on the unit to understand their experience of falling which will involve an evaluation of the new procedures which have been implemented. The questionnaire has been designed and is awaiting discussion with community LINK members. The results will be discussed at the staff falls group, fed back to the patients via '*you said*' '*we did*' posters and any changes required will be supported by an action plan for 2012/13.

Patient Experience: Cellulitis

Why is this a priority?

Historically Cellulitis is a condition treated in an acute setting however MKCHS underwent a pilot to treat appropriate patients with this condition in the community. The Campaign aimed to survey patients treated on the new pathway to find out their experience of it.

The number of patient's identified were fewer than expected so the pilot ran for longer than anticipated. A focus group in conjunction with LINKs helped with the design of the survey.

What are the outcomes from the work developed?

The feedback from the questionnaires showed patient support for the delivery of intra venous (IV) antibiotics in the home; patients reported feeling safe being treated at home and were positive about the service.

Next Steps

The results were fed back to all relevant parties and the development of further IV pathways is now underway.

Patient Experience: Copying letters

Why is this a priority?

The NHS has an obligation to involve patients in decisions about their health care and communicate with them. Copying Letters is an effective way of keeping patients up to date with their diagnosis and treatment and demonstrates a commitment to good communications and valuing patients. The aim of the campaign was to undertake a programme of audits to determine the level of implementation across the Trust.

Copying Letters audits were completed for a number of services including Specialist Child and Adolescent Mental Health Service (SpCAMHS), the Family Nurse Partnership (FNP), Family Planning, Oakwood Learning Disabilities Unit, the School Nursing service and Podiatry.

What are the outcomes from the work developed?

Most services communicated extremely well with their service users: SpCAMHS, Family Nurse Partnership and Oakwood showed excellent levels of information sharing. They had good practice which can now be formulated directly to the guidance. Family Planning had some different challenges due to the highly confidential nature of some of their interventions, but again practice was excellent and can now be LINKed to the requirements to comply with copying letters.

For all areas in need of improvement audit action plans will be followed through with service managers on re-audit.

Next Steps

The next stage will be to collect patient feedback on their experience of receiving copies of letters and to reissue services with a copy of the national guidance.

Patient Experience: Access to services for the Deaf and Hearing Impaired community

Why is this a priority?

The Deaf and Hearing Impaired community in Milton Keynes has raised on several occasions, both formally and informally, the issue of access to services. As a result of considerable consultation, an external service '**Sign Translate**' was found which could greatly improve the patient's experience.

Sign Translate provides instant help for Deaf people communicating with medical staff. It's an easy to use on-line Interpreting service via a live web-cam LINK to qualified British Sign Language (BSL) interpreters. The interpreters are provided by Sign Translate and other interpreting organisations around the country. Clear, precise communication is an absolute necessity in so many health related situations. The campaign aimed to explore the possibility of piloting Sign Translate in patient contact services and measuring the impact this has on the patient's experience.

What are the outcomes from the work developed?

After much discussion, it was agreed that Windsor Intermediate Care Unit would be the most appropriate place to trial the system. In October 2011 training in the use of Sign Translate took place and posters identifying Sign Translate as being in use at WICU were developed. The evaluation of its usefulness is taking longer than anticipated as very few patients needing to use the system have been admitted. However the use of this system has been offered to the near by Parkside GP practice who potentially would have a larger number of patients this service could help.

Next steps

Evaluation of the system will take place as and when patients use it.

Buckinghamshire Priority Dental Service has also agreed to install the tool at clinics in Milton Keynes.

Patient Experience : Summary

In year two all campaigns have shown real emphasis on involving our patients and improving their experience. Systematic auditing of the national guidance for copying letters to patients has demonstrated that we are following best practice and our patients are receiving copies of letters written about them between healthcare professionals. National and local procedures to help prevent Falls have been disseminated to staff and patients at Windsor Intermediate Care Unit (WICU). Patients at WICU, the Campbell Centre and TOPAS have all reported that they are treated with dignity and respect and new clinical pathways to support patients in their homes have been received positively. As a direct result of patient concerns, those with hearing difficulties now have access to an interpreter at WICU and discussions are underway with Dentistry and the Urgent Care Centre.

