

## Half Yearly Update - Quality Account

### Introduction

This report provides the Scrutiny Committee with a half year report on progress against the Quality Account priorities.

- **Positive Patient Experience**
- **Preventing Harm**
- **Safe, Effective Care**

The Quality Account and Quality Strategy for CLCH is published on the Trust intranet and a link to the account can also be accessed via NHS choices.

[www.clch.nhs.uk/about-us/our-publications](http://www.clch.nhs.uk/about-us/our-publications)

### 1. Positive Patient Experience

- Ensure that we are providing compassionate care for all our patients
- Act upon patient feedback to help ensure long-lasting improvement
- Implement the 15 steps challenge

#### ***Compassionate Care Project***

The compassion in care project was launched on the 4th October in four pilot areas (adult rehabilitation, prison services and hospice care). The project provides expert facilitation of front line care staff in the development of work streams to help deliver the 6C's (care, compassion, competence, communication, courage and commitment) in line with the NHS England Compassion in Practice vision and strategy.

The project objectives are:

- To identify named project leads for each of the clinical areas( at charge nurse/ Matron level as clinical gatekeepers to the broader multidisciplinary team members and patient/ service users).
- To facilitate named Project Leads to explore with staff 'what works well' now and ' what we need to do more of', from the perspective of patients, relatives and staff to promote compassionate care, using data that have already been gathered locally.
- To identify with staff a number of practice development interventions to promote compassionate care, appropriate to their setting.

- To provide a pre and post measure of practice development led complex interventions to improve nursing practice around frail older people.
- To pilot and test interventions locally and reflect on the lessons learnt.
- To feedback findings into the CLCH Quality Forum to ensure that the learning is embedded into mainstream practice in the Trust and is in line with the Trust strategic goals.
- To share the learning with others locally in the Trust (as outlined above) plus with the permission of the Trust, to share the findings externally through publication and conference presentation.
- To collaboratively identify clinical issues, implement innovative ways of working and to evaluate immediate impact on care delivery and patient/ carers experience.
- To collaboratively seek additional research funding opportunities to support on-going research into context specific compassionate care (e.g. within Prison services).

### ***Acting upon Patient Feedback***

New training in collecting and responding to patient stories is now being delivered across the Divisions.

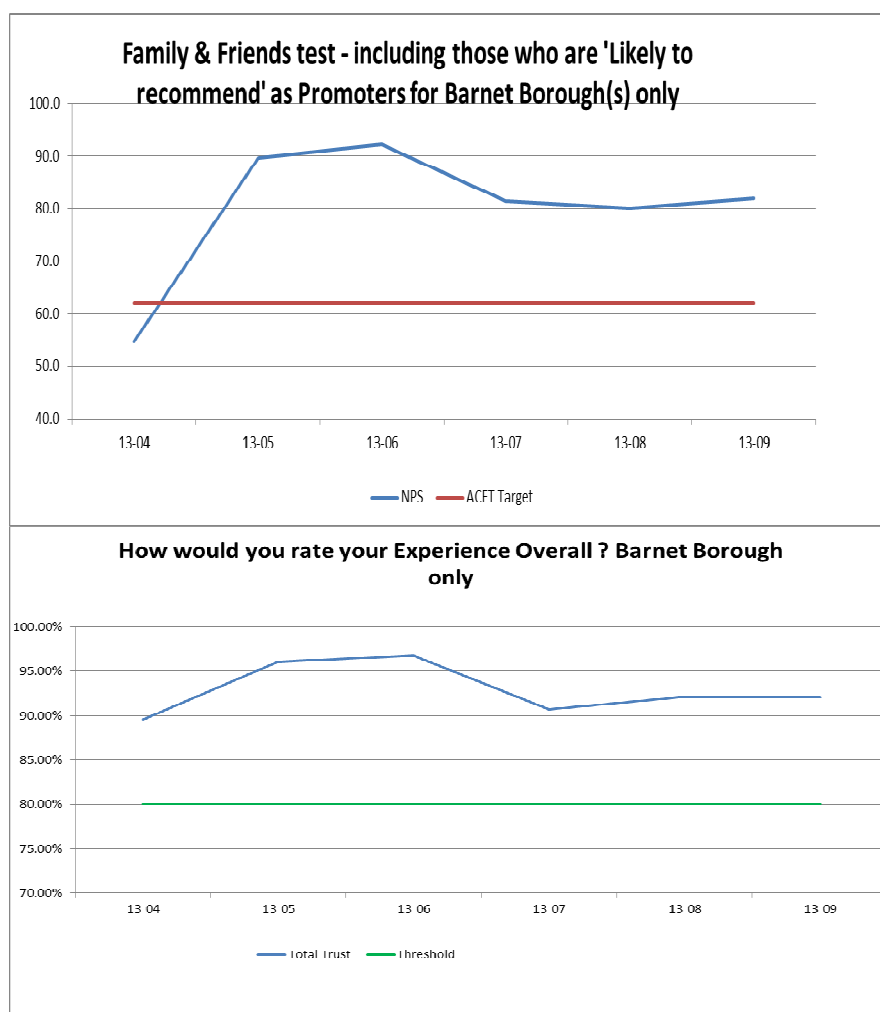
“Word Clouds” have been added to the reporting mechanism for PREMs, giving Services a clearer idea of the key themes highlighted by patients in the free text portion of the Friends and Family Test. This is the first step towards building Sentiment Analysis into reporting for each Division and Service to enable comparisons to be drawn on levels of positive/negative patient sentiment. Other highlights include:

