

Quality Account Priorities - half year update

The CLCH Quality Account can be found at: <http://www.clch.nhs.uk/about-us/publications.aspx>

The Barnet OSC comments can be found at page 49

1. Positive Patient Experience

Patient engagement

We will improve patient engagement in relation to working together in partnership to change/improve quality

Our Quality Stakeholder Reference Group meets regularly and we have developed and drafted a new Carers Strategy based on the NHS England Commitment to Carers 2015 with support from our members. Once this has been reviewed by the Patient Experience Group and Learning Disability Steering group, the trust will set up a specific Carers Forum including carers and key stakeholders on order to take forward the Strategy and subsequent action plans.

The Trust continues to undertake 15 Step Challenge visits every month looking for clues and impressions that suggest high quality care is being delivered and identifying anything that might be improved. We recently visited our Specialist Dental service and they have identified some actions around patient care guides, reading materials for patients, and providing drinking water. Actions are taken forward by the service and are reported to our Quality Stakeholder Reference Group.

Long term conditions SPA

We will work to support a single point of access for patients with long term conditions

We have delivered single points of access in local geographies for patient requiring specialist long-term condition services.

Referrals for specialist services are clinically triaged for need and patient are offered clinical interventions accordingly. Where patients are receiving specialist LTC services we provide these in a co-ordinated way based on need, and deliver through specialised teams.

We aim to deliver the following changes as part of our transformation agenda for LTC services

- Co locating specialist services within a single hub in Barnet, maximising clinical interaction. limiting duplication and increasing shared clinical skills
- Allocating link specialist team workers to each locality we serve, increasing support to our community nurses and therapists and developing robust internal pathways.
- Continue to work with our acute and primary partners to extend specialisms offered within community setting, creating holistic MDTs and maximising the prevention agenda through education and proactive care planning
- We will develop all our staff to support patients in end of life care! maximising choice for patients and access to specialist services (provided by us or our partners) when required

2. Preventing Harm

User involvement

We will improve service users' involvement in service improvement projects and safety campaigns

In May 2015, four listening events were held in the principle boroughs where we deliver care, Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. All our members were invited to attend along with a random sample of patients who have used our services. The theme for the events was 'a positive patient experience'; finding out what aspects of the patient experience are so important we should always get them right. The purpose of the listening events was to:

- Share information about health related issues and CLCH
- Ask what matters to patients most
- Listen to feedback about what is working well and what could be improved
- Open up discussion about health matters and services to as wide an audience as possible to contribute

Through this engagement activity CLCH involved 105 patients, service users, carers and members of the public (i.e. members) mostly through in-depth discussion either at events or in telephone interviews. The topics gave participants the opportunity to think about what good quality healthcare looks like and the extent to which they found this in CLCH's services.

The summary from the events and interviews included universal praise for CLCH HCPs who seem to be "doing everything right" in terms of the way they deal with patients and the treatment they provide. This was true across different specialisms, and also reception staff at the clinics. It was also notable that waiting times are generally regarded as being short. The interviews did, however, find a couple of areas where improvement is desirable in order for CLCH to operate more efficiently and provide patients with an entirely positive experience that is not limited to their face to face communications with, and treatment from, HCPs. These improvements predominantly related to administrative systems and to telephone communications, which patients often felt is a weakness within CLCH.

Following the events, a report was written outlining the feedback that our patients and stakeholders gave us and key themes that emerged. The paper was taken to the Trust board in July 2015 with a brief outline of our action plan which is to develop practical Always Events to provide clarity about what should happen for every person, every time they encounter our teams in CLCH. The aim is that Always events will be developed over time with Divisional Teams around the feedback we have received and once developed, it is recommended that they will be included in our new Trust Quality Strategy.

The Trust is also planning a range of Listening Events during November 2015 across all four Boroughs, with the focus on understanding the views of younger people who use our services.