Patient Experience Trackers

In March 2011 Milton Keynes Community Health Services purchased four mobile Patient Experience Trackers to support the Patient Experience agenda. They provide the Trust with 'real-time' feedback which is known to return higher response rates compared with all methods of patient experience data collection, as it is collected at the point of experience:

- The data is more reliable as the experience is fresh in the patients mind,
- It places less demands on staff time,
- It is effective at targeting hard to reach groups
- It enables front-line staff to make service changes in line with what patients want.

These small changes, often with little cost implications; provide real impact and a real difference

The patient experience trackers have been used by a number of services including Dental, Learning Disabilities, Adults and Older People's directorate, Intermediate care and Acute Occupational Therapy. They have been found to be user friendly and staff have been surprised at the speed at which they can have results and, in turn, use these results to improve the patients experience. Examples include reminders sent to staff to ensure they always introduce themselves to patients and wear identity badges and additional funding for a new service to support more patients in their homes.

During 2012 /13 we will increase the use of these trackers to ensure we are truly responding to our service users needs.

Health and Social Care Event

The Health and Social Care event was held in Middleton Hall in October 2011. The aim of the MKCHS stand was to promote access to health and social care services, and also to consult the local public on their experience of transfer of care between hospital and home, using the new patient experience trackers. The outcomes were fed back to the re-admissions group and Milton Keynes Hospital and changes were made to the Home to Stay team, including extra investment from the hospital to enable more people to receive systematic support and follow up after leaving the hospital. Leaflets were also developed for the wards giving the telephone number of the Home to Stay team should they need to contact them after their discharge

Patient Experience: – Equality Delivery System (EDS)

Why is this a priority

The Equality Act became law in October 2010. Therefore MKCHS must ensure it is compliant with the following :

- Eliminates discrimination, harassment and victimisation
- Advances equality of opportunity between people who share a characteristic and those who do not

- Fosters good relations between people who share a characteristic and those who do not

MKCHS is also covered by the revised 'specific equality duty' and from September 2011 we must:

- Publish information to show compliance with the Equality duty, at least annually (initially by January 31st 2012); and
- Set and publish equality objectives, beginning from April 6th 2012



The NHS Equality Delivery System

The NHS Equality and Diversity Council has developed an Equality Delivery System (EDS). EDS is designed to embed equality throughout all areas of core business. MKCHS Leadership Management Team (LMT) has agreed to use the EDS framework as a means of embedding equality and human rights into its strategic and operational activities.

There are 18 outcomes, grouped under four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

Based on transparency and evidence, MKCHS and local interests should agree one of four grades, below, for each outcome.

Excellent (Purple)		Excellent – as well as great performance, organisations must fully engage with local interests, take part in peer reviews and demonstrate innovation.
Achieving (Green)		
Developing (Amber)		
Undeveloped (Red)		Undeveloped – performance is very poor, or assessments lack evidence, or organisations are not engaged with local interests.

What are the outcomes from the work developed?

Following extensive engagement throughout 2011/12 on the EDS with many different community interest groups (Q:Alliance, MK Equality Council, MK Community Action, MK LINK, MK Disability Advisory group, STASS, etc), an

EDS seminar, discussions with JNCC and the Clinical Governance department, an assessment of progress against the four EDS goals was produced and can be seen in Appendix 1).

Goal 1 – Better Health Outcomes for All,

Goal 2 - Improved Patient Access and Experience,

Goal 3, Empowered, Engaged and well-supported Staff and

Goal 4 – Inclusive Leadership at all Levels

The assessment was tested out at an engagement event held on 23rd February 2012, organised jointly between MKCHS and MKFT, and hosted by LINKs. The event was attended by more than 25 members of different interest groups within the community. There was broad support for our assessment and aims for the future.

Equality Objectives

As a result of carrying out the grading exercise, the Leadership Management Team (LMT) identified four draft equality objectives that will form the principle means of demonstrating our compliance with the three arms of the general equality duty as required by the Equality Act 2010 and ensuring we can improve our EDS gradings over the next two years.