- PREMs returns for Barnet have increased and now represent 20% of the total responses for CLCH
- Most key metrics appear to be trending sustainably upwards
- Patient Experience Improvement Action Plans are being systematically monitored and followed up by Board to Ward teams comprising Patient Representatives, Board-level Directors (Executive and Non-Executive), and frontline clinicians.
- Individual wards and departments can now order Patient Experience “Deep Dives” to better understand specific Clinical Quality challenges like falls and pressure ulcers

Bespoke versions of the PREMs questionnaire have been developed in partnership with Children’s Services, Learning Disability Services. These ‘accessible’ paper PREMs will be rolled out throughout all of Children’s Health, SLT and parts of Allied Primary Care Directorates.

We are also working with Picker Institute on reconfiguration of hand-held devices such as tablets and kiosks. The handheld tablets are now being piloted in bedded units.

The tables below highlight that on the Family and Friends target Barnet is performing above the threshold.



## 15 Step Challenge

The 15 Step Challenge has been successfully implemented at CLCH as a continuous improvement cycle, involving and engaging patients, frontline staff, clinicians and Board members, including prospective FT Governors in experiential change visits to clinical areas.

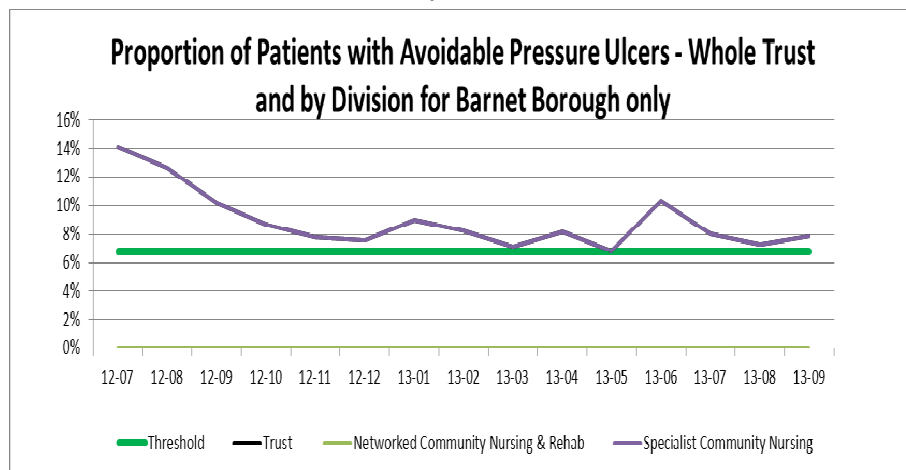
This approach has been introduced in two bedded units in Barnet.

## 2. Preventing Harm

- Reduce the number of avoidable pressure ulcers in the community by at least 10%
- Reduce the number of catheter associated urinary tract infections by at least 10%
- Reduce the number of falls that cause harm in bedded rehabilitation services by at least 10%
- Reduce the number of new VTE by at least 10%

### Pressure Ulcers

Education and training relating to pressure ulcers has caused an increase in reporting from clinical staff of low grade ulcers which increases the number reported but reduces severity overall. Work continues to improve on this standard.



### Catheter Associated Infection

There were NO patients found to have a Catheter Associated UTI in September 2013.

### Falls

Across all services in the Trust, the number and proportion of falls that have caused harm have fallen, and if we were to apply the same KPI, the year to date performance shows an **11% reduction** to the end quarter 2. Nursing homes have made the most progress: there were an average of 4 falls with harm per month last year, and this is now below 3 falls per month.

### VTE

Performance remains strong in reducing this harm. Just one VTE in community nursing was recorded on PST for September 2013, down from 29 when PST started in July 2012. We are on track to deliver the reduction this year.

## 3. Safe, Effective Care

- Each service in CLCH will aim to achieve at least three clinical outcomes based on best practice
- Strengthen and streamline clinical record keeping to support patient pathways
- Reduce the number of unplanned hospital admissions for patients with long term conditions that are on CLCH case loads

All Services have now identified their clinical outcomes; this equates to 150 outcomes against 50 clinical services.

The Record Keeping Steering Group has met monthly since April 2013, to oversee the short record keeping audit in May 2013 and to prepare all clinical services for the substantial record keeping audit in September. The board received a progress report in June on that work, and noted that several service areas were scrutinised and supported to improve their outcomes. All services have reported an increase in overall compliance.

The annual Trust wide Record keeping began 30 September and closed on 22 November. Each division has a lead clinician or professional lead responsible for their record keeping audit plans and delivery. This group has been responsible for reviewing and preparing the record keeping audit and supplementary guidance.

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December 2013