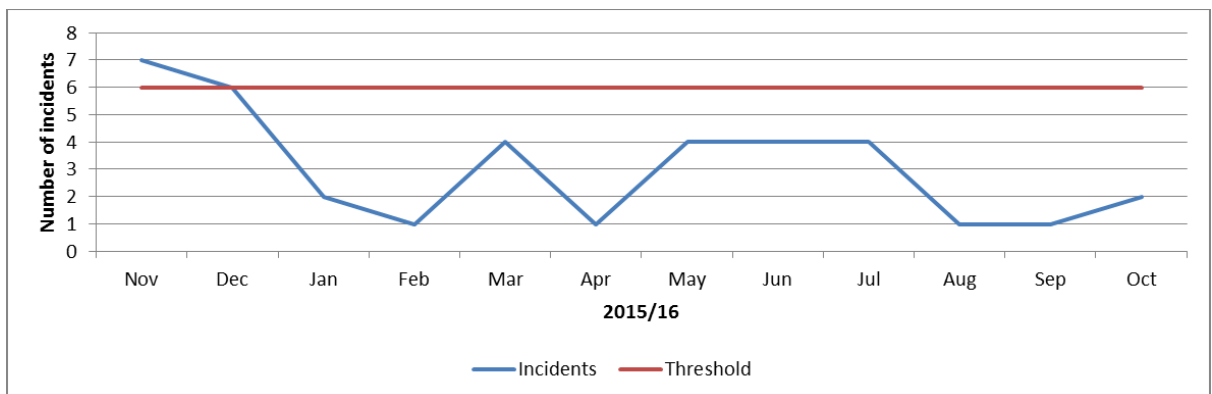
Medication Errors

We will continue to reduce medication errors in practice

We are committed to reducing the harm that can occur from medication errors and to achieve this we are undertaking several projects within medicines management in the Trust. This is

monitored by the Medicines Management Group which is chaired by our medical director, Dr Jo Medhurst. Some of the projects we are currently working on are:

- A training package has already been developed and is being rolled out across the Trust regarding Cold Chain (medication transportation and storage)
- Medicines Optimisation Service (MOpS) which helps to keep patients safe in their homes and prevent avoidable medicine-related hospital admissions by undertaking medication reviews in patient's homes
- A 'Care Home Project' has been commissioned which provides clinical medication reviews to residents to keep them safe in the community
- A Safe and Secure Handling of Medicines Audit programme has been commenced for 2015/16 to include a total of approximately 200 audits across the Trust, and related training covering bedded services, clinics and services newly acquired by CLCH.
- Clinical Pharmacy services to bedded service areas continue
- Stronger links with Trust Patient Safety Managers are to be made for reviewing medicines incidents reported by staff so that appropriate actions are taken to prevent them from happening again
- A review of our some of our medicines management processes to ensure they are as good as they can be.



3. Smart Effective Care

Quality Information

The Trust will work to provide improved information publically for people to be able to make an assessment about how Central London Community Healthcare NHS Trust performs on quality

The Trust will work to provide improved information so the public can make their own assessment about how Central London Community Healthcare NHS Trust performs on quality. We are awaiting the delivery of the new Qlikview quality dashboard and that will be available on the Trust website. One in-patient ward now has a quality board in place that gives members of the public information on patient experience and safety. The Deputy Chief Nurse is involved in the national open and honest care initiative.

NICE clinical guidelines

We will improve the percentage of relevant NICE clinical guidelines that have been assessed by eligible clinical teams.

10 NICE guidelines were identified by the NICE Core Group, as being relevant to the Trust in Q2 2015 and were circulated for assessment to 15 eligible services. By the end of the quarter, 10

(67%) had undertaken and completed guideline assessment by means of a gap analysis tool using the NICE Baseline Assessment Form (NBAF) electronic system.

During Q1, 13 NBAFs (57%) out of the 23 requests for NBAF completion were completed. The remaining 10 were successfully completed in Q2.

Although still requiring robust monitoring and evaluation, the innovative systems and processes set up by the NICE Core Group to ensure NICE guidance compliance have been showing steady progress. These include a recently agreed proposition where the Clinical Effectiveness Team sends a divisionally aggregated report to Divisional Directors of Operations (DDOs) indicating NBAF completion or inaction each month. These reports are then discussed in divisional meetings where actions are agreed. The first reports were sent in September 2015. Additionally, the Group maintains a relatively current CBU manager, professional and clinical leads database that is updated at each meeting which enables targeted and relevant NICE guideline circulation.