They are:

Data collection and analysis

- Each directorate to collect and assess equality data by appropriate protected characteristics sufficient to evidence that personalised services are available and effective by March 2012
- Each directorate, supported by Clinical Governance, to produce examples and evidence of equality outcomes as required by CQC Standards and the EDS framework by September 2012
- to prepare and publish equality information yearly, beginning from March 2013, showing how MKCHS meets each arm of the general equality duty

Disability Access Audits

- o to complete action plans arising from disability access audits for 23 MKCHS buildings by March 2014

Community Engagement

- o to ensure that seldom heard groups are identified and included in all mainstream programmes of engagement, patient experience and service design/redesign by February 2013

Leadership and Training

- to design and implement a leadership development programme to ensure middle and line managers are competent to work in culturally appropriate ways to create an inclusive working environment and to enhance the patient experience by December 2013
- to ensure front line staff have received training in disability awareness by October 2013

The achievement of these goals will depend on developing robust milestones and putting in place an appropriate governance and delivery structure. It is proposed that the Equality and Human Rights Committee will oversee the development of key tasks, agree timescales and hold the organisation to account for delivering against them. By April 6th MKCHS will have agreed its equality objectives and published them.

Milton Keynes Community Health services EDS Grading Scores Summary 2012

EDS Objectives	The NHS is asked to...	Outcomes	EDS Rating			
			Red	Orange	Green	Purple
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities		Orange		
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways		Orange		
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly		Orange		
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from		Orange		

		other patients and staff, with redress being open and fair to all			
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Not Applicable		
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds			
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment			
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised			
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently			
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades			
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay			
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately			
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all			
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)			
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population			
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond			
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination			
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes			

National NHS Community Mental Health Service Users Survey 2011

Detail from the 2011 results of the above survey have shown a marked improvement in the care and treatment of people with mental health problems locally.

Our results compare more favourably than the national average for some aspects of our interventions, for example:

- 70% of those surveyed had been seen in the last month in comparison to 60% of people surveyed nationally
- More people know who their care co-ordinator is
- More people report being able to express their views at care planning meetings and find their review helpful

The survey supports the need to focus further on medication and talking therapies. These are areas of development that we have already started work on by investing in staff training and development and the creation of more non-medical prescribers.

With this investment we should see more staff who can advise service users on all aspects of their medication, as well as provide greater emphasis on the use of psychological interventions and talking treatments, which will result in a better patient experience.

Patient Environment Action Team (PEAT) Audits

Why is this a priority?

Every year all NHS Trusts in the UK are required to undertake an in-depth audit of their in-patient settings which have 10 beds or more. The PEAT audit programme is managed by the NHS Information Centre (NIC) and the results are released to the public as an official statistic. PEAT data is used as a performance tool by the Care Quality Commission, contributing to five outcomes on a Trusts' 'Quality Risk Profile'.

Within Milton Keynes Community Health Services (MKCHS), three premises qualify for a PEAT audit - the Campbell Centre, Windsor Intermediate Care Unit and TOPAS (The Older People's Assessment Service).

The PEAT audit focuses on the 'patient perspective' and 'patient journey'. Therefore MKCHS ensures that patient representation is included on every audit through LINK MK. The MKCHS PEAT lead undertakes annual training sessions with all PEAT audit team members, including a dedicated training session for the LINK MK patient representatives.



Windsor Intermediate Care Unit



The Campbell Centre

What are the outcomes from this work?

Following a PEAT audit, an action plan is developed, issued and followed-up by the PEAT lead. Any serious concerns flagged are dealt with as a matter of urgency on the day of the audit. Meetings are held with the relevant service managers to progress the action plans and updates are also supplied to the Infection Prevention and Control Committee (IPCC). Additionally, a formal action plan sign-off meeting is held with the relevant service managers once all actions are completed.

As the PEAT audit programme takes place between January and March of each year, with scores being published in the summer, the 2012 data is not yet available to publish. Overleaf is a table showing the data from 2006 to 2011.

Table 1 – MKCHS PEAT scores 2006-2011

	PEAT Section	Campbell Centre	TOPAS	Windsor ICU
2011	Environment	Good	Good	Good
	Food	Excellent	Good	Excellent
	Privacy & Dignity	Excellent	Excellent	Excellent
		Campbell Centre	TOPAS	Windsor ICU
2010	Environment	Good	Good	Good
	Food	Good	Good	Good
	Privacy & Dignity	Excellent	Good	Excellent
		Campbell Centre	TOPAS	Windsor ICU
2009	Environment	Excellent	Excellent	Good
	Food	Excellent	Good	Good
	Privacy & Dignity	Excellent	Excellent	Excellent
		Campbell Centre	Ward 14	Windsor ICU
2008	Environment	Good	Acceptable	Good
	Food	Excellent	Excellent	Acceptable
		Campbell Centre	Ward 14	BCH
2007	Environment	Good	Acceptable	Acceptable
	Food	Excellent	Excellent	Excellent
		Campbell Centre	Ward 14	BCH
2006	Environment	Poor	Acceptable	Acceptable
	Food	Good	Excellent	Good

Note: Prior to 2009-10 audit programme Privacy & Dignity score was incorporated into Environment section

The patient weighing and nutritional assessment sections which caused the 'Food' scores to drop in 2010, significantly improved in 2011, and this has been sustained into 2012.

In addition the element which kept TOPAS from achieving an 'Excellent' in Privacy and Dignity in 2010 was rectified and this was reflected in the 2011 scores.

It is anticipated that the 'Environment' score will remain 'Good' across all three sites when the 2012 scores are released. The 'Environment' section of PEAT is diverse, covering a wide range of factors, and therefore it is difficult to achieve the 96% required for an 'Excellent'. 'Good' is the average nationally for 'Environment', with 59.7% of premises achieving that score.

It is likely that WICU and TOPAS will retain their 'Food' scores for 2012, it is possible that TOPAS may improve to 'Excellent', however this is dependent on the weighting given to the nutritional assessment section of the audit. Campbell Centre 'Food' score will reduce for 2012 following a change to the lunchtime service arrangements which did not reach the same standards. MKCHS is currently working to rectify the issues identified.

The 2011 'Privacy and Dignity' scores for all three sites are expected to be retained following the 2012 release.

As PEAT is a national tool and is released as an official statistic, it is useful to compare the 2011 data with the national averages for NHS Trusts:

Table 2 – PEAT 2011 data - national comparison

PEAT Section	National Average	Campbell Centre	TOPAS	Windsor ICU
Environment	Good (59.7%)	Good	Good	Good
Food	Excellent (69.4%)	Excellent	Good	Excellent
Privacy & Dignity	Excellent (58.1%)	Excellent	Excellent	Excellent

For more information on PEAT please contact: Lee.Peddle@mkchs.nhs.uk
Or visit: <http://www.ic.nhs.uk/statistics-and-data-collections/facilities/patient-environment-action-team-peat>

What patients said during the 2012 PEAT Assessments:

Windsor Intermediate Care Unit (WICU)

"It's very nice and very clean here"

"I am very happy here. The nursing care is so good and they are so caring"

"The food is excellent and the staff are all lovely"

The Older Peoples' Assessment Service (TOPAS)

"There is always a choice of food and it is nicely cooked"

"The staff are nice and the food is good"

3.2 Statements from Local Involvement Networks (LINKs), Health and Community Wellbeing Select Committee and NHS Northamptonshire and Milton Keynes.

NHS Milton Keynes and Northamptonshire PCT Cluster and Milton Keynes Clinical Commissioning Group Response

We have reviewed Milton Keynes Community Health Services (MKCHS) quality account for 2011-12. All of the nationally mandated elements of a Quality account are covered and there is assurance that both internal and external assurance mechanisms for quality have been used.

We are satisfied as to the accuracy of the data contained within the Quality Account.

We welcome the progress against the quality priorities for 2011-12 particularly:

- A reduction in each quarter in the number of falls
- A reduction in the number of grade 3 and 4 Pressure Ulcers
- Joint working across the health community to deliver a reduction in the number of C-Difficile cases and zero MRSA bacteraemias
- Improvements in the training of staff for safeguarding both adults and children.