Barnet Health Overview and Scrutiny Committee: Draft Comments on NHS Trust Quality Accounts for the Year 2014-2015

Central London Community Healthcare NHS Trust:

The Committee scrutinised the Central London Community Healthcare NHS Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that the Trust had undertaken their external Monitor Quality Governance Assurance Framework (QGAF) assessment in September 2014 as part of the application for Foundation Trust status. The Committee was pleased to note that the Trust was required to achieve a score of 3.5 in the assessment and actually achieved a score of 3.0. The Committee commented that it would be helpful for the Trust to explain within the Quality Account that a score of 3.0 was actually better than a score of 3.5.

CLCH Response - this has now been superseded by the Well Led Framework and the Trust will report its progress against this in the next year's accounts.

However:

- The Committee felt it would be beneficial to include maps within the final draft of the Quality Account.

CLCH Response – these will be included in future years at time of publication maps for CLCH were being updated due to more services joining the Trust.

- The Committee felt that given that the Trust had received 44 complaints in 2012/13 regarding communication / staff attitude, which reduced to 29 complaints for 2014/15, that an objective of a 10% reduction in complaints of this nature was not ambitious enough.

CLCH Response – this was a Quality Strategy objective not a Quality Account priority and these targets were set as part of a 3 year plan – the Trusts new 3 quality strategy is currently being written and we will take comments into account.

- The Committee noted the objective in relation to the Quality Strategy Campaign – Preventing Harm - which aimed to ensure that 95% of incidents will be reviewed by the handler within 7 days, and 100% within 14 days. The Committee commented that this target should be made more ambitious.

CLCH Response – this was a Quality Strategy objective not a Quality Account priority and these targets were set as part of a 3 year plan – the Trusts new 3 quality strategy is currently being written and we will take this into account.

- The Committee noted that the target of training 80% of staff to be able to give smoking cessation education was an NHS target and suggested that this should be made clearer.

CLCH Response – the information referred to was in the section on CQUIN payments.

There was some explanation regarding CQUINs at the beginning of the section and the target referred to was listed in the table under the target for NHSE (i.e. an NHS target). However we accept that the NHSE reference and table could be better explained and we will improve the explanation next year.

- The Committee noted the current goals for the Trust's participation in research for 2014/15 and suggested that completion dates for each research goal should be included.

CLCH response - the research goals incorporated into the Quality Accounts were taken from the Trust's policy for research governance. This policy covers the period April 2014 – 2016 and so the aspiration was that the goals would be met over this period.

- The Committee commented that it would be helpful to include the actions that the Trust had taken in response to the patient story and to include that within the Quality Accounts.

CLCH response – there were various patient stories that appeared throughout the Quality Accounts. In some cases the patients themselves describe the actions that CLCH took in response to their conditions and these actions were included within the stories. For future years, we will consider asking the relevant services what actions were taken in respect of the situations that were highlighted by patients.

- The Committee considered the Trust's performance in relation to Incident Reporting and expressed concern that severe harm cases were "CLCH attributable grade 3 and 4 pressure ulcers". The Committee was pleased to note that, whilst pressure ulcers were a problem for the Trust, the Trust had a task force in place to address the issue.

CLCH response - Pressure ulcers are a major cause of harm to patients in the NHS. CLCH is committed to reducing the numbers of pressure ulcers and has a range of measures in place to facilitate this e.g. Pressure Ulcer Summits; Pressure Ulcer Working Group; 2-day comprehensive training for all clinicians who have contact with patients at risk of pressure ulcers; competency assessment (Observed Structured Clinical Examination); e-assessment; regular publication of lessons learnt from pressure ulcer serious incidents in CLCH 'Spotlight on Quality'; participation in Imperial Health Partners/ BUCKS New University research project.

We have set our target as zero for grade 3-4 pressure ulcers in our bedded units and have not had a grade 3 - 4 ulcer for 4 months

We continue to work with partners on PU reduction in the community setting, including residential and nursing homes.

- The Committee noted that the Trust had included milestones in last year's Quality Accounts and noted that this was an effective way to draw attention as to whether they were being achieved and to provide an explanation if not. The Committee suggested that milestones be included in next year's Quality Account.

CLCH response – we will consider how best we can do this in the Quality Account and next reiteration of the Quality Strategy