The commissioners fully support the quality priorities, identified by MKCHS, for 2012-13 in relation to:

- Improving patient safety by ensuring the effective transfer of care between clinical settings
- Improving clinical effectiveness through the use of the Patient Safety Thermometer
- Improving patient experience by implementing the Equality Delivery System and addressing locally raised concerns.

We are pleased that the Trusts quality priorities align with the SHA ambitions in relation to the elimination of avoidable pressure ulcers and the implementation of the friends and family test.

We are pleased to note the achievement of all CQUIN schemes for 2011-12 and the positive impact that this will have on patient care.

We will continue to work closely with MKCHS and support their ambitions to maintain the delivery of high quality care providers to service users and patients through incentivising quality improvements (CQUIN), quality monitoring and performance management.

The coming year will provide a continued challenge for MKCHS in terms of maintaining high quality care within a difficult financial climate and the changing commissioning landscape. We are confident that MKCHS will continue to deliver improvements in quality for all those who access their services.

LINK:MK Response

LINK:MK welcomes the opportunity to register its comments on the Milton Keynes Community Health Services (MKCHS) Quality Accounts for 2011/12.

We would like to acknowledge the efforts of Milton Keynes Community Health Service in producing a comprehensive, open and wide ranging report on Quality Accounts as well as, take this opportunity to thank them for recognising the values of and involving LINK:MK and its members in its work.

LINK:MK enables the voice of the patients and the public to be heard and taken into account, in the design and delivery of health and social care services. We are therefore pleased to see the commitment shown by MKCHS in acting on patient experience feedback from service users, by adopting 'Sign Translate', we have already begun to receive positive comments from the Deaf and hearing impaired community.

We are also pleased that MKCHS were once again represented at the 'LINK 2 Health & Care Event' and were able to consult with the public, an annual event hosted by LINK:MK that provides an opportunity for health and social care related voluntary and statutory organisations the chance to showcase their services to members of the general public.

LINK:MK would also like to take the opportunity to comment on the regular dialogue undertaken by MKCHS with regard to The NHS Equality Delivery System, another example of LINK:MK membership involvement and LINK:MK affiliated organisations and groups including the seminar as mentioned in the document on the 23rd February.

Regarding PEAT (Patient Environment Action Team) LINK:MK would like to congratulate MKCHS on another year of commitment, the training referred to in the document was well delivered and helpful. The report accurately reflects experiences during the audit and the scores demonstrate the quality of care which the team observed during the visit. We look forward to receiving the action plan when it is available.

LINK:MK recognises and appreciates MKCHS Quality Accounts dedication in involving patients and the public in the development and delivery of health and social care services including continuous efforts in making service improvements. We are equally committed and extend our help and support to MKCHS and to continue the effective working relationship that is continually shown throughout this document.

Health Overview and Scrutiny Committee response

The Panel welcomed the Quality Account from the Milton Keynes Community Health Service, which it considered to be a good, comprehensive report that was laid out well, was readable and could be readily accessed by the public. However, the Panel did feel that the Account was probably a little too long and that perhaps some sections could have been summarised more succinctly.

The Account gave a fair and frank assessment of performance during 2011-2012,, highlighted the importance of integrating services effectively and presented a good strategic context for the work of the Community Health Service in Milton Keynes. It gave a clear indication of the Community Health Service's priorities for improvement during 2012-13 and set out how it planned to achieve this.

The Panel appreciated the 'equality thread' which it perceived running through the whole account and commended the fact that this approach meant that no group of service users had been marginalised.

The Panel thought the section on the Patient Experience was excellent; it was an informative and interesting read which would be easily comprehended by the general reader.

The Panel also noted and welcomed the increased engagement between the Community Health Service and the Milton Keynes branch of the Local Involvement Network (LINK). It also commended the way in which the Community Health Service had collected and collated data across all services.

The Panel felt that this year's Quality Account from the Milton Keynes Community Health Service was well thought out, well presented, interesting and accessible to the general reader. It was an excellent example of good practice in the preparation of this type of document and should be commended as such to other organisations that have to prepare Quality Accounts.

3.3 How to provide views on the Account

Your comments are always welcome and will help us to shape the future healthcare provision in Milton Keynes.

If you wish to comment on any aspect of this document please contact us on 01908 243933 or communications@mkchs.nhs.uk